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COUNTY BOROUGH OF ROCHDALE
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ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1951

JOHN INNES, M.D., D.P.H.
Medical Officer of Health
and School Medical Officer.



18/9/52

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ROCHDALE:
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DECEMBER, 1951

Medical Officer of Health, School Medical Officer,

JOHN INNES, M.D., D.P.H.

Deputy Medical Officer of Health :

NORA MILLS, M.D.

Assistant Medical Officers :

ALVA A. FORD, M.B.E., M.B., B.S., M.R.C.S.
L.R.C.P. (M. & C.W.)

MARGARET L. DENNIS, M.R.C.S., L.R.C.P.
(Sch. Med.)

MARY FALLOWFIELD-JOEL, M.B., Ch.B.

Lay Administrative Officer :

S. BUTTERWORTH

Chief Sanitary Inspector :

A. TURNER, C.S.I.B., A.R.S.I.

Senior District Sanitary Inspector :

A. SYMONS

Meat and Foods Inspector :

J. GAWTHORPE

Sanitary Inspectors :

J. PEARSON

K. E. SMITH

W. C. CROSSLEY

T. J. P. HENDRY

A. HOLT

Superintendent Nursing Officer :

A. HANSBURY, S.R.N., S.C.M., H.V.

Health Visitors (Maternity and Child Welfare) :

S. H. BARLOW

E. M. MASSEY

W. REEVE

I. RUSHTON

F. THORNTON

A. TIERNEY

N. WHITELEY

Health Visitors (Tuberculosis) :

M. L. GALLIMORE

E. M. MOODY

Senior Dental Officer :

H. P. GLEDSDALE, L.D.S.

Dental Officer :

R. J. G. YOUNG, L.D.S.

Dental Attendants :

G. PETRIE

J. M. COCKCROFT

Matron, Day Time Nursery :

E. RANKIN, S.R.N., S.R.F.N.

Duly Authorised Officers :

W. BEELEY

W. KERSHAW

Mental Health Visitor :

JOAN R. LAMBERT

Occupation Centre Superintendent :

Mrs. I. TAFTS

Ambulance Officer :

E. OSBALDESTON

Social Worker :

Mrs. E. H. WINTER

District Nursing Association :

Superintendent—E. M. FELSTEAD, S.R.N.,

S.C.M., Q.N.

Asst. Super.—B. A. N. ALLWORK, S.R.N., Q.N.

M. McCORMACK, S.R.N., S.C.M.,

Q.N., H.V.

Municipal Midwives :

W. U. CARR

G. CUSHEN

G. DOWD

M. L. HARRISON

K. E. HAZELDINE

V. E. S. CORRIN

K. WHELAN

Clinic Nurses :

J. MOSELEY (Part-time)

M. A. BRIERLEY (Part-time)

PART TIME OFFICERS

Ophthalmic Surgeon :

R. STEWART SCOTT, M.B., CH.B., D.O.M.S.

Tuberculosis Physician :

ALBERT H. HEYWORTH, M.B., CH.B., D.P.H.

E.N.T. Surgeon :

V. T. SMITH, M.D., F.R.F.P.S.

Public Analyst :

S. E. MELLING, F.I.C.

Family Planning Medical Officer :

HELEN E. BARLOW, M.B., CH.B.

**To the Chairman and Members of the Health Committee of the
County Borough of Rochdale.**

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health conditions in the County Borough of Rochdale and the work of the Public Health Department for the year 1951.

The first portion of the Report is as usual chiefly statistical in character. The Preliminary Report on the Census of April, 1951, is now to hand, although little is available from it except total population figures. The story, so far as Rochdale is concerned, is not a particularly bright one. The official census figure of 87,734 residents in the County Borough is well below the census figure of 1931 with 90,278, of 1921 with 92,700, and of 1911 with 91,428. All the gains made by the Borough since about 1907, and which reached a peak in 1916, have been lost. In this same period there has been a gain of something in the region of 20% in the total population of England and Wales. The factors which are responsible for this decline are too many to be discussed here and must, I think, have little to do with the ordinary problems of Public Health.

The birth rate is the lowest since 1941 and the death rate higher than the average for the last ten years. Over 60% of the total deaths occurred in persons over the age of 65 years. Heart Disease, Cancer and Cerebral Haemorrhage together accounted for almost two thirds of the deaths.

The infantile mortality rate has again risen and once again attention is drawn to the influence upon this figure of the premature birth rate. Since the majority of these children died in a matter of a few hours from birth, it remains apparent that the problems to be solved lie in the ante-natal period.

In the Ambulance Section reference is made to the increasing cost of running Ambulance Services. A new annual costing return has been devised with the intention of making returns from all over the Country more comparable. This will, no doubt, ultimately point to the directions in which economies can be achieved. The decision of the Committee to build up a fleet of Morris Ambulances and the first steps in this direction are of some interest in this connection.,

Once again attention is drawn to the major importance of the personal approach in Public Health propoganda work. There is no doubt that the presence in the homes of the people of the Health Visitor, the Sanitary Inspector and their colleagues, is of paramount importance and outweighs all propoganda by pictorial means or by the written word.

Amongst the methods of active prevention of disease is noted an increase of immunisation against Diphtheria, a slight increase in immunisation against Whooping Cough, but a very low level of Vaccination against Smallpox.

Interesting developments are commented upon in the Midwifery Service. The effect of the falling birth rate, together with an increased availability of maternity beds at the Maternity Hospital, has reduced the work of the Domiciliary Midwives very considerably and this has resulted in the reduction of the establishment by two Midwives during the year.

In last year's Report mention was made of the scheme for co-operation between the Borough's Domiciliary Midwifery Service and the Maternity Home at Birch Hill, to provide between them a complete Midwifery Training Unit. The first of the Pupil Midwives from the Hospital came on to the district in June and the scheme is working well.

Two other sections deal with preventive work of another type. One is a record of social work amongst unmarried mothers and their children. The other is a report of the first year's working of the Joint Committee set up to deal with children neglected or ill-treated in their own homes. I am afraid that the failure rate in this type of work is higher than in immunisation against disease. Nevertheless, there are satisfying successes from time to time.

The Mental Health Service has on the whole had a satisfactory year and of particular interest in that section is the first report on the Occupation Centre for Mental Defectives. The report is necessarily a modest one, but the real success of this Centre can only be appreciated by a visitor and any attempt to describe it would lay one open to a charge of emotionalism.

As regards Infectious Diseases the year was a very quiet one, Measles being the only disease occurring with any real frequency. Notifications of Tuberculosis showed a very marked decline as compared with the previous year. It is to be borne in mind, however, that the notifications in the two previous years were affected by the intensive search for Pulmonary Tuberculosis made possible by the presence in the town of the Mass Miniature Radiography Unit during the latter half of 1949. It is encouraging to study from time to time the Tables such as the one on Page 40, indicating how Tuberculosis has declined in the last thirty or forty years.

In the Sanitary Inspector's Section we are now able to show the results of the Housing Survey in five wards, including about a third of the total houses in the town.

Mention is made of the large proportion of the Sanitary Inspectors' time which is taken up in housing repairs and of the difficulties met with in getting these carried out.

The first complete year's record of atmospheric pollution observations is included. At the end of the year there had been formed a Joint Consultative Committee to deal with atmospheric pollution. The purpose of this Committee is to study the local problems and, so far as that may be possible, to solve these by local means. It is, of course, not intended that this Committee will work in isolation from other regional or national bodies dealing with similar problems.

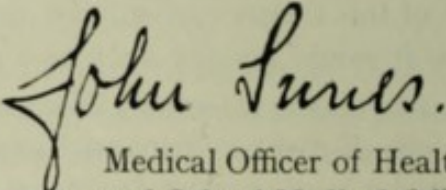
Once again in this introduction attention must be drawn to what is probably the most urgent problem in Public Health work, namely re-housing. It is true that the 230 houses built this year represent an increase on last year's total. It is also true that since the war Corporation houses and houses privately built have reached a total of just over a thousand, but this falls very far short of meeting the real housing need in the town. Quite apart from the problem of overcrowding, the Housing Survey report gives some indication of this need as represented by the houses over 80 years old and those in a poor state of general repair. In this same post-war period it has been possible to demolish or close only 125 houses in these categories.

May I once again express my appreciation of the support given throughout the year by the Chairman and Members of the Health Committee, and my thanks to members of all sections of the Public Health staff for their enthusiasm during the year. I wish to extend a special word of thanks to those senior members of the staff who have assisted in the preparation of this Report.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in cursive script that reads "John Lums". The signature is written in dark ink and is positioned above the typed name and title.

Medical Officer of Health
and School Medical Officer.

1st August, 1952.

STATISTICS.

Year ended 31st December, 1951.

Area (in acres)	9,553
Registrar-General's Estimate of Population, mid-year 1951 ...	87,300
Number of Inhabited Houses (Census 1931)	25,487
Number of Houses on Corporation Estates (December, 1951) ...	5,075
Number of Houses on Corporation Estates (December, 1950) ...	4,845
Estimated sum represented by a Penny Rate	£2,230
Rateable Value	£565,098
Estimated expenditure on Health Services provided for by rates ...	£49,975

	Total	M.	F.
Live Births —Legitimate	1,191 ...	583 ...	608
Illegitimate	84 ...	45 ...	39
	<u>1,275</u>	<u>628</u>	<u>647</u>

Birth-rate per 1,000 of the estimated population ... 14.6

Still-Births 31—Rate per 1,000 total (live and still) births ... 23.7

	Total	M.	F.
Deaths	1,457 ...	717 ...	740

Death-rate per 1,000 of the estimated population ... 16.7

Deaths from Maternal Causes 1.

Rate per 1,000 total (live and still) births 0.76

Death-rate of Infants under one year of age (69 deaths).

All infants per 1,000 live births 54

Legitimate Infants per 1,000 legitimate live births (65) ... 54

Illegitimate Infants per 1,000 illegitimate live births (4) ... 48

	Deaths	Rate per 1,000 of population
Cancer... ..	210	2.40
Tuberculosis (all forms) ...	27	0.31

VITAL STATISTICS

Population.

The Census Return of April, 1951, gave the population of the County Borough as 87,734. The Census Return of April, 1931, gave the population of the Borough, as then constituted, as 90,278, and in 1933 with the addition of Norden and Bamford the population was officially estimated to be 95,370.

The new Census figure, therefore, represents a loss of 7,636 persons from the population over a period of 19 years. In fact Rochdale had lost by 1939 a number of residents equal to the whole of the new population it had gained by the addition of Norden and Bamford.

In the years 1933 to 1939, inclusive, there was a total excess of deaths over births of 2,684. It is true that the years 1944 to 1950 showed an increase of births over deaths of 1,077, but the 1951 figure again represents a return to a preponderance of deaths over births.

No doubt based on the April Census figure and the general tendency the Registrar General gives a figure of 87,300 as his estimate of the mid-year population for 1951, as compared with 89,530 for 1950.

Live Births.

1,275 live births (males 628, females 647) were registered as compared with 1,371 in 1950, and an average of 1,375 for the ten years 1941-1950.

The live birth-rate was equal to 14.6 per 1,000 of the estimated population as compared with the figure of 15.3 per 1,000 in the previous year, and 15.3 in 1949. The average birth-rate for the ten years 1941-1950 was 16.1 per 1,000.

The 84 births registered as illegitimate accounted for 6.6% of the total births, as compared with 6.1% in 1950 and an average of 7.1% during the previous five years.

Still Births.

31 were registered as compared with 38 in 1950 and an average of 46 in the previous five years.

Infant Mortality.

There were 69 deaths registered under one year of age, equal to a mortality rate of 54 per 1,000 live births registered, compared with 64 deaths and a rate of 47 last year.

No less than 47 of the 69 infant deaths referred to above occurred as Neonatal deaths, i.e., in the first four weeks of life. Of the remaining 22 deaths, ten were accounted for by Pneumonia.

Once again premature birth was the largest single cause with 28 out of the 47 deaths occurring in the first four weeks. In addition there can be no doubt that immaturity contributed to certain other deaths amongst infants.

The following Table sets out the fate of the 105 children who were prematurely born in Rochdale during the year. The Table does not include columns indicating in detail survival beyond three months, because it is not possible to follow the children born at the end of the year for more than this period, i.e., beyond the end of April, 1952.

Premature Births during 1951.

BIRTH WEIGHT	PLACE OF BIRTH			TOTAL	DEATHS								CHILDREN SURVIVING OVER 3 MONTHS				
	Home	Birch Hill Hospital	Other Hospitals		In first 24 hours		24 hours to 7 days		7 days to 28 days			28 days to 3 months		CHILDREN SURVIVING OVER 3 MONTHS			
					H.	B. H.	H.	B. H.	H.	B. H.	O. H.	H.	B. H.	H.	B. H.	O. H.	Total
3 lbs. 4 ozs. or less ...	3	11	1	15	*3	8	—	2	—	1	1	—	—	—	—	—	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	4	19	—	23	—	4	—	2	—	1	—	—	1	4	11	—	15
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	1	13	—	14	—	—	—	4	—	—	—	—	—	1	9	—	10
5 lbs to 5 lbs. 8 ozs.	25	27	1	53	2	1	1	—	—	—	—	—	—	22	26	1	49
Totals	33	70	2	105	5	13	1	8	—	2	1	—	1	27	46	1	74

* Two children in this group were born at home but died in Birch Hill Hospital.

The summary of this Table is that the child born in Rochdale so prematurely that it weighs under 3 lbs, 4 ozs. has practically no chance of survival, while the child weighing at birth over 3 lbs. 4 ozs. has on an average a 75% chance of survival.

It is interesting to note that the 33 children born prematurely at home had an over-all survival rate of 82%, while the 70 born in hospital had a survival rate of 66%. These two groups are, of course, not really comparable.

Measures to reduce the frequency of premature labour are of the utmost importance, but unfortunately the cause remains unknown in nearly half of the cases. On the other hand there are substantial reasons for stating that adequate Ante-natal care and the attainment of a good standard of nutrition and general well being will reduce the frequency of prematurity.

Of the 105 premature births, which included three sets of twins, the mothers of 70 children attended the Ante-natal Clinic on an average of five times during the pregnancy, although five mothers only attended once. Of the 31 children who died in this group the mothers of 17 attended the Clinic on one or more occasions.

The Table given below shows the comparative figures for the previous ten years.

Year	Deaths Registered	Rate per 1,000 Nett Live Births	Year	Deaths Registered	Rate per 1,000 Nett Live Births
1941	76	67	1946	75	49
1942	90	71	1947	95	55
1943	58	46	1948	57	38
1944	67	50	1949	56	41
1945	56	44	1950	64	47

Deaths from all Causes.

The deaths registered show an increase with 1,457 (males 717, females 740) as against 1,316 in the year 1950 and 1,320 in 1949.

The death-rate from all causes was 16.7 per 1,000 of the estimated population, as compared with 14.7 in 1950 and an average of 15.2 during the ten years 1941-1950.

The chief causes of death are given in comparison with the previous year.

	Year 1951	Year 1950
Influenza	37	5
Tuberculosis	27	42
Cancer... ..	210	185
Cerebral Haemorrhage, etc.	196	181
Heart Disease	499	421
Other Circulatory Diseases	73	74
Bronchitis	92	98
Pneumonia (all forms)	56	43
Nephritis and Nephrosis	17	16
Congenital Malformations	14	10
	1,221	1,075
Percentage of total deaths	83.7	81.7

Table I Appendix shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix shows the age and sex distribution, and the causes of deaths in 1951.

The following Table shows the tremendous change which has taken place in the expectation of life during the last 40 years.

In 1911 one in every three deaths was that of a person who had not reached 15 years of age. In 1951 a death, under 45 years of age, apart from an infant death, is almost a rarity.

Percentage of Deaths in year groups, distributed according to age at death.

Age Group	1911	1921	1931	1941	1951
Under 15 years	31	20	11	8	6
15—45 years	17	15	13	11	5
45—65 years	26	30	32	27	25
65 years and over	25	34	44	53	64

Rochdale does not show up well in the following comparative Table. The general death rate is higher and the birth rate lower than the rest of the Country as a whole, and in sections, while the infant mortality rate is greatly in excess of this.

Comparative Mortality and Birth-rates.

	Death-rate All Causes per 1,000 of population	Live Birth-rate per 1,000 of population	Infant Mortality per 1,000 live births
ROCHDALE	16.7	14.6	54
Average 12 neighbour- ing manufacturing towns	—	—	37
Administrative County of Lancaster ...	—	—	51
126 County Boroughs and Great Towns ...	13.4	17.3	34
148 Smaller Towns (Population 25,000 to 50,000)	12.5	16.7	28
ENGLAND AND WALES	12.5	15.5	30

These provisional figures are corrected only for transfer and institutions, and make no allowance for variations in the age and sex distribution of the population in different areas.

Respiratory Diseases.

This group of diseases caused 156 deaths as compared with 153 in 1950. Pneumonia caused 56 deaths (43), Bronchitis 92 (98) and other respiratory affections 8 deaths (12).

Cancer.

Deaths classified to this cause and shown in age groups below numbered 210 (males 110, females 100) as against 185 in the previous year:—

	Total Deaths	Under 15 yrs.	15—45 years	46—65 years	65 years and over
Year 1951 ...	210	—	11	81	118
Year 1950 ...	185	—	15	73	97

The death rate was 2.40 per 1,000 of the estimated population as against 2.07 per 1,000 for the previous year.

At the request of the Joint National Cancer Survey Committee of the Marie Curie Memorial and the Queen's Institute of District Nursing, the District Nurses took part in a national survey of patients with Cancer who were being nursed at home. This survey had as its object the ascertainment of the conditions and needs of these patients. The Joint Committee's Report has since been published.

Morbidity.

As mentioned in the 1949 and 1950 Reports, the Department now receives from the Manager of the Local Office of the Ministry of National Insurance a weekly return of the figures of new claims to sickness benefits. It is pointed out in the first place that these records are un-analysed and that they cover the postal districts of Whitworth and Milnrow, as well as Rochdale itself.

The figures during the year show a very marked increase in sickness claims during the month of January and the first half of February. This was due to a wave of Influenza which visited the town, mainly mild in character and short in duration. It did, however, bear rather heavily on the older people with the result that the weekly deaths rose above the average during these early weeks.

Unemployment.

I am indebted to the Manager of the Rochdale Employment Exchange for information regarding the state of unemployment in Rochdale and the adjoining districts of Wardle, Whitworth and Milnrow. The average number of unemployed persons on the register during the year ended 31st December, 1951, was as follows:—Men 95, Women 70 and Juveniles 48, making a total of 213. The corresponding figures in 1950 were Men 133, Women 69 and Juveniles 1, totalling 203.

I am also informed that at the middle of 1951 there were approximately 57,150 insured persons (31,300 men, 23,050 Women and 2,800 Juveniles) in employment in the area.

General Provision of Health Services.

Clinic and Treatment Centres.

The hours of clinic sessions and the situation of centres are as shown :—

	Mon.	Tues.	Wed.	Thurs.	Fri.
I.—Maternity & Child Welfare					
(A) St. Luke's School, Deeplish	10—12 noon 2—4 p.m.	—	—	—	—
(B) St. Clement's School Spotland Bridge ...	—	10—12 noon 2—4 p.m.	—	—	—
(C) Council Offices, Norden	—	—	—	2—4 p.m.	—
(D) Baillie St. Council School	—	—	2—4 p.m.	2—4 p.m.	10—12 a.m.
(E) Castleton Wesleyan School, Essex Street	—	—	—	—	10—12 a.m. 2—4 p.m.
(F) Ante Natal (Baillie St. Council School)	10 a.m. to 11-30 a.m. 2—4 p.m.	5-30 to 7-0 p.m.	10 a.m. to 11-30 a.m.	10 a.m. to 11-30 a.m.	—
(G) Post Natal (Baillie St. Council School)	—	—	—	—	2-30—4 p.m.
(H) Family Planning Clinic (Baillie St. Council School)	—	2—4 p.m.	5-30—7 p.m.	—	—
II.—Clinics Provided by the Education Committee—					
(A) Inspection Clinics ...	9—12 noon	—	2—5 p.m.	—	9—12 noon
(B) Treatment Clinics ...	Daily 9—10	30 a.m.			
(C) Eye Clinic	Specialist	Clinics by arrangement			
(D) E.N.T. Clinic					

The work in connection with the Corporation Clinics is set out in detail in the respective sections in this Report.

HOME NURSING.

During the year Rochdale continued to carry out its responsibility as a Local Health Authority for Home Nursing through the agency of the Rochdale District Nursing Association.

The Association functions as a Voluntary Committee in domestic and many other matters concerned with the welfare of the Nurses' Home and the staff. Such control as is necessary, and full liaison, is provided by the regular attendance of members of the Health Committee on the Association's Executive Committee and of members of the Association's Committee on the Sub-Committee of the Health Committee which deals with Domiciliary Services.

The Association's Report for the year shows that they nursed a total of 2,472 patients to whom 62,432 visits were paid.

The following is a summary of the work done during the year :—

All forms of Nursing.	1951	1950
Patients on the books 1st January	365	332
New patients during the year	2,107	2,061
Total nursed	2,472	2,393
Total discharged	2,072	2,028
Remaining on books 31st December	400	365

Methods of Discharge.

Convalescent	1,223	1,163
Removed to Hospital	283	317
Relieved	282	257
Died	284	291
Total visits paid to 2,472 patients	62,432	
Total visits paid to 2,393 patients		59,082

Included in the above figures for 1951 are the following patients who suffered from Infectious Diseases :—

	Patients	Visits
Ophthalmia Neonatorum	2	31
Measles	3	42
Erysipelas	4	53
Puerperal Pyrexia	11	117
Pneumonia	109	1,486
Tuberculosis	21	1,220
Whooping Cough	3	62
Scarlet Fever	1	10
Infantile Paralysis	1	6
Total	155	3,027
Maternity Cases	2	12
Children under 5 years... ..	27	2,366

The above figures denote a very large volume of work carried out amongst the sick people of the town during the year. The public is very conscious of the high quality of this Service and many tributes are received to the excellent work performed by the Superintendent, Miss Felstead, and her staff, and to the pleasant and helpful way in which it is offered.

The Annual Report of the Queen's Institute of District Nursing, following upon a detailed inspection, also spoke once again in glowing terms of the work seen in Rochdale.

At the end of the year the nursing staff of the Association consisted of the Superintendent, two Assistant Superintendents, five fully trained District Nurses and three candidates under training, one Male Nurse under training and nine Part-time Nurses.

It is to be noted that the Association's Headquarters at Sparrow Hill are designated as a "Key Training Centre" by the Queen's Institute of District Nursing. There is a steady if not very large supply of candidates to the Home from widely separated parts of the Country.

AMBULANCE SERVICE.

During the year discussions took place regarding the working of the Service and reports were presented on personnel and on vehicles. As a result the establishment of drivers was increased to cut down the amount of unavoidable overtime being worked and, considering the continued increase in the work falling upon the Ambulance Service, the results appear to have confirmed the wisdom of the decision.

During the year one ambulance has been replaced by a sitting-case car, acquired from the Police Department in May, and this has relieved the ambulances considerably in the transport of non-stretcher patients. The two 8 h.p. cars, used mainly for Midwifery Service purposes, were replaced by 10 h.p. cars with satisfactory results. The policy regarding vehicle replacement was reviewed and ultimately it was decided that a fleet of Morris ambulances should be built up. The first step in this direction was the placing of an order for one Morris ambulance to be delivered in 1952, to replace one of the Austin Wayfarers.

The fleet now consists of five ambulances, one dual-purpose vehicle, one sitting-case car and two 10 h.p. cars used for Midwifery, General Depot and Office duties. The personnel consists of one Ambulance Officer, 25 Drivers and Attendants and three Telephonists.

The steadily increasing cost of running Ambulance Services has caused concern in Central Government as well as in Local Government circles. In June, 1951, the Minister of Health informed the Local Health Authorities of his intention to introduce a new form of Annual Costing Return. This is designed to reduce to a common basis the various methods of dealing with expenditure which have been adopted by different Authorities. The results thus obtained will be much more comparable than the statistical records previously available.

For the purposes of the Return the definition of "a patient" has been modified to denote one patient carried once in one direction. Therefore a patient taken to hospital for out-patient treatment and brought home the same day counts as two, regardless of whether the ambulance waits or not. The "journey" now means a vehicle's round trip from the Ambulance Station, whereas before each patient-carrying trip was counted as a journey. The method of recording has, therefore, had to be adapted to accommodate these revisions, with the result that the statistical table which follows is not comparable with the previous year's figures except in the section dealing with mileage.

In July the Minister issued suggestions contained in Circulars directed to the Local Health Authorities, Regional Hospital Boards and Hospital Management Committees, and to Executive Councils for distribution to general medical practitioners, designed to ease the load on Ambulance Services by more careful ascertainment of the need for an Ambulance Service vehicle. Many of the suggestions contained had already been considered, and discussions took place at Officer level to improve the method of ordering ambulances by hospitals. Some improvements have been observed, particularly in respect of ambulances ordered by general medical practitioners, to whom the Minister's Circular took the form of "Rules on the use of Services".

	BOROUGH						COUNTY AND OTHERS					
	Ambulances		D.P. Vehicle		S.C. Cars		Ambu- lances		D.P. Vehicle		S.C. Cars	
	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950	1951	1950
PATIENTS :												
Emergency ...	903	—	1	—	41	—	64	—	1	—	1	—
Ordinary Removals	13415	—	890	—	2091	—	15	—	3	—	11	—
Totals ...	14318	14691	891	751	2132	1223	79	38	4	—	12	1
JOURNEYS :												
Patient Carrying...	9694	12052	457	473	1633	1150	82	38	4	—	12	1
Lost Journeys and Depot Duties ...	332	218	40	—	820	—	—	—	—	—	—	—
General Trans. ...	3	—	851	712	766	1270	—	—	—	—	—	—
Midwifery ...	—	—	59	—	4776	5656	—	—	—	—	—	—
Totals ...	10029	12270	1407	1185	7995	8076	82	38	4	—	12	1
MILEAGE :												
Removals ...	71441	71363	8272	10020	15541	11577	941	752	58	—	226	10
General Trans. ...	32	—	5643	2994	6761	4991	—	—	—	—	—	—
Midwifery ...	—	—	376	—	24496	22590	—	—	—	—	—	—
Totals ...	71473	71363	14291	13014	46798	39158	941	752	58	—	226	10

LABORATORY FACILITIES.

Throughout the year the bacteriological examination of Milk, Water and Ice-cream has been carried out at the Public Health Laboratory at Monsall Hospital, Manchester.

Individual specimens from individual patients are still referred to the local Hospital Laboratories, from which information of epidemiological importance is passed either to the Public Health Laboratory or to the Medical Officer of Health, or to both.

The chemical analysis of water, as well as of milk and foodstuffs taken under the Food and Drugs Act, is performed by the Borough Analyst.

HOSPITALS.

The hospital services in the district provide 1,375 beds for patients, which include an increase of 50 beds at Birch Hill Hospital for General Medical and Surgical cases.

MATERNITY AND NURSING HOMES.

At the end of the year there was one dwelling house registered as a Maternity Home and one as a Nursing Home for medical and surgical cases :—

78 Louise Street—three patients—Maternity ;

183 Drake Street—ten patients—Medical and Surgical ;

* These Homes were visited during the year by the Medical Officer and were reported upon as satisfactory.

Maternity and Child Welfare

Notification of Births—Public Health Act, 1936.

There were 1,258 births notified as belonging to Rochdale—1,256 by midwives and two by doctors. These figures include 706 births occurring at Birch Hill Maternity Home and 32 in other hospitals, which are classified to Rochdale.

Health Visitors.

For most of the year under review we had a Health Visitor strength of nine, being double that for 1949. It was, therefore, possible to continue the practice as well as the policy of extending the Health Visitors' work beyond the bounds of the care of the infant in its first year or so of life.

Much useful work has been done in the realm of infectious diseases nursed at home. Home visits are paid immediately a case is notified and as often thereafter as appears necessary. At these visits advice is given on problems of nursing, of isolation, and of the effects or repercussions upon other members of the family. Most of this visiting has actually been in respect of Measles, in which supervision and advice can pay excellent dividends. Although the disease itself is not a dangerous one, its combination with poor nutrition, bad housing or indifferent nursing, can produce crippling disabilities through Bronchitis, through Conjunctivitis or through Middle Ear Disease.

A very considerable increase in visiting of homes to supervise the health of the child before it enters school is of first class importance. Advancements in health and hygiene depend more and more on the personal approach. There is such a mass of advertisement and propaganda today on such a wide variety of subjects that most of it must be ignored if we are to live sane lives. Health propaganda by advertisement, by poster and by pamphlet, must obviously share in this high proportion of failure. Valuable results are obtained through the presence of the Health Visitor in the home, where the problem can be shown and where she can demonstrate the best solution. It is not, of course suggested that the Health Visitor is the only Social Worker and on many occasions the solution will be reached by the calling in of her colleagues from other Services.

The number of visits to children from one month to five years of age has increased from 10,809 to 18,698, which means that there has been an opportunity for 8,000 more little talks on the problems of the moment, and 8,000 more opportunities for mothers, or those deputising for them, to seek advice.

In addition to routine work amongst the 'under fives', the Health Visitors are taking part in various surveys. One local survey seeks to find and follow-up all children who are potential sufferers from Heart Disease in later life. Another, also locally organised, is designed to evaluate the care given to prematurely born children. On a national scale there is the follow-up of mothers who have had any disease such as Measles or Chicken Pox during pregnancy, and of the children who have been immunised against Diphtheria and Whooping Cough in relation to Poliomyelitis. By all these we seek to solve a local problem or to aid in local propaganda or, on the other hand, to add our small quota on similar problems which can only be investigated on a national scale.

The following Table summarises the Health Visitors' work, both in respect of Home Visiting and of attendances at Clinic sessions and Nurseries :—

	1951	1950
Primary visits to births	1,234	1,329
Primary visits re stillbirths	26	28
Subsequent visits to infants under 1 year	5,430	2,698
Subsequent visits to young children : 1—2 years	3,656	2,239
Subsequent visits to young children : 2—5 years	9,612	5,872
Ante-natal cases	3	31
Maternal and Infant Deaths	48	38
Daily Guardians, etc.	25	82
Infectious Diseases	924	93
Incomplete Visits	1,927	1,900
Sanitary Defects	30	6
	<hr/>	<hr/>
	22,915	14,316
Ante-natal and Post-natal Clinics	298	197
Child Welfare Clinics	993	891
Castleton Day Nursery	94	88
Nursery Schools	175	62
Industrial Nurseries	15	7
	<hr/>	<hr/>
	24,490	15,561
	<hr/>	<hr/>

Child Welfare Centres.

The following Table shows the attendances at the Clinics during 1951 :—

Centre	New Cases admitted during 1951	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		under 1 yr.	1—2 yrs.	2—5 yrs.		
(a) Baillie Street * (Wardleworth)	175	2,132	560	350	† 30 (27)	1,207
(b)*St. Luke's ...	195	2,824	826	547	43 (51)	1,792
(c)*St. Clement's ...	194	2,556	977	671	42 (49)	1,454
(d) Baillie Street *(Castleton) ...	225	2,665	536	320	35 (31)	1,420
(e) *Castleton ...	134	2,241	814	881	41 (34)	1,368
(f) Norden	57	628	405	353	27 (30)	422
Totals	980	13,046	4,118	3,122	—	7,663
Corresponding Figures 1950 ...	871	12,927	4,041	3,295	—	7,691

* Two Clinic Sessions per week.

† Figures in brackets are for 1950.

There is a definite increase in the number of children who have attended the Clinic for the first time during the year, but on the whole the attendances are very much the same as those for the previous year.

The number of children who attended for the first time and who at the date of their first visit were under one year of age was 894 or 70% of the notified live births, as against 60% in 1950.

The additional Health Visitor staff has also allowed re-organisation within the Clinics. By this it is possible for one Health Visitor to be closely associated with the examination by the Medical Officer of any child attending the Clinic for that purpose, while another Health Visitor is available for consultation with the mothers attending for more routine purposes. This is, of course, the true function of the Health Visitor in the Clinic, where she should not be burdened with more than the absolute minimum of clerical or records work.

Medical records of children attending these Clinics are subsequently transferred to the School Medical Services Department with which close liaison continued for such things as regular dressings, dental treatment and for conditions of the Ear, Nose and Throat, and Eyes.

The members of the Ladies' Executive Committee and co-opted voluntary helpers have continued to render very valuable and pleasant assistance at the Clinics, besides providing representatives to sit on the Domiciliary Services Sub-Committee.

Visits continued to be paid by the Medical Officer to nurseries maintained by the cotton mills in the town. Quarterly reports are received on these children and any work in connection with Child Welfare, such as immunisation or reference to Specialist Departments, is thus provided for. At the end of the year there were 384 children under five accommodated at ten Nurseries, as compared with 146 children under five accommodated at three Nurseries at the end of 1947.

Orthopaedic Clinic.

Children suffering or suspected of suffering from Orthopaedic and postural defects continued to be sent to the Smith Street Clinic, now maintained by the Rochdale and District Hospital Management Committee.

During the year 61 children under five years of age were referred to the Clinic to be examined by Mr. A. P. Gracie. Various minor forms of defect are dealt with at the Child Welfare Clinics.

Provision of Milk and Food Preparation.

The Local Health Authority's Scheme for Milk and Food Preparations is now largely confined to special cases. The ordinary distribution of Welfare Food products is sufficient to deal with routine cases.

Closest contact is maintained between the Maternity and Child Welfare Clinics Services and the Welfare Foods Office. The Clinics are utilised as distribution centres with staff allocated from the Welfare Foods Office.

Diphtheria Immunisation.

During the year 1,161 children under five received a course of immunisation. In 1950 the number immunised in this group was 816 and in 1949 it was 1,204.

The following Table shows immunisation in relation to the child population under five years of age. The numbers immunised include those who had completed a course of immunisation at any time before the 1st January, 1952. The estimated population figure is supplied by the General Register Office.

Age at 31/12/51 i.e. born in year	Under 1 1951	1 1950	2 1949	3 1948	4 1947
Number immunised	438	751	689	798	992
Estimated mid-year child population 1951	Children under five 6,900				

Whooping Cough Immunisation.

By the end of 1949 the scheme for this type of immunisation had been put on all fours with that for Diphtheria, including immunisation at the Clinics and by the family doctor. During the year 665 children received a full course of three injections, as compared with 625 the previous year. Of this number 209 children were immunised by their own doctors.

So far no case of Whooping Cough amongst immunised children has been reported from any source. The numbers are still too small for this to be of real statistical significance. It is, nevertheless, a definite statement of fact.

Vaccination against Smallpox.

During the year a total of 275 primary vaccinations and 212 re-vaccinations were carried out in the Borough. Of these 112 primary vaccinations were in respect of infants under one year of age and a further 61 primary vaccinations were in respect of children under five.

Most of the remainder and practically all the re-vaccinations were in cases of adolescents or adults.

Ante-natal and Post-natal Clinics.

There are now five Ante-natal sessions and one Post-natal session per week, all held at Baillie Street Council School.

One of the Ante-natal Clinic sessions and the one Post-natal Clinic session are Specialist Clinics conducted as such by Dr. K. A. Evans in his capacity as Consultant Obstetrician to the Hospital Group.

Two of the Ante-natal Clinics are conducted by the Local Authority's Child Welfare Officer and one of these is primarily arranged so that the Midwives may bring to it their own booked cases. As a result of this arrangement the various duties performed at the Ante-natal Clinics are clearly defined. Thus there are separate sessions for routine supervision, for consultations and for the booking of maternity hospital beds.

At the beginning of the year admission to maternity hospital beds was maintained on a system of modified priority. By the end of the year, however, with improved staffing at the hospital, a large number of women who desired admission could be admitted, as well as all the priority classes.

The numbers of women attending these Clinics are set out in the following summary :—

		Rochdale Borough		County Districts		Total	
		1951	1950	1951	1950	1951	1950
(1) ANTE-NATAL CLINICS							
(a) No. of Expectant Mothers attending (New Cases) ...	Baillie St.	1,134	1,239	137	116	1,271	1,355
(b) No. of attendances (Old and New Cases) ...	Baillie St.	6,919	6,639	815	682	7,734	7,321
(c) Average attendances per clinic session ...	Baillie St.	28.5	26.9	3.3	2.7	31.8	29.6
(2) POST-NATAL CLINIC							
(a) No. of Mothers attending (New Cases) ...	Baillie St.	358	370	60	65	418	435
(b) No. of attendances (Old and New Cases) ...	Baillie St.	393	399	62	67	455	466
(c) Average attendance per clinic session ...	Baillie St.	8.4	8.1	1.3	1.4	9.7	9.5

The 1,134 Rochdale patients who attended for the first time at the Ante-natal Clinics during the year represented 88% of the total notified live births and stillbirths in the Borough, as compared with 87% in the previous year.

Members of the staff of the Hospital Laboratories attend certain Ante-natal Clinics in order to carry out blood examinations, mainly Haemoglobin Estimations on new cases. During the year 998 Haemoglobin Estimations were performed. Blood Wasserman's are taken as routine in all new cases. 'Positive' or 'Suspect' cases are referred to the Consultant Venereologist.

Emergency Maternity Unit.

Under arrangements made by the Rochdale and District Hospital Management Committee this Unit, based at Birch Hill Hospital, is available on call at all times within the Hospital Committee's area. The service was called upon once during the year.

Maternity Home.

The number of Rochdale women admitted to the Maternity Home at Birch Hill Hospital for confinement was 734. In addition, a further nine women were admitted within a few days of the birth of a child. The number of babies born in hospital and classified to Rochdale was 725 live births and 24 still births.

DOMICILIARY MIDWIFERY SERVICE

During the year 11 Midwives gave notice of intention to practice in this Borough. Ten of them were engaged as Domiciliary Midwives, while the remaining one was engaged in private practice. Comparative figures of the year's district midwifery work by Domiciliary Midwives are given in the following table :—

	Year 1951	Year 1950	Year 1949
Cases attended—as Midwife	462	583	474
as Maternity Nurse	5	3	94
Visits during lying-in period—			
as Midwife	8,928	9,663	7,878
as Maternity Nurse	62	49	606
Ante-natal (Home Visits)	1,922	2,622	2,493
Ante-natal Clinic Visits	352	257	36
Miscellaneous Visits	2	10	80

The one Midwife in private practice attended 70 cases as Midwife during the past year and none as Maternity Nurse.

The staff of Domiciliary Midwives was reduced during the year by a process of failing to replace staff who left. Three Midwives left the Service to take up other forms of nursing work and one, Nurse Groarke, retired in August. Nurse Groarke was one of the original staff appointed in 1935. In replacement of these, only two appointments were made, one of whom took up duties in October and the other actually in the beginning of 1952.

Even with the staff reduced to eight, each individual midwife was only called upon to attend some 58 midwifery cases in the year, a much lower average than that which existed in 1947.

The attendances of the Midwives at the Ante-Natal Clinics continued to increase, as allowed for by this diminution in the work on the district.

In June the first Pupil Midwife from Birch Hill Hospital began her domiciliary training with one of the Rochdale Domiciliary Midwives as part of the complete midwifery training scheme established between the two Authorities, with the approval of the Ministry of Health and the Central Midwives' Board. By the end of the year two pupils had completed or were undergoing their period of three months training on the district. It was particularly gratifying to those concerned in this experiment to find that almost immediately fresh recruits for midwifery training began to be available at Birch Hill Hospital. This, in its turn, made it possible for a bigger number of midwifery cases to be booked by the Hospital. Further comment on this scheme will be made in next year's report.

A car service is operated from the Ambulance Depot in connection with the Domiciliary Midwifery Service and these cars are also used for the transport of Gas and Air Analgesia equipment as required by the Midwives.

All the Midwives on the staff at the end of the year were qualified to administer Analgesia and during the year 320 women have been given this form of relief from pain in childbirth. Pethedine was also administered to 134 women.

Medical Assistance.

Midwives practising in the District requested the services of a Medical Practitioner in 80 maternity cases and in 31 cases of newly born children. The corresponding figures last year were 89 and 31 respectively.

Since July, 1948, the Local Health Authority has been responsible for paying the medical fees only where the General Practitioner is not already called upon to give these services to the patient under the terms of his contract with the Local Executive Council. During the year the number of cases concerned was three, involving an expenditure of £7 11s. 0d.

Maternity Outfits.

The Local Health Authority was required to include in its proposals under the National Health Services Act provision for the supply of sterilised accouchement sets, free of charge, to expectant mothers to be confined at home.

The Minister has advised that outfits should include the main dressings required at the confinement and during the lying-in period, and has prescribed the minimum requirements which the Local Health Authority is requested to make available.

Outfits of the required content are available at the Child Welfare Centres or through the Domiciliary Midwife, and during the year 485 such outfits have been issued.

Dental Service.

It had not been found practicable by the end of the year to make new or more complete arrangements for the dental care of expectant and nursing mothers, and of children under the age of five years. The arrangements between the Health and Education Departments for the services of school dental staff in this direction were continued. These resulted in the dental treatment of 49 expectant and nursing mothers, and 62 children under five years.

Puerperal Pyrexia.

One case of Puerperal Pyrexia was reported, but it was not removed to Hospital for treatment. This case made a satisfactory recovery. During the previous year two cases were reported.

Maternal Mortality.

During the year one death was recorded as due to maternal causes with a maternal death rate of 0.76 per thousand live and stillbirths.

Detailed reports upon cases of death due to or associated with maternal causes continue to be sent to the Ministry of Health.

The following figures show the Maternal Mortality rates per 1,000 live and still-births in other towns as compared with Rochdale :—

AREA	1951	1950	Average 5 years 1945-49
ROCHDALE	0.76	2.13	1.87
Average 12 neighbouring manufacturing towns ...	0.94	1.09	1.39
Administrative County of Lancaster	0.69	1.01	1.42
England and Wales	0.79	0.86	1.28

Ophthalmia Neonatorum.

One case was reported during 1951, as against two in 1950 and one in 1949. This case did not show any impairment of vision.

CARE OF UNMARRIED MOTHERS AND ILLEGITIMATE CHILDREN.

This work has continued under the guidance of a Joint Case Committee, made up of members of the Domiciliary Services Sub-Committee and the Rochdale Welfare Mission.

I am indebted to Mrs. E. H. Winter, Social Worker, for the following report indicating some of the problems dealt with during the year.

CASES REFERRED DURING 1951 :

Expectant unmarried mothers	28
After-care, unmarried mothers	15
Matrimonial and family problems	11
Preventive	6
Enquiries from other areas	2
Total	62

TYPE OF ASSISTANCE REQUIRED :

Ante-natal and post-natal accommodation	24
Living accommodation for mother and child	10
Accommodation for children only	10
Advice on affiliation, private agreements, tracing and interviewing putative fathers	21
Help with adoption	3
Advice and help to parents about difficult behaviour in children and young people	9
Material help	9
Advice on matrimonial problems	8
Investigation in this area for social workers in other areas	5
Investigation leading to no action	4

Once again it should be noted that while the Joint Case Committee was established to deal with problems affecting the unmarried mother and her child, it is in fact impossible to deal with these as separate and distinct from those occurring in marriage and home life. More stable marriages would mean fewer illegitimacies. Better care and understanding of children would mean more stable marriages in the future.

It is disturbing that the six preventive cases all involved seventeen year old girls who had left home to live in unsuitable lodgings. Two are themselves illegitimate, one has made a marriage which is already breaking down, the other is associating with a married man. Two came from 'broken homes' and two from homes where the parents lack understanding of the needs of adolescence.

Of the 43 cases dealing specifically with the illegitimate child the following is a brief summary :—

Child kept by mother	...	...	...	...	...	...	...	31*
Child adopted	...	...	...	...	...	...	...	3
Child still-born	...	...	...	...	...	...	...	1
Miscarriages	...	...	...	...	...	...	...	3
Not yet born	...	...	...	...	...	...	...	3
No recent information	...	...	...	...	...	...	...	2

* This number includes nine children living in lodgings with the mother and five living in Children's Homes.

Maternity and Mother-and-Baby Homes.

Of the 24 applicants for ante-natal and post-natal accommodation 14 were found vacancies in voluntary Homes. The Health Committee guaranteed fees subject to a fair contribution by the mother. Of eight old cases re-opened because of second or third pregnancies, three mothers were also accommodated in Homes with the financial assistance of the Committee.

Reasons for seeking admission to a Home vary. An expectant mother may decide that her coming child must be adopted and wish to leave home until this can be arranged. Another may wish to keep her child but have no home or lodgings where a baby would be welcome. Whatever the reasons an attempt is made to help the mother to solve her more pressing problems while she is in the Home. The aim in every case is the rehabilitation of the mother and the best possible provision, in the circumstances, for the child.

Care of Mothers not entering Homes.

These were for the most part mothers who have decided from the start to keep their children and who had the help of parents or relatives. A few, not so fortunately placed, needed special help in finding lodgings and in making proper provision for the child. In any case a mother able to have her baby with her at home may need a good deal of help and advice if she is to adapt herself to her new responsibilities.

It is still extremely difficult to make adequate arrangements for those referred only after the child is born. Two such mothers presented themselves as emergencies at the Maternity Hospital when already in labour. Neither had made any plans or preparations for the baby and neither had lodging to which to return. One, after nearly three weeks in Hospital, was admitted to a Mother-and-Baby Home, which she left before full arrangements could be made, and the child had eventually to be cared for by the Children's Officer. The other was offered temporary accommodation by the Welfare Services until the child could be placed in a voluntary Children's Home. Several mothers had made proper arrangements for the confinement but entered the Maternity Hospital under the impression that the child could be left there until adoption. In these and similar cases the child is bound to suffer from the effects of the irresponsibility or ignorance of the mother and the resulting insecurity. Early institutional care for the child is not the best answer. The fact is that the most irresponsible mothers need the most care and are the most difficult to help.

The appointment of an Almoner to Birch Hill Hospital has been a great assistance in trying to make adequate plans in these and similar emergencies.

Co-operation with Other Areas.

The help is acknowledged of committees and superintendents of Maternity Homes (of which there is not one in the Borough) in the placing of mothers and babies, also of Medical Officers of Health and their staffs, Children's Officers, Probation Officers, Moral Welfare Workers and others who have referred cases coming from their areas and traced and interviewed relatives and putative fathers, also of members of voluntary bodies who have performed similar services in Canada, the United States of America and Germany.

JOINT COMMITTEE FOR CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.

This Committee was formed by the Local Authority in Rochdale on instructions received in a Joint Circular from the Home Office, the Ministry of Health and the Ministry of Education. The first meeting was held in November, 1950, with the Medical Officer of Health as Chairman and the members comprising representatives of the Local Authority, the Statutory Services and Voluntary Organisations.

Although the Committee has no statutory powers, it has formed a basis for liaison and much time has been saved by members gaining a fuller history of cases which may only recently have come to the knowledge of their own Department or Organisation. If difficulties arise in a particular case, members now know which other Departments or Officers have an interest in the case, and advice and assistance is more readily available.

From November, 1950, to December, 1951, twelve meetings have been held, at which the following have been represented :—

ROCHDALE CORPORATION :

Education, Borough Treasurer's, Housing, Children's, Welfare Services,
Police and School Medical Departments ;

N.S.P.C.C., PROBATION OFFICE, NATIONAL ASSISTANCE BOARD,

HOSPITAL MANAGEMENT COMMITTEE, WAR PENSIONS WELFARE SERVICE.

PUBLIC HEALTH DEPARTMENTS :

Superintendent Nursing Officer, Chief Sanitary Inspector, Social
Worker, Mental Health Worker.

It is interesting to note that no fewer than ten of these Departments were represented at ten or more out of the twelve meetings.

A total of 53 cases has been referred to the Committee from the sources set out below :—

School Medical Department	...	...	...	...	23
Superintendent Nursing Officer	...	...	...	...	11
Social Worker	...	...	...	...	5
Housing Department	...	...	...	...	5
Children's Department	...	...	...	...	3
Education Department	...	...	...	...	2
Chief Sanitary Inspector	...	...	...	...	2
Probation Officer	...	...	...	...	1
N.S.P.C.C.	...	...	...	...	1

The following list shows the number of times these 53 cases have come up for discussion and further report :—

18 cases	...	...	...	...	once only
14 cases	...	...	...	...	twice
9 cases	...	...	...	...	three times
7 cases	...	...	...	...	four times
2 cases	...	...	...	...	five times
2 cases	...	...	...	...	six times
1 case	...	...	...	...	seven times

Since their first report seven out of the 53 cases have been under constant supervision by more than one Department and it appears that this supervision will have to continue if these families are to be brought and kept up to scratch.

Of the 37 cases reported up to mid 1951, 24 have not been reported on for a period of six months or over. Of these 24 cases twelve were the subject of only one report and presented early or minor problems.

It has been most interesting to see how much is already known about the real problem families and how much information can be shared round the table. It was found that out of a total of 53 cases, 37 were known to more than one Department at the time of first reporting. Another most interesting item has been the disclosure by each body of its powers and its limitations.

Even with such short history the Committee can look back on some families where its advice has led to good results. Unfortunately, it must also record some failures which are, of course, not abandoned.

CASTLETON DAY NURSERY

The number of children on the register in January was 57 and in December 60, as compared with 65 and 57 respectively in the previous year.

The Nursery has accommodation for 60 children and the staff comprises :—

1 Matron ;	1 Assistant Matron (Trained Nursery Nurse) ;
5 Assistant Nurses ;	2 Nursery Nurses ;
7 Student Nurses ;	3 Domestics.

Medical inspections were carried out regularly every three weeks. All the children were found to be quite healthy and their state of good health was maintained during the year.

There were only ten absentees on account of Infectious Diseases. Five were absent on account of Chicken Pox, two for Mumps, two for infective Diarrhoea and one for Measles.

The standard of nutrition of the children was found as in previous years to be very satisfactory. Out of 139 medical inspections made, 52 children were classified as of good nutrition, 82 of average nutrition and five below average nutrition.

The children of substandard nutrition were frequently re-inspected and all were referred to the Consultant Physician, who found them quite healthy and considered the slight underweight was no cause for worry as the parents of these children were themselves of small stature and light weight.

There were 26 cases referred for special treatment for the following defects as compared with 24 in 1950.

	1951	1950
Tonsils, Adenoids, Nasal Catarrh	10	6
Ear Discharge (Otitis media)	—	3
Eyes (Squint, Conjunctivitis and Blepharitis)	1	2
Dental Caries	10	1
Orthopaedic (Knock Knees, Valgoid Ankles, Overlapping of toes)	1	8
Medical Disorders (Nutrition, Anaemia, repeated attacks of coughs and colds)	4	4

Running noses and enlarged Tonsils and Adenoids, though still common defects amongst these children, are not so marked as in previous years.

Dental Caries, on the other hand, seems to be increasing, due no doubt to over-indulgence in sweets and cakes.

Orthopaedic defects were slight and were all satisfactorily treated at the Orthopaedic Clinic.

Diphtheria and Whooping Cough immunisations were carried out for all new entrants and those not previously done.

The general cleanliness of the children at the Nursery was good and heads were found to be fairly free from verminous infestations. Out of all the medical inspections made during the year, nits were discovered on only seven occasions.

A Health Visitor is in attendance at all the medical inspections and maintains a friendly contact with the Matron, who also maintains contact with the parents on all matters relating to the health and care of the children.

DAILY GUARDIANS SCHEME

As from the 1st January, the scheme operated in the revised form described in last year Annual Report. A quarterly fee of 10s. 6d. is paid to women who are approved and registered as Daily Guardians and who accept supervision by the Authority. This replaces the previous scheme whereby women received a fee of 2s. 6d. per week, per child minded.

At the end of the year six Daily Guardians were approved to take nine children.

At the time of the cancelling of the old scheme there were 356 persons registered as approved Guardians to take 394 children.

CONVALESCENT HOMES

As part of their arrangements for Care and After-Care, the Health Committee have authorised that arrangements be made for Convalescent Home accommodation. During 1951 such accommodation was arranged for 56 adults and four children as follows :—

	Adults	Children
	<hr/>	<hr/>
West Hill, Southport	29	—
Grey Court, Hest Bank	16	—
Parkside, Arnside	6	—
Others	5	4
	<hr/>	<hr/>
	56	4
	<hr/> <hr/>	<hr/> <hr/>

In practically all the cases the period of accommodation recommended is two weeks. On recommendation from the Convalescent Home concerned five cases received extensions of one or more weeks.

The total cost of Convalescent Home accommodation was £236 17s. 3d. of which £79 6s. 9d. or 33.31% was recovered. In addition, travelling expenses were paid in the case of one adult, the amount involved being £1 5s. 7d.

Of the 60 cases admitted to Convalescent Homes, 7 adults were recommended by Hospital Medical Officers, 48 adults and 1 child by Private Practitioners, and 1 adult and 3 children by the Manchester Diocesan Moral Welfare Council.

Post-operative cases (13) and Respiratory Diseases (15) were the largest single classes of admissions, the remainder being from a wide variety of causes, including Cardiac Debility, General Debility and Abdominal Conditions.

Domestic Help Service

The Scheme which commenced in 1947 has continued to operate under the general direction of the Superintendent Nursing Officer.

A large proportion of the cases seeking assistance continued to be drawn from the elderly chronic sick. The place of the Domestic Help Service in the care of these persons has formed part of the discussions which have taken place during the year between this Department, the Hospital Management Committee, the Welfare Services Department and the General Practitioners.

During the year the Domestic Helps assisted 226 cases (50 cases of maternity and 176 of general sickness, etc.) as against 232 cases during 1950. The average period over which assistance was given was 23 days for maternity cases and 97 days for general sickness.

At the end of the year 20 Domestic Helps (11 full-time and 10 part-time) were employed as compared with 22 at the end of the previous year. This is in spite of continued efforts to increase the staff.

This Service under Section 29 of the National Health Service Act, is not a free Service and persons who seek this form of assistance are assessed on an approved scale as to their ability to pay for the services rendered.

The average rate of recovery of the cost of this Service during the year was 39% of the total cost. No charge was made to 30 households out of the total number of households to which this Service was rendered.

Nurseries and Child Minders Regulation Act, 1948.

Under the first part of this Act, premises in the area where children are received to be looked after during the day must be registered. In the second part of the Act, persons who receive more than two children, who come from more than one household, to be looked after during the day, must also be registered.

In the former category, ten premises were registered at the end of the year. All of these are Nurseries attached to cotton mills in the town. In total these Nurseries were registered for the accommodation of 438 children. During the year 304 children were admitted to the Nurseries and 326 left the Nurseries. At the end of the year there were 384 on the registers.

The Matrons of the various Nurseries submit a quarterly report on the children and the Medical Officer in charge of Child Welfare pays a visit to each Nursery at three-monthly intervals. Each Nursery has its own visiting Medical Officer, who is usually the General Practitioner previously associated with the parent mill.

In the latter category, only one person was registered during the year to receive three children.

Mental Health Service

The Health Committee continues to be responsible for mental illness and mental defectiveness, and all matters relating to these two conditions are dealt with at the monthly meetings. No Mental Health Sub-Committee has been appointed. The staff dealing with these matters includes two Duly Authorised Officers and a Mental Health Social Worker, as well as a Supervisor and two Assistants at the Occupation Centre.

The Deputy Medical Officer of Health, who is also Senior Assistant School Medical Officer, deals with the majority of the ascertainment cases and the Medical Officer of Health acts as Medical Officer in charge of the Service.

The Local Education Authority's Educational Psychologist plays his part in the ascertainment of mental defectiveness.

With scarcely any exception, all the supervision of patients on trial or on licence from Mental Hospitals and Institutions for Mental Defectives is carried out by the Duly Authorised Officers or the Mental Health Social Worker. One of the former attends regularly at the Regional Hospital Board's Psychiatric Clinic and takes part in its follow-up work.

None of the Authority's duties are carried out through the agency of voluntary associations, but the Department is in touch with various such associations dealing with a variety of social problems.

In 1948 the Duly Authorised Officers and the Mental Health Worker attended two special courses in Leeds, arranged by the University Department, but since then no further definite training has been undertaken. The need of special training facilities for all types of Mental Workers in this part of the Country is strongly felt.

Particulars of Mental Defectives as on 31st December, 1951 :—

		M.	F.	T.
		—	—	—
1. (a)	In Institutions (including Under 16 yrs. of age	9	3	12
	cases on licence therefrom) Aged 16 yrs. and over	47	36	83
(b)	In "places of safety"	6	12	18
(c)	Under Statutory Super- Under 16 yrs. of age	15	8	23
	vision (excl. cases on Aged 16 yrs. and over	25	15	40
(d)	Action not yet taken under any one of the above headings	0	2	2
2.	Under Voluntary Supervision Under 16 yrs. of age	2	0	2
	Aged 16 yrs. and over	10	7	17
		—	—	—
		114	83	197
		=	=	=

Particulars of Cases Reported during the year 1951 :—							M.	F.	T.
1. ASCERTAINMENT :							—	—	—
(a)	(i)	Under Education Act, 1944, Section 57 (3)	...	...	...	3	4	7
	(ii)	Under Education Act, 1944, Section 57 (5)	...	...	...	3	4	7
				M.	F.	T.			
		On leaving special schools		2	4	6			
		On leaving ordinary schools		1	0	1			
(b)	Cases referred by the police or by the Courts under Section 8 (1) (a) (or as a result of other action by the Courts)					0	1	1	
(c)	(i)	Other ascertained defectives reported and found to be 'subject to be dealt with'	...	...	...	0	2	2
	(ii)	Other reported cases ascertained who are not at present 'subject to be dealt with'	...	...	...	0	1	1
Total number of cases reported during the year						<u>6</u>	<u>12</u>	<u>18</u>	

2. DISPOSAL OF CASES REPORTED DURING THE YEAR :—

(a)	Ascertained defectives found to be 'subject to be dealt with' :—					M.	F.	T.
	(i)	Admitted to Institutions	...	...	...	1	3	4
	(ii)	Placed under Statutory Supervision	...	...	...	4	6	10
	(iii)	Action not yet taken	...	...	...	0	2	2
	(iv)	Died or removed from area	...	...	...	1	0	1
Total ascertained defectives found to be 'subject to be dealt with'						<u>6</u>	<u>11</u>	<u>17</u>
(b)	Cases not at present 'subject to be dealt with' :—							
	(i)	Placed under Voluntary Supervision	...	...	...	0	1	1
	(ii)	Action not yet taken	...	...	...	0	0	0
Total cases not at present 'subject to be dealt with'						<u>0</u>	<u>1</u>	<u>1</u>

Number of Mental Defectives in Institutions, under Community Care, including voluntary supervision, or in 'Places of Safety', who have ceased to be under any of these forms of care during 1951.

				M.	F.	T.
1.	(a)	Ceased to be under care	...	5	1	6
	(b)	Died, removed from area, or lost sight of	...	1	3	4
Total				<u>6</u>	<u>4</u>	<u>10</u>

The large proportion of children ascertained during 1950 was not repeated in 1951, because during the former year all the children known as probably mentally defective were examined. The 1951 cases may be regarded as more in the nature of a routine number.

The 95 cases accommodated in Institutions for the Mentally Defective are spread over 11 such Institutions, but are mainly accommodated in either Brockhall, Calderstones or the Royal Albert Institutions.

The 18 children noted as in 'places of safety' are in Birch Hill Hospital.

At the end of the year there were eight cases awaiting admission to Institution. The obtaining of Institutional accommodation still remains a matter of great difficulty, mainly because of the acute staffing position in the various Institutions. There is reason to believe, however, that the position may be improved somewhat in 1952.

Cases under Supervision.

At the end of the year there were 82 cases under Community Care, 40 of these being under statutory supervision and the remaining 19 under voluntary supervision.

The Mental Health Visitor made 1,241 visits during the year to the homes of mental defectives and supplied case notes or other reports on 54 cases.

It will be seen that the new cases ascertained during the year include six persons over the age of 16 years. Two of these were persons who had been looked after by a parent and, indeed, sheltered from all contact with the outside world. The death of the parent threw upon the community the very difficult problem of caring for a mental defective already middle-aged at the time of discovery. Another adult case was discovered as a result of police court action.

The relationship of the large majority of these mental defectives to employment on the one hand and to their supervision by this Department on the other, continues to be very good. The variety of problems which are brought to the Mental Health Office for solution or discussion is too great for classification. Not all of these problems are directly related to either mental deficiency or mental illness, but in most cases we are able to give some assistance or to indicate where such assistance can be found.

Treatment of Mental Patients.

	Males	Females
	-----	-----
Mental Patients in Hospitals on 31st Dec., 1950	99	155
Admissions during the year 	64	61
Discharges during the year 	57	56
Mental Patients in Hospitals on 31st Dec., 1951	106	159

Analysis of Patients discharged during 1951 :—

	Males	Females
Recovered	20	16
Relieved	23	21
Transferred to other Hospitals	10	5
Deaths	4	14
	<hr/>	<hr/>
	57	56
	<hr/>	<hr/>

The 265 patients still in hospitals at the 31st December, 1951, were distributed as follows :—

Prestwich	86
Whittingham	47
Lancaster Moor	25
Rainhill	17
Winwick	27
Birch Hill	44
Boundary Park	9
Others	10
	<hr/>
	265
	<hr/>

Mental Health Clinic.

The 'pre-care' of mental patients has been accelerated in this Borough by the opening of a Clinic at the Rochdale Infirmary by the Regional Hospital Board. In a lesser degree, out-patients are also seen by a visiting Psychiatrist at Birch Hill Hospital. A Duly Authorised Officer attends the weekly Clinic at the Rochdale Infirmary and in this way a link-up is made and co-ordination with the Regional Hospital Board is maintained.

Patients and their relatives are always advised regarding the treatment available. The Consultant Psychiatrist frequently requests that contact be made with the patient in his own home and in this way the Duly Authorised Officer can often supply the Psychiatrist with information, together with the background which has led to the patient's breakdown.

Being a local Officer, the Duly Authorised Officer has the advantage of knowing the local services, general conditions and the patient's resources. His knowledge in this respect is of the utmost importance to those mental hospitals or psychiatric departments which receive patients from wide and thickly populated areas.

The local Medical Practitioners are making increasing use of the Clinic and of the Consultant Psychiatrist.

The introduction of more intensive treatment for mental illness in the local hospitals covered by the Consultant Psychiatrist has resulted in a much quicker turnover in patients suffering from the minor forms of mental illness.

Dr. A. Pool, Consultant Psychiatrist, continues to be in charge of this work in the Rochdale and Oldham Districts. Dr. Pool's advice is readily available on problems or cases, either through the Clinic or by discussion.

Community Care.

The Duly Authorised Officers also perform valuable work in the 'after-care' field. They have to concern themselves with the re-habilitation of the patient and his restoration to normal life in the community. They must also be on the lookout for any possibility of a relapse, and they must encourage the patients to carry out any treatment or attendance at the Clinic which has been advised for their welfare. It is found that only about 2% of the patients discharged from Mental Hospitals fail to take advantage of the after-care services provided by the Local Authority. When necessary the patient is helped to find suitable employment, and guidance is generally given regarding their home conditions and associations.

Patients are usually visited for a period of twelve months following their discharge. They are helped, advised and guided in re-establishing themselves in the community. Visitation is continued if their neurosis continues or recurs.

During the year 1839 visits were made to homes of patients in connection with admission to hospital, attendance at Clinics, or after-care.

OCCUPATION CENTRE FOR MENTAL DEFECTIVES

The Occupation Centre opened on the 8th January, with six selected children between the ages of six and eight years. At the beginning the children were brought to the Centre by their mothers or other relatives and collected in the same way each afternoon. Within a few weeks of opening the Centre had to be closed because of Influenza amongst the children, the parents and the staff. It was re-opened on the 8th February and thereafter remained open to the end of the year.

At the time of the second opening arrangements were made for the children to be picked up in the Town Centre by the shooting-brake from the Ambulance Station and brought to that point again in the afternoon. It was necessary to pick up from home and to return to home certain physically handicapped children.

During the year 24 defectives were admitted to the Centre and five were discharged as unsuitable for training at the Centre. At the end of the year there were 25 persons on the register, 14 from the Borough, 6 from the surrounding districts of the County and 5 from the wards at Birch Hill Hospital.

The staff of this Centre at the end of the year consisted of Mrs. Tafts, Supervisor, two Assistant Supervisors, a Caretaker and a Meals Server.

Visits were paid to the Centre by members of the Health Committee and by other interested persons, as well as by representatives of the County Districts and the Hospital Management Committee.

Various activities were entered into by the children such as a Harvest Festival and Nativity Play.

The improvement in the behaviour of many of these children was very marked and by the end of the year many of them had achieved the ability not only to look after themselves in minor matters, but to be helpful to others.

Prevalence of Infectious Diseases

A considerable decrease in infectious diseases as a whole is noted as compared with 1950. This decrease was mainly shown in respect of Whooping Cough and Measles. The latter was moderately prevalent during the first four months of the year, otherwise there was very little evidence of any outbreak or epidemic of any description in the town.

The total of 54 cases of Scarlet Fever notified during the year is the lowest on record in Rochdale since 1918, when 38 cases were notified. Diphtheria was almost absent altogether, since there were only two cases and these occurred in the last fortnight of the year.

During the year one case of Poliomyelitis was notified and admitted to the Rochdale Children's Orthopaedic Hospital, where at the end of the year the child was still a patient. The case is one of moderate severity.

The following summary shows the comparative incidence of the various types of infectious diseases over the last seven years :—

	1951	1950	Average 5 yrs. 1945-49
Scarlet Fever	54	105	124
Diphtheria	2	5	17
Tuberculosis	99	136	111
Pneumonia	59	23	25
Whooping Cough	70	248	166
Measles	752	835	457
Chicken Pox	31	11	7
C. S. Meningitis	2	2	4
Poliomyelitis	1	3	3
Other Diseases	13	34	34
	<u>1,083</u>	<u>1,402</u>	<u>948</u>

In addition to the above formal notifications the following cases of infectious diseases were brought to the notice of the Department, chiefly through the medium of schools :—Whooping Cough 5, Measles 42, Chicken Pox 141.

DIPHTHERIA IMMUNISATION.

The campaign of general propaganda referred to in previous reports has been continued throughout the year in support of the national campaign.

On the child attaining the age of one the parents or guardians are sent a card explaining the dangers of Diphtheria and the facilities for Diphtheria Immunisation and the Health Visitors are provided with special cards which they leave at the homes in the course of follow-up visits.

Immunisation continues to be available to the same extent as reported last year. These efforts throughout the year were effective in achieving immunisation in respect of 1,161 children under five and 472 children between the ages of five and fifteen. These figures compare with 816 under five and 432 between the ages of five and fifteen in 1950. In addition, 687 children received re-inforcing doses, usually about four years after the initial treatment.

Whooping Cough Immunisation.

Reference is made to this scheme on Page 20 in the Maternity and Child Welfare Section.

Vaccination against Smallpox.

The following Table shows the number of persons vaccinated or re-vaccinated during the year. The figures for 1950 are shown in brackets for comparison purposes. None of these vaccinations were carried out by the Public Health staff.

Age at Date of Vaccination	Under 1	1	2 - 4	5 - 14	15 or over	TOTAL
Number Vaccinated	112(89)	33(23)	28(16)	21(16)	81(60)	275(204)
Number Re-vaccinated	—(1)	—(—)	—(3)	3(4)	209(117)	212(125)

Marland Infectious Diseases Hospital.

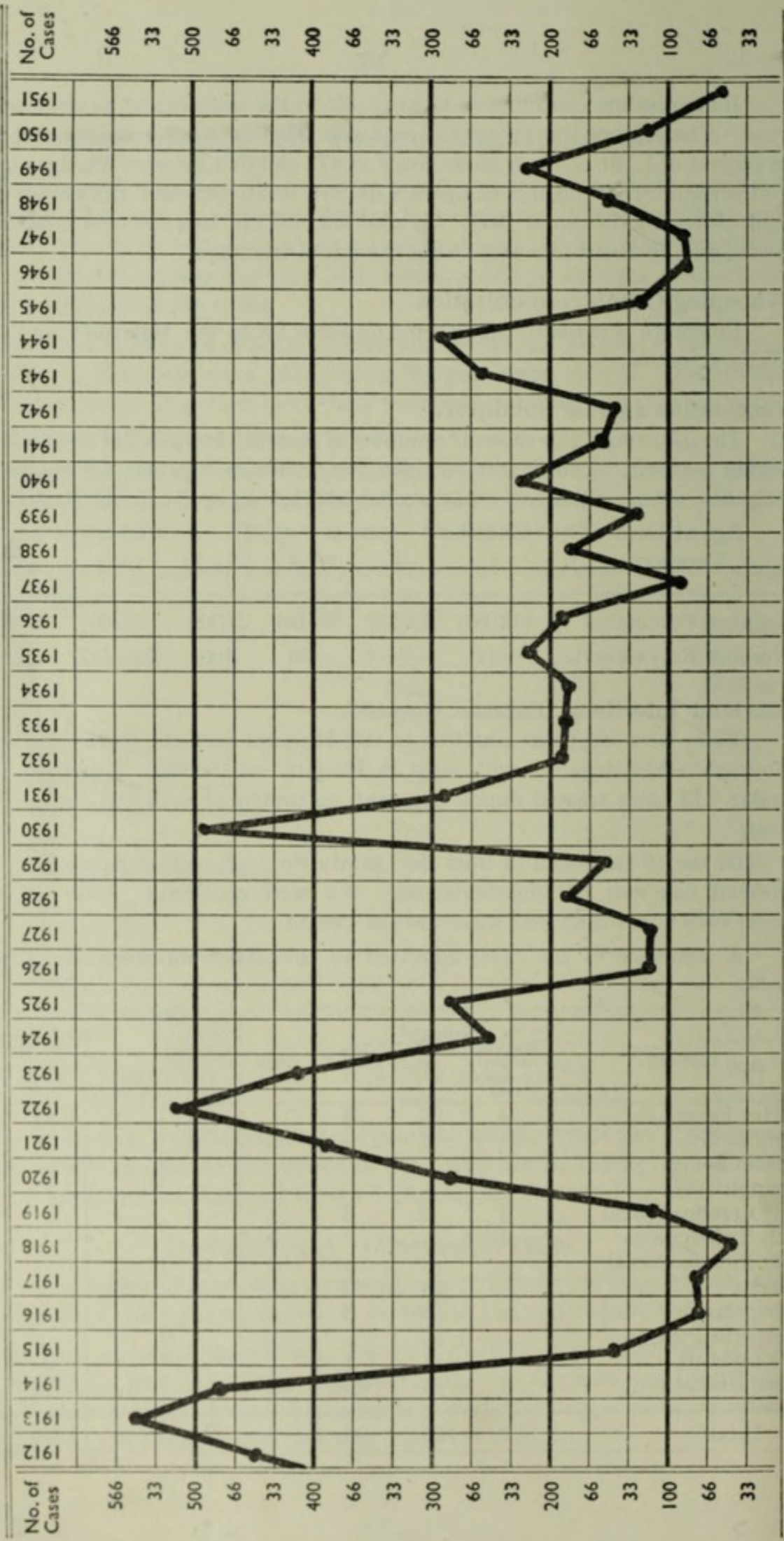
There were 105 cases admitted to this Hospital from the Rochdale County Borough, which together with eight in Hospital on the 31st December, 1950, makes 113 cases treated during the year, as compared with 195 the previous year.

Of the 16 cases sent in from the County Borough of Rochdale with a provisional diagnosis of Diphtheria, only two were confirmed. One had been previously immunised, and there were no deaths.

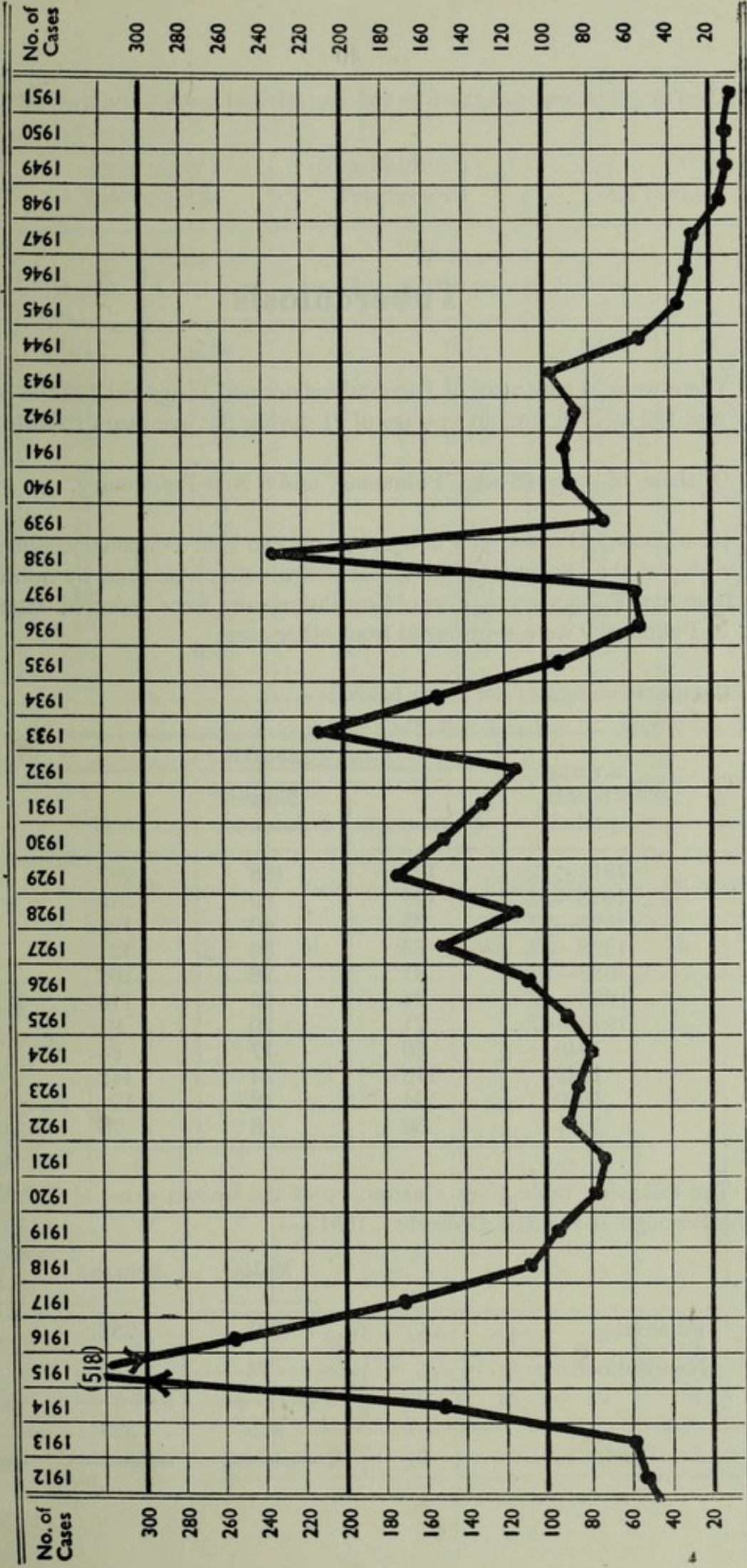
A summary of the cases admitted to Hospital from Rochdale is given below :—

DISEASE	In Hospital on 31st December 1950	Admitted during the Year	Discharged	Died	Remain- ing in Hospital at end of Year 1951	Ages of Patients Admitted		
						Under 5 Years	5—15 Years	Above 15 years
Scarlet Fever ...	4	29	28	...	5	8	19	2
Diphtheria ...	1	2	1	...	2	...	1	1
Enteric Fever ...	...	...	...	...	...	...	...	...
Meningitis—								
(1) Cerebro Spinal ...	1	2	3	...	...	1	...	1
(2) Tuberculous ...	1	...	...	1	...	...	...	...
(3) Pneumococcal ...	...	...	...	...	...	...	...	...
Measles ...	...	24	20	...	4	22	2	...
Erysipelas ...	...	3	3	...	...	...	...	3
Puerperal Pyrexia ...	...	...	...	...	...	...	...	...
Poliomyelitis ...	...	1	1	...	...	1	...	...
Other Diseases ...	1	44	40	2	3	17	8	19
Total ...	8	105	96	3	14	49	30	26

County Borough of Rochdale — Scarlet Fever Incidence — Years 1912-1951



County Borough of Rochdale — Diphtheria Incidence — 1912-1951



Tuberculosis

There were 76 new cases of Tuberculosis notified as against 122 the previous year and 142 in 1949, and an average of 91 during the five years 1944-48.

Of these 76 cases, 68 were Pulmonary and 8 Non-Pulmonary.

In addition, 23 cases, 21 Pulmonary and two Non-Pulmonary, came to the knowledge of the Department for the first time otherwise than by notification. Of these five Pulmonary and two Non-Pulmonary were reported after death and 16 Pulmonary were transferred from other areas.

Comparative figures are given below :—

Average 5 year periods	NOTIFICATIONS		
	Pulmonary	Non- Pulmonary	Total
1913—17	184	108	292
1918—22	199	50	249
1923—27	85	40	125
1928—32	85	36	121
1933—37	81	26	107
1938—42	84	29	113
1943—47	71	20	91
1948	68	17	85
1949	118	24	142
1950	104	18	122
1951	68	8	76

The following table gives a summary of the known cases of Tuberculosis in the Borough at the 31st December, 1951 :—

	Males	Females	Total
Pulmonary	301	252	553
Non-Pulmonary	74	73	147
	<u>375</u>	<u>325</u>	<u>700</u>

The following table sets out the number of deaths and mortality rates for the years 1940 and onwards.

Year	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		All Forms	
	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.
1940	51	0.58	12	0.14	63	0.72
1941	53	0.61	11	0.13	64	0.74
1942	44	0.52	5	0.06	49	0.58
1943	36	0.44	10	0.12	46	0.56
1944	39	0.48	10	0.12	49	0.60
1945	32	0.39	6	0.07	38	0.46
1946	31	0.36	11	0.13	42	0.49
1947	41	0.47	9	0.10	50	0.58
1948	44	0.50	5	0.06	49	0.56
1949	15	0.17	4	0.04	19	0.21
1950	38	0.43	4	0.04	42	0.47
1951	23	0.26	4	0.05	27	0.31

The 76 new cases notified, together with the number of deaths resulting from the disease are arranged in the summary below :—

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	...	...	...	...	...	...	...	...
1—5 years	2	1	2	2	...	...	1	...
5—15 „	4	...	1	2	...	...	...	...
15—25 „	9	9	...	1	...	2	...	...
25—35 „	8	7	...	...	7	1	...	...
35—45 „	11	5	...	...		
45—55 „	1	1	...	...	6	4	1	1
55—65 „	5	1	...	...		
65 years and over	2	2	...	...	1	2	...	...
TOTAL	42	26	3	5	14	9	2	2
1950	59	45	8	10	26	12	3	1
1949	62	56	7	17	9	6	1	3

The following table shows the work carried out at the Chest Clinic during the year :—

	Adults		Children under 16 yrs.	Total
	M.	F.		
Number of Clinic Sessions				151
Total attendances	1598	1586	895	4079
New Patients examined found :—				
(a) Tuberculous	32	19	8	59
(b) Non-Tuberculous	348	337	78	763
Contacts examined	39	69	109	217
Contacts found to be Tuberculous ...	—	4	4	8
B.C.G. Vaccinations	—	2	68	70
Mantoux Tests	46	79	245	370
Treatment recommended (Tuberculous cases only) :—				
(a) Sanatorium or Hospital ...	19	11	5	35
(b) Domiciliary	13	12	7	32
Removed from Register	32	23	7	62
Visits by Nurses				2356

Re-Housing of the Tuberculous.

In last year's Report a very full account was given of the arrangements between the Health and Housing Committees for the re-housing of Tuberculous families. At the end of 1950, 213 such families had been re-housed under the scheme.

During the present year 14 families were recommended by the Chest Physician for re-housing, all of which recommendations were supported by the Medical Officer of Health and finally accepted by the Housing Committee. At the end of the year ten of these families had been re-housed by the Committee and one had obtained a fresh house on his own initiative. In addition, the Housing Committee provided re-housing in respect of six families in whose cases recommendation had been made by the Chest Physician during 1950, but which for various reasons had been deferred.

In seven of these 16 families, the tuberculous person was suffering from Pulmonary Tuberculosis in an infectious stage at the time of transfer.

During the year the scheme has worked smoothly and effectively, and the co-operation of the Housing Committee continues to be much appreciated by the patients concerned and by this Department. As before, no case is considered by the Housing Committee without a full report and a recommendation by the Chest Physician.

Residential Treatment.

There were 56 Rochdale patients in residence at various Sanatoria on the 31st December, 1950, and during the year 90 patients (53 males, 37 females) were admitted, as shown in the summary below.

Institutions	Remaining in Hospital at end of 1950	Admissions			Discharged during 1951	Died	Remaining in Hospital at end of 1951
		Total	Males	Females			
Wolstenholme Pulmonary Hospital	16	30	30	—	30	4	12
Springfield Sanatorium	19	27	—	27	29	2	15
Rochdale Children's Orthopaedic Hospital...	1	—	—	—	1	—	—
Other Sanatoria	20	33	23	10	34	1	18
TOTAL	56	90	53	37	94	7	45

On only one occasion during the year did the waiting list for residential accommodation rise above seven for adults. There was no waiting list for children or for non-Pulmonary cases. The waiting period for a bed is only significant if accommodation is required in a special sanatorium outside the district.

Venereal Diseases

No material change had been made in the day to day arrangements at the end of the year. There were 718 cases (436 males and 282 females) dealt with during the year, as against 780 in 1950. The number of new cases was 319 (213 males and 106 females), but of these 96 did not require treatment.

The following summary gives the number of cases dealt with during the past three years :—

	1951	1950	1949
1. No. of persons under treatment or observation at commencement of year	389	354	331
2. No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection	6	10	2
3. No. of new cases who have had previous treatment	4	15	17
4. No. of new cases	319	401	331
Total cases dealt with	<u>718</u>	<u>780</u>	<u>681</u>
5. Total attendances :—			
For attention of Medical Officer	4,063	4,888	5,797
For irrigation, dressing, etc.	570	3,118	4,386
6. No. who ceased to attend :—			
(a) Before completion of treatment	34	10	13
(b) After completion of treatment, but before final tests as to cure	9	12	9
7. No. discharged after completion of treatment and final test of cure or after diagnosis as non-venereal	378	347	272

Sanitary Circumstances of the Area

I am indebted to the Chief Officials of the various Departments of the Corporation for information included in this section of the report, also to the Manager of the Heywood and Middleton Water Board.

Water Supply.

The County Borough draws its water supply from two sources, the Corporation Waterworks, and the Heywood and Middleton Joint Water Board. A summary of the reports submitted by Mr. R. N. Simpson, A.Inst.W.E., Waterworks Engineer, Rochdale, and Mr. A. F. Herd, A.Inst.W.E., Manager of the Heywood and Middleton Water Board, is set out below in the manner prescribed by the Ministry of Health.

	Rochdale	Heywood & Middleton
(i) Whether the water supply of the area and of its several parts has been satisfactory.		
(a) in quality	Satisfactory	Satisfactory
(b) in quantity	Satisfactory	Satisfactory
(ii) Where there is a piped supply, whether bacteriological examinations were made of the raw water going into supply ; if so, how many and the results obtained	Chlorination 100 samples— satisfactory	Chlorination 49 samples— satisfactory
the results of any chemical analyses ;	89 samples — satisfactory	49 samples— satisfactory
(iii) Where the waters are liable to have plumbo-solvent action, the facts as to contamination by lead, including precautions taken and number and result analyses ;	Plumbo-solvent action, pH. value controlled by addition of lime. No dissolved lead found in any samples.	Plumbo-solvent action, pH. value controlled by addition of chalk. No dissolved lead found in any samples.
(iv) Action taken in respect of any form of contamination ;	Nil.	Nil.
(v) Particulars of the number of dwelling houses and the number of the population supplied from public water mains.	Population— 83,000 approx.	Population— 4,119 approx.
(a) direct to the houses	24,000 approx.	1,373
(b) by means of stand-pipes	Nil.	Nil.

Drainage and Sewerage.

At Roch Mills Sewage Purification Works the sewage is screened after grit removal and then passed through Primary and Secondary Sedimentation Tanks. Half the flow is then passed through an Activated Sludge Plant constructed on the Kessener System and the other half is pumped to bacteria beds. Good effluents are obtained.

The construction of an intercepting sewer is in progress in the Bury Road Area, which, when completed, will give further relief to the existing system.

It is anticipated that the Bamford Sewage Works will be abandoned towards the middle of next year.

Rivers and Streams.

The Lancashire Rivers Board are responsible for the prevention of pollution of rivers and streams in this area and any cases which come to the notice of the Borough Surveyor are reported to the Board for their attention.

There have been a number of applications from manufacturers to discharge into the Corporation sewers trade wastes at present passing after partial treatment into local watercourses. Several new agreements have been completed and in other instances investigations are being made to determine conditions and charges.

W. H. G. MERCER, B.Sc., A.M.Inst., C.E.,
Borough Surveyor.

Meteorological Notes.

The following is a summary of the features of the year as recorded at the Meteorological Station, Roch Mills Sewage Works, and is included by courtesy of the Borough Surveyor :—

The following Table gives data for the four complete years that the Station has been in operation and shows mean temperature and sunshine for 1951 to be below average and rainfall above average.

	Mean	Total	Sunshine	
	Temperatures	Rainfall	Total hrs.	Daily Mean
1948	48.4°F.	41.86 ins.	1252.7	3.42
1949	49.6°F.	41.79 ins.	1520.6	4.17
1950	47.3°F.	47.95 ins.	1172.4	3.20
1951	47.2°F.	45.93 ins.	1187.6	3.25
Mean	48.1°F.	44.38 ins.	1283.3	3.51

January, February and March were all very cold months, March being the coldest of all with a mean temperature of 37.7°F.

November (8.33 inches), and December (7.74 inches), were exceptionally wet months. November was the wettest month since January, 1948, which had a total of 9.16 inches.

The longest spell of rainless weather was from the 27th May to the 8th June (13 days), with a daily sunshine average of 10.0 hours, and is very similar to the

longest period of 1950, 31st May to 13th June (14 days), with a daily sunshine average of 9.9 hours. This latter month, June, produced a total of 203.9 hours of sunshine.

July was the warmest month with a mean temperature of 58.8°F., and included the highest temperature recorded, namely 78°F. at 5 o'clock on the 21st July.

On the other hand, the lowest temperature recorded was 21°F., which was reached in the mornings of both the 11th and 12th December.

During the year there were 153 days which had less than one hour's sunshine and of these 102 days recorded practically no sunshine.

South-westerly winds, blowing for 112 days were again the most common. North-easterly winds, however, (59 days) displaced the westerly winds (58 days) from second place. This was the highest total ever recorded for north-easterly winds at this station.

The year was once again comparatively free from troublesome fogs, visibility being less than 100 yards on only three days. The last occasion when a dense fog (visibility 22 yards), was recorded, was on the 28th January, 1949.

Public Cleansing.

There was no important extension or improvement during the year in the arrangements for Public Cleansing. Due to the uncertain supply of suitable labour it was not always practicable to maintain the desired standards, but every effort was made to give the best service possible in present-day circumstances.

The number of British Standard Dustbins supplied by the Corporation during the year for house refuse was 1,843. Since the provision and maintenance of dustbins for house refuse as a charge against the General Rate was begun in 1948 the number required to be replaced annually has steadily fallen and it would appear that the stage has now been reached when it can be said that the majority of refuse storage receptacles in the town are in good condition.

House refuse was collected by orthodox refuse collecting motor vehicles and passed through a separation and incineration plant at Entwisle Road Depot. The process included the screening out of fine ash and fuel cinder, the magnetic extraction and the baling of tin cans and other ferrous metals, the hand salvaging of other saleable things, and the production of steam for the Central Public Baths, the Steam Disinfector and the Organic By-Products Plant for the processing of kitchen waste for pig food.

During the year 1,083 tons of kitchen waste from Rochdale and seven other districts was sterilised by heat treatment (1,274 tons in 1950). The total tonnage of scrap metals sold was 932 (183 in 1950), waster paper 357 (160), textiles 32 (62), fuel cinder 278 (506), and bones, bottles, jars and sundries 48 (53).

The cleansing of streets continued to be carried out on the beat system, and street gullies were regularly emptied and flushed by two modern petrol-driven gully emptiers.

H. COOK, F.Inst.P.C.
Cleansing Superintendent.

Sanitary Inspection of the Area.

As already indicated the staff of the Sanitary Inspectors' Department consists of the Chief Sanitary Inspector and his Deputy, together with five Sanitary Inspectors and a Meat and Foods Inspector. The two Housing Survey Officers and the three Rodent Operatives are attached to this Department, and the Infectious Diseases Enquiry Officer works part time in this Department dealing mainly with disinfestation.

The bulk of the work of the Inspectors during the year has been once again in connection with the repair of dwellinghouses and their out-buildings. In the main it is hard slogging work, devoid of romance, but very necessary. The problems of repair are becoming more and more difficult, particularly in old and low-rented property. Besides this group, however, there is another group which may be described as the four or five roomed houses in rows with separate yards, which is becoming a problem. These houses formerly represented a reasonable return in income and were kept in reasonable repair. In 1939 they were generally in a position to withstand a period of neglect. Unfortunately, now that reserve has been used up and we are told that the financial reserves are used up also. This class of property is, therefore, gradually sliding downhill to join the others, the one up and one down houses which were already poor stuff in 1939.

For the first category, better facilities for repair are required and if these existed, much of this property could be restored and made useful for many years. For the latter category there is no solution except the building of new houses.

Most of the nuisances and defects were dealt with by informal means, i.e. by the issuing of Preliminary Notices, which are in fact letters drawing attention to defects and suggesting remedies. Only a small minority were dealt with through Statutory Notices, which describe the defect, prescribe a remedy, impose a time limit and carry with them a consequence of legal proceedings.

During the year 601 Preliminary or Informal Notices and 25 Abatement or Statutory Notices for the abatement of nuisances and remedy of sanitary defects in and around dwellings were served on owners and occupiers, and resulted in the accomplishment of works in the classified statement below. The statement also includes works carried out at factories and food premises, etc., following the service of Preliminary Notices, but excludes work done under the Housing Acts.

NATURE OF NUISANCES DEALT WITH	Nos.
HOUSES—	
Verminous dwellings disinfested	100
Dirty houses cleansed	34
Repairs to roofs, floors, walls, eavestroughing, rainwater pipes, chimneys, and general repairs to brickwork or stonework (including dampness) and repair or renewal of house fittings ...	1058

NATURE OF NUISANCES DEALT WITH— <i>continued</i>		Nos.
YARDS, PASSAGES, ETC.—		
Repairs to yard surfaces, gates, walls, etc.		15
Offensive accumulations and stagnant water removed		20
SANITARY CONVENIENCES—		
Closet buildings repaired		61
Closet fittings repaired		131
DRAINS—		
Main or branch drains repaired or cleared		62
GENERAL—		
Absence or unsatisfactory condition of sanitary accommodation at factories		17
Miscellaneous nuisances remedied		2
FOOD PREMISES—		
Absence of washing facilities		6
Lack of adequate ventilation		3
Want of limewashing or cleansing of premises used for the preparation or storage of food... ..		19

Housing.

During the year the Housing Committee continued to accept representations for the demolition or closing of unfit houses and to make Orders, though once again on a very limited scale. Under these circumstances it was only possible to deal with houses which were both unfit for human habitation and so dilapidated as to be dangerous. Representations concerning 48 such houses were submitted during the year. Of these, 25 resulted in the making of Demolition Orders and 12 in the making of Closing Orders. One house was already the property of the Corporation and was demolished without the making of a formal Order, 6 other houses which were the property of the Corporation, have been vacated, but have not yet been demolished. The remaining 4 houses were acquired by the Corporation and demolition will take place after the houses have been vacated.

In the last Annual Report it was stated that 3 houses were still under consideration at the end of the year. The tenants of these were re-housed during the current year.

Applications for Corporation Houses.

During 1951, 143 houses have been inspected and reported upon in this connection. After inspection and report each case is considered individually by the Medical Officer of Health and the Chief Sanitary Inspector, in accordance with certain broad principles, before being referred to the Housing Committee for final decision. It is complimentary to the Points Letting Scheme that these special cases are still declining at the present time.

Housing Survey.

The survey of housing conditions in the Borough continued during the year, although it was impeded by staff changes. The officers concerned made reports on 4,465 houses, involving 4,994 visits. Thus since the survey began the total number of houses inspected is 10,700, of which 9,464 are reported upon below.

In the Annual Report for 1950, the results of the inspection of two wards were given. This year it is possible to report on three further wards and this is done below. The table also includes the totals for the two wards previously reported upon, so that the results for the five wards so far dealt with are shown. The wards concerned are indicated by symbols :—"A"—Falinge ; "B"—Wardleworth (1950 Report) ; "C"—Central ; "D" Balderstone ; "E"—Newbold.

	Ward "C"	Ward "D"	Ward "E"	Wards "A" & "B"	Totals
AGES OF HOUSES :					
Built before 1870	1,629	706	641	3,004	5,980
Built 1871—1890	350	276	620	975	2,221
Built 1891—1915	377	531	462	1,074	2,444
Built 1916—1932	18	191	46	28	283
Built after 1932	15	378	212	46	651
Totals for whole Ward ...	2,389	2,082	1,981	5,127	11,579
TYPE OF HOUSES :					
Back-to-back	223	87	86	668	1,064
Inset Cottages	44	13	28	76	161
Not through houses ...	93	53	18	195	359
Through houses	1,632	1,729	1,582	2,931	7,874
Others	5	1	—	—	6
Total number Surveyed ...	1,997	1,883	1,714	3,870	9,464
CLOSET ACCOMMODATION :					
Water Closet	1,932	1,737	1,683	3,733	9,085
Waste Water Closet ...	17	44	25	35	121
Pail Closet	48	102	6	102	258
DOMESTIC WASHING FACILITIES:					
Washing done in—					
Wash-houses	25	16	18	37	96
Wash cellars	184	21	26	266	497
Sculleries or Kitchens	1,446	1,624	1,506	2,444	7,020
Living rooms or living kitchens ...	342	222	164	1,123	1,851
HOUSES WITH FIXED BATHS ...	578	884	435	384	2,281
HOUSES WITH VENTILATED					
FOOD STORES	107	580	278	144	1,109
GENERAL STANDARD OF REPAIR					
Good	394	994	329	343	2,060
Medium	921	580	805	2,198	4,504
Poor	682	309	580	1,329	2,900
HOUSES OVERCROWDED ACCOR-					
DING TO HOUSING ACT					
STANDARDS... ..	16	6	14	57	93

The above figures are interesting, but at this stage and as at present set out, too much must not be read into them. They require further analysis before fuller discussion.

There is still one large ward to be surveyed before the areas of the town in which defective housing is likely to be found to any extent are complete.

It will be noted that just over 50% of the properties are more than 80 years old. This, in itself, does not of necessity condemn the property, but it is a large factor in problems of maintenance and of housing standards.

The next stage is to analyse these figures so as to show how many of the defects listed, e.g. absence of through ventilation, absence of adequate sanitary accommodation and of proper washing facilities, exist in these old houses and what proportion of the total listed as of poor general standard is in this group.

Common Lodging Houses.

There are seven of these premises now registered. Six of the premises were registered for the twelve months, but in the other case the registration was granted for a period of three months only and was, thereafter, renewed each quarter during the year. This was done to exert a measure of control over the Keeper in order to bring about an improvement in the conduct of the Lodging House.

The accommodation provided in the seven premises comprises 35 rooms containing 445 beds. There were 87 visits of inspection made during the year.

Houses Let-in-Lodgings.

The control of houses let-in-lodgings has presented an extremely difficult problem during the year. The establishment of such premises tends to occur without notification to the Local Authority and the discovery of them has not been easy. The inspection of the premises takes considerable time and much of the work has to be done outside the normal office hours. There were 228 inspections of such premises during the year. The main causes of complaint were poor food-storage accommodation, inconvenient fuel stores, and lack of adequate washing and cooking accommodation, all tending to create uncleanness in the rooms. It was often difficult to ensure the maintenance of cleanliness in common rooms and passages. Refuse bins were often misused and yard surfaces fouled. Many houses and rooms, however, were well kept and provided with reasonable amenities.

SMOKE ABATEMENT.

There were 207 smoke observations of one half-hour each made during the year and 7 contraventions of the Act, concerning 6 firms, were reported to the Committee. A contravention of this Act is the emission of black smoke from a factory chimney for more than two minutes in any period of 30 minutes.

The Committee authorised the service of the appropriate Notice on 6 firms and in one case a prosecution was instituted.

When the case came before the Magistrates, the defence asked for an adjournment in order that the effect of certain improvements and new apparatus might be tested. It was suggested in Court that the Smoke Inspector should take a series of observations as soon as the work in hand was finished. When the case

came to be heard again, evidence of considerable improvement was given and the proceedings were withdrawn. The improvement was still being maintained at the end of the year.

Some idea of the steps taken by local firms to reduce atmospheric pollution can be obtained from the following four examples. One firm effected considerable improvement by the fitting of an induced draught fan at a cost of about £1,250. Another firm fitted four new automatic stokers, provided modern control instruments and carried out a general overhaul of brickwork and insulation of boilers and piping. All this cost over £5,000. A third firm spent £4,000 in a general overhaul of the boilers and settings of the stokers and draught control, while the fourth firm is engaged in complete overhaul of the boiler plant, envisaged the installation of a pulverised fuel plant serving two of the boilers. This plant is likely to cost in the region of £10,000.

Measurement of Atmospheric Pollution.

In January three stations were established to provide records indicating the nature and extent of atmospheric pollution in the Borough, at each of which there is a deposit gauge and a sulphur dioxide gauge. The deposit gauge consists of a glass bowl of known diameter, which collects the rainfall. Rainwater is directed into a large bottle and at the end of the month this is collected and analysed. In the sulphur dioxide gauge a specially prepared fabric is exposed to the atmosphere and absorbs from it sulphur products.

The sites of the stations are as follows :—

1. Roch Mills Sewage Works ;
2. Rochdale and Manor Brewery, March Street ;
3. Foxholes House, Rugby Road.

By this arrangement it is hoped that the Roch Mills gauges will give an indication of pollution where the prevailing south-west wind enters the Borough and before it normally receives the products of combustion produced in the town. The other two stations, being situated to the north-east of the Roch Mills site, should give some indication of the trend of atmospheric pollution in the Borough itself.

The succeeding table shows the results of the analyses of the material collected in the three deposit gauges during the year. It should be remembered that the value of these observations lies in the fact that they indicate the trend of atmospheric pollution rather than that they provide precise figures of the amount deposited in any particular area.

In reading the results shown in the succeeding table it may be well to bear in mind the observations made in the official brochure on the investigation of atmospheric pollution, which are as follows :—

“The month-to-month fluctuations in deposited matter are often the result of variations in weather and a long period of observation, preferably five years, is needed before reliable conclusions can be drawn about the average level of pollution or about the rate at which it is being produced”.

ATMOSPHERIC POLLUTION—Average Monthly Deposit at Three Gauges during 1951.

Month	Average Rainfall in millimeters			Insoluble Deposit in tons per sq. mile			Soluble Deposit in tons per sq. mile			TOTAL DEPOSIT in tons per sq. mile		
	A	B	C	A	B	C	A	B	C	A	B	C
January	148	139	111	14.68	25.95	8.79	13.58	11.31	8.96	28.26	37.26	17.75
February	77	64	67	9.71	11.54	7.17	7.07	5.24	6.11	16.78	16.78	13.28
March	134	122	124	10.04	18.48	9.26	6.81	7.44	7.60	16.85	25.92	16.86
April	67	60	53	9.67	10.31	5.14	5.80	5.54	4.35	15.47	15.85	9.49
May	48	45	34	9.14	10.80	6.84	5.37	5.24	5.18	14.51	16.04	12.02
June	25	20	25	9.44	10.78	5.61	4.70	4.27	5.18	14.14	15.05	10.79
July	94	94	90	10.11	17.95	6.04	8.64	6.71	6.44	18.75	24.65	12.48
August	149	145	135	8.07	11.54	5.84	13.24	12.91	10.36	21.31	24.45	16.20
September	74	63	67	6.34	8.21	4.55	4.17	4.20	3.58	10.51	12.41	8.13
October	37	36	34	8.04	8.64	6.44	3.77	10.38	3.88	11.81	19.02	10.32
November	146	145	144	9.31	10.64	7.57	8.54	20.72	9.56	17.85	31.36	17.13
December	219	167	182	10.87	12.97	7.76	18.42	26.49	15.27	29.29	39.46	23.03
TOTALS	1,218	1,100	1,066	115.42	157.81	81.01	100.11	120.45	86.47	215.53	278.25	167.48
AVERAGES	102	92	89	9.62	13.15	6.75	8.34	10.04	7.21	17.96	23.19	13.96
Average of three gauges...		94			9.84			8.53			18.37	

A.—Foxholes House Gauge

B.—March Street Gauge

C.—Roch Mills Gauge (Sewage Works)

Sulphur Dioxide Gauges.

The results obtained from these instruments are tabulated below :—

Month				Foxholes	March Street	Roch Mills	Average
January	...	...	...	2.81	2.65	2.15	2.54
February	...	...	...	2.47	2.37	1.81	2.22
March	...	...	...	1.69	1.96	1.98	1.84
April	...	...	...	1.14	1.51	1.26	1.30
May	...	...	...	1.06	0.87	1.09	1.01
June	...	...	...	0.99	1.05	1.07	1.04
July	...	...	...	0.99	1.28	0.95	1.06
August	...	...	...	1.03	1.24	0.97	1.08
September	...	...	...	1.24	1.38	1.32	1.35
October	...	...	...	1.71	1.45	1.42	1.53
November	...	...	...	1.78	1.93	1.81	1.87
December	...	...	...	2.35	2.84	1.94	2.38
Average	...	...	...	1.61	1.71	1.46	1.60

The results given above are the weight in milligrammes of SO^3 collected per day on 100 square centimetres of treated fabric exposed. The purpose of this particular survey is to detect changes which may be taking place in the amount of pollution emitted each month, and it should be remembered that the method cannot be used to estimate the total amount of sulphur dioxide emitted in any given area.

INSPECTION AND SUPERVISION OF FOOD.

Milk Distribution.

Since the Milk and Dairies Regulations, 1949, came into operation the Local Authority has the duty of controlling the distribution of milk and has also control over the use of the various special designations.

The numbers and kinds of licences and registrations issued under these Regulations are given below :—

Premises registered as Dairies	...	...	...	...	...	3
Persons licensed as Distributors of Milk	...	...	...	...	...	343
Dealer's licences to sell Pasteurised Milk	...	...	...	...	...	28
Dealer's licences to sell Tuberculin Tested Milk	...	...	...	...	...	22
Dealer's licences to sell Sterilised Milk	...	...	...	...	...	235
*Supplementary licences — Pasteurised Milk	...	...	...	...	...	11
	Tuberculin Tested Milk	...	...	...	...	12
	Sterilised Milk	...	...	...	...	12

*A Supplementary Licence is issued to persons whose premises are outside the Borough, but who distribute within the Borough.

The Annual Report for the year 1950 referred to an increase in the demand for the supply of Tuberculin Tested Milk and of Pasteurised Milk. This demand appeared to have been maintained during the year. It is a matter for congratulation that such grades of milk are readily available to all those who wish to obtain them.

Cleanliness and Keeping Quality of the Milk Supply.

There were 155 samples submitted to determine the cleanliness or keeping quality of the milk, and where the samples were of heat-treated milk, tests were applied to determine the efficiency of heat treatment.

The Methylene Blue Reduction Test was applied to 146 samples of which :—

55 were ungraded milks	3 proving unsatisfactory
37 were accredited milks	1 proving unsatisfactory
19 were tuberculin tested milks	1 proving unsatisfactory
5 were tuberculin tested (pasteurised) milks	all satisfactory
30 were pasteurised milks	1 proving unsatisfactory

The tuberculin-tested (pasteurised) milks (5 samples) and the pasteurised milks (30 samples) were also tested by the Phosphatase Test to determine the efficiency of pasteurisation and all proved satisfactory.

In addition, 9 samples of Sterilised Milk were submitted to the Turbidity Test, all of them proving satisfactory.

Six unsatisfactory samples included 5 procured from farmers. These were reported to the Ministry of Agriculture and Fisheries whose duty it is to attend to such matters. The remaining sample failed to satisfy the Methylene Blue Test but did, in fact, satisfy the Phosphatase Test, thus showing that contamination had probably occurred whilst it was in the hands of the distributor. The distributor's premises were in a neighbouring town and the matter was reported to the Local Authority concerned.

Examination of Milk for M. Tuberculosis.

There were 110 samples of milk taken during delivery to customers for examination for the presence of M. Tuberculosis. Negative results were received for 103 samples and 7 samples were reported to contain M. Tuberculosis. These positive samples were reported immediately to the Ministry of Agriculture and Fisheries, whose investigations at the farms concerned resulted in the isolation of 3 cows giving tubercular milk, all of which were slaughtered.

In one case during the year the provisions of Regulation 20 of the Milk and Dairies Regulations, 1949, were applied to a tubercular milk supply. This involved the making of an Order directing that all milk produced at a certain farm should be heat-treated. The Order remained in force until the Ministry of Agriculture and Fisheries was able to certify that the herd was free from infection. In all, 3,966 gallons of milk produced in a period of a little under two months were sent for heat-treatment. The producer was compelled to obtain pasteurised milk for his customers whilst the Order was in operation. He claimed and was paid compensation for the loss he sustained, 75% of that compensation being repaid to the Corporation by the Ministry of Health.

A further method of discovering tubercular milk supplies is through the detection of Congenital Tuberculosis in young calves slaughtered for food. A note of this is included under the heading "Carcases inspected and condemned". The closing of the Grading Centre in the latter part of the year resulted in a considerable reduction in the number of very young calves sent to the local slaughterhouses. Consequently this method of detecting tubercular cows has been materially restricted.

Meat and Food Supply.

There has been regular inspection of meat and food offered for sale and over 84 tons have been condemned as unfit for human consumption being either destroyed or disposed of for salvage purposes. The following Table gives a detailed report on the examination of carcasses inspected at the slaughterhouses:—

Carcasses Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	3,667	3,366	1,537	18,410	1,151
Number inspected	3,667	3,366	1,537	18,410	1,151
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned ...	—	8	16	18	29
Carcasses of which some part or organ was condemned ...	410	980	—	643	19
Percentage of the number inspected affected with disease other than Tuberculosis ...	11.18%	29.12%	1.04%	3.59%	4.17%
TUBERCULOSIS ONLY :					
Whole carcasses condemned ...	12	63	12	—	3
Carcasses of which some part or organ was condemned ...	402	1,379	—	—	49
Percentage of the number inspected affected with Tuberculosis	10.98%	40.97%	0.78%	—	4.52%

It will be seen that 12 calves were condemned because of tubercular lesions mainly in the liver. As these were very young calves it was considered probable that the infection had been derived from the mother and accordingly the Ministry of Agriculture and Fisheries (Animal Health Division) was notified. Their investigations on the farm resulted in the discovery of 4 cows which were slaughtered, thus removing from the dairy herds animals which were either giving tubercular milk or were potential sources of it.

It is perhaps worth while to remark that during 1951, less than half of the cattle killed were cows, whilst in 1950 nearly 60% were cows. The effect of this is reflected in the smaller number of whole carcasses condemned, since in general cows are more subject to disease than heifers, bullocks or bulls.

In addition to the inspection of animal carcasses shown in the foregoing table the Meat Inspectors saw the carcasses of 4,924 horses. Of these, 22 whole carcasses, 16 part carcasses and 922 organs were condemned as unfit for human consumption.

Rochdale Corporation Act, 1937.

This Act deals with the registration of premises for the preparation and sale of various foodstuffs.

During the year 1,689 visits have been made to premises such as slaughterhouses, butchers' shops, fish and chip shops, cooked food shops, and cafes and restaurants. There has also been regular inspection of canteens at factories.

In this matter of factory canteens, the help and co-operation of the Canteens Advisers to H. M. Inspector of Factories has been readily available to the Department during the year and I take this opportunity of acknowledging their co-operation.

The Bye-laws under the Food and Drugs Act, 1938, with respect to the handling, etc. of food and sale of food in the open, which came into operation during 1950, were brought to the notice of food traders and food handlers by reference to them during inspections. It is felt that by bringing them continually to the notice of food handlers in this manner there has been an improvement in food hygiene, although much improvement is still possible and desirable.

At the end of the year 256 premises were registered for the sale and storage of ice-cream and 6 premises were registered for the manufacture, storage and sale of ice-cream. There were 80 visits of inspection made to manufacturers premises and 192 visits were paid to premises selling ice-cream. In addition, 34 samples of ice-cream were taken and submitted to the Public Health Laboratory for examination. The results were as follows :—

Grade 1—16 samples	Grade 3—2 samples
Grade 2— 6 samples	Grade 4—4 samples.

Six samples were not reported upon because of certain technical difficulties at the Laboratory. These samples covered the products of thirteen manufacturers. Ten manufacturers produced ice-cream falling into Grades 1 and 2 (satisfactory). The remaining three produced samples in Grade 3, which necessitated investigation and further sampling. In one case there was a marked and immediate improvement after advice from the Department. The other two cases

required much more attention, but were showing definite signs of improvement by the end of the season. In considering reports of the testing of ice-cream it is unwise to pay too much attention to the bacteriological results on any single sample and judgment is based on a series of samples.

The sale of pre-packed ice-cream tended to increase during the year and accordingly relatively less ice-cream was sold "loose".

Where the ice-cream was manufactured outside the Borough the conditions of manufacture were the subject of enquiry to the Local Authority concerned.

One local ice-cream maker who had previously sold ice-cream from a horse-drawn vehicle obtained a modern motor vehicle for the purpose during the year. This was done at the instance of the Department as it was felt that the handling of a horse by a person in the intervals of selling ice-cream was not very desirable.

FOOD AND DRUGS ACT, 1938.

The total number of samples obtained and submitted to the Public Analyst was 218 consisting of 143 milk samples, 14 ice-cream samples, and 61 miscellaneous samples covering 28 kinds of food.

Adverse reports were issued in the case of 13 samples of which 12 were milks and one was a pudding mixture.

Of the 12 milk samples which were below standard 8 were samples obtained during delivery in the streets of the town, the remaining four being appeal to cow samples which being below standard indicated that the milk in 3 cases was naturally deficient in one or other of its constituents. In these cases advice on feeding and herd management was secured for the benefit of the milk producers concerned.

In the remaining 5 samples the deficiencies were the result of adulteration by water (2 cases), and abstraction of milk fat (3 cases). One farmer was prosecuted and was fined £10 and also was ordered to pay an analyst's fee of £1. 1s. 0d. In the remaining cases warning letters were sent to the producers concerned.

The sample of pudding mixture was found to be contaminated and the whole of the stock was surrendered by the shopkeeper and was destroyed.

All the 14 samples of ice-cream conformed to the standard of the Ministry of Food which came into force on the 1st March, 1951. The fat content of these samples ranged from 7% to 11.8%, the average being 9.2% (minimum fat content required is 5%).

All the remaining miscellaneous samples examined were free from adulterants and were found to comply with the appropriate regulations.

Shops Act, 1950.

No Notices under this Act were issued during 1951.

Offensive Trades.

The number of premises at which these trades were carried on in the Borough is as follows :—

Tripe Boiling	...	1	Knacker's Yard (Bone Boiling)	...	1
Fellmongering	...	2	Rag and Bone Dealers	...	5

The knacker's yard is visited regularly, 137 visits being made during the year. Visits at intervals are made to the other offensive trades.

Factories Act, 1937.

Certain provisions of the Factories Act are the responsibility of the Local Authority and the administration of these provisions required 432 visits during the year. This figure includes 321 visits to bakehouses which were also classed as factories. Written notices were sent in 25 instances concerning such matters as want of cleanliness, and insufficient, unsuitable or defective closet accommodation.

Amongst the works of improvement was included the conversion of four pail closets and the provision of 8 additional closets at one factory. Many other works of improvement in sanitary accommodation were executed during the year and in every case the accommodation provided went far beyond the minimum accommodation required by the Sanitary Accommodation Regulations, 1938. In all 34 additional water closets were installed at 14 factories, and in almost every case sufficient sanitary accommodation already existed.

Prevention of Damage by Pests Act, 1949.

One additional Rodent Operative was engaged and commenced in September, 1951. The staff now consists of three men and temporary assistance is provided by the Borough Surveyor's Department whilst the treatment of the sewers for rats is proceeding.

During the year 335 dwellinghouses and 130 business and other premises were inspected. Treatment for rats or mice was necessary at 262 dwellinghouses and at 105 business or other premises, and the total number of visits necessary to carry out this work was 1,984.

The estimated kill was 2,292 rats, 315 bodies being recovered. In addition, the bodies of 833 mice were recovered.

All the main sewers were treated twice during the year. The second treatment was commenced during the year, but was completed during 1952, and the results are included in the figures given below.

The work commenced by the test baiting of 271 manholes. No takes were recorded and it was thus found possible to exclude 890 manholes from the treatment.

The treatment proper was completed during August and required the baiting of 1,990 manholes. There were 703 found to be infested and requiring the use of poison bait.

The second treatment commenced in December, a different bait base and poison being used. 1,800 manholes were baited and 629 of them which showed evidence of infestation were treated by the placing of poison baits.

No test baiting was necessary during the second treatment as the Ministry of Agriculture and Fisheries accepted the test baiting done earlier in the year as sufficient grounds for excluding from treatment the group of 890 manholes referred to above.

It is not possible to estimate the 'kill' because the method used is to place unpoisoned bait on alternate days and to place a poison bait in each manhole where a 'take' has been recorded. No inspection is made to determine the amount of poison bait taken. The method effects considerable economy, but does not make it possible to provide a reliable estimate of the effects of the treatment.

Closet Accommodation.

The accommodation in the Borough at the end of December was approximately as follows :—

Fresh Water Carriage System	...	...	...	28,569
Pail Closets	...	...	...	950
Waste Water Closets	...	...	...	1,446
Privy Middens	...	...	...	19

During the year 14 pail closets were converted to the fresh water carriage system and 49 waste water or tipper closets also were converted. A survey of the pail closets based on the Cleansing Departments collection lists was made at the end of the year and the results are summarised below :—

CLASS	Premises Involved	TOTAL	Conversion held up by Sewer Difficulties	Property Scheduled for Dem.	Capable of Conversion
Dwellings—Joint	742	325	138	166	21
Dwellings—Separate	496	496	340	108	48
Churches	7	85	59	—	26
Schools	2				
Shops, Workshops, etc.	31				
Sports Clubs and Clubs, etc.	14	44	28	—	16
	1,292	950	565	274	111

Cleansing Station.

The general working of the Cleansing Station is under the supervision of a District Sanitary Inspector. The Station is open from Monday morning till Saturday mid-day. Evening sessions are available as required for those engaged in industry.

The following Tables show the number of persons cleansed at this Station :—

	1951	1950	1949	1948
Scabies	31	57	161	241
Other Verminous Conditions	205	397	705	763
Total	236	454	866	1,004
	Scabies	Verminous Conditions	Total	
Infants	3	15	18	
Children of School Age	17	155	172	
Adults	11	35	46	
Total	31	205	236	

The decrease in the number of cases of Scabies continued during the year and once again the efforts of the staff could be directed to the treatment of children with verminous heads who would otherwise have had to be treated at home.

Comment on general conditions amongst pre-school children will be found in the Maternity and Child Welfare Section and in the School Medical Report in respect of children of school age.

The arrangements continued whereby all reports on verminous conditions including Scabies are collected in one register in the Public Health Department. These reports may come from the Education Department, Health Visitors, Sanitary Inspectors, owners or occupiers of premises and any other person or Organisation. All premises reported in this category are visited by the Sanitary Inspectors and advice given according to the degree of infestation and the general condition of the premises. Steps are taken to ensure that all persons infested with scabies in the family attend the Cleansing Centre.

**TABLE I.—Vital Statistics of Whole District during 1951,
and previous years.**

Year	Population estimated to Middle of each Year	LIVE BIRTHS		Nett Deaths belonging to the District.			
		Nett		Under 1 year of age		At All Ages	
		Number	Rate per 1,000 of est. population	Number	Rate per 1,000 Nett Live Births	Number	Rate per 1,000 of est. population
1941	†85,780	1136	13.2	76	67	1371	16.0
1942	†83,150	1276	15.3	90	71	1282	15.4
1943	†81,550	1268	15.5	58	46	1324	16.2
1944	†81,380	1320	16.2	67	50	1174	14.4
1945	†81,100	1267	15.6	56	44	1263	15.5
1946	†85,200	1521	17.8	75	49	1272	14.9
1947	†86,110	1725	20.0	95	55	1399	16.2
1948	88,110	1500	17.0	57	38	1245	14.1
1949	88,930	1362	15.3	56	41	1320	14.8
1950	89,530	1371	15.3	64	47	1316	14.7
Average for years 1941-1950	85,084	1374	16.1	69	51	1296	15.2
1951	87,300	1275	14.6	69	54	1457	16.7

† Estimated Civilian Population

TABLE III.

INFANT MORTALITY.—Nett Deaths from stated causes at various Ages under one year of age—Year 1951.

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH					Total Deaths under 1 year	
	Under 4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	1951	1950
	Bronchitis	1	1	2	2
Other Respiratory Diseases ...	...	...	...	1	...	1	1
Gastritis and Diarrhoea ...	...	1	...	1	1	3	4
Pneumonia	1	4	3	1	2	11	11
Prematurity	28	...	...	...	...	28	29
Congenital Malformations ...	4	3	...	...	...	7	5
Other Causes	14	...	...	2	1	17	12
ALL CAUSES—1951 ...	47	9	4	5	4	69	...
ALL CAUSES—1950 ...	37	12	8	7	...	...	64

Nett Live Births in the year :—Legitimate 1,191 ; Illegitimate 84.

Nett Deaths in the year :—Legitimate infants 58 ; Illegitimate infants 6.

1880
TABLE I
Showing the results of the experiments on the effect of the temperature of the water on the rate of the reaction.

Temperature of water (°C)	Rate of reaction (g/lit. min)
10	0.12
20	0.25
30	0.45
40	0.85
50	1.60
60	3.00
70	5.50
80	10.00
90	18.00
100	35.00

The above table shows that the rate of the reaction increases very rapidly with the temperature of the water. This is due to the fact that the molecules of the reactants have more energy at higher temperatures and are therefore able to overcome the energy barrier of the reaction more easily.

ANNUAL REPORT

ON THE
MEDICAL INSPECTION OF SCHOOL CHILDREN

For the Year ended 31st December, 1951

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SCHOOL MEDICAL SERVICE.

School Medical Officer	JOHN INNES, M.D., D.P.H.
Deputy School Medical Officer	NORA MILLS, M.D.
Assistant School Medical Officers	...	...	...	...	MARGARET L. DENNIS, M.R.C.S., L.R.C.P. MARY F. JOEL, M.B., Ch.B.
Senior School Dental Officer	...	...	...	...	H. P. GLESDALE, L.D.S.
Assistant School Dental Officers	...	...	...	...	R. J. G. YOUNG, L.D.S. One Vacancy.
Speech Therapist	...	...	...	...	Mrs. C. J. CAPES
Orthoptist	...	...	...	...	DAPHNE DA CUNHA, D.B.O.
School Nurses	...	...	...	...	M. CROWTHER, R.F.N., S.R.N., C.M.B., H.V. E. BLEASDALE, S.R.N., S.C.M. M. M. TURNER, S.R.N., S.M.B. H.V. E. MAXIM, S.R.N. M. AUSTIN, S.R.N., S.C.M. M. WILD, S.R.N., S.C.M. B. MADEN, S.R.N.
Dental Attendants	...	...	...	...	G. PETRIE. J. M. COCKROFT.
Clerks	...	...	...	...	Mrs. D. BARNISH JUNE MILLS. DOROTHY CLARENCE

Consultants :

Ophthalmic Surgeon	...	...	...	...	R. S. SCOTT, M.B., Ch.B., D.O.M.S.
Aurists	...	...	...	...	V. T. SMITH, M.D., F.R.F.P.S. J. D. THOMPSON, M.R.C.S., L.R.C.P., D.L.O.

Available for consultations at Smith Street Clinic by arrangement with Regional Hospital Board :

Physician	...	...	...	...	J. L. TAYLOR, M.B., Ch.B., M.R.C.P.
Paediatrician (Appointed 1/12/1951)	...	...	...	...	B. WOLMAN, M.D., M.R.C.P., D.Ch.
Orthopaedic Surgeon	...	...	...	...	A. P. GRACIE, F.R.C.S.

COUNTY BOROUGH OF ROCHDALE

To the Chairman and Members of the Education Committee.

LADIES AND GENTLEMEN,

I beg to submit my Annual Report for 1951, being the forty-third report on the School Medical Services in Rochdale.

The School Population once again shows a slight increase and attention is drawn to the wave of children now passing through the schools, representing the increased number of births in the immediate post-war years. This creates problems of overcrowding which will affect a different group of school classes each year for several years to come.

The Report refers to very definite steps which are being taken to improve the hygiene of the schools, even in the face of the need for economy. The Assistant School Medical Officers continue to report regularly upon this aspect of the welfare of school children.

One of the most interesting features of these recent Reports continues to be the absence of any reference to really serious debilitating physical conditions in the children. The emphasis is upon behaviour problems and emotional disturbances. It is all the more disappointing that it has not yet been possible to make any arrangements for the re-establishment of Child Guidance work in Rochdale.

It is, of course, true that defects of vision, of hearing, of locomotion and of intellect are still with us, but on the whole physical handicaps have dropped from a position of primary significance.

The staff was much encouraged by the re-opening of the Speech Therapy Department after an interval of three years and by the establishment of an Orthoptic Department with a full-time Orthoptist. Detailed accounts of the work of both these Departments are included in the Report.

There does not appear to be any possibility yet of the Dental Service being brought up to establishment and it is felt that the establishment of three Dentists has itself fallen behind the increasing need of larger numbers of children staying longer in our schools.

I should like to draw special attention to the good work recorded as being done at the Open Air School. Much of this is quite unspectacular and the case notes included in the report may be read as simply a little series of quite trivial complaints. Re-read, however, with some imagination, these are seen as problems which would be pretty difficult to live with day after day and whose solution must add a very great deal to the sum total of happiness. The staff of this Special School have our heartfelt thanks and, I am sure, those of many a parent.

In the same category is the report on High Birch Special School for Educationally Sub-normal Children. My own extract from this report would be as follows :—"The children enjoy attending this School. The general improvement in them is marked and they soon begin to look brighter, healthier and happier. The School is one of the finest in the town". In the proper environment children flourish to the top of their capacity and here is the environment ideally adjusted to the child of limited mental capacity.

Finally, the Hospital School—not mentioned in this Report—adjusts environment to the child of much limited physical capacity.

I feel that in the past year very definite and solid progress has been made although there are some gaps yet. Besides these forward movements already mentioned, there is the gradual establishment of a satisfactory basis of working with the new Consultant Services, themselves in process of settlement.

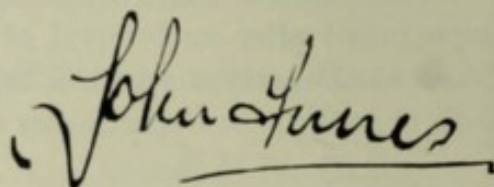
I wish to thank all those who have been responsible for this improvement, both those in the School Medical Service itself and those who co-operate with it. In particular, I would express my gratitude to Dr. Mills for the preparation of this Report and for her continuing enthusiasum in the work.

We are all conscious of the support which the Department has received from the Members of the Medical and Welfare Services Sectional Committee and from the Education Committee itself.

In conclusion I should like to welcome and acknowledge the assistance of the Chief Education Officer and his Staff.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in cursive script, reading "John Jones". The signature is written in dark ink and is positioned above the typed name and title.

Medical Officer of Health
and School Medical Officer.

16th June, 1952.

School Medical Service

The Registrar General's estimated civilian population for the County Borough for the year 1951 was 87,300.

	No. of Schools	No. of Children
County Schools ...	15	6,749
Voluntary Schools ...	13	2,873
Grammar Schools ...	2	907
Technical Schools ...	2	616
Special Schools ...	3	244
Nursery Schools ...	4	307
	—	—
	39	11,696
	—	—

Staff.

The staff of the School Medical Service is set out on Page 3. Dr. Harry, Consulting Ophthalmologist since the beginning of the School Medical Service in Rochdale, held his last Eye Clinic for the Authority on the 9th April. Dr. Scott has taken over Dr. Harry's Clinic in addition to his former work. Dr. Burns-Price left on 1st September and Dr. Joel was appointed in her place, coming on duty on the 24th September. On the 21st January, Miss da Cunha began duty as full-time Orthoptist, a new appointment. In July we were fortunate in obtaining the services of Mrs. Capes, who came to us as an experienced Speech Therapist. This position has long been vacant. On the 20th August a Senior Clerk, Mrs. Barnish, was appointed in addition to the two Junior Clerks already on the staff.

The post of third Dental Officer remains vacant. In May the establishment of nurses was increased from six to seven, because of the increasing amount and complexity of specialist and other clinical work.

Clinic Premises.

The Clinic, already fully in use by the end of 1950; is not now large enough to accommodate the School Medical staff, and the Speech Therapist has to work in a nearby building. This has certain disadvantages, but is unavoidable since the room originally intended for the Speech Therapist's use was the only one suitable for the Orthoptic Clinic inaugurated at the beginning of the year. When Penn Street Clinic was planned, the possibility of establishing an Orthoptic Department was remote and the Specialist Clinics were fewer than now. The number of individual and special investigations has increased very much over the last few years, so that the doctors' consulting rooms are in more continual use than formerly.

School Hygiene.

The Borough Surveyor has made a survey of the sanitary arrangements in all the Authority's schools. As a result of this survey a considerable amount of expenditure was incurred in improving existing sanitary accommodation and it is anticipated that during 1952 additional work of this nature will be undertaken as part of the Authority's "minor projects" capital expenditure programme. At Oakenrod School a sanitary block has been contrived most ingeniously inside the building in an unused space. Previously all the accommodation was outside. The Managers of St. Patrick's R. C. School, a voluntary school, are constructing a completely new sanitary block near the school building in place of the old and dilapidated premises on the opposite side of the playground.

The Education Authority has now adopted a definite policy of providing hot water supplies in schools. In fact, at long last it seems that the sanitary equipment of our schools will slowly but steadily improve.

Periodic Medical Inspection. (Table I. Page 29).

All schools have been visited for periodic medical inspection.

Total Inspections during the year by the Medical Officers :—

	1951	1950
Periodic Medical Inspections	4,051	4,115
Special Inspections	198	200
Re-inspections	3,499	2,787
Open Air School	445	2,407
Clinic Inspections (New Cases)	2,304	2,213
Clinic Re-inspections	1,892	2,367
Special Examinations and Investigations ...	777	763
	13,166	14,852
Parents interviewed in connection with Medical Inspections	990	938
Cases seen by Ophthalmologists	1,290	920
Cases seen by Aurists (New Cases)	396	554
Cases seen by Orthopaedic Surgeon (New Cases)	177	228
Cases seen by Consulting Physician (New Cases)	35	40
	1,898	1,742

The big reduction in the number seen at the Open Air School is apparent rather than real. To save the Medical Officer's time, the school nurse when weighing the children inspects them generally and deals with any minor condition needing attention such as small dressings. The "doctor's cases" are now those specially brought to the doctor's attention by the Head Mistress, the Nurse or the Parent.

Work of School Nurses.

	1951	1950
	<hr/>	<hr/>
Dressings at morning clinics	8,472	7,896
Cleanliness inspections	21,004	18,751
Re-inspections	3,934	4,078
Open Air School Inspections	2,206	2,407
Inspections with Medical Officers—		
At School	7,748	7,102
At Clinics	5,704	4,580
Eye Clinic Cases	1,290	876
Aurist's Clinic (Total Attendances)	1,178	1,316
Home Visits	486	439
	<hr/>	<hr/>
	52,022	47,445
	<hr/> <hr/>	<hr/> <hr/>

Again the four age groups have been examined as in former years. The entrant group is much larger than usual as the infant schools are now crowded with the large number of children born in the post-war years when the live births were 1,521 for 1946 ; 1,725 for 1947, and 1,500 for 1948. The average for the thirteen years prior to 1946 was 1,162. These children will, of course swell the other inspection groups as the years go on until 1962, when most of them will be school leavers.

The examinations of special and problem cases numbered 150, and 101 other children were examined for the purpose of assessing their intelligence.

Findings of Medical Inspection. (Table IIA, Page 30).

The untidiness and lack of pride in personal appearance, noted among older children and mentioned in last year's report, continues except in schools where the head teacher has the time, interest and initiative to combat it literally without ceasing. The most baffling aspect of this matter, to anyone trying to coax, admonish or shame the offending child into an attempt to smarten herself up, is the falseness of values shown. The prevailing idea is that money can do everything and the result of this is that the child rebuked for lank, ill-cared for and unbrushed hair, turns up proudly the next week with a "perm" on the still dull and lack-lustre locks. The big girl told to wash her dress before tomorrow and sew the buttons on, comes next day wearing a different dress, nothing having

been done to the other. It is a common experience to see a child with socks which have never been mended, but which are full of holes, and the suggestion that they should be darned brings a bitter complaint next day from the parents that they cannot afford a new pair of socks every week, stating that the school medical staff has no idea what it is like not to have plenty of money! Shoes and socks, and clothing are often seen completely worn out for the need of a patch, some stitches, or a set of irons for clogs. All this often accompanies a family income which allows for lavish spending on such transitory delights as iced lollies, ice cream and soft drinks, which seem to be sold in staggering quantities. Incidentally, these tit-bits must account for some of the lack of appetite for a good meal, which is so often mentioned by parents.

The conditions for which parents themselves most frequently seek the school doctor's advice continue to be described as nervous complaints. The variety of symptoms discovered behind the maternal statement "his nerves is bad" is of great diversity, covering as it does such matters as the natural irritability a five year old suffers when he tries to lead a grown up life and to manage with seven hours sleep or less, right up to severe psychological disturbances. These cases include some of the most interesting work within the scope of the school doctor, but they take up a great deal of time and patience, since they also involve enquiry into the child's home background and the character, tastes and standards of his parents.

As will be seen from the Table, defective vision is the defect most frequently found, and nose and throat conditions come next in order of frequency, all other defects being comparatively infrequent. A fairly large number of speech defects had been ascertained and kept under observation pending the arrival of the Speech Therapist in September. Special requests were made to teachers to bring such children forward.

The cervical glands mentioned in this Table were without exception small, generally arising from throat conditions and occurring in the tonsillar areas. We never see nowadays the strings of enlarged posterior cervical glands so commonly found in the days when impetigo of the scalp was a disease of every school and of every school clinic.

There is a great reduction also in the number of chronically "running ears" in school children.

Nutrition. (Table IIB, Page 31).

Our findings during 1951 vary very little from those of 1950. The percentage of children considered to have poor nutrition was 2.64 in 1951 and 2.60 in 1950.

Infestation with Vermin. (Tabel III, Page 31).

The increased nursing staff has, in spite of a good deal of absence on sick leave, done an increased amount of work on hygiene inspections, as is obvious from the figures in Table III. More children were inspected and more work done on the individual children with the gratifying result that fewer Cleansing Orders were issued and fewer children were sent to the Cleansing Centre, with much saving of expense. This result is entirely due to the Nurses having encouraged and exhorted parents to the point of cleansing their children's hair themselves instead of expecting some one else to do it, an expectation which began to grow alarmingly during the previous couple of years. Parents should undoubtedly be considered responsible for keeping their own children clean and the Centre used only for motherless children, or those whose parents are sick, handicapped, or otherwise incapable of such responsibility.

This work of interviewing and persuading parents is the most tedious and time-consuming of the School Nurse's duties, but, nevertheless, it is most essential.

A new figure is required this year in Table III, namely the total number of individual pupils examined. On this occasion an approximate number based on the average number of children in attendance has been given.

CHILDREN TREATED AT CLEANSING CENTRE.	1951	1950
Verminous heads	139	321
Scabies referred by clinic	14	27
Scabies referred by family doctor	—	5

The Cleansing Centre is part of the Public Health Service and the Education Committee pays for work done there on a per capita basis.

Minor Ailment Clinic (Table IV. (Groups 1, 2, 3, 7). Pages 32—33)

The total attendances at the minor ailment clinic have again risen slightly, being 8,472 (7,896 in 1950). The conditions treated were as follows:—

	1951	1950
Ringworm—		
(1) Scalp	0	0
(2) Body	7	1
Scabies	14	27
Impetigo	11	18
Other Skin Diseases	32	31
External Eye Disease	293	286
E.N.T. Conditions	1,012	786
Miscellaneous Minor Ailments	1,818	1,463
Septic Wounds and Ulcers	190	403
Total Attendances	8,472	7,896

Impetigo seems to be dying out but there is no decrease in the incidence of ear, nose and throat infection. None of the cases of impetigo were serious, most having only a few spots on the face which rapidly cleared up. The use of penicillin injections has been continued and increased during the year, mainly for otitis media and other abscess formation, and saves much pain and ill-health.

Our chief problem at the Minor Ailments Clinic is not a medical one, but the minor administrative matter of preventing ingenious boys from spending the whole morning out of school while visiting the Clinic for trivial or even quite unnecessary treatment.

The work which takes the most time at this Clinic is the treatment of plantar warts, which seem to have increased in frequency of late. Often when the wart has nearly disappeared the child stops coming to the Clinic because the school holidays have started, although the Clinic does not close and the children under treatment are instructed to attend, only to turn up again with the wart bigger than ever when the schools re-open.

Defective Vision (Table IV. Group 2. Page 32).

The number of children attending the consultant eye clinics has again increased greatly during the year. Much of this increase is directly due to the establishment of our Orthoptic Clinic in January, as children receiving such treatment need more frequent refraction.

				1951	1950
				-----	-----
Examinations by Dr. Scott	...	...	...	1,143	453
Examinations by Dr. Harry	...	...	...	147*	467
				-----	-----
				1,290	920
				=====	=====

* 1st January to 9th April.

Glasses were prescribed for 514 of the 1,290 children examined and at the end of the year approximately 482 had obtained their glasses. We are now holding a Special Clinic once a week for children to attend who were prescribed glasses a month previously, in order to check, as far as possible, the carelessness and delay of some parents in getting the prescriptions filled. Since the 1st April, children up to the age of twelve years must have steel frames unless the parents pay for other kinds. Parents are also responsible for future repairs to these special frames. This ruling on standard frames is gratifying to the School Medical Service, but unfortunately, many of the parents who reject the standard frames are those least able to afford fancy frames.

Apart from the straightforward refraction cases, Dr. Scott has examined children with the following conditions :—

Measurement of squint, with a view to operation (unsuitable for orthoptics)	22
Nystagmus	5
Detached Retina	2
Ocular Torticollis (due to squint)	2
Keratitis	4
Coloboma of Optic Nerve	1
Conjunctivitis and Blepharitis	33
Undiagnosed mass behind Retina	1

Twenty six children have been examined for the Lancashire County Council and of these children 18 had squints.

We have one blind and one partially sighted child at residential special schools.

Orthoptic Clinic.

The most important new work undertaken by the School Medical Service during 1951 has been the establishment of an orthoptic clinic with a full-time Orthoptist. For some considerable time much concern had been felt about the large number of squinting children receiving no treatment. Only a few could be taken regularly to the Manchester Royal Eye Hospital, the nearest Orthoptic Clinic to Rochdale.

Children are referred to the Clinic from the Rochdale Infirmary, where the same Ophthalmologist is in attendance, and by the Lancashire County Council from schools in the neighbouring districts. Parents very much appreciate the fact that Orthoptic treatment is available locally and co-operation, so essential for satisfactory work, is excellent. The Ophthalmic and Orthoptic Clinic is now one of the busiest and most appreciated branches of the School Medical Service.

The Orthoptist, Miss Da Cunha, reports as follows :—

“The Orthoptic Clinic commenced its work on the 22nd January, 1951, with little equipment, but gradually the necessary apparatus has been obtained, the most recent additions being a British focimeter and an electric ophthalmoscope and retinoscope.

In the first month of its existence there were 18 attendances, but in January, 1952, there were 319 attendances. There are now 510 patients attending the Clinic and these have put in 2,600 attendances. The youngest patient was ten months old. With the exception of 70 patients from the County area, all are Rochdale children.

The first stage in the cure of squint is the improvement of vision by a form of treatment known as occlusion. Almost every patient undergoes this form of treatment at one time or another.

During the year 60 cases of really seriously diminished visual acuity were under treatment. In all but 11 cases, the treatment produced a useful degree of improvement. The failures occurred in children between the ages of 9 and 15 years. The degree of improvement in the others can best be described as the alteration from a blind eye to a useable eye.

The next stage is treatment by instruments such as the synoptophore and cheiroscope, with a view to training the two eyes to work together.

Squints are divided into three groups :—

1. The Tonic variety—This variety shows a large squint and develops very early, before the age of three years. In this type of case operation is the only answer and we now have 20 on the waiting list for operation.
2. Accommodative Squints—With these the most satisfactory results are expected. Before treatment they tend to squint without glasses, but not with. They are taught to control the squint, first with instruments, later without ; so that eventually the need to squint is removed and the habit of control takes its place. The treatment is prolonged, but during the year out of 30 children in this group 25 had at the end developed almost perfect control.
3. Mixed Tonic and Accommodative—These respond to treatment to a certain extent. Instruction with instruments improves the squint, but as a rule a small operation is required. In some, surgery can be avoided by the use of strong glasses which, however, the patients must wear throughout their lives. During the year 40 cases were placed in this group and 21 will require surgical interference.

Eight patients have undergone eye operations from which the results have been remarkable, not only locally, but as reflected in changes in personality.

It is natural to think of the importance of operative treatment making good either a failure to train by instruments or incomplete training. Training by instruments following operation is also of very great importance.

Three cases of vertical squint are in attendance at the Clinic, the children being 5, 9 and 10 years old respectively. In these cases treatment by instruments is not satisfactory ; ideally surgery is required. Often, however, the children have learned to adjust themselves to their squint and are distressed rather than assisted by results of surgery. In the three cases under consideration it has been decided not to operate at present, but to keep them under observation so long as they are comfortable and continue to adjust satisfactorily.

The cure of squint cannot be achieved in a few weeks and this fact has to be emphasised very strongly. It often happens that for every step taken forwards two may be taken backwards in the time spent away from the Clinic. This happens more often than in other defects. Great progress is, nevertheless, being made in what is a most important branch of Ophthalmology.

In summary, therefore, this Clinic commenced its first year's work with an attendance of 18 for the month and finished up with a monthly attendance of 319. A total of 510 patients have completed 2,600 attendances. Of the total 440 were Rochdale children.

There were 60 cases with really serious defective vision treated by occlusion, 49 with successful results. Altogether 90 cases were treated by means of instruments ; of these 41 have been placed on the list for operation and 25 have achieved a successful result without operation. Eight patients have undergone an operation on their eyes with satisfactory results and 3 cases of vertical squint are under observation at the Clinic.

I would like to express my sincere gratitude to Dr. Mills for her very great kindness and help, to the staff of the Clinic for their co-operation and to the Committee for their interest, all of which have made my work so much easier than would otherwise have been."

DAPHNE DA CUNHA, D.B.O.

Ear, Nose and Throat Conditions.

Nasopharyngeal infection remains the commonest disease condition met with here in children of school age. Children who are seen by the Consultant Aurists have in the main been attending the School Clinic previously. Others are referred from other sources. These also are vetted at the School Clinic.

Children attending Consultant Clinics :—

	1951	1950
New Cases	396	554
Re-examinations	782	762
	<hr/>	<hr/>
	1,178	1,316
	<hr/>	<hr/>
Children admitted to Hospital for removal of tonsils and adenoids	296	188
Children admitted to Hospital for other operative treatment	9	1

All penicillin therapy for acute ear conditions has been done at the School Clinic during the last year ; formerly children had to attend hospital for this. Of the nine children admitted for operative treatment other than tonsillectomy five had some form of ear disease and four had other E.N.T. conditions.

The waiting list for tonsillectomy has been slightly reduced during the year, but children still have to wait anything up to two years for operation. During such a long waiting period, the family may leave the town ; the parents may

change their minds ; the child may be operated on privately without notification; or a complete alteration may occur in the clinical state of the patient. Thus it is very difficult to ensure that when six children are sent for to go to hospital, six children will actually turn up ready for operation.

The position regarding children supposed to be wearing Medresco hearing aids is still unsatisfactory. The money spent on these aids is in many cases wasted, since the children simply do not use the aids.

We have seven deaf and eight partially deaf children attending Special Residential Schools. These children attend the School Clinic for examination during their holidays.

Professor Ewing and his staff at the Department for the Education of the Deaf at Manchester University have continued to examine those children whose deafness needed exact assessment. Their expert reports are of the greatest value to the School Medical Service with detailed findings and advice about treatment and educational facilities.

Audiometric Testing.

This work has been continued during the year, though not to the extent we should have liked. It is work which has often to be left for more urgent matters. It was decided at the beginning of the year to take 20 decibels hearing loss as the standard of impairment since the former standard of 12 decibels was found to be too high.

	No. of Children Tested	No. of Children Retested
St. Alban's Junior	89	5
Castlemere	180	26
Fleece Street	247	—
St. Gabriel's	73	—
Oakenrod	68	—
	<hr/>	<hr/>
	657	31
	<hr/>	<hr/>

In the retesting 27 of the 31 children showed normal hearing, and the other four were referred to the clinic for investigation.

In addition to the routine tests made at schools, six children were tested who had been referred from the clinic or from medical inspection. These were classified as follows.

Referred to E.N.T. Clinic	...	...	...	...	...	...	...	2
Kept under observation	...	...	...	...	...	...	...	1
Too young to test	...	...	...	...	...	...	...	1
Referred to Professor Ewing	...	...	...	...	...	...	...	1
No further test required	...	...	...	...	...	...	...	1
								—
								6
								==

Orthopaedic and Postural Defects (Table IV. Group 4. Page 33).

During 1951, 181 new cases were referred to Mr. Gracie at the Hospital Management Committee's Orthopaedic Clinic in Smith Street. Most are treated by physiotherapy, adjustments to shoes, etc. at the clinic and those requiring operative treatment are admitted to the Orthopaedic Hospital, seven being so admitted during the year. The following table shows the type of case referred to the clinic by the School Medical Service.

Kyphosis and Scoliosis	...	...	...	...	...	...	...	15
Other Postural Defects	...	...	...	...	...	...	...	11
Valgoid Ankles	...	...	...	...	...	...	...	39
Flatfoot	...	...	...	...	...	...	...	16
Other Foot Deformities	...	...	...	...	...	...	...	13
Toe Deformities...	...	...	...	...	...	...	...	60
Knock-knee	...	...	...	...	...	...	...	6
Torticollis	...	...	...	...	...	...	...	1
Infantile Hemiplegia	...	...	...	...	...	...	...	1
Miscellaneous	...	...	...	...	...	...	...	19
								—
								181
								==

The number of minor postural deformities of the feet met with in medical inspection increases steadily. These conditions do not warrant taking up the time of the Orthopaedic Surgeon, since most are minor degrees of Valgoid ankles and flatfoot, in which adjustments to the shoes and simple exercises effect a marked improvement. The Medical Services Committee requested the Ministry to approve the prescribing of minor alterations to shoes by the School Medical Service staff and in December the Ministry signified that there were no objections to such a course being taken. A panel of shoe repairers willing and qualified to carry out the work has been prepared and a weekly Foot Clinic is to be started in January.

There is close co-operation between the School Medical staff and the Physical Training Organiser, Mr. Whaling, about suitable exercises for children in the schools.

Children referred to the Medical Consultant.

Twenty-four children have been referred to the medical clinic at Smith Street for examination by Dr. Taylor and, as before, those requiring in-patient treatment have been admitted to Lake View Hospital or to Birch Hill Hospital if that is necessary.

The children were referred because of the following conditions.

Asthma	...	...	...	...	...	...	...	...	3
Urticaria	...	...	...	...	...	...	...	...	1
Cardiac Diseases	...	...	...	...	...	...	...	...	4
Debility	...	...	...	...	...	...	...	...	1
Obesity	...	...	...	...	...	...	...	...	2

Cases for Investigation and Diagnosis :—

Heart Conditions	...	...	...	...	...	...	...	...	2
Chest Conditions	...	...	...	...	...	...	...	...	1
Chorea	...	...	...	...	...	...	...	...	1
Nephritis	...	...	...	...	...	...	...	...	1
Nervous Systems	...	...	...	...	...	...	...	...	4
Debility	...	...	...	...	...	...	...	...	1
Petit Mal	...	...	...	...	...	...	...	...	1
Abdominal Tuberculosis	...	...	...	...	...	...	...	...	2

24

Dr. Taylor, whose kindness and co-operation have been much appreciated by the School Medical staff, relinquished this work at the end of November on the appointment of Dr. Wolman as Consultant Paediatrician to the Local Hospital Group.

Child Guidance.

Another year has passed with no local facilities for child guidance or psychiatric treatment of any kind for school children. Several severely maladjusted children have, during the year, been a great source of anxiety. One very disturbed child was examined at the Oldham Child Guidance Clinic by the courtesy of the Oldham Education Committee and has since been admitted to a special residential school for maladjusted children. Another was found too ill to attend this school since he urgently needs frequent psychiatric treatment and there is no resident psychiatrist at this particular school. Meanwhile he remains at the Open Air School, without specialist attention.

Speech Therapy.

A Speech Therapist, appointed in June, began in July to take two sessions a week, chiefly interviewing parents and prospective patients. After the August holidays the morning sessions were increased to five, with an afternoon session devoted to visiting schools and meeting the Head Teachers, whose co-operation is so essential to the successful running of a Speech Clinic. As we had been without a Speech Therapist for so long, it was considered advisable to concentrate on treatment at the morning sessions and not to use these for visiting. In this way, no urgent case has been kept waiting for treatment.

Mrs. Capes reports as follows :—

“On July 1st the Speech Clinic at Baillie Street School, after closure for four years, re-opened for two sessions a week. Seventy children requiring treatment were interviewed together with their parents. In September the sessions were increased from two to five a week for treatment, and a further one session was added in October to enable the Speech Therapist to visit the contributing schools.

On December 31st thirty-five children were receiving treatment. Of these 18 stammered and the remainder suffered from the following defects.

Sigmatism	...	...	...	...	...	...	4
Nasal tone	...	...	...	...	...	...	1
Hoarse voice	...	...	...	...	...	...	1
Dyslalia	...	...	...	...	...	...	11

Two children who were attending Gartside Street in Manchester will continue there for treatment as they may shortly be discharged, and a transfer to Rochdale at this late stage is felt to be unwise. One child with a Cleft Palate is undergoing operative treatment; two children with a stammer, two with a dyslalia and one with a sigmatism have been discharged after treatment. Of the other children interviewed, three have left school and five are either too young for treatment, or their parents for various reasons are unable to bring them to the Clinic at present.

Six children have been referred from the Infant Welfare Centre. The parents of these children have been advised and given exercises to help their children at home. The children will be invited for an interview after a year at school, during which time their speech may well have improved.

In view of the large number of otherwise normal children on the waiting list it was felt advisable to postpone the treatment of nine mentally retarded children. It is gratifying to see the progress shown by stammering children of Infant and Junior School age and their increasing confidence. Of the stammerers, twelve are boys and six girls. In several cases the older children come from broken homes. The parents are often emotionally disturbed, and though they try to help, do not find it easy to foster the calm and sympathetic atmosphere which

the stammerer requires to aid him in overcoming his difficulties. The children with dyslalia are drawn mostly from the Junior schools. Some improve rapidly but several of these children appear to be of low intelligence and to come from homes where the standard of speech is very poor, and the parents though willing are unable to assist. In these cases the improvement depends entirely on the treatment given at the Clinic each week and the help received at school. Many of the mothers are out at work all day and have little time or energy to assist their children. On the other hand, no parent has refused treatment and all appear grateful to have this service available."

C. J. CAPES,
Speech Therapist.

Dental Inspection and Treatment. (Table V, Page 34).

Report of Mr. Gledsdale, Senior Dental Officer.

During the year 34 School Departments were visited for routine dental inspection, 6,711 children being seen. 2,980 of these were found to be free from dental caries either naturally or made so and 3,731 had sundry dental defects. 1,386 children attended as "Specials" and were inspected and treated. In all 4,353 children were referred for treatment and 3,540 actually treated.

The number of "Specials" remains high and will continue so until a full staff can undertake more routine treatment. The time spent in treating casualties could, of course, be more usefully employed in preventing them. The difference in number between children referred for treatment and actually treated is largely accounted for by those who do not accept the Local Education Authority Service. The number accepting is higher than the average for the country.

The demand for dental treatment continues and since the staff remains depleted it is difficult to make any headway or even to preserve the efforts of past years. The standard of school entrants does not improve and much time is spent in removing unsaveable deciduous teeth long before their time. This in turn causes a mutilated permanent dentition with its twin evils of early loss and irregularities. There is really no reason why the majority of children should not keep their first teeth for the proper time, but it is essential that all the facilities available for ante-natal care and child welfare be used, care taken to provide a proper diet containing the right foods and oral hygiene taught and controlled from the start. It is little use paying attention to most of these details and sending the child to bed with a biscuit or sweet without last of all cleaning its teeth.

It is hoped that the shortage of staff may be remedied in the future, but the increase in numbers in the schools and the additional services now needed are likely to make the present establishment inadequate.

The employment of auxiliaries as proposed under a scheme now under discussion is not likely to prove of great assistance in urban areas since the numbers catered for are small and the limited work to be allowed is only to be done under supervision. Their main value would possibly be with children of pre-school age. The urgent need is for fully qualified Dental Officers, able to provide a comprehensive service of the best type. The priority services should be fully and properly staffed and once this has been achieved it should be possible to improve the national dental health.

					Inspection	Treatment	Total
Sessions	...	...	...	...	71	867	938
					Routine	Specials	Total
Attendances	...	...	...	...	3,214	1,386	4,600
					Temporary	Permanent	Total
Extractions	...	...	...	...	2,310	137	2,447
Fillings	...	...	...	...	337	3,151	3,488
Other Operations	...	...	...	...	612	919	1,531
General Anaesthetics	...	...	...	...	—	—	189

AGE GROUPS INSPECTED.

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
108	288	534	547	688	679	630	653	514	550	552	582	233	90	51	12

H. P. GLEDSDALE, L.D.S.

Infectious Disease.

The following cases were notified during the year among school children.

	1951	1950
Scarlet Fever	35	74
Diphtheria	—	2
Measles	209	443
Whooping-cough	26	113
Chicken Pox	152	9
German Measles	3	1
Poliomyelitis	—	1
Tubercular Meningitis	—	—
	425	643

Day Open Air School.

At the beginning of December there were 120 names on the register of the Open Air School. Of these, five were physically handicapped, one maladjusted and 114 delicate. Two of the physically handicapped children suffered from spinal caries, one from tubercular hip and two from congenital heart disease.

Forty-eight children were discharged during the year and one little girl was removed by her mother against medical advice. The children discharged had been suffering from these conditions :—

	Boys	Girls
	—	—
Subnormal nutrition	6	6
Debility and Anaemia	5	2
Asthma	2	2
Nervous conditions	2	2
Heart Disease	—	1
Tubercular Glands	2	3+1 left
Maladjustment	1	—
Bronchitis	—	4
E.N.T. Conditions	—	1
Non-Tubercular Chest Conditions	—	1
Pre-tuberculosis... ..	2	—
Furunculosis	—	1
Osteomyelitis	1	—
Cases for observation	—	4
	—	—
	21	27+1
	—	—

The four observation cases had the following symptoms on admission :—

1. Girl aged ten years. No appetite for normal food, would only eat sweets and "jam butties" : some insomnia. She improved very much, was well and fit on discharge, with a normal appetite and eating a normal mixed diet.
2. Girl aged ten years. In rather a poor way generally, having been neglected by her natural parents and subsequently adopted by an Aunt. She had an indefinite history of cystitis. She rapidly improved and was discharged fit and well.
3. Girl aged nine years, adopted by an extremely unsuitable person. Small child, retarded, suffering from occasional fainting attacks. She improved very much and on discharge to the care of the Children's Committee had gained 10½ lbs.

4. Girl aged nine years. A history of alternate constipation and soiling. She was diagnosed as megacolon and left on the advice of the consulting physician who thought the walk to her elementary school would do her good.

The child who left against medical advice had enlarged cervical glands possibly of tubercular nature and was not in good general health.

There were 63 admissions during the year, 18 being originally recommended by their family doctors and the rest being discovered by the school medical officers at school or at the clinic. They were admitted for the following conditions :—

	Boys	Girls
	—	—
Subnormal nutrition	3	4
Debility	7	7
Asthma	3	—
Nervous Conditions	2	3
Heart Disease	—	2
Tubercular Glands	3	3
Maladjustment	2	—
Bronchitis	3	1
Ear, Nose and Throat Conditions	2	2
Pre-Tuberculosis	—	1
Pseudo-coxalgia	1	—
Cases for Observation	5	9
	—	—
	31	32
	=	=

The children on observation are described as follows :—

1. Girl aged 13 years. Educationally retarded and suffering from debility after "St. Vitus Dance". Admitted to discover whether backwardness was due to illness or to inherent dullness.
2. Girl aged 8 years. Educationally retarded, slow and dull with a poor posture and a poor home background. Admitted for general investigation. I.Q. found to be only 62. Girl recommended for High Birch School.
3. Girl aged 8 years. History of probable Bright's Disease following middle ear disease. She is improving very much indeed in every way.
4. Girl aged 8 years with indefinite stomach pains, loss of appetite and constipation. Admitted for food training and general advice.
5. Girl aged 7 years admitted at request of family doctor for food training because of poor home background and unsatisfactory dietary habits.

6. Girl aged 9 referred by orthoptist, suffering from ocular torticollis associated with general poor health.
7. Girl aged 7 with poor speech, bedwetting, slight deafness and emotional immaturity. Mother a nervous wreck and father spoils child. I.Q. found to be only 67. Recommended for High Birch School.
8. Girl aged 9 years with a history of bowel trouble and spasm of eyelids with pain in bright light (photophobia). Also nervous, flabby, losing weight. Referred by orthoptist and improving generally.
9. Girl aged 9 years. An enuretic child, convalescent after amputation of big toe-nail. An over anxious mother was making the child nervous. Improving very much.
10. Boy aged 10. Thin pale child, losing weight and becoming out of hand at home. Poor maternal discipline and management. Family doctor asked for food training and sleep training. Improving very much.
11. Boy aged 8 years. Frequently absent from school, sleeping badly, recently timid and "has lost his toughness" so that he cries when teased, instead of answering back as he used to do. Improving gradually.
12. Boy aged 9 years. Peaky, thin, recently having nightmares and hysterical outbursts. Mother in a highly nervous state and having a bad effect on the boy. He has been perfectly normal at school.
13. Boy aged 12 years. Referred by consulting physician after being in a continuation hospital for treatment of general excitability manifested by tics, nightmare, talking in sleep, fear of the dark. Very much improved.
14. Boy aged 13. Referred by consulting physician because of epileptiform attacks thought to be of a psychological nature. An intelligent boy, mentally ahead of his family and not stimulated sufficiently at home. General condition excellent.

It will be seen from these short descriptions of a few Open Air School pupils, that children are not always admitted for a particular disease or weakness, but rather because of a set of symptoms for which there is often no obvious cause. The close observation under which the children are kept by the teaching staff, now adept at such work, often enables a child's disability to be better understood, and the source of his troubles traced. As has been stated in previous reports, human failings of thoughtlessness, carelessness, lack of understanding or insight, have far more effect on a child's health than some parents realise. It is widely recognised that an income too small to buy enough food for the family will lead to malnutrition. It is apt to be forgotten that an adequate income, unless accompanied by wise spending, does not necessarily mean adequate nutrition. Another frequent cause of malnutrition is allowing a child to eat exactly what it prefers, even if that means bread and jam every day for dinner. The results, as far as the doctor sees them, are precisely similar, but the cure is different and takes much longer in the case of the unsuitably fed child.

Educationally Subnormal Children—High Birch Special School.

The work of ascertainment described in last year's report has been continued during the whole of 1951 with the result that by December, the hundred places at High Birch Special School were all occupied by children for whom Forms I, II and III H.P. had been completed. As before, a School Nurse does the home visiting and the Educational Psychologist completes Part II of Form 2 H.P.

Altogether 57 children were admitted during 1951 and five left. The average attendance at the school has been 89.3, the average for all schools in the Borough being 91.1. It is very obvious that the children enjoy attending this school and there have been no prosecutions for non-attendance. One boy tried to leave at 15 but, before the Authority had time to take steps for his enforced attendance, he appeared before the Juvenile Court Magistrates on another matter and the Bench ordered his return to the school.

The general improvement in the children is marked and they soon begin to look brighter, healthier and happier. It has been found advisable for a School Nurse to pay a weekly visit to keep the children up to the mark as regards cleanliness for, as stated in last years report, most come from homes where the standards of cleanliness and of general social behaviour are low. One child who has now been attending for over two years plays truant and is extremely awkward to deal with when her stepfather is at home, but is happy and attends regularly during his prolonged absences.

This examination of children for High Birch has been the heaviest single piece of work so far undertaken by the School Doctor and Nurse who have been responsible for it and it is a source of satisfaction that it has been completed. Only one parent flatly refused to permit his child to attend, and his mind was changed for him when the boy appeared in the Juvenile Court for some act of petty pilfering. Most of the parents interviewed are genuinely anxious for their children to attend the school, to receive specialised tuition and all who visit are delighted by the school itself, which is one of the finest in the town.

The children make their own way to the Town Centre from where a special bus takes them to the school. All have their mid-day meal on the premises and the special bus takes them back to the Town Centre after school. The school opens half an hour later and closes half an hour earlier than the other schools so that the children, who come from all over the town are not away from home longer than their brothers and sisters.

Children Reported to Local Authority for Mental Deficiency.

During 1951, six children examined by the Approved Medical Officer were found to be ineducable and the Education Committee reported them to the Local Authority under Section 57 of the Education Act, 1944, five under Sub-section 3 and one under Sub-section 4.

In addition four children who had attained school leaving age were reported to the Authority under Sub-section 5 as requiring statutory supervision after leaving school.

Provision of School Meals.

There are now 47 canteens in use for school meals purposes and the Authority has a producing capacity of approximately 6,900 meals per day. By December, 1951, 70 women supervisors and assistants were employed in school canteens.

During 1951, 26,963 free meals were supplied (27,892 in 1946 ; 25,358 in 1947 ; 42,730 in 1948 ; 42,191 in 1949 ; 35,177 in 1950). The number of children's dinners for which payment was made was 902,751. (644,220 in 1946 ; 736,321 in 1947 ; 853,818 in 1948 ; 812,055 in 1949 ; 855,399 in 1950). These figures do not include meals supplied to pupils at the Open Air School or at Nursery Schools.

The Authority had the services of a Schools Meals Organiser for approximately three months during the year.

Co-operation with Voluntary Bodies.

1. National Society for the Prevention of Cruelty to Children.

Inspector Mitchell reports as follows :—

“During 1951 fewer cases than usual have been reported to the Society by the School Medical Service or the Education Authority and this is probably due to the formation of the Joint Committee for Children Neglected or Ill-treated in their own homes. Families who would formerly have been reported to the Society are now discussed at the meetings of the Joint Committee.

Two cases involving the welfare of three children were however reported directly to the Society. One case was closed satisfactorily after some months' supervision and in the other case the child was voluntarily sent to a Convent.

Information affecting the well-being of eleven other children has been obtained from the clinic. In one case four children were brought before the Juvenile Court and were for a short time committed to the care of the Local Authority.”

(signed) J. MITCHELL,
Inspector.

2. The St. Annes Convalescent Home and Moorland Home.

These two Homes have again provided much appreciated holidays for many children. During 1951, 144 children were medically examined at the School Clinic before being admitted to the Moorland Home.

3. Children Neglected or Ill-treated in their own homes.

At least one member of the School Medical staff attends each meeting of the Committee set up to discuss these children and their problems. Again much valuable information has been obtained and exchanged. Of the 53 cases referred for discussion at the Committee's first twelve meetings, 23 were referred by the School Medical Service. Most of these were mild cases requiring supervision to prevent deterioration.

Employment of Children and Young Persons.

The number of children medically examined prior to registration for part-time work was 222 during 1951. Also 80 children dancing in stage shows attended the Clinic for examination.

Other Medical Examinations.

The Medical Officers examined 101 persons in connection with the Corporation Sickness Scheme and the requirements of the Local Government Superannuation Act, 1937. Of these 60 were part-time workers.

Diphtheria Immunisation.

The usual practice of visiting one half of the schools in the Spring and the other half in the Autumn was continued. In addition, the Saturday morning Clinic at Penn Street remained open for School children as well as for their younger brothers and sisters.

During the year 472 children of school age received a full course of immunisation and 687 children, previously immunised, received a reinforcing injection. This shows a slight increase in the number of fresh immunisations as compared with 1950, in which year 432 children of school age received their first course. On the other hand, the figures of courses of reinforcing immunisation given in early childhood which rose from 571 in 1947 to 908 in 1950, have now decreased to 687.

Nursery Schools and Meanwood Nursery Class.

During the year 769 medical examinations were carried out at the Nursery Schools. Cases needing special treatment and those children of substandard nutrition were frequently re-inspected.

The standard of nutrition amongst the children medically examined was found to be very satisfactory, there being only 1.4% in the poor nutrition group.

At 250 out of the 769 medical inspections made, the children were classified as of good nutrition, at 508 of these the classification was average nutrition and at 11 the classification was poor nutrition.

123 cases were referred for special treatment for the following reasons, as compared with 146 in 1950.

	1951	1950
Tonsils, Adenoids, Nasal Catarrh	42	30
Ear Discharges (Otitis media)	3	3
Eye Defects (Squint, Styes, Blepharitis)	5	13
Orthopaedic (Knock-knees, Valgoid Ankles, Over-lapping toes, Congenital Dislocation of Hip)	25	38
Dental Caries	29	37
Medical Disorders (Nutrition, Anaemia, frequent attacks of coughs and colds, Heart Murmurs, Eczema) ...	14	22
Surgical Disorders (Hernia, Phimosis, Cyst, Naevus, Hydrocele)	5	3

Nasopharyngeal affections were found as in previous years to be the chief defect amongst the children attending the Nursery Schools, a common legacy of children living in overcrowded industrial areas and in poor unsuitable homes. The only open air life such children get is when they are at the Nursery Schools. Once they return to their homes they are either confined indoors because of lack of garden space or backyards, or, if they are old enough to be left unsupervised, they are forced to play in the narrow shut-in street.

Orthopaedic defects were fewer. One case of congenital dislocation of the hip-joint needed prolonged hospitalisation at the Infirmary and then at the Children's Orthopaedic Hospital for corrective treatment. All the other cases were minor defects needing only slight wedging of the shoes, or manipulative exercises at the Orthopaedic Clinic for correction of the defects.

There seemed to be a fair amount of dental caries amongst the children, which is not a surprising condition, since items of food like cakes and sweets are becoming more and more easily obtainable. Quite a number of the children suffering from dental caries arrive almost daily at the Nurseries with small packets of sweets to eat during the day.

The Health Visitors made 5,476 examinations during the year for verminous infestations of the heads. Of these examinations, 5,079 showed children's heads to be clean, 371 showed heads to have nits and 26 showed heads to have vermin. Though the general cleanliness of the children's heads is steadily improving at all the Nurseries, infestation is still high at the South Street Nursery in comparison with the other Nursery Schools.

Diphtheria and Whooping Cough immunisations were carried out in the Nursery Schools for all new entrants not previously immunised and re-inforcing doses were given to those five year olds who were leaving to join the Junior Elementary Schools.

Cost of Medical and Dental Inspection.

The cost of this Department from 1st April, 1950 to 31st March, 1951 was as follows :—

	£	s.	d.
Salaries	8,915	3	8
Printing, Stationery, Postage and Telephone	375	12	1
Drugs, Materials, Apparatus	747	15	7
Travelling	126	14	0
Rent, Rates	345	16	0
Upkeep of Premises	118	1	6
Fuel, Light and Cleaning	588	8	2
Cleansing of Pupils and Clothing	266	15	0
Conveyance of Children	89	15	4
Other Expenses	205	5	2
Uniforms and Clothing... ..	249	0	0
Services of Educational Psychologist	173	9	5
National Insurance—Employer's Contribution	146	8	8
	<u>£12,348</u>	<u>4</u>	<u>7</u>

MEDICAL INSPECTION RETURNS.

YEAR ENDED 31ST DECEMBER, 1951.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the Prescribed Groups :—

Entrants	1,352
Second Age Group (11 +)	760
Third Age Group (Leavers)	879
Total	2,991

Number of other Periodic Inspections (8 yrs. old and others)	1,060
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Grand Total	4,051
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B.—OTHER INSPECTIONS.

Number of Special Inspections	198
Number of Re-Inspections	3,499
Total	3,697

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Group	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	10	57	67
Second Age Group	60	40	100
Third Age Group	56	52	108
Total (prescribed groups)	126	149	275
Other Periodic Inspections	57	65	122
Grand Total	183	214	397

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Re- quiring Treat- ment (2)	Requiring to be kept under observation but not requiring Treatment (3)	Re- quiring Treat- ment (4)	Requiring to be kept under observation but not requiring Treatment (5)
4	Skin... ..	17	28	6	18
5	Eyes—a. Vision	183	380	251	593
	b. Squint	24	70	22	88
	c. Other	7	23	5	13
6	Ears—a. Hearing... ..	4	17	2	16
	b. Otitis Media	8	21	3	17
	c. Other	1	7	2	1
7	Nose or Throat	53	371	78	508
8	Speech	12	33	19	63
9	Cervical Glands	—	71	—	78
10	Heart and Circulation	2	27	2	18
11	Lungs	1	40	—	46
12	Developmental—				
	a. Hernia	—	5	—	2
	b. Other	—	23	1	14
13	Orthopaedic—				
	a. Posture	4	70	6	106
	b. Flat foot	24	71	24	73
	c. Other	43	216	39	120
14	Nervous System—				
	a. Epilepsy	—	—	—	—
	b. Other	2	16	—	16
15	Psychological—				
	a. Development	25	78	41	128
	b. Stability	2	17	10	9
16	Other	10	59	2	74

TABLE II.—(continued).

B.—Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1352	98	7.25	1225	90.61	39	2.08
Second Age Group ...	760	55	7.76	687	90.39	16	2.11
Third Age Group ...	879	69	7.85	799	90.90	10	1.14
Other Periodic Inspections	1060	57	5.38	960	90.55	42	3.87
Total ...	4051	279	6.89	3671	90.62	107	2.64

TABLE III.—Infestation with Vermin.

(i) Total number of examinations in the schools by school nurses or other authorised persons	21,004
(ii) Total number of <i>individual</i> pupils examined	11,418
(iii) Total number of <i>individual</i> pupils found to be infested	1,949
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	1,949
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	139

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools
(including Special Schools)

GROUP 1.—Diseases of the Skin (excluding uncleanliness, for which see Table III)

Ringworm— (i) Scalp	...	...	...	...	...	...	...	...	—
(ii) Body	...	...	...	...	...	...	...	...	7
Scabies	...	...	...	...	...	...	...	...	14
Impetigo	...	...	...	...	...	...	...	...	11
Other skin diseases	...	...	...	...	...	...	...	...	32
								Total ...	64

GROUP 2.—Eye Diseases, Defective Vision and Squint.

External and other, excluding errors of refraction and squint...	...	...	...	...	...	...	...	...	293
Errors of Refraction (including squint)	...	...	...	...	...	...	...	...	997
								Total ...	1,290

No. of Pupils for whom spectacles were:—

(a) Prescribed	...	...	...	...	...	...	...	...	514
(b) Obtained	...	...	...	...	...	...	...	...	482
								Total ...	996

GROUP 3.—Diseases and Defects of Ear, Nose and Throat.

Received operative treatment—

(a) for diseases of the ear	...	...	...	...	...	...	...	...	5
(b) for adenoids and chronic tonsillitis	...	...	...	...	...	...	...	...	296
(c) for other nose and throat conditions	...	...	...	...	...	...	...	...	4
Received other forms of treatment	...	...	...	...	...	...	...	...	1,012
								Total ...	1,317

GROUP 4.—Orthopaedic and Postural Defects.

(a) No. treated as in-patients in hospitals	...	...	...	...	7
(b) No. treated otherwise e.g. in clinics or out-patient departments	...	...	...	...	177

GROUP 5.—Child Guidance Treatment.

No. of pupils treated under Child Guidance arrangements	—
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GROUP 6.—Speech Therapy.

No. of Pupils treated under Speech Therapy arrangements	43
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GROUP 7.—Other Treatment Given.

(a) Miscellaneous minor ailments...	1,818
(b) Other (specify)						
Septic wounds and ulcers	...	...	...	...	...	190
					Total ...	2,008

TABLE V.—Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers—							
(a) Periodic age groups	...	...	...	...	...	...	6,711
(b) Specials	...	...	...	...	...	...	1,386
						Total (1)	<u>8,097</u>
(2) Number found to require treatment	...	...	...	...	...		5,117
(3) Number referred for treatment	...	...	...	...	...		4,353
(4) Number actually treated	...	...	...	...	...		3,540
(5) Attendances made by pupils for treatment...	...	...	...	...	...		4,600
(6) Half-days devoted to : Inspection	...	...	...	...	...		71
Treatment	...	...	...	...	...		867
						Total (6)	<u>938</u>
(7) Fillings—Permanent teeth	...	...	...	...	...		3,151
Temporary teeth	...	...	...	...	...		337
						Total (7)	<u>3,488</u>
(8) Number of teeth filled : Permanent Teeth	...	...	...	...	...		2,589
Temporary Teeth	...	...	...	...	...		329
						Total (8)	<u>2,918</u>
(9) Extractions—Permanent teeth	...	...	...	...	...		137
Temporary teeth	...	...	...	...	...		2,310
						Total (9)	<u>2,447</u>
(10) Administration of general anæsthetics for extraction	...	...	...	...	...		189
(11) Other operations : Permanent teeth	...	...	...	...	...		919
Temporary teeth	...	...	...	...	...		612
						Total (11)	<u>1,531</u>

TABLE VI.
HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

	(1) Blind		(3) Deaf		(5) Delicate		(7) Educationally subnormal		(9) Epileptic	Total 1-9
	(2) Partially sighted	(4) Partially Deaf	(6) Physically Handicapped	(8) Maladjusted						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st December, 1951—										
(A) Handicapped Pupils newly placed in Special Schools or Homes	0	0	1	2	63	1	59	2	0	128
(B) Handicapped pupils newly ascertained as requiring education at Special Schools or boarding in Homes ...	0	0	0	3	65	0	23	1	0	92
On or about 1st December, 1951—										
(C) Number of Handicapped Pupils from the area—										
(i) attending special schools										
(a) as day pupils ...	0	0	0	0	114	5	90	1	0	210
(b) as boarding pupils...	1	1	7	8	0	2	4	1	2	26
(ii) Boarded in Homes ...	0	0	0	0	0	0	0	2	0	2
TOTAL (C) ...	1	1	7	8	114	7	94	4	2	238
(D) Number of Handicapped pupils being educated under Section 56 of the Education Act, 1944—										
(i) in hospitals	0	0	0	0	0	7	0	0	0	7
(ii) elsewhere	0	0	0	0	0	0	0	0	0	0
(E) Number of Handicapped Pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)	0	0	0	0	1	1	181	0	0	183

Number of children reported during the year—

(a) under Section 57 (3) (excluding any returned under (b))—5

(b) " " " relying on Section 57 (4)—1

(c) " " 57 (5)—4

of the Education Act, 1944.

