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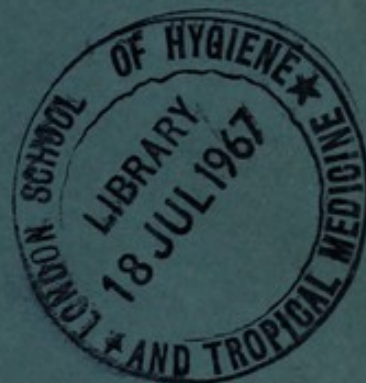
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COUNTY BOROUGH OF ROCHDALE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1956

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

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and School Medical Officer.

ROCHDALE:
E. WRIGLEY & SONS LTD., PRINTERS, ACKER STREET

1957

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PUBLIC HEALTH OFFICERS

DECEMBER, 1956

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 :

MARGARET L. DENNIS, M.R.C.S., L.R.C.P.
(M. & C.W.)

JEAN M. MOORE, M.B., B.S.(Lond.)

MARY M. MACKENZIE, M.B., Ch.B.

Lay Administrative Officer :

S. BUTTERWORTH

Chief Public Health Inspector :

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

Senior District Public Health Inspector :

A. SYMONS

Meat and Foods Inspector :

J. GAWTHORPE

Public Health Inspectors :

W. C. CROSSLEY F. REYNOLDS

J. PEARSON K. E. SMITH

Health Visitors (Maternity and Child Welfare) :

B. ALLETSON I. RUSHTON

S. H. BARLOW M. M. SWITZER

E. M. MASSEY F. THORNTON

W. REEVE N. WHITELEY

E. REDHEAD

Health Visitors (Tuberculosis) :

M. L. GALLIMORE WM. GULLIFORD

Clinic Nurses : (Part-time)

J. MOSELEY L. HOLLINSHEAD

Chief Dental Officer :

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

Dental Officers :

R. G. WATSON, L.D.S. (from 5/9/56) }
R. J. G. YOUNG, L.D.S. (from 24/9/56) } Part-time
Mrs. J. GIBSON, L.D.S. (from 19/11/56) }

Dental Attendants :

LUCY DANIELS, S.R.N.

MARY FLETCHER, S.R.N. (from 17/12/56)

Duly Authorised Officers :

W. BEELEY

W. KERSHAW

Mental Health Visitor :

JOAN R. LAMBERT

Occupation Centre Superintendent :

ISABEL TAFTS

Ambulance Officer :

E. OSBALDESTON

Social Workers :

MURIAL E. ANSTEY

CLARA M. LINTERN

District Nursing Association :

Superintendent—E. M. FELSTEAD, S.R.N.,
S.C.M., Q.N., H.V.

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

Municipal Midwives :

F. T. ASHWORTH

S. M. HAMILTON

W. U. CARR

N. HOOK

V. E. S. CORRIN

E. M. OWEN

M. CROMPTON

K. WHELAN

PART TIME OFFICERS

Ophthalmic Surgeon :

A. STEWART SCOTT, F.R.C.S.Ed., D.O.M.S.

Tuberculosis Physician :

W. R. MAY, M.B., B.S., D.C.H., M.R.C.P.

E.N.T. Surgeons :

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

P. K. BASU, M.B., B.S.

Public Analyst :

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

Paediatrician :

B. WOLMAN, M.D., M.R.C.P., D.C.H.

Physiotherapist :

ELLEN LUMB

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 on the work of the Public Health Department for the year 1956.

An examination of the statistics will show that Infectious Diseases are much reduced, that Infant Mortality has risen from the 1955 figure, that there were no Maternal Deaths, that the Birth Rate was about average for the last eight years and the Death Rate average for the last ten years, and that there are now 1,474 fewer persons living in Rochdale than there were in 1951.

What does all that mean? Infectious Diseases totals now depend largely on the presence or absence of Measles and we know already that the 1957 figure will be much higher. Infantile Mortality in 1955 was the lowest in Rochdale's history and much below the average for the Country. Figures like that are a great incentive, but we know they cannot be continuously maintained. In fact, what we can say is that 1956 was a quietly satisfactory year in health matters, but only in such matters as we have been accustomed to record.

Many things remind us of the folly of complacency and of continuing to use old yard sticks. Some diseases are becoming or have become somnolent—Scarlet Fever, Diphtheria and Tuberculosis are recent examples. Is it not to be expected that there are others awakening or appearing for the first time at any rate in our medical history? Indeed, there is evidence to that effect. Thirty years ago the Streptococcus was the germ that brought so much alarm, now it has become milder in manner and the Staphylococcus is taking its place, not so dramatic yet, but stubborn and tenacious. Virus diseases are amongst us, not so violent as their predecessors, but just as full of diagnostic problems as bacterial diseases were at the end of last century. Are these conditions re-appearing after many years of quiescence, are they activated by our present mode of living, or are they merely arising, as it were, to occupy the space vacated by their predecessors? Whatever may be the answer to these questions, it is certain that new protective techniques will have to be developed.

Gradually our highly civilised habits are finding out the weak spots. The obesity of today is more difficult to tackle than the emaciation of yesterday. The disappearance of horse traffic caused manure heaps and fly-produced diarrhoeas to disappear, but paved the way for the motor car which renders the roads a death trap and clogs its own mobility. "Many motorists gave up the attempt to reach the sea", that is a pathetic quote from a Monday national paper.

Higher standards of living bring more domestic chimney pollution into the air and more tobacco smoke to increase Bronchitis and Lung Cancer. So many more have now the opportunity to seek in quiet beauty spots the relaxation which the body needs that all must start earlier and travel faster in a frantic effort to get the last vacant corner, and must then return later and still later to avoid the traffic queues.

These problems must be studied and solved, just as were those of the last century when hygiene and social welfare were just beginning, if the people are to take full advantage of the good health and long life which is now their heritage.

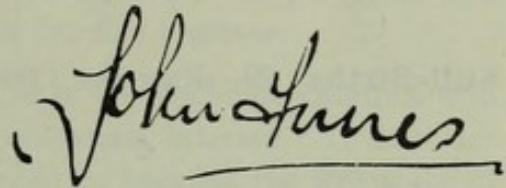
In the meantime, in the Department we can but tackle what is to hand and plan for the future step by step. I would once again take pleasure in recording the high quality of the service given by all Sections to the public of Rochdale. At the same time I would also record the continuing co-ordination between all those agencies in Rochdale which deal with health and social problems, to whichever branch they may belong.

To you Mr. Chairman, and to the Health Committee, I tender the thanks of the staff for your support and understanding at all times.

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.

5th August, 1957.

STATISTICS

Year ended 31st December, 1956.

Area (in acres)	9,556
Registrar-General's Estimate of Population, mid-year 1956 ...	86,260
Number of Inhabited Houses (Census 1951)	29,426
Number of Houses on Corporation Estates (December, 1956) ...	6,913
Number of Houses on Corporation Estates (December, 1955) ...	6,683
Estimated sum represented by a Penny Rate	£3,750
Rateable Value	£967,500
Estimated expenditure on Health Services provided for by rates ...	£63,965
	Total M. F.
Live Births —Legitimate	1,212 ... 568 ... 644
Illegitimate	82 ... 43 ... 39
	— — —
	1,294 ... 611 ... 683
	= = =
Birth-rate per 1,000 of estimated population ...	15.0
Still-Births 29—Rate per 1,000 total (live and still) births ...	21.9
	Total M. F.
Deaths	1,271 ... 626 ... 645
Death-rate per 1,000 of estimated population ...	14.7
Deaths from Maternal Causes—Nil.	
Rate per 1,000 total (live and still) births	Nil
Death-rate of Infants under one year of age (36 deaths).	
All infants per 1,000 live births	28
Legitimate infants per 1,000 legitimate live births (32) ...	26
Illegitimate infants per 1,000 illegitimate live births (4) ...	49
	Deaths Rate per 1,000 of population
Cancer	168 ... 1.95
Tuberculosis (all forms)	14 ... 0.16

VITAL STATISTICS

Population.

The Registrar General's estimate of the population as at mid-year 1956 is 86,260. This compares with the mid-year estimate of 86,490 in 1955, and the 1951 Census figure of 87,734. During 1956 there was an increase in both births and deaths as compared with last year and the margin of births over deaths is still steadily decreasing.

Live Births.

The live birth rate was equal to 15.0 per 1,000 of the estimated population. The figure for the previous year was 14.6. For the ten years 1946-1955, the average birth rate was 15.9 per 1,000.

The proportion of illegitimate births was above the previous figure, 82 this year as compared with 80 last year, representing 6.3% of the total births. In the last six years the figure has varied between 6.0% and 6.7%.

Still Births.

There were 29 still births recorded, as against 39 in 1955. The average for the preceding five years was 33 still births.

Infant Mortality.

There were 36 deaths registered under one year of age, equal to a mortality rate of 28 per 1,000 live births registered. The lowest figure ever recorded for the County Borough was 21 deaths in 1955, equal to a rate of 17 per 1,000 live births, which improved on 1954 with 29 deaths and rate of 23 per 1,000 live births. No one cause could be held responsible for this increase.

The following Table which sets out the fate of 93 Rochdale children who were prematurely born during the year is of continuing interest. It does not indicate survival in any stages beyond three months, because the follow-up of children born at the end of the year must cease at the time of the preparation of this Report, i.e. April, 1957.

The figures in this Table do not coincide with those given elsewhere as deaths during the year to Prematurity. It is, however, strictly comparable with the Table given in the Reports for the last few years.

In 1954, children born so prematurely as to weigh less than 4½ lbs. numbered 19, in 1955 this figure rose to 29 and in this year is 28 out of a slightly smaller total.

The survival rate for the very small baby is maintained, as is the rate for those at 4½ lbs. to 5 lbs. in weight. There has been a falling off in the survival rate in respect of the intermediate group and strangely enough in those showing little evidence of prematurity, namely those at 5 lbs. to 5½ lbs.

Premature Births during 1956.

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			Total
					H.	B. H. H.	H.	B. H. H.	O. H.	H.	O. H.	H.	B. H. H.	H.	B. H. H.	O. H.	
3 lbs. 4 ozs. or less ...	5	6	—	11	2	2	1	2	—	—	—	—	—	2	2	—	4
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	3	14	—	17	—	2	—	2	—	—	—	—	—	3	10	—	13
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	1	19	1	21	—	1	—	—	—	—	—	—	—	1	18	1	20
5 lbs to 5 lbs. 8 ozs.	20	22	2	44	2	—	—	—	—	—	—	—	—	18	22	2	42
Totals	29	61	3	93	4	5	1	4	—	—	—	—	—	24	52	3	79

The Table below shows comparative figures for Infantile Mortality :—

Year	Deaths Registered	Rate per 1,000 Net Live Births	Year	Deaths Registered	Rate per 1,000 Net Live Births
1946	75	49	1951	69	54
1947	95	55	1952	52	39
1948	57	38	1953	40	31
1949	56	41	1954	29	23
1950	64	47	1955	21	17

In recent years a shift of interest has taken place from Infant Mortality, that is the deaths of children under one year of age, which has declined very considerably, to Neo-natal Mortality, that is deaths of infants in the first four weeks of life, which has not declined to the same extent. More recently a further concept has developed to include the loss of infant life whether it occurs immediately before birth, during birth, or very soon afterwards. To this, the term Peri-natal Mortality has been tentatively applied. Very largely, it is suggested, the same causes might result in stillbirth, in death during childbirth or during the first week of an infant's separate life, and it is often merely a matter of chance in which of these phases death occurs.

The following Table sets out Rochdale's experience in this respect during the last ten years, in other words, in more or less normal conditions after the war :—

Year 1	Live Births 2	Still Births 3	Infant Deaths 4	Neo-natal Mortality 5	Early N.N.M. 6	P-n.M. Col. 3+6 7
1947	1,725	51	95 (55)*	59	40	91 (51)†
1948	1,500	50	57 (38)	33	27	77 (50)
1949	1,362	39	56 (41)	37	32	71 (50)
1950	1,371	38	64 (47)	37	35	73 (52)
1951	1,275	31	69 (54)	47	39	71 (54)
1952	1,321	29	52 (39)	33	31	60 (44)
1953	1,297	33	40 (31)	32	27	60 (45)
1954	1,243	33	29 (23)	21	16	49 (38)
1955	1,263	39	21 (17)	15	14	53 (40)
1956	1,294	29	36 (28)	23	20	49 (37)

The figures in brackets show :— * rates per 1,000 live births.

† rates per 1,000 live and stillbirths.

The last column in the above Table brings together stillbirths and deaths of infants which occurred in the first six days of life.

It may, therefore, be said to represent the loss of infant life before or during confinement, or soon after birth.

So far as Rochdale is concerned, this figure does appear more stable than some of the others and, therefore, it would seem to indicate a more steady improvement in dealing with those causes which pre-dispose to early loss of infant life.

Deaths from all causes.

The deaths registered number 1,271, which is higher than the figure of last year, 1,230. This total was made up of 626 males and 645 females. During the year the males died much more from Coronary Disease than did the females, whereas the females died much more from Other Heart Diseases.

The general tendency was for the male deaths to exceed the female deaths in the age groups up to 65. The figures for these were 241 males and 164 females. Female deaths exceed male deaths in the 65-75 age group (201 females, 183 males) and in the over 75 age group (280 females, 202 males).

The death rate from all causes was 14.7 per 1,000 of the estimated population as compared with 14.2 in 1955 and an average of 14.8 during the ten years 1946-1955.

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

	1956	1955
Tuberculosis	14	10
Cancer	168	204
Cerebral Haemorrhage, etc.	202	187
Heart Disease	400	411
Other Circulatory Diseases	76	82
Bronchitis	90	73
Pneumonia (all forms)	63	29
Motor Accidents	8	13
All Other Accidents	29	39
Suicide	20	14
	1,070	1,062

From the above list certain diseases which have appeared for many years have been dropped, because they have ceased to be significant. On the other hand, Motor Accidents and All Other Accidents have been added as now significant groups and significant risks of the present generation.

Two definite changes show themselves during the year. First a considerable decrease in Cancer and, secondly, an overall increase in Bronchitis, Pneumonia and Other Respiratory Diseases. It is tempting to relate the latter to the adverse weather conditions which persisted throughout the year.

Table I Appendix (Page 79) shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix (Page 80) shows the age and sex distribution, and the causes of deaths in 1956.

The following Table shows the tremendous change which has taken place in the expectation of life during the last forty years. It will be noted that no really significant percentage of deaths occurs below the age of 45 years.

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

Age Group	1926	1936	1946	1956
Under 15 years	17	8	9	3
15—45 years	14	10	7	4
45—65 years	31	31	25	25
65 years and over	38	51	59	68

Respiratory Diseases.

This group of diseases caused 168 deaths as compared with 111 in 1955 and 109 in 1954. Pneumonia caused 63 deaths (29), Bronchitis 90 (73) and other respiratory affections 15 deaths (9). 68% of these deaths occurred in persons 65 years old or over.

Cancer.

Deaths classified to this cause and shown in the age groups below number 168 (males 84, females 84) as against 204 in the previous year :—

	Total deaths	Under 15 years	14-45 years	46-65 years	65 years and over
Year 1956 ...	168	—	7	65	96
Year 1955 ...	204	—	9	79	116

The alteration, as last year, occurs mainly in the 65 year old group. On the other hand, there continues to be evidence of a relative increase in Lung Cancer, made more obvious this year because of an overall decrease. Cancer of the stomach, which rose last year falls back again to the same number, as does Cancer of All Other Sites (Class 14), whereas Lung Cancers continue steadily to increase.

The death rate was 1.95 per 1,000 of the estimated population as against 2.36 per 1,000 for the previous year.

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	14.7	15.0	28
Average 12 neighbour- ing manufacturing towns	13.23	16.38	27
Administrative County of Lancaster ...	13.74	15.69	27
Great Towns	11.6	15.6	24
Smaller Towns	11.6	15.6	24
ENGLAND AND WALES	11.7	15.6	24

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.

General Provision of Health Services.

Administration.

The Health Committee of the County Borough Council is responsible for all the Health Services, including those established under the Health Service Act, 1946, allocating certain duties to the following Sub-committees :—

- (a) Sanitary Sub-committee
- (b) Accounts and Staffing Sub-committee
- (c) Domiciliary Services Sub-committee.

The Health Committee receives direct reports dealing with the Mental Health and the Ambulance Services.

This arrangement has worked satisfactorily and no further extension of the Sub-committee principle is contemplated.

Co-ordination and Co-operation with other parts of the National Health Service.

All arrangements outlined in detail in the 1952 Report remain in operation. There have been no major developments during the year.

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 noon
(E) Castleton Wesleyan School, Durban St.	—	—	—	—	10—12 noon 2—4 p.m.
(F) Bamford Workingmen's Club	—	—	—	1st in each month 10—12 noon	—
(G) Kirkholt Infants' School, Hartley Lane	—	2—4 p.m.	2—4 p.m.	—	—
II.—Ante Natal (Baillie St. Council School)	9-30 a.m. to 11 a.m. 2—4 p.m.	5-30 to 7-0 p.m.	9-30 a.m. to 11 a.m.	9-30 a.m. to 11 a.m.	—
III.—Post Natal (Baillie St. Council School)	—	—	—	—	2—3-30 p.m.
IV.—Family Planning Clinic (Baillie St. Council School)	—	2—4 p.m.	5-30—7 p.m.	—	—
V.—Clinics Provided by the Education Committee—	See page 86				

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

HOME NURSING

This Service continued to be run on an agency basis by the Rochdale District Nursing Association.

The Local Health Authority is represented by two members of the Health Committee and its Medical Officer of Health on the Association's Committee. Two members of the Association's Committee attend the Domiciliary Services Sub-committee.

The staff of the Home consists of the Superintendent, one Assistant Superintendent, 10 fully-trained female District Nurses and 7 female candidates under training, 2 fully-trained male District Nurses and 5 part-time Nurses.

During the year 82,071 visits were paid to 3,180 patients. Of these, 2,562 were new patients, most of whom were referred by general practitioners, but some were sent by hospitals, clinics and the Public Health Department.

Among these 3,180 patients, the following are the main groups of conditions treated :—

	1956	1955
Anaemias	367	332
Arthritis and Rheumatism	63	69
Bronchitis	298	314
Other respiratory diseases	91	94
Burns and Scalds	33	45
Cancer	97	130
Cardiac disease	387	403
Cerebral lesions	125	144
Ear, Nose and Throat conditions	165	225
Gastro-intestinal disorders	204	209
Gynaecological conditions	87	91
Septic lesions	141	200
Post-operative dressings	288	266
Senility	135	125
Skin conditions	19	40

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

	1956	1955
Patients on the books 1st January	618	599
New patients during the year	2,562	2,840
Total nursed	3,180	3,439
Total discharged	2,525	2,821
Remaining on books 31st December	655	618

Method of Discharge.

	1956	1955
Convalescent	1,452	1,575
Removed to Hospital	367	383
Relieved	446	575
Died	260	288
Total visits paid to 3,180 patients	82,071	
Total visits paid to 3,439 patients		87,472

Included in the above figures for 1956 are the following patients who suffered from Infectious Diseases :—

	Patients	Visits
Pneumonia	75	1,108
Tuberculosis	66	3,253
Others	22	175
	<u>163</u>	<u>4,536</u>

Of the total visits, 1,378 were paid to 146 children under five years of age.

Comparing 1956 and 1955 as years likely to produce illness, one would have expected a big increase in the year under review. As it so happened, the number of patients and the total visits were both decreased. Decreases are particularly noted in respect of Ear, Nose and Throat Conditions, and in Septic Lesions, and in these there has been over some years this tendency.

A very significant number of the patients came on the books solely for the purpose of having various forms of injections, by which they are maintained, often at work, but usually in an ambulant condition.

In spite of strenuous efforts, the Association has been unable to obtain a First Assistant Superintendent. This staffing position is to some extent general throughout the Country, but, as in the case of all other similar shortages, the North is more badly hit than the South.

Month by month the Committee is glad to receive letters of appreciation and of gratitude for the services of the Nurses and, as always, their general attitude and helpfulness is as much appreciated as their skill.

MORBIDITY.

The Department continues to receive from the Manager of the Local Office of the Ministry of National Insurance a weekly return of the figures of new claims to sickness benefit. This scheme of information was first mentioned in the 1949 Report. There has been no change in the form of the records which are still unanalysed and still cover an area wider than Rochdale itself, since it includes the postal districts of Whitworth and Milnrow.

The morbidity graph showed a distinct departure from the usual pattern in the months of February and March. The presence of a secondary rise of much smaller magnitude in November and December is also noteworthy. The former was due to a quite definite wave of influenza, which was of itself short-lived and not severe.

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, 1956, was as follows :—Men 171, Women 178, making a total of 349. The corresponding figures in 1955 were Men 174, Women 571, totalling 745.

I am also informed that in the middle of 1956 there were approximately 53,355 insured persons (28,865 Men, 21,386 Women and 3,104 Juveniles) in employment in the area.

AMBULANCE SERVICE.

At the end of the year, the fleet comprised three ambulances, one sitting case car and three dual purpose vehicles, together with one 10-horse-power car hired through the Car Hire Service of the Corporation, and used mainly for midwifery and general duties. The personnel consisted of one ambulance officer, twenty-two driver/attendants and two telephonists.

The service continues to operate from the garage at Drake Street which houses vehicles, staff on duty, the telephone switchboard, the radio control and office.

The second Bedford Lancastrian Minor ambulance, replacing one of the 1948 Humber ambulances, came into service in February, following favourable experience gained in the employment of the previous vehicle of this type. These two vehicles, together with the Austin taxi powered by diesel engine, continued to give economical service.

During the year, the Ambulance Sub-committee has given consideration to the purchase of new vehicles, particularly with a view to replacing the remaining Humber ambulance purchased in August, 1948 and the Commer dual purpose vehicle purchased in August, 1949. To assist them in the search for the most suitable type of vehicle, the members of the Sub-committee visited the works of specialists in the construction of ambulance bodies, also the St. Helen's Ambulance Station where the ambulances are almost exclusively of one type. Later the General Manager of the Passenger Transport Department arranged a demonstration of various types of vehicle and it was decided to purchase a Dennis ambulance, powered by a diesel engine with a specially constructed body. The question of the replacement of the Commer dual purpose vehicle was still under consideration at the end of the year.

In the following Table, the heading "Other Persons" is included in addition to "Patients" in conformity with the annual statistical returns submitted to the Ministry. This makes it possible to include in statistics the number of persons conveyed to and from the Occupation Centre, Clinics and other institutions, as well as the removal of patients and midwifery visits.

During the past year ambulances removed 15,078 patients, involving 53,707 miles, the dual purpose vehicles removed 8,568 patients, involving 37,163 miles, the sitting case cars removed 3,261 patients, involving 20,457 miles, and 13,289 other persons were transported, involving, together with general transport, 28,882 miles.

	BOROUGH						COUNTY AND OTHERS					
	Ambulances		D.P. Vehicle		S.C. Cars		Ambulances		D.P. Vehicle		S.C. Cars	
	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955	1956	1955
PATIENTS :												
Emergency ...	1227	1215	409	134	226	184	9	24	2	-	3	-
Ordinary Removals	13839	15014	8156	4594	3032	3612	3	15	1	-	-	4
Other Persons ...	183	358	8834	7548	4272	4573	-	-	-	-	-	-
Totals ...	15249	16587	17399	12276	7530	8369	12	39	3	-	3	4
MILEAGE :												
Removals ...	53625	61208	37129	20345	20438	25300	82	388	34	-	37	89
General Trans. ...	101	191	8450	8692	9109	7988	-	-	-	-	-	-
Lost Journeys D.D.	461	671	422	351	581	843	-	-	-	-	-	-
Midwifery ...	36	28	813	1441	8909	10270	-	-	-	-	-	-
Totals ...	54223	62098	46814	30829	39037	44401	82	388	34	-	37	89
CALLS :												
Total Calls	10888	11469	6662	4089	4980	5807	11	36	3	-	3	4
Transmitted by Radio ...	7718	7232	3204	1684	1482	1708	7	4	1	-	-	-

For the third successive year emergency removals show an increase. The number of ordinary removals and other persons carried has also increased slightly over the previous year. The total number of persons carried during the past year was 2,921 greater than the previous year, whilst the mileage involved, totalling 140,227 was only 2,506 miles greater than the previous year.

Once again, the provision of radio has proved to be most effective and out of 22,574 calls, 12,412 were passed on by means of radio. These figures are in respect of the calls dealt with by all the vehicles and it is interesting to note that out of 10,888 calls requiring ambulances, 7,718 were passed on by radio. The difficulty of producing statistical data to support claims of economies effected through the adoption of radio tele-communications has been mentioned in previous reports.

In 1953 the average number of miles per patient was 5.6 ; in 1954 and 1955 it was 4.9 and 5.0 respectively ; whilst during the past year the average was 4.75 miles per patient. This figure is arrived at by excluding the data relating to the transport of patients over long distances, such as to Manchester hospitals and beyond. The number of journeys to Manchester hospitals has remained comparable to the previous year when an increase had been noted. It would seem, however, that it has been possible to effect some co-ordination of journeys so that more patients have been conveyed per journey than previously. For instance, selecting the months of March, June and October in each year, 196 patients, involving 4,554 miles, were conveyed to destinations outside the Borough in 1953 as against 444 patients, involving 7,939 miles, in 1955, and 417 patients, involving 4,054 miles, in 1956.

During the year a team of two drivers entered the National Ambulance Competition by competing in the eliminating regional contest held in the North-west, at Wigan in November, 1956. Unfortunately, the Rochdale team was unsuccessful in reaching the final, but valuable experience was gained which will, no doubt, be of benefit in future competitions.

Each driver enters annually in the National Safe Driving Competition and 20 out of 22 drivers succeeded in gaining awards. The awards were presented by the Chairman of the Health Committee at an informal ceremony in the Town Hall Exchange on the 19th April, 1956.

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. This total number of beds and the units of which it is made up are both under constant review to meet changing needs in the area. It is notable that this district is not affected by the long waiting lists for admission which exist in many other areas.

MATERNITY HOMES.

At the end of the year there was one dwellinghouse registered as a Maternity Home for three patients at 78 Louise Street.

Maternity and Child Welfare

Notification of Births—Public Health Act, 1936.

There were 1,217 births, all notified by midwives, as belonging to Rochdale. This figure includes 732 occurring at Birch Hill Maternity Home and 38 in other hospitals, which are classified to Rochdale.

Health Visitors.

During the past year there has been such a high rate of absence due to sickness, that there has scarcely been a week when the Department has been fully staffed. The position has also been complicated by the Whitley Council award of an extra week's holiday for Health Visitors, which, albeit necessary, increased the difficulties in covering all the work which should be done in the Department. Every effort has been made to cover the urgent tasks, but it is unfortunate that many routine duties are having to be delayed.

A Student Health Visitor, Mrs. Alletson, qualified in June and another Student Health Visitor was appointed in September. She should qualify in June, 1957.

The Health Visitors have continued to help in training Student Health Visitors from Bolton and in co-operating with the local hospitals by arranging visits for the Preliminary Training School Students and for the Senior Nurses. There is no doubt that the Health Visitors have worked hard and have willingly rallied round to try and cover their own duties and the work of their colleagues who were absent due to sickness or holidays. They have had tiring and frustrating work to do on districts other than their own.

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

	1956	1955
Primary visits to births	1,230	1,162
Primary visits re stillbirths	22	39
Subsequent visits to infants under 1 year ...	5,930	5,835
Subsequent visits to young children 1-2 years...	3,144	3,496
Subsequent visits to young children 2-5 years...	6,004	6,123
Ante-natal cases	—	3
Maternal and infant deaths	25	21
Daily guardians, etc.	—	2
Infectious diseases	321	1,538
Incomplete visits	2,104	2,141
Sanitary defects	—	12
	18,780	20,372
Ante-natal and post-natal clinics	233	249
Child welfare clinics	861	825
Nursery schools	90	109
Industrial nurseries	—	3
	19,964	21,558

Child Welfare Centres.

The total number of new patients attending the Child Welfare Clinics is approximately the same as last year. 70% of the total children born in Rochdale have attended the clinics. The main feature to be noticed is that there has been a drift away from St. Clement's, Norden and St. Luke's Clinics, and an increase in numbers at Baillie Street, Castleton, Kirkholt and Bamford Clinics. This probably is explained by the re-housing of families in the Kirkholt area and other housing estates.

More children under one year and between two and five years have attended than last year and less between one and two years. This can be explained by the early start of immunisation at two months and completion before nine months. Booster doses for whooping-cough are given two years after the initial course. Therefore, unless the mother has special problems she has no need to bring her child as frequently between the first and second birthdays.

The following Table shows the attendances at the Clinics during 1956.—

Centre	New Cases admitted during 1956	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)	131	1,446	227	297	† 39 (33)	1,045
(b)*St. Luke's ...	170	2,573	406	420	34 (36)	1,738
(c)*St. Clement's ...	113	1,924	570	533	30 (34)	1,244
(d) Baillie Street *(Castleton) ...	170	1,608	402	388	48 (39)	1,036
(e) *Castleton ...	127	1,926	535	882	35 (34)	1,379
(f) Norden ...	33	564	248	306	22 (26)	338
(g) Baillie St. (Comb.)	99	936	123	112	24 (16)	690
(h) Bamford ...	11	96	67	78	20 (12)	88
(i) Kirkholt ...	139	1,395	368	732	17 (17)	968
Totals ...	993	12,468	2,946	3,748	—	8,526
Corresponding Figures 1955 ...	996	11,182	3,150	3,416	—	7,271

* Two Clinic Sessions per week.

† Figures in brackets are for 1955.

The total number of medical examinations has increased to 8,526 compared with 7,271 in 1955.

Dr. Barker has continued to do Child Welfare Clinics and takes an extra session each week since Dr. Burbidge left in August, 1956. Assistance has also been given by Medical Officers from the Paediatric Unit at Birch Hill Hospital to relieve for holidays and sickness.

The clinic at Kirkholt has become more widely known and on occasions there are more than 50 babies and toddlers visiting in one afternoon. The overcrowding is considerable and one looks forward eagerly to the time when larger premises will be available to avoid the risk of cross infection amongst the children. The Health Visitors try to persuade those mothers who only require food or to have the baby weighed to attend on Tuesday afternoons and to leave Wednesday free for those babies who are to be seen by the doctor. Unfortunately, many of those who could attend on Tuesdays for food come on Wednesdays and it is impossible to turn them away without food so that a state of congestion occurs in the weighing room.

The health of babies attending the clinics is on the whole very good. It is worthy of note nowadays that it is a very rare thing to see an undernourished child. Even the babies who are underweight at first usually respond quickly to correct feeding when the mother gains confidence in those who help and advise her.

In 1954 there were many cases of severe infantile eczema, fortunately there seem to be fewer cases now and those which occur are not as severe as in 1954. One wonders if the improvement is due to more emotional stability in the parents brought about by re-housing away from "in-laws" and the fact that many people from other countries are now settled and happier in the English way of life.

Immunisation against whooping-cough and diphtheria continues to be done at the clinics and vaccination against smallpox. There is cause for anxiety on one point ; many children and babies have started their courses of immunisation and failed to complete them. Some parents have the mistaken idea that the one dose child has been successfully immunised. This fact has been brought to light by checking information received from the Mill Nursery Matrons and Nursery School Superintendents with our clinic records. Incompleted courses of immunisation lead to a false sense of security and to harmful propaganda when one hears that a child who has whooping cough has been immunised and in fact has only received one third of the necessary injections. The general public is very ready to seize upon these failures thereby harming the campaign to get more babies immunised.

When a child's second or third dose of immunisation is overdue, the parents receive a reminder by post and if this fails the Health Visitors go to the homes to remind the mother. They often have to visit on several occasions before the parent actually brings the child for completion of his course and, unfortunately, in all too many cases there is no response.

One still hears of money being spent upon proprietary orange juice and malt preparations instead of using Ministry of Health cod liver oil and orange juice. It would be so much better to spend the money on meat, fish, eggs or cheese for the family and use to advantage the products which are supplied cheaply by the Government.

In December a doctor came to Rochdale from the Department of Education for the Deaf to demonstrate to the Health Visitors and School Nurses how to detect deafness in babies and young children, so that training of deaf children can be started early. When there is more staff available with a quiet room for regular use by the Health Visitors it is hoped to make routine hearing tests a regular feature. The types of children who need to be observed, particularly for failure of development of hearing are :—

1. Premature babies.
2. Babies whose mothers were Rhesus Negative with antibodies.
3. Any baby who suffered from cerebral anoxia.
4. Babies with congenital malformation of the mouth and nose, e.g. cleft palate.

A national survey for the investigation of the causes of Leukaemia in children was undertaken by the Department of Social Medicine, Oxford, and we were asked by Dr. Alice Stewart to share locally in this survey. The parents

of three children who had died from Leukaemia in Rochdale and three other children living in the same district and born at the same time, were chosen to take part in the survey. There was a formidable number of questions to answer which were, no doubt, painful for those parents who had lost their children but they co-operated wonderfully well and very kindly gave their time in the hope of helping to find the cause of this dreadful illness. The parents of "control" cases were most generous in the way they helped in this survey. Detailed results of this work should come to hand later.

Distribution of Welfare Foods.

The arrangements for the distribution of welfare foods have continued as previously reported, with distribution points at the various child welfare clinics during clinic sessions and at the Public Health Offices, Baillie Street, during normal office hours.

The staffing of the distribution centres is covered by three female assistants, two full-time and one part-time.

During the year 45,875 tins of National Dried Milk, 10,611 bottles of Cod Liver Oil, 67,342 bottles of Orange Juice and 4,164 packets of Vitamin Tablets, were distributed. The average distribution of National Dried Milk has improved slightly during the year as compared with the previous year, as also has the Orange Juice, taking into account the exceptionally high "take up" which occurred in July, 1955 when the weather was equally exceptional. Very little variation occurs in the average distribution of Cod Liver Oil and Vitamin Tablets.

DOMICILIARY MIDWIFERY SERVICE.

The midwives continue to work under the supervision of the Non-medical Supervisor. Two midwives left at the end of 1955, one of them was replaced in February, 1956 by Nurse Ashworth, who has been housed in Kirklee Road, Castleton. The other midwife was replaced by Nurse Hook who has been given a council house in Park Road. She started work in Rochdale in July, 1956. Nurse Hamilton went on sick leave from March and Nurse Ashworth went on sick leave from October. On account of this shortage of staff, there has had to be even more organisation for relief duties in other districts than last year and this has involved more transport. Help has been gratefully accepted from District Nurses who are also trained midwives. Queen's Nurse Crompton has taken over Nurse Hamilton's district temporarily and Queen's Nurse Owen has done ante-natal clinics and nursings. Other Queen's Nurses have helped when necessary.

During the year two midwives who owned cars have been given travelling allowances, so that they can be mobile without calling upon the Ambulance Service.

All the midwives are qualified to give gas and air analgesia and this was administered to 403 cases out of 448. Pethedine was administered to 280 cases during the year.

The midwives did not attend any cases as Maternity Nurses during the year and doctors were called in to 126 cases on Medical Aid Forms.

Comparative figures of the year's work by Domiciliary Midwives are given in the following Table :—

	1956	1955
Cases attended	448	502
Subsequent visits	5,571	6,675
Continuation visits to Hospital patients ...	1,255	1,237
Ante-natal Home Visits	2,766	2,732
Ante-natal Clinic Visits	434	448
Miscellaneous visits	2	2

The one midwife in private practice attended 91 cases during the year.

The following cases were all booked for home confinement at first, but developed complications either in the ante-natal period or at the time of confinement, which resulted in admission to Birch Hill Hospital :—

- 1 Twin pregnancy
- 2 Overdue
- 1 Post-partum haemorrhage and retained placenta
- 2 Malpresentation
- 9 Ante-partum haemorrhage
- 1 Pre-eclampsia
- 3 Premature labour
- 1 Prolapsed cord
- 2 Delay in labour

Out of these there were 17 live births, which included 9 premature babies (i.e. weighing less than 5½ lbs.), and 5 stillbirths.

Pupil midwives have continued to come from Birch Hill Hospital for their Part II training. During the year 13 pupils have been trained and they have all been successful in passing the final examination.

In July the Chairman of the Hospital Management Committee, at the request of the Minister of Health, invited members of the three branches of the Health Service operating within the Rochdale and District area to meet together to discuss various aspects of ante-natal care. The object of the discussions was to try and find means of preventing toxæmia of pregnancy and thereby lower the stillbirth, neo-natal death and maternal mortality rates. These discussions were prompted by the Central Health Service Council and similar meetings were held up and down the Country.

The reports of the various Committees were sent to and were to be considered by the Standing Maternity and Midwifery Advisory Committee of the Central Health Services.

In Rochdale the main conclusions which were drawn were that early and careful ante-natal supervision should be carried out in all cases of pregnancy and that slight deviations from the normal should be searched for and treated early. In fact there were no new discoveries, but the knowledge which is now available should be put to fuller use by careful supervision. It was thought that in many towns better ante-natal clinic premises would encourage expectant mothers to attend earlier and more regularly. Rochdale is not alone in its great need for better premises.

In addition to this administrative report another report was prepared setting out in precise detail what is the optimum scheme of ante-natal supervision and the limits of practicability of such a scheme. Copies of this scheme were sent to all Doctors and Midwives practising midwifery either privately or in Hospital or Local Authority Service, to be used as a standard.

Ante-natal Clinics.

The arrangements here are the same as mentioned in last year's Report. Monday afternoons are set aside for patients who are to be confined at home. Attendances have improved, 95% of the total notified births having attended the Ante-natal Clinic. In addition to the routine blood tests and medical examinations, the patients who are to be confined at home now have the opportunity to attend ante-natal relaxation exercise classes which were started in October, 1955. Two classes are held each week by the Physiotherapist, one for the new patients and one for re-visits. During the year 70 sessions were held with a total attendance of 438. At the latter class a health visitor attends and she holds group discussions and gives talks to any of the patients who wish to join in. They have become very popular especially because the patients have time to talk about their worries. It is hoped that more discussion groups of this type will be held in the future, but at present the accommodation is very limited for this purpose.

In September, 1955 the Head Teacher of the Further Education Centre in Baillie Street very kindly offered to start classes for expectant mothers to teach them how to make clothes for themselves and the baby, and soft furnishings for the nursery. These classes have taken place on Monday mornings and the mothers have taken a great interest in the work. Probably if there were more space available on the actual clinic premises these classes would increase in size. One looks forward to the day when larger clinic premises will be available to include classrooms for mothercraft and cooking teaching. So much more can be done when these classes take place in the actual clinic premises where the expectant mother attends.

Post-natal Clinic.

There is one post-natal clinic held weekly in the same premises, conducted by the same Consultant Obstetrician and Gynaecologist.

The number of women who attended the clinics and the attendances made by them are set out in the following Table. The distinction made between persons resident in the County Borough and those resident outside is maintained purely for the purpose of this Report. Within the clinic itself no such distinctions are made.

	Rochdale Borough		County Districts		Total	
	1956	1955	1956	1955	1956	1955
(1) ANTE-NATAL CLINICS						
(a) No. of Expectant Mothers attending (New Cases)	1,262	1,215	182	181	1,444	1,396
(b) No. of attendances (Old and New Cases)	8,550	7,996	1,435	1,437	9,985	9,433
(c) Average attendances per clinic session	34.8	32.4	5.8	5.8	40.6	38.2
(2) POST-NATAL CLINIC						
(a) No. of Mothers attending (New Cases)	489	450	109	141	598	591
(b) No. of attendances (Old and New Cases)	537	508	122	165	659	673
(c) Average attendance per clinic session	11.2	19.6	2.5	3.4	13.7	14.0

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 Management Committee's area. The service was not called upon during the year.

Maternity Home.

The number of Rochdale women admitted to the Maternity Home at Birch Hill Hospital for confinement was 745, thirteen of whom gave birth to their babies before admission, twelve at home and one in the ambulance.

The number of babies born in hospital and classified to Rochdale was 732 live births and 23 stillbirths.

Care of Premature Infants.

Dr. Wolman, Consultant Paediatrician, continues to hold a special clinic at the Health Department once a month for premature babies born at home.

During the year 29 premature babies were born and nursed at home. Of these, five infants died during the first week, all but one of them within the first 24 hours of birth. Two of these weighed less than 2 lbs. at birth.

A survey of premature babies, which started in 1950, was closed at the end of December. The children already in the survey will be followed up during their time at school.

These children have had an annual medical examination up to school entry. Unfortunately, many of the surveys are incomplete because of difficulty in persuading mothers who have gone back to work to ask someone else to bring the children to be examined. This is quite understandable, because the mothers do not like to ask too much of their "daily minders". The Health Visitors in these cases have completed as much of the survey as possible.

Medical Assistance.

Midwives practising in the district requested the services of a medical practitioner in 104 maternity cases and in 22 cases of newly born children. The corresponding figures last year were 127 and 30 respectively.

The Local Health Authority pays the medical fees where the general practitioner is not already called upon to give these services under the terms of his contract with the Local Executive Council. During the year, however, no cases were involved.

Maternity Outfits.

Sterilised accouchement outfits continue to be supplied free of charge to expectant mothers who are having their confinements at home. These outfits, of the standard prescribed by the Ministry of Health, are available at the Child Welfare Centres, or through the Domiciliary Midwife, and during the year 486 such outfits have been issued.

Puerperal Pyrexia.

During the year 11 cases of Puerperal Pyrexia were reported by the Midwifery Service. Of these, only two were notified by the doctor. The cases were handed over to the Queen's Nurses. Most of the raised temperatures were due to engorged breasts.

Maternal Mortality.

No deaths were recorded by the Registrar-General in respect of 1956 as due to maternal causes.

AREA	1956	1955	Average 5 years 1950-54
ROCHDALE	Nil.	0.77	1.03
Average 12 neighbouring manufacturing towns ...	0.39	0.93	0.75
Administrative County of Lancaster	0.61	1.34	0.93
England and Wales	0.56	0.64	0.76

Ophthalmia Neonatorum.

For the past three years there have been no cases.

VACCINATION AND IMMUNISATION.

National propaganda is made available to the public and supplemented by local propaganda of the usual visual type. General Practitioners are circularised from time to time with any fresh information or about altered arrangements.

These methods have produced the usual solid and fairly satisfactory, if not brilliant, results in respect of Diphtheria and Whooping Cough, and the usual rather disappointing results in respect of vaccination against Smallpox.

In the Spring of the year it was decided to make vaccination against Poliomyelitis available and to carry out this work on a comparatively small scale through Local Health Authorities. Unfortunately, an entirely new principle was introduced whereby this campaign was conducted by the Central Government without either adequate knowledge of conditions at the periphery or regular supplies of the material.

The result was, to say the least of it, chaotic and a good deal of harm was done to the principles of immunisation and vaccination in general, and to confidence in Local Health Authority administration. This was particularly so in view of the fact that the details of the campaign were first broadcast on the radio and television, and then announced in the National Press and only later made available to the persons responsible for carrying out these details.

It is hoped most sincerely that eventually this procedure will be shorn of its headline values and allowed to take its place as a method of protecting the public along with all the other methods regularly and quietly adopted by Public Health Departments throughout the Country.

In respect of Poliomyelitis vaccination, the procedure for allowing the General Practitioners to take part in the campaign was so hopelessly unwieldy in relation to the principles involved and the small amount of material available, that it was not adopted in Rochdale.

Further reference to immunisation and vaccination will be found in the sections dealing with Child Welfare, with Nursery Schools and with the School Medical Service.

Diphtheria.

During the year 897 children under five received a course of immunisation. In 1955 the number immunised in this group was 792. 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 before 1st January, 1957. The estimated population figure is supplied by the General Register Office.

Age at 31/12/56 i.e. born in Year	Under 1 1956	1 1955	2 1954	3 1953	4 1952	Total
Number immunised	189	665	690	722	800	3,066
Estimated mid-year child population 1956	Children under five 6,000					

In addition to the above immunisations, 170 children between the ages of five and fifteen were immunised, as compared with 181 children in 1955, and 894 children received re-inforcing doses, usually about four years after the initial treatment, compared with 796 in 1955.

Whooping Cough.

No general propaganda has been undertaken so far. At the clinics approval and general encouragement is expressed and, of course, the individual mother is encouraged in respect of her own child. Primary immunisation is carried out at two to three months of age.

General Practitioners also immunise against Whooping Cough. Payment is made by the Local Authority on the same basis as for Diphtheria. We do not use or advocate Combined Prophylaxis.

During the year 838 children received a full course of three injections, as compared with 744 the previous year. Of this number, 162 children were immunised by their own doctors. In addition, booster doses were given to 231 children, including 36 given by own doctors.

Altogether, since the scheme was introduced there have been 75 cases of Whooping Cough reported amongst immunised children. Since, however, Whooping Cough is so variable in its effects, it is by no means certain that all the cases have been reported to us. It is, however, quite true to say that there have been no really serious cases amongst immunised children.

Since the scheme started in September, 1949, a total of 5,429 children has been immunised.

Vaccination Against Smallpox.

No large scale propaganda has been undertaken, but the subject is discussed with the individual parents by the Health Visitor.

	Under 1 yr.	1 yr.	2-4 yrs.	5-14 yrs.	15 yrs. or over	TOTAL 1956	TOTAL 1955
No. Vaccinated ...	385	30	30	10	3	458	323
No. Re-vaccinated ...	—	—	—	—	8	8	11

It seems very difficult to arouse any real interest in vaccination amongst parents of young children. The advisability of early vaccination and the low numbers carried out by the family doctor have been brought to the notice of General Practitioners on several occasions. Nevertheless, the response appeared to be decreasing rather than improving.

This form of vaccination is now offered to mothers at the Child Welfare Clinics. During the year on an average of 25 children have been vaccinated at the monthly clinic allocated to this purpose.

Poliomyelitis Vaccination.

In February and March, letters were sent out to the parents or guardians of 10,531 children born in the years 1947 to 1954 inclusive, offering immunisation against Poliomyelitis by means of two injections at three to four weeks interval. In all, consent to immunisation was received in respect of 2,798 children.

In May the first supply of Poliomyelitis vaccine was received, enough to give one dose to each of 348 children, or to immunise fully 174 children.

At this stage there was hope of the campaign progressing satisfactorily and steadily, and in order to spread the vaccine as usefully as possible, it was to be given to children born in November in each of the chosen years, and in March and August of certain of the chosen years.

Altogether, 343 children were given one dose during May. That parents were already losing interest was shown by the fact that we had to go through no fewer than 489 of those who had consented in February in order to reach the figure of 343 actual attenders.

It is true that some were deferred for a good reason, but those represented only 23% of the wastage.

The second issue of 334 at the end of May enabled most of the children to receive their second dose.

No more vaccine was received until the end of November when one small bottle containing ten doses reached us.

Special sessions for this purpose were arranged at the School Clinic and one central and one outlying Clinic.

The injections were carried out by the Department's own staff.

The following Table shows the distribution of the general work of immunisation and vaccination :—

	1952	1953	1954	1955	1956
GENERAL PRACTITIONERS :					
Diphtheria Immunisation ...	250	253	267	218	219
„ Boosters ...	105	173	166	159	141
Whoop. Cough Immunisation	157	156	191	143	162
„ Boosters ...	13	18	27	20	36
Vaccinations ...	*6,708	353	268	203	138
Re-vaccinations ...	*2,926	111	36	11	8
M.C.W. CLINICS :					
Diphtheria Immunisation ...	546	645	624	570	677
„ Boosters ...	40	45	36	48	70
Whoop. Cough Immunisation	601	659	589	601	676
„ Boosters ...	1	42	214	74	195
Vaccinations ...	*6,772	4	—	120	320
Re-vaccinations ...	*3,374	41	—	—	—
SCHOOL CLINIC :					
Diphtheria Immunisation ...	318	266	201	185	171
„ Boosters ...	1,106	987	694	589	683

*These abnormally high vaccination figures are related to the outbreak of Variola Minor in the Spring of the year.

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 of the Rochdale Welfare Mission.

I am indebted to Mrs. Lintern for the following report of the work done during the year.

CASES REFERRED DURING 1956 :

Expectant unmarried mothers	... ..	45
Aftercare unmarried mothers	... ..	9
Matrimonial and family problems	... ..	13
Preventive	... ..	1
Other personal and social problems	... ..	5
		—
		73
		—

TYPE OF ASSISTANCE REQUIRED :

Ante-natal and post-natal accommodation	... ..	16
Married women admitted to Voluntary Homes	... ..	2
Advice on affiliations, private agreements, etc.	... ..	15
Separation Orders	... ..	2
Help with adoptions	... ..	11
Matrimonial and family problems	... ..	13
Material help given	... ..	14

Of the cases dealing with the illegitimate child, 45 were unmarried mothers and 9 were married women. The following is a brief summary of the results :—

Child kept by mother	... ..	36
Child adopted	... ..	10
Death of child after birth	... ..	2
In foster homes or residential nurseries	... ..	2
Not yet born	... ..	6
Investigations for Social Workers in other Areas.	... ..	4

The six babies reported at the end of 1956 as "not yet born" have since been born. Three of the mothers married the putative father, two are living with their mothers and one baby has been adopted.

Unmarried Mothers.

The ages of the unmarried mothers who were dealt with varied between 16 and 39 years. There were 21 under the age of 21 years. Of eleven cases referred in previous years, but which had to be re-opened because of second or third pregnancies, two mothers were accommodated in Voluntary Homes, financial help being required.

Most of the after-care cases were concerned with the need for material help, personal help and advice for the future. Some of these cases were referred immediately after confinement.

It is unfortunately true that those who need help most are often the last to seek it. One cannot too strongly emphasise that those in contact with unmarried mothers needing advice should refer them for help as soon as possible.

It is as a rule during pregnancy that the unmarried mother feels her position most keenly. If at this time a feeling of trust can be built up between her and those helping her, the foundation is laid for her future rehabilitation. In addition, the feeling of being cared for and the freedom from acute anxiety contributes towards a satisfactory pregnancy, a full term confinement and a healthy child. A stay in a Home does not "make things too easy" for the unmarried mother. She has a chance to face up to the full implications of her problems and to learn how to look after her child, and to come to a considered decision about the future with the aid of friendly and experienced advice.

Co-operation with other Workers.

Once again the help is acknowledged of Committees in arranging admission to their Homes, and of Medical Officers of Health in other areas. The continued co-operation of Almoners and Sisters of the Maternity Wards, Birch Hill Hospital, is greatly appreciated.

We are also indebted to the Children's Officers, the Probation Officers and the Social Workers who have helped with information about the family history of the clients interviewed.

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

This Committee, formed at the end of 1950, and comprising representatives of the Local Authority, the Statutory Services and Voluntary Organisations, continued its regular meetings during the year, with the Medical Officer of Health as Chairman.

There were eleven meetings held, at which the following have been represented :—

ROCHDALE CORPORATION :

Education, Borough Treasurer's, Housing, Children's, Welfare Services, Police and School Medical Department.

N.S.P.C.C., PROBATION OFFICE, NATIONAL ASSISTANCE BOARD, HOSPITAL MANAGEMENT COMMITTEE, WAR PENSIONS WELFARE SERVICE.

PUBLIC HEALTH DEPARTMENT :

Maternity and Child Welfare, Sanitary Inspectors, Social Worker, Moral Welfare Worker, Mental Health Workers, District Nursing Association.

It is encouraging to note that no fewer than fifteen members were present at every meeting, the average attendance for the eleven meetings being sixteen.

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

School Medical Department	...	...	...	...	5
Maternity and Child Welfare Department	...	...	...	...	2
Housing Department	...	...	...	...	1
Borough Treasurer's Department	...	...	...	...	1
Social Worker	...	...	...	...	1
					—
					10
					—

At the beginning of 1956 there were 66 cases in the "live" register. During the year 20 of these had further reports made upon them. Two cases of children with the same mother are now classed as one, as they are now all living together in one household. In addition, there were 10 new cases in 1956. At the end of the year there were, therefore, 75 cases on the "live" register.

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

	Old Cases	1956 Cases
	—	—
Once only ...	—	1
Twice ...	4	4
Three times ...	1	2
Five times ...	1	2
Six times ...	2	—
Seven times ...	2	—
Eight times ...	—	1
Nine times ...	4	—
Eleven times ...	6	—
	—	—
	20	10
	—	—

An average of sixteen cases came up for discussion at each meeting of the Committee.

The following is a very brief summary of the conditions in each of the ten new cases as they were brought to the notice of the Committee :—

CASE NO. 1 (Referred by Housing Dept.)—Mother left home, father dead. Two boys occupying house, elder one due to go into Army. Query tenancy and care of younger boy.

CASE NO. 2 (Referred by S.M.O.)—Three children found to be neglected and alone when home visit was paid.

CASE NO. 3 (Referred by S.M.O.)—Two children. Mother left home, being cared for by father and requiring care between school hours and his return from work.

CASE NO. 4 (Referred by C.W.)—Three children. Living in rooms with one bed, all sleeping together. Poor conditions.

CASE NO. 5 (Referred by C.W.)—Three children. Mother expecting another child, father in prison. Home visit—no fireguard, food or money.

CASE NO. 6 (Referred by B.T. Dept.)—Two children. Father left home. House in poor condition with rent debts.

CASE NO. 7 (Referred by S.M.O.)—Two children. In rooms with father and another woman. In a verminous condition.

CASE NO. 8 (Referred by S.M.O.)—One child. Poor physique. Lived until recently with father and the woman in Case No. 7. Visits house of Case No. 7 during day-time and after school.

CASE NO. 9 (Referred by Social Worker)—Three children. Sister of another problem family. In rooms ; when visited never any food about. Children left alone on several occasions.

CASE NO. 10 (Referred by S.M.O.)—One child. Mother gone to Ireland. A problem in school and backward.

With the exception of Cases 7 and 9, all the others were either satisfactorily or reasonably settled by the end of the year.

It would appear that only two problem families have been added to the hard core during the year, although, of course, most of them are potentially difficult.

Judging by the December Committee reports, the content of this hard core in Rochdale is twelve families, although it sometimes turns out that these families are sub-divided.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

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

In the latter category, only two persons were registered during the year to receive a total of eleven children.

In the former category 6 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 296 children. During the year 206 children were admitted to the Nurseries and 230 left the Nurseries. At the end of the year there were 271 on the registers, as against 295 on the registers of 7 nurseries in 1955.

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.

Domestic Help Service

During the year the Domestic Helps assisted in 264 cases (32 cases of maternity and 232 of general sickness, etc.) as against 204 cases during 1955. The average period over which assistance was given was 14 days for maternity and 144 for general sickness.

At the end of the year 45 Domestic Helps (19 full-time and 26 part-time) were employed as compared with 40 (16 full-time and 24 part-time) at the end of the previous year.

Persons who claim their inability to pay the full charge of 3s. 0d. per hour for the services of a Domestic Help are required to state their financial circumstances and are assessed in accordance with an approved scale which is based on a scale of charges recommended by the Association of Municipal Corporations.

The average rate of recovery of the cost of this Service during the year was 11.14% of the total cost. No charge was made to 184 households out of the total number of households to which this service was rendered. The corresponding figures in the previous year were 10.49% recovered and 114 households in which no charge was made. These figures still reflect the continually increasing concentration on the care of the elderly sick and infirm in their own homes.

Through this service it is felt that we can maintain many of these old people in independence in their own homes and, particularly, keep them out of hospital for much longer than would otherwise be the position. Many of them are in receipt of every form of domiciliary assistance, District Nurses, Family Doctor, Welfare Services and National Assistance Board. Even this is much less expensive than the hospital bed of today. Quite apart from the care of these people from day to day, there is little doubt that in most cases the whole of their standard of living has improved as a result of the attendance of the Home Help.

Not all of the recipients are bedfast, but few of them are above the stage of being able to walk to the corner shop in good weather between their bouts of bronchitis, or whatever may be their particular disability.

A large percentage is, of course, living alone and would, without these Home Helps, be without a proper meal and without a fire.

So far as the Service itself is concerned, the staff seems to be more permanent than it was formerly. The appointment of a full-time Organiser has allowed daily visiting to the homes while the Help is actually present. We have not adopted any set form of training prior to starting work, adopting rather the principle of instruction and discussion in the actual home.

PREVENTION, CARE AND AFTER CARE.

Illness Generally.

Equipment for the nursing of cases at home is available either through the Home Nursing Service or from the Central Store. Convalescent Home accommodation is provided for persons who are recommended by local General Practitioners, Specialists or Hospital Medical Officers. Arrangements were made during the year for the admission of 93 cases to Convalescent Homes, usually for a period of two weeks. Extensions were granted in nine cases on medical recommendation. Fare or transport was provided in nine cases.

Accommodation was arranged for the 93 cases referred to, in the following manner :—

	Adults	Children
West Hill, Southport	56	—
Boarbank Hall, Grange	6	2
Grey Court, Hest Bank	11	—
Beechways, Southport	3	—
Others	9	6

The total cost of Convalescent Home accommodation was £478 1s. 0d., of which £99 10s. 7d., or 20.82% was recovered.

Post Operative cases (21) formed the largest single class of admissions, the remainder being from a wide variety of causes, including Respiratory Diseases (18), General Debility (12), Nervous Debility (8), Anaemia (8), Cardiac Debility (7), Pneumonia (6), Gastric Conditions (4), Rheumatism (3).

Health Education.

Emphasis continued to be laid on personal advice in the homes and elsewhere between members of the Health Department staff and the actual persons and families concerned. In addition, every opportunity is taken of speaking on health subjects by invitation to the regular meetings of any interested organised bodies in the town.

Mental Health Service

Staff.

Medical Officer of Health and Deputy Medical Officer of Health.
Duly Authorised Officers—two. Also act as Mental Health Workers.
Mental Health Workers—one.

Co-ordination with Regional Hospital Board, etc.

Mental Illness—Consultant Clinic held weekly by Regional Hospital Board medical staff, is attended by the Local Health Authority's Duly Authorised Officer for follow-up purposes. With scarcely any exception the supervision of patients on trial from mental hospitals, or on licence from mental institutions, is undertaken by the Duly Authorised Officers and the Mental Health Worker.

The Local Education Authority has no Education Psychologist at present.

There is still no Child Guidance organisation available in this area. This is a very serious drawback. It seems unlikely that this will be overcome in the near future, since the real difficulty is the absence of Consultants trained in this work and, indeed, a shortage in the personnel seeking to train for this type of work.

MENTAL DEFECTIVES

Particulars of Mental Defectives as at 1st January, 1957:—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
1. Particulars of cases reported during 1956.				
(a) Cases ascertained to be defectives "subject to be dealt with". Number in which action taken on reports by:—				
(1) Local Education Authorities on children				
(i) While at school or liable to attend school ...	3	3	—	—
(ii) On leaving special schools	—	—	4	5
(iii) On leaving ordinary schools	—	—	—	—
(2) Police or by Courts	—	—	—	—
(3) Other sources	—	—	1	—
TOTAL of 1 (a).....	3	3	5	5
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	—	—	—	—
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	—	—	—	—
(d) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b)	1	—	2	3
TOTAL of 1 (a)—(d) inc....	4	3	7	8

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
2. Disposal of cases reported during 1956.				
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1 (a)), number				
(i) Placed under Statutory Supervision	3	3	5	5
(ii) Placed under Guardianship	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—
(iv) Admitted to Hospitals	—	—	—	—
TOTAL of 2 (a).....	3	3	5	5
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b)), number				
(i) Placed under Voluntary Supervision	—	—	—	—
(ii) Action unnecessary	—	—	—	—
TOTAL of 2 (b)	—	—	—	—
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	—	—	—	—
TOTAL of 2 (a)—(c) inc....	3	3	5	5
3. Number of mental defectives for whom care was arranged by the Local Health Authority under Circular 5/52 during 1956 and admitted to :—				
(a) National Health Service Hospitals.....	3	—	—	—
(b) Elsewhere	2	1	—	—
TOTAL	5	1	—	—
4. Total cases on Authority's Registers at 31/12/56.				
(i) under Statutory Supervision	21	17	44	29
(ii) under Guardianship	—	1	—	—
(iii) in "Places of Safety"	1	1	3	10
(iv) in Hospitals	7	9	52	47
TOTAL of 4 (i)—(iv) inc....	29	28	99	86
(v) Under Voluntary Supervision	—	—	6	7
TOTAL of 4 (i)—(v) inc....	29	28	105	93
5. Number of defectives under Guardianship on 31/12/56, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Inc. in 4 (ii))				
	—	1	—	—
6. Classification of defectives in the Community on 31/12/56 (according to need at that date)				
(a) Cases included in 4 (i)—(iii) in need of hospital care and reported accordingly to the hospital authority :—				
(1) In urgent need of hospital care :—				
(i) "cot and chair" cases	1	1	—	—
(ii) ambulant low grade cases	2	—	—	—
(iii) medium grade cases	3	—	—	—
(iv) high grade cases	1	—	—	—
TOTAL urgent cases	7	1	—	—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(2) Not in urgent need of hospital care :—				
(i) "cot and chair" cases	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—
(iii) medium grade cases	—	—	—	—
(iv) high grade cases	—	—	—	—
TOTAL non-urgent cases...	—	—	—	—
TOTAL OF URGENT AND NON-URGENT CASES ...	7	1	—	—
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :—				
(i) occupation centre	24	24	1	4
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	—
TOTAL of 6 (b)	24	24	1	4
(c) Of the cases included in 6 (b), number receiving training on 31/12/56				
(i) in occupation centre (including voluntary centres)	22	24	1	4
(ii) in industrial centre	—	—	—	—
(iii) from a home teacher in groups	—	—	—	—
(iv) from a home teacher at home (not in groups)	—	—	—	—
TOTAL of 6 (c)	22	24	1	4

Ascertainment.

During the year three boys and three girls under the age of sixteen years were notified under Section 57 (3) of the Education Act, 1944. Of these, two boys and two girls attend the Occupation Centre fulltime, one boy attends part-time and one girl was admitted to an Institution.

There were fourteen young persons notified under Section 57 (5) of the Education Act, 1944, and one male, aged 50 years, ascertained by the Local Health Authority. Of the fourteen cases mentioned, action was incomplete in respect of two boys and three girls. All fourteen cases are in wageful employment. The male, aged 50 years, is at present resident in a Hostel, awaiting Institutional care. His case came to light when his mother died. Up to then she had been his constant companion and guide.

No person was reported through the Courts during the year.

Short Stay Cases (Ministry of Health Circular 5/1952).

Three boys under the age of 16 years were accommodated for periods ranging from two to four weeks in various hospitals through the Manchester Regional Hospital Board. Two boys and one girl were admitted to private Short Stay Homes approved by the Ministry, the fees for which are between 7 guineas and 8 guineas weekly. Cases in the main are only admitted to Private Homes when the Regional Hospital Board is unable to provide accommodation elsewhere.

Provision for short term emergency care in cases of defectives whose parents or guardians are unable to look after them because of illness in the family or some other temporary domestic crisis has recently come to be recognised as an essential component of any adequate scheme of community care. Beyond notifying the Board of Control that such a case has been admitted, no legal formalities are involved.

Residential Care.

One female over the age of 16 years, one girl under the age of 16 years and one boy under the age of 16 years, were admitted to Mental Deficiency Hospitals. The female over the age of 16 years was admitted under Section 6, of the Mental Deficiency Act, 1913-38, and the other two under Section 3.

Guardianship.

One girl under the age of 16 years placed under Guardianship in 1955 was reconsidered in accordance with Section 11 of the Mental Deficiency Act, by visiting Magistrates, the Order being extended for a further period of twelve months.

Supervision.

If there is no need, for his own sake or for the sake of others, to remove a defective from his home, the case is best met by Statutory Supervision. This means that he is visited regularly by an Officer of the Local Health Authority, for the purpose of ensuring that conditions continue to be satisfactory and care continues to be adequate. This friendly visiting is of great value and can do much to relieve anxiety should an emergency arise or threaten.

On the 31st December, there were 124 cases under community care. Of these, 111 were under Statutory Supervision, 59 are in regular employment, one is running his own firewood business, 9 are unemployable and 43 are 16 years of age or under. Of the cases under Voluntary Supervision, 5 are in regular employment and 8 are in receipt of National Assistance. During the year eleven cases were removed from the register of Statutory Supervision after proving over a period of years that they were quite capable of managing themselves and their own affairs. Two cases under Voluntary Supervision were dealt with in a similar way. This removal from the Register does not always mean the breaking of the bond between officer and "client".

The Mental Health Worker made 1029 visits during the year to the homes and places of employment, etc. of mental defectives. Case notes and other reports were made in 60 cases.

The 115 cases accommodated in hospitals for mental defectives (an increase of three during the year) are spread over eleven such hospitals, but are mainly accommodated in either Brockhall, Calderstones or the Royal Albert Hospitals.

There are fifteen patients in "Places of Safety". One boy under the age of 16 years and three males and ten females over the age of 16 years are accommodated in Birch Hill Hospital, while one girl under the age of 16 years is accommodated at the White Cross Homes.

At the end of the year eight defectives were on the Regional Hospital Board's waiting list for Institutional care. The bed situation has not improved and a vacancy is only obtained in extremely urgent cases, and then with great difficulty.

One male over the age of 16 years was accidentally killed during the year in a road accident.

Occupation Centre.

The Occupation Centre staff consists of a Supervisor, 5 Assistant Supervisors (3 qualified), a Caretaker and a Meals Server.

At the end of 1956 there were 51 children on the register, 35 Borough and 16 County.

During the year sixteen children were admitted. One boy was re-assessed and transferred to a Residential School for Educationally Sub-normal Children, while three other children were admitted to Institutions.

Two of the cases admitted were accepted for observation purposes with the full agreement of the parents. These observation periods can be very valuable. They give an opportunity for studying the child over a lengthened period in a more or less standard environment and away from such outside influences as may be suspected of playing a part in his backwardness.

The staff at the Centre worked together as a team. They are well aware and, indeed, they take part in the planning of the aims and purpose of the work under the overall guidance of the Supervisor. Under this scheme the Occupation Centre in this town has gone far beyond a place for minding defective children.

The steady improvement of children in the Centre is quite remarkable. The formation of "Houses" with the presentation of a silver cup to the winning House at the end of each term has introduced interest and keen competition amongst the children. This same principle has been introduced in a number of minor ways and it is suprising how the children respond.

The purchase of a sound projector has proved a great asset for training purposes and social recreation.

Events during the year included :—

1. Visit to the Rochdale Centenary Exhibition.
2. Outing which took the form of a trip into the country (Morley, Cheshire). This was a change from the usual seaside outing and was financed by the Parents' Association.
3. Harvest Festival attended by members of the Health Committee and parents. This has developed into a delightful annual event. The singing by the Girls' Choir was most impressive.
4. Christmas Festivities consisted of (a) an Open Day for Parents, each class presenting its own Xmas Play, (b) a Christmas Party where Father Christmas led the singing, dancing and games.

MENTAL PATIENTS.

Analysis of Admissions to Mental Hospitals, 1956.

During the year 114 persons were admitted to Mental Hospitals from the Borough. Of these, there were 50 males and 64 females. Many others were treated as out-patients at Sparthfield Clinic and Birch Hill Hospital. The number in hospitals shows a slight increase over the 1955 total, whilst those receiving out-patient treatment has increased considerably.

Of the above number there were 26 males and 23 females who had previously been admitted to hospitals for mental treatment.

Of the total admitted to hospitals, 58 were admitted as Voluntary patients under the provisions of the Mental Treatment Act, 1930. Thirteen persons were certified insane before their admission to hospital, whilst seven others were removed to hospital under Section 20 of the Lunacy Act, 1890 (Three Day Orders), for the patient's own safety, or the safety of others.

Thirty patients were admitted under Orders made by Justices for fourteen days' observation. Of these, nine elected to stay beyond that period as Voluntary patients to continue their treatment. Eight were discharged after fourteen days, one was detained by certification, whilst the remainder recovered after further detention of fourteen days in accordance with the amended provisions of Section 21a, of the Lunacy Act, 1890.

The Local Justices, after they had heard the evidence of two Medical Officers, certified two patients under the provisions of the Magistrates' Court Act, 1952.

It is apparent from the number of Voluntary patients who enter hospital, now amounting to just over 50%, and the increase in the numbers receiving out-patient treatment, that patients are being referred earlier by General Practitioners, whilst individuals also are seeking treatment for the milder types of neurosis.

Whether recovered or not, most patients after discharge wisely keep in touch with the Mental Health Officers whose advice and guidance may help in the avoidance of a relapse or recurrence of mental trouble.

Hospital Treatment.

	Males	Females
Mental Patients in hospitals on the 31st December, 1955	116	161
Admissions during the year... ..	49	65
Discharges during the year	45	59
Mental Patients in hospitals on the 31st December, 1956	120	167

Analysis of Patients discharged during 1956.

Recovered	11	23
Relieved	23	28
Not improved	5	1
Transferred to other hospitals	3	—
Deaths	3	7

The 287 patients in hospitals at the 31st December, 1956 were distributed as follows :—

Prestwich	80	Boundary Park	—
Whittingham	40	Birch Hill	84
Lancaster Moor	21	Springfield	7
Rainhill	15	Fairfield	9
Winwick	24	Others	4
Parkside	3		
Visits to Mental Patients during the year	1,958		
Night Calls	81		

Dr. S. Falk, Consultant Psychiatrist, continues in charge of the Psychiatric Clinic in Rochdale and district. The Clinic is held at Sparthfield, Manchester Road, Rochdale. There are two sessions weekly and Dr. Falk is assisted by Medical Officers from Birch Hill Hospital.

Prevalence of Infectious Diseases

Infectious diseases as a whole are very much decreased, representing only about a quarter of the previous year's number. The decrease is, of course, mainly accounted for by the absence of a Measles epidemic and is liable to be substantially increased in 1957. Under modern conditions the figure 471 may be regarded as a record low figure.

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

	1956	1955	Average 1950-54
Scarlet Fever	62	150	89
Diphtheria	—	—	1
Tuberculosis	72	96	98
Pneumonia	15	40	27
Whooping Cough	211	35	168
Measles	20	1,394	725
Chicken Pox	15	28	37
C.S. Meningitis	6	5	1
Poliomyelitis	11	10	2
Dysentery	32	60	13
Other Diseases	26	13	42
	<u>470</u>	<u>1,831</u>	<u>1,203</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 :—German Measles 57, Chicken Pox 22, Whooping Cough 1, Measles 1.

It is of interest to note that there were no deaths from Scarlet Fever, Whooping Cough or Measles.

Poliomyelitis.

Eleven cases occurred during the year, including five adults. The first case, an adult, occurred in January. Afterwards this was followed by a single case in April and one in May (both children), followed again by an adult in June. July provided one other child case and there were three cases in September, one adult and two children, together with one in October and an adult in

November. The remaining case was discovered very late with a probable onset in the early part of the year.

All these cases were recorded as paralytic in type, apart from one child.

Dysentery.

The 32 cases of Dysentery occurred mainly in September and October. Before that time there were three cases, one in February, one in March and one in April, in the same part of the town, but not connected with each other.

The September/October group included 18 separate families in various parts of the town and in various circumstances.

The majority of the cases cleared up quite satisfactorily, but some of the children did prove resistant to treatment.

Food Poisoning.

Food Poisoning Notifications returned to the Registrar General :—

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	TOTAL
1	1	7	1	10

Outbreaks due to Identified Agents :—

Total Outbreaks—1 Total Cases—6

Outbreak due to Salmonella Organism—Typhi-murium

Outbreaks of undiscovered cause :—

None

SINGLE CASES :—

Agent Identified	Unknown Cause	TOTAL
1*	3	4

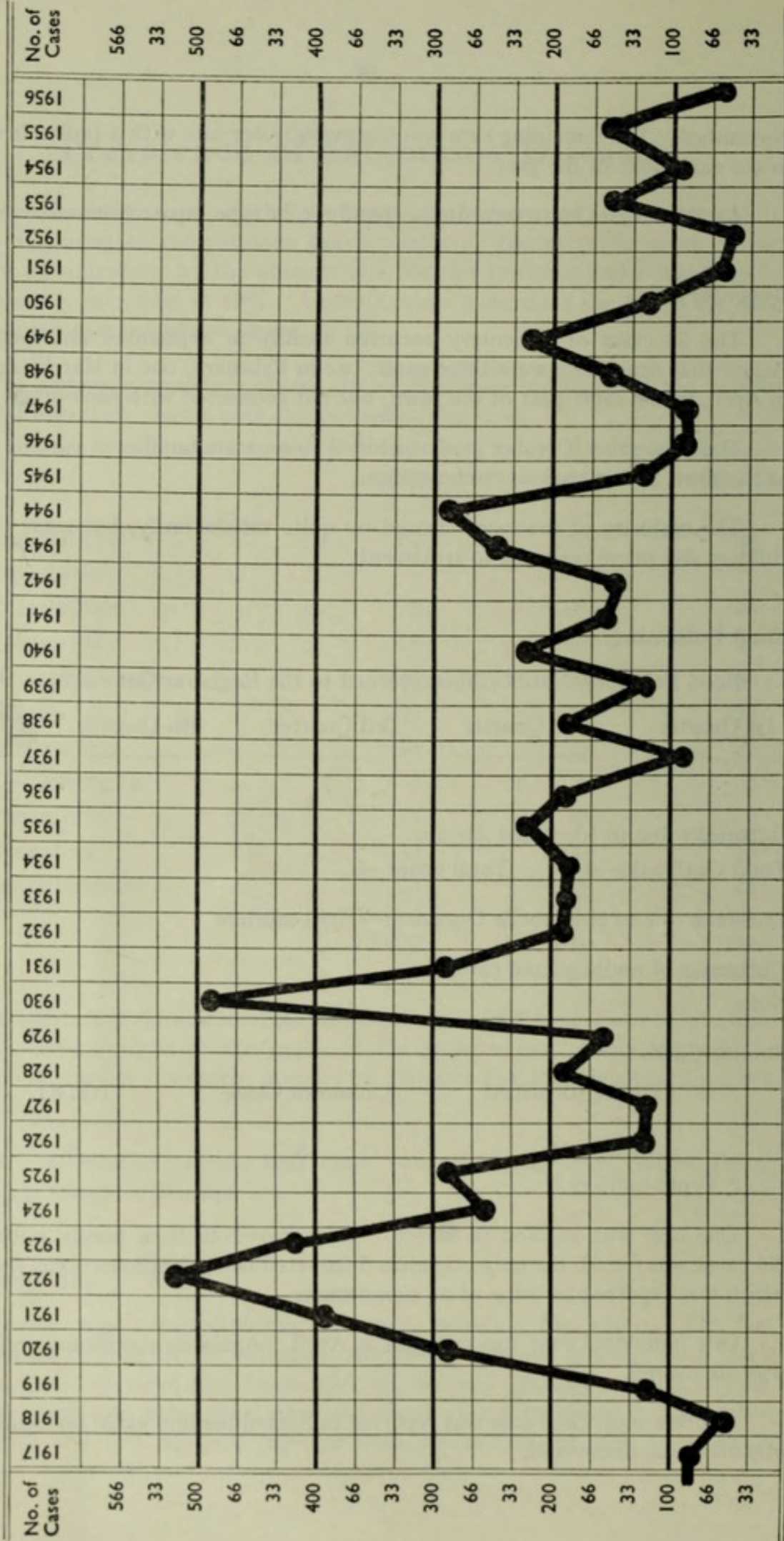
* Typhi-murium.

One case was notified in March. This proved to be a family outbreak. No cause was found, the only organism discovered being Staphylococcus Aureus, which was reported as being of no significance.

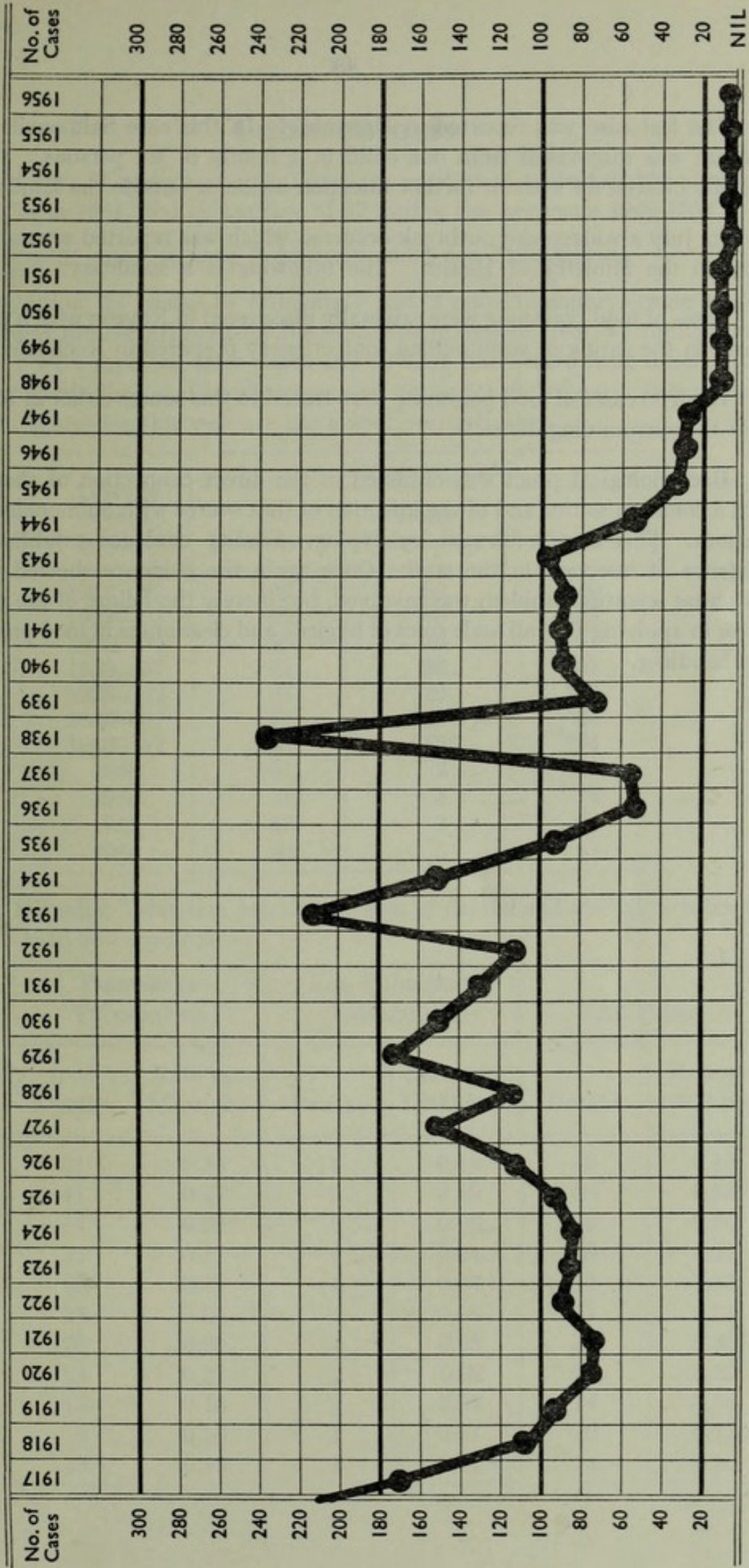
One individual case was reported in April. Again no significant organism was discovered.

Another individual case was reported in September and again no significant organism was discovered.

County Borough of Rochdale — Scarlet Fever Incidence — Years 1917-1956



County Borough of Rochdale — Diphtheria Incidence — 1917-1956



The last case was reported in December. In this case *Salmonella Typhimurium* was discovered from one child in a family of six persons. The case speedily cleared up without further infection inside or outside the family.

In July a widespread outbreak occurred which was reported separately and fully to the Ministry of Health. The following is a summary.

Cases of food poisoning were originally discovered in Royton with a probable source in the eating of vanilla-filled confectionery prepared in Rochdale.

In all 85 cases of food poisoning were traced to this source either in Rochdale or in the surrounding districts.

Bacteriological proof was obtained of the direct connection of these cases with a common source and of the infection of that source with *Salmonella Typhimurium*. This was confirmed by typing. Similar evidence established the existence of infection in the staff. Once again the evidence showed that no particular scientific problem was involved, but merely the failure of the personal factor in applying the full scale rules of hygiene and cleanliness in food production and handling.

Tuberculosis

There were 51 new cases of Tuberculosis notified as against 64 the previous year and 74 in 1954, and an average of 97 during the five years 1949-1953.

Of these 51 cases, 46 were Pulmonary and 5 non-Pulmonary.

In addition, 21 cases, 19 Pulmonary and 2 non-Pulmonary, came to the knowledge of the Department for the first time otherwise than by notification. Of these, 3 were reported after death and 18 were transferred from other areas. Both as regards the total notifications and those for Pulmonary Tuberculosis alone, the figures for this year are the lowest ever recorded.

Average 5 year periods	NOTIFICATIONS		
	Pulmonary	Non- Pulmonary	Total
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—52	89	15	104
1953	51	2	53
1954	71	3	74
1955	57	7	64
1956	46	5	51

The following Table sets out the number of deaths and mortality rates for the years 1946 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.
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
1952	26	0.30	4	0.05	30	0.35
1953	23	0.27	2	0.02	25	0.29
1954	13	0.15	1	0.01	14	0.16
1955	9	0.10	1	0.01	10	0.11
1956	13	0.15	1	0.01	14	0.16

It will be noted that non-Pulmonary Tuberculosis has practically ceased to figure as a cause of death.

The 51 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	1	—	—	1	—	—	—	—
5—15 „	—	5	—	1	—	—	—	—
15—25 „	1	3	—	—	—	1	—	—
25—35 „	6	5	—	1	4	2	—	—
35—45 „	4	2	—	1			—	—
45—55 „	8	1	—	—			5	1	—	1
55—65 „	5	1	1	—	—	—		
65 years and over	2	2	—	—	—	—	—	—
TOTAL	27	19	1	4	9	4	—	1
1955	33	24	2	5	7	2	1	—
1954	42	29	2	1	9	4	1	—

The following is a summary of the known cases of Tuberculosis in the Borough at 31st December, 1956 :—

	Males	Females	Total
Pulmonary	319	246	565
Non-Pulmonary... ..	28	35	63
	<u>347</u>	<u>281</u>	<u>628</u>

Included in this number are 31 sputum positive cases at home under supervision and treatment.

Residential Treatment.

During the year 33 Rochdale patients were, at their first examination, recommended for Sanatorium treatment.

At no time during the year did the waiting list situation cause any disquiet.

Chest Clinic (Dr. W. R. May, Consultant Physician)

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				361
Total attendances	1526	1663	957	4146
New Patients examined found :—				
(a) Tuberculous	20	11	3	34
(b) Non-Tuberculous	141	109	23	273
Contacts examined	33	51	92	176
Contacts found to be Tuberculous	2	1	4	7
B.C.G. Vaccinations	1	6	60	67
Mantoux Tests	4	40	244	288
Treatment recommended (Tuberculous cases only) :—				
(a) Sanatorium or Hospital	16	11	6	33
(b) Domiciliary	5	—	—	5
Removed from Register	37	32	5	74
Visits by Nurses	—	—	—	4500

Handicraft Classes (Report by W. Noonan, Instructor).

The handicraft classes for male tuberculosis patients commenced in May, 1954. Since then we have had an average attendance of five persons per session from a total of thirty-four patients enrolled. During this time, thirteen have left for rehabilitation courses in various parts of the Country and, of these, eleven have returned to the class and then on to work.

Three of our members have returned to hospital for further treatment, seven have returned to work straight from our Centre, some having been on Rehabilitation Courses prior to our classes starting, and we have had one death.

We started the service of visiting house-bound patients in December, 1955 and 156 visits have been made to eight persons, two of whom died in September, 1956.

A tremendous amount of work has been done and interest shown by members of both groups and the standard of work has been such that we have found a ready sale for all the articles made. I estimate that approximately £500 worth of handicraft material has been used by our patients during the period the classes have been running. The articles made include all types of baskets and basket-work, trays, coffee tables, tea trolleys, bedside cabinets, seagrass and upholstered stools, marquetry, leather work, wool rugs, plaster modelling and painting.

A new venture is to be started in April next year, when provision is made for the female tuberculous patients to attend the Handicraft Centre.

Re-housing of the Tuberculous.

The details of this scheme of co-operation between the Health Committee, the Housing Committee and the Hospital Management Committee through the Consultant Chest Physician, have been given in previous Reports.

At the end of 1955, five cases were under review, one case awaited further information and one actual re-housing. During 1956, the Committee re-housed five of these seven cases, leaving two still under review.

During 1956 the Consultant Chest Physician recommended twenty cases for re-housing. One was removed from the list having acquired a house privately. Thirteen, with the support of the Medical Officer of Health, went forward to Committee and were approved for re-housing. The remaining six were carried forward to be considered during 1957. Of the thirteen approved, ten had been re-housed and three awaited re-housing at the end of the year.

Venereal Diseases

No material change had been made in the day to day arrangements at the end of the year. There were 484 (299 males and 185 females) dealt with during the year, as against 448 in 1955. The number of new cases was 215 (170 males and 45 females), but of these 110 did not require treatment.

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

	1956	1955	1954
	<u> </u>	<u> </u>	<u> </u>
1. No of persons under treatment or observation at commencement of year	264	233	255
2. No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection	1	1	1
3. No. of new cases who have had previous treatment	4	2	2
4. No. of new cases	215	212	240
Total cases dealt with	<u>484</u>	<u>448</u>	<u>498</u>
5. Total attendances :—			
At which patients saw Physician	2,002	2,314	2,695
At which patients did not see Physician	337	311	317
6. Patients not completing treatment and/or observation	—	3	4
7. No. discharged after completion of treatment and/or observation	182	177	248

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, M.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 its several parts had 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 and, where treatment is installed, of the water going into supply if so, how many and the results obtained the results of any chemical analyses	Chlorination 107 samples— satisfactory 81 samples— satisfactory	Chlorination 23 samples satisfactory 37 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 4,480 approx.
(a) direct to the houses 	25,550 approx.	1,407 approx.
(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. The sludge drying area has been increased during the year. Good effluents are obtained.

Rivers and Streams.

The Mersey Rivers Board is responsible for the prevention of pollution of rivers and streams in this area. The Corporation co-operates with the Rivers Board in providing facilities for the discharge of polluting effluents to the sewers for subsequent purification at the Sewage Works.

A number of agreements have been made during the last few years with local manufacturers which have considerably reduced the river and stream pollution in the County Borough area.

The cleansing of some brook courses has been carried out during the past year.

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

Meteorological Notes.

This summary of the features of the year, as recorded at the Meteorological Station, Roch Mills Sewage Works, is included by the courtesy of the Borough Surveyor.

			Mean Temperatures Deg. F.	Total Rainfall Inches	Sunshine Total Hrs.	Daily Average
1952	...	...	49	40.89	1152.2	3.1
1953	...	...	49	38.42	1206.1	3.3
1954	...	...	47	55.97	999.3	2.7
1955	...	...	47	33.77	1394.6	3.8
1956	...	...	46	45.87	1135.9	3.1
Mean	...	...	47	43.60	1224.6	3.3

Mean temperatures and sunshine for the year were below average, and rainfall above average.

A feature of the year was the amount of rain that fell in the second half. In that period the rainfall totalled 30.64 ins., of which 7.08 ins. fell in July and 10.50 ins. was recorded for the month of August, this being the highest rainfall recorded in any one month since the station was opened.

February was the driest month with 1.23 ins. of rain recorded on 18 days. It was also the coldest month.

The highest temperature was recorded of 77° on the 11th June, whilst the lowest temperature of 14° F. was recorded on the 2nd February.

May had by far the largest amount of sunshine, although the 10th July, had the highest individual amount of sunshine, totalling 13½ hours. On the other hand, December had the lowest sunshine with only 1.9 hours for the whole month, against 205 for May. On 150 days in the year less than one hour's sunshine was recorded.

Appreciable fog occurred on 44 days, chiefly in January, February, November and December.

Public Cleansing.

The general arrangement for the collection of refuse has remained substantially the same since the re-organisation noted last year was carried out. The recruitment of labour has been somewhat easier and has resulted in a more satisfactory service.

Under the Corporation's scheme for the provision of dustbins, 2,899 standard bins were supplied. The imposition of a 30% purchase tax on this necessary item of cleansing equipment is to be regretted.

The second half of the reconstruction programme for the separation and incineration plan at Entwisle Road was completed and the plant is now in line with best modern practice. The improvements have resulted in more intensive screening, improved cinder cleaning, greatly increased atmospheric dust extraction and much improved magnetic extraction. During the period the plant was out of commission refuse was disposed of by controlled tipping.

Continuing the policy of extending these facilities, the erection of a further combined public convenience was started and will shortly be brought into use.

No changes were made in street cleansing methods, the beat system being used for the sweeping of streets and mechanical gully emptiers for emptying and flushing street gullies.

W. R. Booker, M.Inst.P.C.,
Cleansing Superintendent.

Public Health Inspection of the Area.

In the Autumn the designation Sanitary Inspector was changed by Parliament to Public Health Inspector.

During the year the staff of the Department consisted of the Chief Public Health Inspector and his Deputy, together with the Meat and Food Inspector and four Public Health Inspectors. One vacancy for a Public Health Inspector existed during the whole year. In addition there was a Trainee or Student Inspector and early in the year a second Trainee took up his duties. Both these officers were at an advanced stage in their technical training and have been very useful members of the staff. A third trainee was appointed in April 1956 for a period of 6 months, at the end of which he returned to undergo further instruction at the Salford Royal Technical College, after which he will return to the staff in the Spring of 1957.

In November 1956 one of the Trainee Inspectors passed the qualifying examination and remained with the Department until the end of the year. He took up an appointment with another Authority during the early part of 1957.

A Junior Trainee was appointed in October 1956 and this completed the establishment.

In addition there is one Housing Survey Officer and three Rodent Operatives attached to this Department. The Infectious Diseases Enquiry Officer works part time in the Department dealing mainly with disinfection.

Most of the work of the Inspectors during the year has again been in connection with the repair of dwellinghouses and their outbuildings. This aspect of the work presented the same difficulties as have been mentioned in recent Annual Reports and one of the effects of these difficulties can be seen in the larger number of Abatement and Statutory Notices served and in the need in some cases either for the Corporation to execute the work in default of the owner or in other cases to obtain Magistrate's Orders to enforce the execution of repairs.

Most of the nuisances and defects were, however, still 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.

During the year 1165 such Preliminary Notices were issued and the Committee gave authority for the service of 116 Abatement or Statutory Notices to secure the abatement of nuisances and the remedy of sanitary defects in and around dwellings. 78 of these Abatement or Statutory Notices were served, in the remaining cases the work was carried out before the service of the Notices. In 4 cases it was necessary to institute legal proceedings against owners of property and to obtain Magistrate's Orders to enforce the execution of repairs. In 2 of these cases the work had subsequently to be carried out by the Corporation and the costs recovered from the owners. In 3 other cases concerning water closets,

drains, rainwater pipes etc., the Statutory Notices were not complied with and the Corporation carried out the work in default of the owners. Subsequently arrangements had to be made to recover the costs of these works.

The following classified statement shows the nature of the works which were accomplished during the year. The statement also includes work carried out in Factories, Food Premises etc. following the service of Preliminary Notices but excludes work done under the Housing Acts. The work included in the statement is very similar in nature to that referred to in previous Annual Reports but it may be noticed that this year there are included 155 notices dealing with inadequate or defective water supplies. These have all been the result of service pipes being partially blocked with sediment, thus reducing the pressure and the amount of water available to the users. In co-operation with the Waterworks Department it was possible to obtain a remedy in all these cases and generally the cost to the owners of the property was quite small.

NATURE OF NUISANCES DEALT WITH.

HOUSES—

Verminous dwellings disinfestated	...	...	...	...	...	...	23
Dirty houses cleaned	...	...	...	...	...	...	20
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	...	...	...	...	...	...	1,545

YARDS, PASSAGES, ETC.—

Repairs to yard surfaces, gates, walls, etc.	...	...	...	...	...	...	31
Offensive accumulations and stagnant water removed	...	...	...	...	...	...	33

SANITARY CONVENIENCES—

Closet building repaired	...	...	...	...	...	...	80
Closet fittings repaired	186

DRAINS—

Main or branch drains repaired or cleared	137
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GENERAL—

Absence or unsatisfactory condition of sanitary accommodation at factories and shops	61
Miscellaneous nuisances remedied	35

FOOD PREMISES*—

Defects of various kinds at food premises	344
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WATER SUPPLIES—

Obstructed or defective water service pipes	155
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* Further reference to this item is made under the section of the report dealing with the inspection and supervision of food.

Rochdale Corporation Act 1948—Establishments for Massage and Special Treatment.

Part VIII of this Act provides that any person carrying on an establishment within the meaning of the Act without a Licence or exemption becomes liable to legal proceedings. During 1956 2 exemptions were extended and 22 licences were renewed during the year.

During the year the Inspectors paid 25 visits of inspection to premises as Officers duly authorised in accordance with the provisions of the Act.

HOUSING.

Individual Unfit Houses.

In the last Annual Report a comment was made that the Housing Committee since 1945 had been making a steady if unspectacular contribution towards the elimination of unfit houses. Unfortunately during 1956 the Committee was compelled to reduce the number of houses allocated for this purpose because of the smaller number of new houses which became available during the year. Nevertheless, from the beginning of 1945 to the end of 1956, 572 Demolition or Closing Orders have been made by the Council and, with the exception of 17, all have been made since 1949.

Representations concerning 83 houses were submitted to the Housing Committee, 3 being empty when the representations were made. The Housing Committee dealt with these representations as follows :—

Demolition Orders made	...	...	...	...	...	...	54
Closing Orders made...	...	...	...	...	...	...	23
Undertakings accepted from owners that houses would not be used for human habitation	...	...	...	...	...	...	4
Undertakings accepted from owners that houses would be repaired and made fit	...	...	...	...	...	...	2

Certificates of Disrepair.

The Housing Repairs and Rents Act 1954 provided that property owners could, subject to certain safeguards, demand increased rents for dwellinghouses which were in good repair. It also provided that a tenant who feels that an increase in rent is not justifiable may apply for a Certificate of Disrepair which, if granted, would enable him to withhold payment of the proposed increase until the Corporation revokes the Certificate of Disrepair. The power to issue these Certificates was delegated by the Council to the Chairman of the Housing Committee after consultation with the Medical Officer of Health and the Town Clerk.

During 1956, 5 applications were received for Certificates of Disrepair and all were granted. One of the Certificates was revoked after the necessary repairs had been carried out but the remaining 4 Certificates were still operative at the end of the year.

Houses-let-in-lodgings.

The Housing Repairs and Rents Act 1954 provides means by which it is intended to secure the fitness of houses-let-in-lodgings according to the number of families accommodated. It also seeks to prevent the overcrowding of such premises. 77 inspections of these premises were carried out. It is unfortunate that persons having control of houses-let-in-lodgings are not required to notify the local authority of the existence of such premises and the powers therefore can only be applied to such premises as may come to the notice of the Department from time to time.

Enquiries concerning properties.

It has been the practice of the Department for some years to assist purchasers of property by giving them information about any property in which they are interested. This service again increased and during the year 435 such enquiries were received. In addition to this the Town Clerk's Department has made 1276 enquiries under the Local Land Charges Act. Officially this should involve no more than a search for any outstanding notices but it has been the practice of the Department to scrutinise each enquiry to see if the house is likely to become the subject of Housing Act procedure.

Applications for Corporation Houses.

During 1956, 275 houses have been inspected and reported upon in this connection.

Housing Survey.

The survey of housing conditions in the Borough continued and although only one Inspector was employed, reports were made on 2263 houses bringing the total number of houses inspected up to 23485. In order that the figures may be up to date at the publication of this report, some work done in 1957 has been included. The survey is now substantially completed. Table I shows that the vast proportion of the back to back property problem belongs to the era before 1871. It should be noted that the Table cannot be compared with previous years, it is merely a statement of fact based on data now practically complete.

TABLE I.

House Type	Date of Erection						Totals Not Insp.
	Pre 1871	1871- 1890	1891- 1915	1916- 1932	1932	Insp.	
Through	5,891	3,643	7,436	836	1,862	19,668	—
Back-to-back ...	1,938	61	—	—	—	1,999	—
Inset	311	5	—	—	—	316	—
Not through ...	777	18	—	—	—	795	—
Not Inspected ...	194	58	69	—	—	—	321
Others Inspected— Shops, Hotels Farms, etc. ...	463	108	112	15	9	707	—
Not Inspected ...	10	1	4	—	—	—	15
Total Inspected ...	9,380	3,835	7,548	851	1,871	23,485	—
Total Not Inspected	204	59	73	—	—	—	336
TOTAL	9,584	3,894	7,621	851	1,871	23,821	

TABLE II.

	Pre 1871	1871- 1890	1891- 1915	1916- 1932	1932	
Total No. in District ...	9,380	3,835	7,548	851	1,871	23,485
Baths ...	1,456	750	2,523	804	1,871	7,404
Hot Water B/Boiler	1,722	873	2,994	826	1,871	8,286
Hot Water Geyser ...	1,848	1,038	1,945	16	—	4,847
W.C. ...	8,512	3,747	7,039	851	1,871	22,020
W.W.C. ...	58	18	461	—	—	537
Pail ...	804	70	48	—	—	922
Privy ...	6	—	—	—	—	6
Water supply Satis. ...	9,235	3,831	7,542	851	1,871	23,330
Drainage Satis....	8,198	3,645	6,889	851	1,871	21,454
Food Store Satis. ...	294	56	388	718	1,738	3,194
Yards and Gardens ...	2,704	3,176	7,388	821	1,871	16,360
Sinks—Porcelain ...	5,846	2,803	6,152	848	1,871	17,520
Salt Glazed ...	220	179	422	3	—	824
Stone ...	3,314	853	974	—	—	5,141
Washing Facilities—						
Scullery ...	6,138	2,511	4,963	834	1,869	16,315
Kitchen ...	602	412	1,143	2	1	2,160
L.Rm/K. ...	667	552	1,071	8	—	2,298
L.Rm. ...	1,548	53	82	—	—	1,683
Cellar ...	332	258	214	—	—	804
Wash-house ...	93	49	75	7	1	225
Standard—Good ...	659	883	4,014	843	1,871	8,270
Medium ...	4,226	2,454	3,433	7	—	10,120
Poor ...	—	—	—	—	—	—

Table II gives more detail of the condition of the houses according to their age and again shows the preponderance of the problems in the pre-1871 houses. This group of houses is further analysed in Table III.

TABLE III.

	Type Pre 1871						
	Thro.	B.to B.	Not Thro.	Inset	Others		
No. in District	5,891	1,938	777	311	463	9,380	
Baths	1,161	7	24	—	264	1,456	
Hot Water B/Boiler	1,400	14	31	3	274	1,722	
Hot Water Geyser	1,384	247	94	32	91	1,848	
W.C.	5,512	1,765	526	285	424	8,512	
W.W.C.	50	—	6	—	2	58	
Pail	327	173	241	26	37	804	
Privy	2	—	4	—	—	6	
Water Supply Satis	5,855	1,929	708	297	446	9,235	
Drainage Satis.	5,376	1,618	497	282	425	8,198	
Food Storage Satis.	261	1	6	2	24	294	
Yards and Gardens	2,256	35	95	5	313	2,704	
Sinks—Porcelain	4,151	735	408	113	439	5,846	
Salt Glazed	145	50	16	5	4	220	
Stone	1,595	1,153	353	193	20	3,314	
Washing Facilities—							
Scullery	4,293	935	467	82	361	6,138	
Kitchen	558	11	18	3	12	602	
L.Rm/Kit.	555	43	39	9	21	667	
L.Rm.	122	934	238	217	37	1,548	
Cellar	285	14	10	—	23	332	
W.House	78	1	5	—	9	93	
Standard—Good	618	5	3	—	33	659	
Medium	3,284	426	159	102	255	4,226	
Poor	1,989	1,507	615	209	175	4,495	

The up-to-date estimate of the housing problem in Rochdale is, therefore, as follows :—

Through houses in poor condition (Table III)	...	...	...	1,989
Back-to-back houses (Table III)	...	...	...	1,938
Not through houses (Table III)	...	...	...	777
Inset cottages (Table III)	...	...	...	311
Houses built 1871-1890—in poor condition (Table II)	...	...	...	498
Houses built 1891-1915—in poor condition (Table II)	...	...	...	101
				5,614
				5,614

Common Lodging Houses.

At the beginning of the year 3 of these premises were registered but later in the year one of them closed. The remaining 2 common lodging houses comprised 11 rooms containing 240 beds. 23 visits of inspection were made during the year. The houses were found to be clean and well conducted.

Closet Accommodation.

The accommodation in the Borough at the end of December, excluding premises on the fresh water carriage system, was approximately as follows :—

Pail Closets	...	...	...	...	...	...	...	792
Waste Water Closets	...	...	...	...	...	...	...	537

In February 1956 the Health Committee increased the amount of the contribution which they offer towards the cost of converting pail closets and waste water closets to a maximum of £10 for each closet converted. It was hoped that this would induce the owners of property served by pail closets to proceed with conversion but the immediate response was disappointing. Nevertheless, the action taken during the year seems likely to result in an increased number of conversions during 1957.

During 1956, 29 pail closets and 58 waste water closets were converted to the fresh water carriage system, and the following Table shows that 792 pail closets were still in use at the end of the year.

It will be seen from this Table that the pail closets which now remain are chiefly those where there is technical difficulty in conversion, where conversion ought to be associated with housing improvement, or where the owners either have proved unco-operative or have not the financial resources necessary.

	Houses		Other Premises	Total
	Separate Accommodation	Joint Accommodation		
I Number of premises involved	448	489	57	994
II (a) Unsuitability or absence of sewer as primary obstacle ...	336	120	80	536
(b) Closets associated with properties due for demolition or improvement involving vacation of some houses	90	114	2	206
(c) Capable of conversion without much technical difficulty ...	22	5	23	50
III TOTAL PAIL CLOSETS ...	448	239	105	792

Smoke Abatement.

There were 130 smoke observations of one half hour each made during the year and these revealed 10 contraventions of the Public Health Act. In one case 2 firms jointly used the same chimney so that 11 firms were involved.

In 7 cases the Committee authorised the service of a Smoke Notice and at the same time the attention of the firms was directed to the services offered by the National Industrial Fuel Efficiency Services organisation, and several of the firms concerned took advantage of the facilities offered.

In the case of the remaining three contraventions the four firms involved were prosecuted, as they were already under Notice to abate a smoke nuisance. In the case of the first firm the Magistrates made an Order to abate the nuisance within 8 months. This rather long period was considered necessary as the firm had been advised by their consultant that a new chimney and a grit arrestor were needed. This work, which cost nearly £10,000 was completed early in 1957 and has produced much improvement. In the second case, two firms jointly using a single chimney were prosecuted, the case against one of the firms was dismissed but the other firm was ordered to abate the nuisance within two months and had to pay costs. There has been improvement in this case also. The remaining case was the subject of proceedings in January 1957 and the

firm were ordered to abate the nuisance within 9 months. This firm had decided to electrify the mill so that the boilers would be needed only for heating purposes. This electrification will not be completed until the late autumn of 1957 and will be a very costly undertaking.

Smokeless Zone.

The premises in the Central Smokeless Zone have been the subject of frequent observation and whenever smoke has been observed to be emitted the premises have been visited and the source of the smoke investigated. In one case, however, a verbal warning appeared to have been ignored and a subsequent contravention was reported to the Health Committee in December. The Committee instructed the Town Clerk to send a formal letter of warning to the offender.

In the Annual Report for 1955, reference was made to a desire to extend this Smokeless Zone but in the latter part of the year the publication of the Clean Air Act 1956 provided powers for the creation of Smoke Control Areas. In consequence a preliminary survey was made of an area which includes the Kirkholt Estate, the Alder Road Estate and privately owned properties in Castleton and Thornham. This preliminary survey provided information upon which it will be possible to make an early proposal to the Ministry of Housing and Local Government for the establishment of a Smoke Control Area covering 2851 houses of which 2429 are owned by the Corporation. In addition to these there are 45 shops and premises other than dwellinghouses.

Measurement of Atmospheric Pollution.

Three stations sited as under, provide records indicating the nature and extent of atmospheric pollution in the Borough. At each of these there is a deposit gauge and a sulphur dioxide gauge.

- A. Roch Mills Sewage Works.
- B. Near the Church of the Good Shepherd, Entwisle Road.
- C. 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 pollution of the atmosphere by the Borough itself.

The succeeding Table shows the results of the analyses of the material collected in the three deposit gauges during the year, and the average figures for the years 1952, 1953, 1954 and 1955 are also included so that some comparison may be made.

ATMOSPHERIC POLLUTION—Average Monthly Deposit at Three Gauges during 1956.

Month	A.—Roch Mills Gauge (Sewage Works)			B.—Entwisle Road Gauge			C.—Foxholes House Gauge					
	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	126	137	140	6.77	10.27	6.94	12.25	12.98	12.84	19.02	23.25	19.78
February	26	34	34	5.41	5.67	4.84	4.51	4.67	4.67	9.92	10.34	9.51
March	39	39	39	6.54	9.44	5.10	4.98	4.60	4.00	11.52	14.04	9.10
April	72	81	82	9.5	7.4	8.4	8.4	11.6	7.1	17.9	19.0	15.5
May	43	35	46	6.7	1.1	9.8	5.0	5.6	4.4	11.7	6.7	14.2
June	69	—	73	5.1	—	21.2	6.3	—	5.6	11.4	—	26.8
July	169	—	186	10.0	—	9.4	14.7	—	11.4	24.7	—	20.8
August	263	256	289	6.9	13.7	6.3	13.4	10.4	10.3	20.3	24.1	16.6
September	86	102	102	10.2	5.7	5.6	5.2	6.8	5.5	15.4	12.5	11.1
October	85	78	90	4.8	8.3	6.4	7.8	6.2	6.7	12.6	14.5	13.1
November	46	50	52	3.8	7.2	5.2	6.4	6.7	6.1	10.2	13.9	11.3
December	86	105	118	6.6	11.0	8.5	8.1	7.3	7.8	14.7	18.3	16.3
TOTALS	1110	917	1251	82.32	79.78	97.68	97.04	76.85	86.41	179.36	156.63	184.09
AVERAGES	92.5	91.7	104.2	6.86	7.98	8.14	8.09	7.68	7.2	14.95	15.66	15.34
Average of three gauges	96.41			7.64			7.65			15.29		
1955	70			7.99			6.38			14.37		
1954	124			9.99			9.24			19.23		
1953	82			9.41			6.88			16.29		
1952	85			7.95			8.99			16.94		
1951	94			9.84			8.53			18.37		

Sulphur Dioxide Gauges.

The results obtained from these instruments are tabulated below :—

Month	Roch Mills	Entwise Road	Foxholes	Average
January	4.32	2.47	3.13	3.31
February	2.20	2.14	2.78	2.37
March	2.27	1.61	2.14	2.01
April	2.0	2.1	2.0	2.03
May	1.2	0.7	1.2	1.03
June	1.3	0.8	0.9	1.00
July	1.0	0.7	0.9	0.87
August	1.1	0.8	1.0	0.97
September	1.6	1.1	1.5	1.40
October	1.8	1.3	1.7	1.6
November	1.9	1.7	1.9	1.83
December	2.7	1.8	2.4	2.30
Average for 1956	1.95	1.43	1.79	1.72
1955	1.46	1.49	1.57	1.51
1954	1.72	1.59	1.68	1.66
1953	1.60	1.58	1.59	1.59
1952	1.49	1.55	1.36	1.47

The results given above are the weight in milligrammes of SO² 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 not to estimate the total amount of sulphur emitted in any given area.

Local Joint Consultative Committee on Atmospheric Pollution.

The Committee met once during the year and discussed the establishment of Smoke Control Areas under the Clean Air Act. At the same meeting the Committee supplied with data of atmospheric pollution and given information concerning new developments of interest. Summaries of the Clean Air Act were supplied to the members who were asked to see that the organisations they represented were informed of the requirements of this Act.

Inspection and Supervision of Food and of Food Premises.

The Milk (Special Designations) (Specified Areas) (No. 2) Order 1954 requires that all milk sold by retail for consumption in Rochdale homes must be either Tuberculin Tested or Pasteurised or Sterilised.

Milk Distribution.

Under the Milk and Dairies Regulations 1949 the local authority has the duty of controlling the distribution of milk and has also control over the use of the various special designations.

Licenses and registrations issued under these Regulations :—

Premises used as a Dairy	...	...	...	...	...	...	3
Persons licensed as Distributors of Milk	...	...	...	...	...	...	402
Dealer's Licences to sell Pasteurised Milk	...	...	...	...	...	...	152
Dealer's Licences to sell T. Tested Milk	...	...	...	...	...	...	132
Dealer's Licences to sell Sterilised Milk	...	...	...	...	...	...	622
*Supplementary Licences —Pasteurised Milk	...	...	...	...	...	...	44
	Tuberculin Tested Milk	...	...	...	...	...	40
	Sterilised Milk	...	...	...	...	...	43

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

Cleanliness and Keeping Quality of the Milk Supply.

155 samples of milk were obtained and were tested 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 117 samples of which :—

60 were tuberculin tested milks	...	...	6 proving unsatisfactory
23 were tuberculin tested pasteurised milks	1 proving unsatisfactory		
34 were pasteurised milks	...	...	all satisfactory

The 7 unsatisfactory samples were reported to the Ministry of Agriculture, Fisheries and Food whose duty it is to investigate such unsatisfactory samples.

During the late summer the Department co-operated with one of the Divisional Officers of the Ministry by investigating the possibility of delay in transport contributing to poor keeping quality. Bottles were code marked at the farm and the arrival and distribution times were checked in Rochdale. No evidence of undue delay in delivery was discovered.

The Turbidity Test was applied to 29 samples of Sterilised Milk. All proved satisfactory.

The Phosphatase Test was applied to 58 samples of milk to determine the effectiveness of the heat treatment process. 22 of these were Tuberculin Tested Milk and the remainder consisted of 36 samples of Pasteurised Milk. 56 samples were reported to be satisfactory. The other 2 samples could not be examined at the Laboratory because of weather conditions.

Examination of Milk for M. Tuberculosis.

59 samples of milk were taken during delivery to customers for examination for the presence of M. Tuberculosis. All samples were negative. It is interesting to note that since June 21st 1954 no sample of milk has been reported to be infected with M. Tuberculosis.

Slaughterhouses and Knacker's Yard.

There are 5 slaughterhouses in the Borough. One is operated by the Corporation Markets Committee and is available for use by private butchers. Another is occupied by a wholesale butcher, two are used by individual butchers to provide meat for their own shops, and the remaining one is a horse slaughterhouse.

It cannot be said that any of the premises are either ideally situated or completely suitable for their purpose and, of course, until all slaughtering is carried out in one public abattoir, there is bound to be some waste of the Meat Inspector's time and, as a result, incomplete supervision of the slaughtering of animals for human consumption.

In August 1956 the Council made Bye-laws with respect to sanitary conditions and management of public slaughterhouses and also made Bye-laws with respect to sanitary conditions and management of private slaughterhouses. The Bye-laws were confirmed by the Ministry of Agriculture, Fisheries and Food and came into operation on 3rd December 1956.

Meat and Food Supply.

There has been regular inspection of meat and food offered for sale and nearly 26 tons were condemned as unfit for human consumption, being either destroyed or disposed of for salvage purposes. This work involved 2136 visits during the year.

Condemned meat is collected by the Cleansing Department and taken to Entwisle Road Works where it is treated to produce fertiliser. The Health Committee has maintained its policy that there shall be no payment for condemned meat surrendered for destruction or salvage. There has been no formal objection raised to this policy during the year.

The following Table gives a detailed report on the examination of carcasses inspected at the slaughterhouses. In addition to the inspection of animal carcasses shown in the Table the Meat Inspectors saw the carcasses of 1253 horses. Of these 2 whole carcasses, 3 part carcasses and offal weighing 1284 lbs. were condemned. The number of horses slaughtered has continued to decline, the totals for 1955 and 1954 being 1452 and 1795 respectively.

Carcases Inspected and Condemned.

	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,951	2,104	411	20,472	1,484
Number inspected	2,951	2,104	411	20,472	1,484
ALL DISEASES EXCEPT TUBERCULOSIS :					
Whole carcasses condemned ...	4	6	1	9	4
Carcases of which some part or organ was condemned ...	717	651	6	600	128
Percentage of the number inspected affected with disease other than Tuberculosis ...	24.43%	31.23%	1.70%	2.97%	8.89%
TUBERCULOSIS ONLY :					
Whole carcasses condemned ...	1	7	5*	—	—
Carcases of which some part or organ was condemned ...	126	451	—	—	110
Percentage of the number inspected affected with Tuberculosis	4.30%	21.77%	1.22%	—	7.41%
ALL DISEASES EXCEPT TUBERCULOSIS & CYSTICERCI :					
CYSTICERCOSIS ONLY					
Carcases of which some part or organ was condemned ...	2	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

*These were cases of Congenital Tuberculosis in Calves. Two cases were reported to the Ministry of Agriculture, Fisheries and Food so that the dam might be traced. In another case it was known that the dam had already been slaughtered. In the remaining cases sufficient information was not available for further investigation to be made.

Manufacture and Sale of Ice Cream.

At the end of the year 343 premises were registered for the sale and storage of ice cream. There were 30 visits of inspection to premises where ice cream is sold. In almost every case the ice cream is sold wrapped or in containers as received from the wholesalers or manufacturers.

Two premises were registered for the manufacture of ice cream. In both cases the cold mix process is used and 46 visits of inspection were made to these premises.

10 samples of ice cream were taken and submitted to the Public Health Laboratory for examination. All of them fell into Grade I and were therefore quite satisfactory.

Food and Drugs Act 1938.

During the year 321 samples (176 formal and 145 informal) were analysed or otherwise examined by the Public Analyst. The samples comprised 189 milk, 12 brown sugar, 8 sweets, 7 each of beef sausage and sultanas, 5 each of bread and butter, meat pies, ice cream and currants, 4 each of pepper and jam, 3 each of jelly and butter, 2 each of pickles, vinegar, tea-cake mixture, processed peas, almond flavouring, mincemeat, lemon squash, piccalilli and saccharin tablets, 1 sample each of a wide variety of foods, flavouring materials, jams and cooking materials.

13 original and 5 follow up samples were reported against. Of these 15 were of milk, 2 were of brown sugar and 1 was beef sausage.

The following Table shows the action taken in regard to these samples :—

Sample No.	Nature of Sample	Extent of Adulteration or Irregularity	Remarks
2423	Milk	8.3% def. in fat	Informal sample submitted by complainant.
2450	Milk	5.3% def. in fat	Three other samples from same source on the same day were genuine.
2462	Sausage	10% def. in meat	An informal sample. A formal sample taken later was genuine.
2499	Milk	2% def. in non-fatty solids	Three other samples from the same source on the same day were genuine. Public Analyst advised against prosecution.
2500	Milk	2.5% def. in non-fatty solids & 6% def. in milk fat	
2531	Milk	8.3% def. in milk fat	Appeal to Cow samples also showed deficiency in milk fat.

2538	Milk	13% def. in milk fat	Appeal to Cow samples also showed deficiencies in milk fat.
2552	Milk	40% def. in milk fat	This was submitted in connection with "taint" enquiries. It was not a representative sample.
2576	Milk	15.6% def. in milk fat	Appeal to Cow samples were genuine. The Health Committee issued a letter of warning to the producer and to wholesale dealers concerned.
129	Milk	95.5% extraneous water	*An informal sample submitted by a purchaser and merits some comment.

*This sample was of sterilised milk. It was submitted by a purchaser and was therefore "informal". The fault was due to the absence of a cork lining in the cap of the bottle and this allowed milk to be expelled and water to be admitted during processing. It was not possible to prove that there had been no interference with the sample after delivery and therefore no prosecution could be instituted. The dairy concerned was warned about this occurrence.

Food Preparing Premises.

The Food Hygiene Regulations came into force during the year. Many of the premises concerned were already intimately known to the Department by reason of the need for registration under the Rochdale Corporation Act 1937 of those engaged in cooking or otherwise "preserving" meat or fish. Others were known because of the need for inspection under the Factories Acts or because they had been visited in connection with the inspection of foodstuffs.

These however were by no means all the shops likely to be affected and enquiries of various kinds were made to supplement the list.

As a result of these enquiries 1233 copies of an abstract of the Food Hygiene Regulations were sent out to premises at which food of any kind was sold and during the year further copies of the Abstract were sent out whenever additional food shops were discovered or whenever information was received that a change of occupation had taken place.

Unsuitably situated water closet (Reg. 14)	1
Absence of wash hand basin or lack of hot water supply to wash hand basin (Reg. 16)	49
Non provision of first aid boxes (Reg. 17)	6
Lack of proper provision for outdoor clothing (Reg. 18)	11
Unsuitable or defective sinks, lack of hot water supply to sinks, and absence of sink (Reg. 19)... ..	16
Insufficient lighting—natural or artificial (Reg. 20)	6
Defective surfaces of walls, floors, ceilings and want of cleansing or decoration of them (Reg. 23)	129
Accumulations of refuse or inadequate storage of refuse (Reg. 24)	12
Lack of proper provision for cooling cooked meat (Reg. 25) ...	1
Lack of washing facilities in stall or van (Reg. 28)... ..	1
Unsuitable provision for transport of meat (Reg. 29)	2*

*In one of these cases the van operated from another district and the Local Authority concerned was informed. The other case concerned a local trader and the facts were reported to the Health Committee who authorised the sending of a letter of warning.

An application for a Certificate of Exemption from the requirement to provide a separate wash hand basin at a shop was refused by the Health Committee.

The need for the new Regulations seems generally to have been well appreciated by food traders and the requirements have been accepted as necessary except as regards the provision of separate wash hand basins, and to a lesser extent the protection of exposed foodstuffs.

In the small "house shop" the provision of a wash hand basin is often a difficult and inconvenient operation. The only place for it may be next to a sink which previously had been the only fitting used for domestic purposes, trade purposes and personal cleanliness.

Rochdale Corporation Act 1937.

This act deals with the registration of premises used for the sale of ice cream or for the preparation of cooked meats and fish. Reference has been made in a previous paragraph to premises which prepare or sell ice cream. The number of premises registered for the cooking of meat or fish are as follows :—

Fish Friers	...	...	...	...	...	...	...	99
Butchers	...	...	...	...	...	...	...	29
Cafes, Restaurants, Canteens, Kitchens etc.	...	...	...	...	...	...	...	213

890 visits of inspection were made to these premises during the year.

Prevention of Damage by Pests Act, 1949.

The staff engaged on this work consists of three men with assistance provided by the Borough Surveyor's Department whilst the destruction of rats in sewers is proceeding.

During the year 1,498 dwelling houses and 995 business and other premises were inspected for the presence of rats or mice. Evidence of rat infestation was found at 384 premises (307 dwelling houses and 77 business or other premises) but the extent of infestation was, in the great majority of these cases, slight. Mouse infestation was discovered at 628 premises (536 dwelling houses and 92 business or other premises) and in these also the great majority showed only minor infestations.

972 premises (815 dwelling houses and 157 business or other premises) were treated to destroy vermin. 1,068 treatments were carried out and these required 3,735 visits.

The main sewers were treated twice during the year. In the course of the first treatment 2,584 manholes were baited and 418 of these showed evidence of rat infestation and were treated by the placing of poison baits. The work was preceded by the "test-baiting" of 347 manholes in districts where rat infestation was thought to be unlikely. This work enabled us to exclude 709 manholes from the treatment.

The second treatment took place during November and December and working from information gained during the Spring treatment it was necessary only to treat 1,371 manholes. Of these 300 were found to be infested and were treated by the placing of poison baits. On this occasion the baits and poisons used differed from those used in the first treatment of the year.

The development of bait preservatives is likely to make more effective treatments possible and it is hoped that during 1957 it will be possible to use a somewhat different method of treatment employing these bait preservatives.

Shops Act, 1950.

Inspections of premises were made during the year.

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
Fellmongers, etc.	...	...	1	Rag and Bone Dealers	5

The Knacker's Yard is visited regularly, 85 visits being made during the year. Visits are made at intervals to the other offensive trades.

Cleansing Station.

The general work of the Cleansing Station is under the supervision of the Deputy Chief Public Health Inspector. The Station is open from Monday morning until Saturday mid-day. Evening sessions are available as required for those in industry.

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

	1956	1955	1954	1953	1952
Scabies	20	15	22	16	31
Other Verminous Conditions ...	97	130	146	173	205
	<u>117</u>	<u>145</u>	<u>168</u>	<u>189</u>	<u>236</u>

	Scabies	O.V.C.	Total
Infants	1	7	8
Children of School Age	15	71	86
Adults	5	18	23
	<u>21</u>	<u>96</u>	<u>117</u>

Once again only a small number of cases required attention during the year and it was thus found possible to enlist the services of the Clinic Staff in dealing with certain problem families, 95 visits being made for this purpose. In addition to this 1,370 follow-up visits were made in connection with the B.C.G. vaccination scheme.

Distribution of Toys etc. by Rag Gatherers.

Sec. 154 of the Public Health Act 1936 prohibits rag gatherers from giving any article to children under the age of 14 years in exchange for rags, old clothes etc. Four persons were prosecuted for offences of this kind and all were convicted and fined. Three of the prosecutions followed reports by members of the Police Force and one followed a report by a member of the Department's staff.

Rag Flock and Other Filling Materials Act, 1951.

This Act provides for the registration of premises where filling of certain types is used in the manufacture of bedding, toys, baby carriages and other articles of upholstery and also for the licensing of premises where rag flock is manufactured or stored. Regulations made under the Act apply standards by which the cleanliness of certain filling materials can be assessed. Four premises in the Borough were registered for the purposes of the Act. No premises exist which require licences.

FACTORIES ACTS, 1937 and 1948.

Annual Report of the Medical Officer of Health in respect of the year 1956 for the County Borough of Rochdale in the County of Lancaster.

Part I of the Act.

1. INSPECTIONS for the purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Occu- piers prose- cuted (5)
(i) Factories in which Sec. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	74	20	2	—
(ii) Factories not included in (i) in which Sect. 7 is enforced by the Local Authority	588	705	34	—
(iii) Other Premises in which Sec. 7 is enforced by the Local Authority (excluding out-workers premises)	21	6	2	—
TOTAL	683	731	38	—

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	No. of cases in which defects were found				No. of cases in which Pros. instituted
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ...	32	31	—	29	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	6	4	—	5	—
(b) Unsuitable or defective	34	32	—	30	—
(c) Not separate for sexes	1	1	—	1	—
Other offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	73	68	—	65	—

TABLE I.—Vital Statistics of Whole District during 1956,
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
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
1951	87,300	1275	14.6	69	54	1457	16.7
1952	86,890	1321	15.2	52	39	1248	14.4
1953	86,350	1297	15.0	40	31	1247	14.4
1954	86,770	1243	14.3	29	23	1198	13.8
1955	86,490	1263	14.6	21	17	1230	14.2
Average for years 1946-1955	87,168	1388	15.9	56	39	1293	14.8
1956	86,260	1294	15.0	36	28	1271	14.7

† Estimated Civilian Population

TABLE II.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE.

Year 1956.

	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES ... Males ...	626	22	2	2	4	25	186	183	202
... Females	645	14	3	1	4	18	124	201	280
1—Tuberculosis of Respiratory System	13	...	...	...	1	6	6	...	...
2—Other Forms of Tuberculosis	1	...	...	...	...	...	1	...	...
3—Syphilitic Disease	4	...	...	...	1	...	2	...	1
4—Diphtheria ... ..	...	...	...	...	...	...	...	...	...
5—Whooping Cough ... ..	...	...	...	...	...	...	...	...	...
6—Meningococcal Infections	1	...	1	...	...	...	...	...	...
7—Acute Poliomyelitis and Polioencephalitis ... ..	...	...	...	...	...	...	...	...	...
8—Measles ... ..	...	...	...	...	...	...	...	...	...
9—Other Infective and Parasitic Diseases	1	...	...	...	...	...	1	...	...
10—Cancer of Stomach	32	...	...	...	...	1	13	8	10
11—Cancer of Lung Bronchus	38	...	...	...	...	1	20	13	4
12—Cancer of Breast	18	...	...	...	...	...	7	8	3
13—Cancer of Uterus	6	...	...	...	...	1	4	1	...
14—Cancer of all other sites	74	...	...	...	1	3	21	27	22
15—Leukaemia and Aleukaemia	4	...	...	...	...	...	2	...	2
16—Diabetes	6	...	...	...	...	...	3	2	1
17—Vascular Lesions of Nervous System	202	1	...	...	...	3	39	67	92
18—Coronary Disease—Angina	172	...	...	...	...	5	59	65	43
19—Hypertension with Heart Disease	18	...	...	...	...	...	4	6	8
20—Other Heart Diseases	210	...	...	...	2	3	34	54	117
21—Other Diseases of the Circulatory System	76	...	...	...	...	1	11	29	35
22—Influenza	6	...	...	...	...	...	2	3	1
23—Pneumonia	63	6	3	1	...	...	8	17	28
24—Bronchitis	90	...	...	1	...	...	27	33	29
25—Other Respiratory Diseases	15	...	...	...	...	1	7	2	5
26—Ulceration of the Stomach or Duodenum	8	...	...	...	...	...	2	4	2
27—Gastro Enteritis and Diarrhoea... ..	9	1	...	...	...	...	3	1	4
28—Nephritis and Nephrosis... ..	4	...	...	...	...	...	4	...	...
29—Hyperplasia of Prostate... ..	8	...	...	...	...	...	...	5	3
30—Pregnancy, Childbirth and Abortions ... ..	...	...	...	...	...	...	...	...	...
31—Congenital Malformations	8	5	...	...	...	...	2	1	...
32—Other defined and ill-defined diseases	125	20	...	1	...	8	17	22	57
33—Motor Accidents	8	...	...	...	3	3	1	1	...
34—All Other Accidents	29	3	1	...	...	1	2	9	13
35—Suicide	20	...	...	...	...	5	8	5	2
36—Homicide and Operations of War	2	...	...	...	...	1	...	1	...

ANNUAL REPORT

TABLE III.

INFANT MORTALITY.—Nett Deaths from stated causes at various Ages under one year of age—Year 1956.

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH								Total Deaths under 1 year	
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	1956	1955
	Tuberculosis, Non-Respiratory
Bronchitis ... ..	...	...	...	...	...	...	...	...	...	...
Other Respiratory Diseases	...	...	...	...	...	...	...	...	...	...
Gastritis and Diarrhoea	...	...	...	...	1	...	...	...	1	...
Pneumonia ... ..	...	1	1	1	1	1	...	...	5	2
Prematurity	11	...	...	...	...	...	...	...	11	9
Congenital Malformations	...	1	...	...	3	...	1	...	5	4
Other Causes	9	...	...	1	1	1	1	1	14	6
ALL CAUSES—1956	20	2	1	2	6	2	2	1	36	...
ALL CAUSES—1955	14	...	1	...	2	2	2	...	...	21

Nett Live Births in the year :—Legitimate 1,212 ; Illegitimate 82.

Nett Deaths in the year :—Legitimate infants 32 ; Illegitimate infants 4.

ANNUAL REPORT

ON THE
MEDICAL INSPECTION OF SCHOOL CHILDREN
For the Year ended 31st December, 1956

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SCHOOL MEDICAL SERVICE.

Principal School Medical Officer and Medical Officer of HealthJOHN INNES, M.D., D.P.H.
Deputy School Medical Officer and Deputy Medical Officer of Health	...	...	...NORA MILLS, M.D.
School Medical Officers	...	...	...JEAN M. MOORE, M.B., B.S. MARY A. MCKENZIE, M.B., Ch.B.
Principal School Dental Officer	...	...	...H. P. GLEDSDALE, L.D.S.
School Dental Officers	...	...	...T. S. LONGWORTH, L.D.S. until 30/5/56 R. G. WATSON, L.D.S. from 5/9/56 R. J. G. YOUNG, L.D.S. from 24/9/56 (part-time) MRS. J. GIBSON, L.D.S. from 19/11/56 (part-time)
Speech Therapist	...	...	...Mrs. S. GOODWIN, L.C.S.T. until 26/10/56 (part-time) RACHEL HARTLEY, L.C.S.T. from 5/11/56
Orthoptist	...	...	...AUDREY DEAN, D.B.O.
School Nurses	...	...	...E. MAXIM, S.R.N., Q.N. H. BOWDELL, S.R.N., S.C.M., H.V., Q.N. P. JOHN, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., R.F.N., S.C.M. H.V., Q.N. M. M. TURNER, S.R.N., S.C.M., H.V. A. TONGE, S.R.N. B. MADEN, S.R.N.
Dental Attendants	...	...	...GERTRUDE PETRIE until 1/10/56 LUCY DANIELS, S.R.N. NORA SMITH until 31/12/56 MARY FLETCHER, S.R.N. from 17/12/56
Clerks	...	...	...Mrs. D. BARNISH JUNE MILLS DOROTHY CLARENCE
Consultants :			
Ophthalmic Surgeon	...	...	...A. STEWART SCOTT, F.R.C.S., Ed., D.O.M.S.
Aurists	...	...	...V. T. SMITH, M.D., F.R.F.P.S. P. K. BASU, M.B., B.S.
Available for consultation at Smith Street Clinic by arrangement with the Regional Hospital Board :			
Paediatrician	...	...	...B. WOLMAN, M.D., M.R.C.P., D.C.H.
Orthopaedic Surgeon	...	...	...A. P. GRACIE, F.R.C.S.

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

LADIES AND GENTLEMEN,

I beg to submit my Annual Report for 1956, being the forty-eighth report on the School Medical Services in Rochdale.

The school population remains about the same as last year.

The medical and school nurse staff remained unchanged during the year ; always a helpful factor towards progress. The dental service threatened to disappear altogether in the middle of the year, but fortunately recovered very considerably by the last quarter, although admittedly largely on a part-time basis. We were fortunate to be able to continue the other specialist services and, in particular, to replace the speech therapist with a full-time officer.

It is becoming almost monotonous to repeat year after year that physical diseases and disabilities are decreasing amongst school children. It seems now that even the Minor Ailments Clinics are being reduced to a mere shadow of their former selves and are maintained mainly by the trivial accidents which are part and parcel of normal childhood, together with what may be described as small epidemics or waves of diseases, or abnormal conditions of the skin.

Unfortunately, the same is not true of the emotional and behaviour aspects of school health. For every ten children suffering twenty years ago from severe physical defect, it would be difficult to find more than one today with comparable severity. We could, on the other hand, produce ten children suffering under just as severe emotional and behaviour disturbances as any ten who could have been found twenty years ago.

In this physical field the medical services have done what was asked of them by the earlier Education Acts, which demanded that children should be fit to benefit from the education provided in schools. These services are now justified in asking whether the best use is being made of this very substantial advance. The child is given all the advantages of scientific advancement. Whether these are properly digested either before being presented or afterwards, or whether they are put to the best use, may be a different matter.

To use television and the radio to make a child's training more interesting is, no doubt, excellent, but if it is only being trained to be a television viewer then the outlook is unsatisfactory in many respects, including health respects ; advertisements for hygienic materials and apparatus always excepted.

Is too much time spent on scientific advancement and too little spent on inculcating a sense of responsibility? These and similar questions profoundly affect the health of the child, of the family and of the community.

It is agreed that the school medical services did not by themselves produce the present excellent levels of physical health. It is still more true that in dealing with socio-medical problems of today, the teacher and the parent must bear a bigger share than ever before. In behaviour problems there is no equivalent of the pill for anaemia.

It is relevant to mention that there are still no proper Child Guidance Clinic facilities in the area. This need has been foreseen and this deficiency realised for many years. That the deficiency continues is due to the absence of the necessary trained personnel and to the fact that suitable people are not seeking training. It is unusual for a want so strongly felt and so widely recognised to go so long without a solution. If we can not produce the necessary Psychiatrists, Psychiatric Social Workers, etc., then we must re-consider the position and see if, indeed, a different approach may not be the right one.

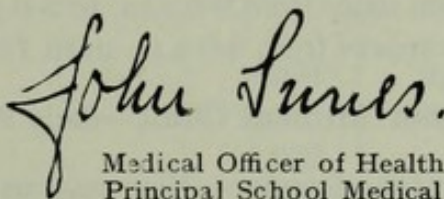
Once again I have to express my appreciation of the work carried out by Dr. Mills and her team during the year and, in particular, Dr. Mills' own work in carrying for another year the weight of ascertainment of educational sub-normality and of the ineducable child, and finally for preparing this Report.

I am glad to be able to record the useful and friendly co-operation which exists between ourselves and the other medical agencies in the area. It operates to the continuing advantage of Rochdale children.

The staff will wish me to acknowledge the encouragement which they continue to receive from the Chief Education Officer and his Department, and from the Members of the Medical and Welfare Services Sectional Committee.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

The signature is written in a cursive, handwritten style. The first name 'John' is written in a larger, more prominent script than the last name 'Limes'. The signature is positioned above the printed name and title.

Medical Officer of Health and
Principal School Medical Officer

28th May, 1957.

- D. **Ear, Nose & Throat**— One session per week.
- E. **Foot Clinic**— One session per week.
Special appointments and examinations are arranged at time to suit patients and staff.

Other Premises :

- B. **Dental**—
- BROWNHILL SCHOOL— Treatment and X-ray examination
Ten sessions per week (P.D.O.)
- NORDEN CLINIC— One session per week (P.D.O.)
- BRIMROD SCHOOL } One session per week alternately.
BALDERSTONE HALL } as the work requires.
- E. **Orthopaedic**—
- SMITH STREET CLINIC— One session per week (Wednesday a.m.)
- F. **Paediatric**—
- SMITH STREET CLINIC— One session per week (Wednesday p.m.)
- G. **Speech Therapy**—
- BAILLIE STREET SCHOOL—Ten sessions per week.

As far as the dental work is concerned, the above list of clinics represents work done when full staff is on duty and since during part of 1956 the staff was much depleted, this list of services represents a theoretical rather than an actual account.

WORK OF THE SCHOOL NURSES

	1956	1955
New cases seen at morning clinics	326	
Dressings at morning clinics	4,042	4,339
Hygiene—Inspections	31,389	29,426
Re-inspections	3,946	3,266
Special School Inspections—		
1. Brownhill	2,445	2,284
2. High Birch	2,928	2,392
Inspections with Medical Officers—		
1. At school	8,032	7,843
2. At clinic	2,726	3,722
Eye Clinic cases... ..	1,037	979
Aurists' Clinic (total attendance)	540	482
Home visits	833	652
Total	58,244	55,385

We are fortunate in having had no changes in the School Nursing Staff during 1956 so that the nurses' work has continued as before. Home visiting has increased and this part of the work steadily grows in importance and indispensability. The reasons have been given before in these reports. Apart from injuries and most, but not all, skin lesions there are few abnormal conditions found in childhood where an expert appraisal of the home conditions and emotional atmosphere is not a help to the doctor in assessing the condition and advising treatment. Here the assistance of experienced fully-trained nurses is invaluable especially in cases of subnormality, behaviour problems and the ever-growing mass of psychosomatic illness.

School Hygiene and Inspection.

Work has continued steadily during the year to improve general facilities and particularly the sanitary services at our older schools.

The alterations at Cronkeyshaw Primary School have been completed and the whole of the sanitary accommodation has been rebuilt inside the school premises. Warm water is now available at this school. The sanitary accommodation for use in connection with the gymnasium at Greenbank Secondary School has also been improved. Work has started on general improvements to the Secondary Technical Schools for Boys and Girls and it is expected that a large proportion of this work will be completed in 1957. These improvements include general cloakroom and sanitary accommodation, electric lighting and general amenities.

Work has been started on the new school for St. Peter's and it is anticipated that this new school will be ready for use in early 1958. Redbrook Secondary Modern School was complete at the end of 1956 and the use here of various types of wall finish presents a very attractive appearance.

Plans are complete for improving the sanitary accommodation at Lowerplace, Meanwood and Spotland Primary Schools and most of this work should be done during 1957.

Every advantage is being taken of the facilities provided by the Ministry of Education for the completion of minor projects by the allocation of a sum of £10,000. This work is being phased with the internal decorations at school so that all the schools are receiving as much attention as is possible and practical with particular reference to the improvement of out-of-date sanitary accommodation.

Various small improvements have been made at the school clinic during the year. The ancient wooden and iron forms, used for years by children and parents, have been replaced by light stackable chairs in varied colours. More comfortable chairs, with foam rubber cushions have been provided for the staff; and the working tops of the clinic benches have been covered with formica.

Medical Inspection in School. (Table I, Page 120).

All Rochdale schools have been visited during the year for periodic medical inspection.

	1956	1955
Periodic Medical Inspection	4,655	4,800
Special Inspections	200	224
Re-inspections	3,177	2,819
Brownhill Inspections	417	443
Total	8,449	8,286
Parents interviewed in connection with Medical		
Inspection	457	527

The following is a summary of the work done at the Clinics.

Children seen by School Medical Officers—

Clinic Inspections (new cases)	837	1,164
Clinic Re-inspections	1,889	2,558
Special examinations and investigations	653	686
Foot Clinic	701	770
Total	4,080	5,178
New Cases seen by Aurists		
Children seen by the Ophthalmologist	1,037	979
New Cases referred to Orthopaedic Surgeon	62	70
New Cases referred to Paediatrician	32	26
Total	1,283	1,254

Findings of Medical Inspection.

Most of our children as seen at routine medical inspection continue to be in a good state of health, but a minority present the same problems at all schools.

1. Thin children, short of subcutaneous fat and with poor muscular development. Such children are often found to be very faddy about their food with marked dislike for most of the proteins they so badly need. This faddiness has usually existed from an early age and is due to poor home training and to the absence of good example by the parents in eating habits and general behaviour towards food. Such untrained children lack ordinary table manners, do not know how to sit at table properly, "pick at" their food,

rush off to play as soon as they feel like it and almost invariably have the habit of continually nibbling between meals such things as sweets, biscuits, ice-cream, nuts and drinking 'pop'. This last habit is particularly destructive of a good appetite at meal times and may set up bad eating habits for a life-time.

Another reason for poor nutrition has often been mentioned in these Reports, but is still very frequently encountered. This is poor house-keeping resulting in food being badly chosen in kind, quality and price, and badly cooked. Lack of time and interest is generally the underlying reason, certainly not of money, since enquiry shows spending which the careful housewife would consider to be great extravagance. Quality is just as important as quantity in feeding a family, but this is not always realised.

2. Fat children. Sometimes this problem seems to be catching up and overtaking that of malnutrition. A few of these fat children are found at every school and faulty diet is again the reason. In this connection a short, quick survey was made of the breakfasts said to have been eaten one particular morning by the children being examined at a Junior School. These children were asked by the school nurse, on their way in to the doctor, what their breakfasts had been. There was no time for them to compare notes or to think up replies calculated to please doctor, as they do when asked what time they go to bed. The following were the replies given :—

- 7 Prepared cereal and tea
- 1 Prepared cereal and cocoa
- 1 Prepared cereal and coffee
- 4 Toast and tea
- 2 Bread and jam or syrup
- 1 Biscuits and tea
- 1 Porridge, bacon and egg
- 1 Porridge, toast and tea
- 3 Cereal and toast
- 1 Bread, jam and milk
- 1 Cereal and milk
- 2 Cereal, toast and milk
- 1 Cereal, cake and tea
- 2 Bacon and egg, and tea
- 1 Bacon and tea
- 1 Bacon, bread and tea.

Apart from the fact that these meals show equal evidence of the English family's addiction to tea and the success of the cereal manufacturers' sales campaigns, it is of interest to compare them with breakfasts recommended

by the Ministry of Food when this Country was under severe war-time rationing and food shortage :—

- (a) Whole-grain cereal—porridge, wheatflakes or wheatmealies, or, in hot weather, stewed fruit with milk.
- (b) Egg, fresh or dried, twice a week, or fried bacon or fish, the fish to be herrings, once a week, either fresh or tinned.
- (c) Bread, as dry toast or hard rusk with :—
- (d) Butter, margarine, dripping or bacon fat.
- (e) Milky cocoa.

The most important course in the Ministry's recommendations is (b), the others being used as fillers, roughage, spreads, etc. and it is very obvious that since only five out of the number had eaten this course, breakfast for the others was not a well-balanced meal. No wonder many children do not look their best in the morning session. It is the longer of the two sessions and should be preceded by a good night's sleep and a nourishing breakfast.

3. **Enuresis.**—This is far more common than is generally recognised. It is often discovered by accident during medical inspection and often not at all. The causation is practically always complex, involving inadequate or over-rigorous habit training, general standards in the home, parental attitude to the condition and the child's intelligence, hobbies and happiness. The parents often need to be convinced of the importance of strict routine, giving praise and reward for dry nights and withholding these on other occasions. This is, however, far too large and complicated a subject to be discussed adequately in a Report of this nature.
4. Imperfect or slouching posture, often not sufficiently marked to be counted as a physical defect for statistical purposes, but spoiling the child's appearance. There are many reasons for this, including habit, heredity, example, lack of sleep, and food of inferior quality.
5. Unsatisfactory personal hygiene. This problem is always with us. Some parents are adept at finding reasons for leaving their children dirty and some seem honestly to believe that washing the body or the hair will give the child a cold. The fact that colds are due to virus infection is very little understood by the general public. It is, of course, perfectly true that resistance to this infection is lowered by many factors such as a sudden drop in body temperature such as leaving a warm atmosphere for a cold one without putting on additional clothing. Such big changes in temperature do not normally occur between the inside and the outside of a house in Great Britain. The proper use of soap and water is not likely to be responsible for catching a cold. Mothers accept without question that newly born babies, at their smallest and weakest, should have a daily bath and washing of the head, but, illogically enough, they find so-called "health" reason why this should not be done as the child grows older. No parent has

yet complained to us at the school clinic about the daily swimming instruction which has recently been instituted for three week periods. It is bathing and shampooing at home which seem to be regarded as potentially dangerous.

6. Some children, without any demonstrable physical defect, and complaining of no symptoms, are nevertheless found not in a really good state of health. Lack of sleep is the most frequently found reason for this and in certain overcrowded schools this is a big problem. An overcrowded school plus a poor home (a poor home always means insufficient sleep) almost inevitably causes scholastic retardation in a child, however bright he may be potentially.
7. Children said by their parents to be "nervous". Such children have many times been discussed in these Reports and, as always, every symptom in medicine and out of it has been considered as due by "nerves", from disobedience to mental defect.

In this Centenary year in Rochdale, it is appropriate to finish on a cheerful note, giving praise where it is due and recognising that most of our school children are well and happy, and have excellent home care. Children take far more interest in their medical inspections than they used to and often ask questions showing a lively appreciation of what is being done. Older girls of 13, 14 and 15 years of age, in particular, are interested in health matters and they avail themselves of their opportunity at the school doctor's visit to talk about the functioning of their bodies, the care of the skin and hair, and other matters. This gives the doctor herself an excellent opportunity of doing a little propaganda, for these girls will in a few years be mothers themselves and will have a better chance than any of their ancestors of using an enlightened intelligence in rearing their own children.

The number of children found at periodic medical inspection to be in need of treatment for various defects has shown a great decrease for many illnesses which used to be commonly found in school children. It is not possible always to compare the figures exactly, since no figures are available from 1939 to 1946 and in 1947 new headings came into use. In many conditions, however, the picture is exactly similar; a high incidence in the early 1930s with a decline from 1936 to the outbreak of war in 1939, this decline continuing, sometimes dramatically, in the post war years.

Bronchitis.—In the early 1930s an average of 40 children were found actually suffering from Bronchitis requiring treatment at the time of the medical inspection. From 1947 to 1955 this number has reached a low and constant average of three or four. The total number now on observation averages 92, but this includes Asthma and other conditions. The number of children admitted to Brownhill for chest trouble, mainly Bronchitis and Asthma, remains also fairly constant.

Postural Defects.—In 1936 facilities for treating these conditions became available locally for the first time and a large number of children were found who would benefit from treatment. These numbers have gradually lessened because of generally improved physical conditions.

Enlarged Glands. Here is a similar picture of a great decrease in numbers found to require treatment, 77 in 1930 and 51 in 1931, decreasing to nil for 1952 to 1955. Small temporarily enlarged glands are still seen following colds and sore throats, and these children are kept under observation.

Otitis Media. There has been a great decrease in the number of children found to need treatment for both acute and chronic otitis media. There were 81 such children found in 1930. These dropped to a constant figure of from twenty to thirty until 1951 when we found none. The children on observation have risen in number. These have perhaps a perforation, healed or otherwise, but have little or no discharge.

Other E.N.T. Conditions. Again in the early 1930s large numbers of children required treatment in this group. The figures dropped rapidly from 1936 to the end of the decade. From 1946 to 1955 there has been a gradual decrease in the numbers requiring treatment and a rise of observation cases. This shows on the one hand the decrease of acute inflammatory conditions because of better resistance, in turn due to better living conditions and on the other hand the change in medical opinion—that it is better to give enlarged tonsils and adenoids a chance to settle down than to rush to remove them. Ear, nose and throat infections are, however, a very present problem and as far as can be seen, will continue to be.

Chorea. In 1930, 16 children requiring treatment for this were found in school. The number dropped to nothing in 1937 and 1938. Chorea is now included with other conditions of the nervous system, so we have no exact figures to give for present day incidence, but our impression is that chorea has almost but not quite vanished.

Epilepsy. At present we have no children away at special schools for epileptics and grand mal certainly seems to have lessened in incidence. There has, however, been an increase in the numbers of children suffering from petit mal or 'black-outs'.

Psychological Defects—both of development and stability show an absolute increase since 1947 when this classification was first used. In 1947 two cases needed treatment and one was put on observation. In 1955 these figures were 33 and 130 respectively.

A town such as Rochdale where a considerable variety of employment is available, inevitably attracts people from other areas less fortunate in this respect. Many of these new arrivals whether staying temporarily or permanently, find their first accommodation in one particular district, not far from the centre of the town. Here a number of large and once superior houses, now too oldfashioned and roomy for the type of family which once occupied them, are let out in single-room tenements. The Junior section of the Primary school to which most of these

newly arrived children go finds that they pose some educational and social problems. Coming from such widely separated places as Somerset, Carshalton, Wrexham, Southampton, Hoxton, Hull, County Donegal and Jugoslavia, many of them have hardly time to settle down in their new surroundings when they leave. Of twenty-five such children who have stayed less than a year in the school six stayed only three months, five for two months, five for one month, and one for a single week. Needless to say, educational attainment cannot be much advanced in these short periods.

Infestation with Vermin. (Table III. Page 122).

Every school was visited three times during the year for hygiene inspections. Altogether 31,389 such inspections were made. Arising out of the inspections, 65 children attended the Public Health Department's Cleansing Centre.

The findings at the hygiene inspections continue to show improvement as they have done ever since we were fully staffed. Altogether, at the inspections 1,230 children were found to have nits and/or vermin in the hair : this is 3.9% of the total. These children represent the hard core which as far as can be envisaged at present would never be 100% clean unless taken into care or otherwise removed from their homes. Their parents are either uninterested in cleanliness, or lazy, in poor health or backward mentally. Frequently, some other member of the family, possibly the mother herself, is the source of continual re-infestation. The nurses always find the most children with nits at the inspections immediately after the August four weeks school holiday. If the hygiene inspections were abandoned it is still true to say that there would be a rapid deterioration in the condition of the children's heads.

An encouraging fact about the figures for 1956 was that seven departments were 100% clean at the inspections. We have never before had such good figures. In assessing these findings it should be remembered that the standards are very high and that even a child with only a few odd scattered nits is counted as infested.

Children Treated at the Cleansing Centre :

	1956	1955
	-----	-----
Verminous heads—		
Referred by School Medical Service 	78	95
Referred by Family Doctor... 	1	5
Referred from Children's Committee Home 	3	—
Scabies—		
Referred by School Medical Service 	16	12
Referred by Family Doctor 	2	—
Verminous body—		
Referred by School Medical Service 	1	—

Altogether thirteen children were sent from the School Clinic to the Cleansing Centre, the rest being from those found unclean in the course of inspections at school.

The one child, a boy who needed treatment for body lice, had been infested by his father, an ignorant and dirty person with no idea of personal cleanliness. The mother was dead and the boy lived alone with his father.

School Clinic. (Table IV. Groups 1, 2, 4 and 7. Pages 124-125).

There has again been a reduction in the numbers of children attending the minor ailment clinic. During 1956 the total attendances were only 5,966. This small number makes the morning clinic seem very quiet and peaceful most mornings compared with busier years such as 1945 when 16,171 attendances were made, or 1942 when 13,887 children came. These decreasing figures have made it unnecessary for a doctor to be in attendance on Tuesdays and Thursdays, unless already in the building doing some other work. As always, Monday, Wednesday and Friday are much busier and a doctor is still available on these mornings.

The following conditions were treated at this clinic :—

	1956	1955
	—————	—————
Ringworm	2	—
Scabies	16	9
Impetigo	184	300
Other skin diseases	61	67
External eye diseases	31	43
E.N.T. conditions	198	207
Miscellaneous minor ailments	955	1,378
Septic wounds	231	343
Plantar warts	60	—

This last year plantar warts have increased very considerably and have been classified separately. Formerly the few which did occur were included among "Other skin diseases".

Impetigo, although decreased compared with last year, is much above the figures of ten to twenty in 1950, 1951. Compared with the latter year External Eye Disease is reduced to one seventh, Ear, Nose and Throat Conditions to one fifth and Minor Ailments (unclassified) to one half.

SCHOOL DENTAL SERVICE

The past year has seen the School Dental Service with the smallest staff since 1945. There was only the Principal Dental Officer alone for several months and the average number of officers in service during the period amounted to 1.6 as against an establishment of four.

Mr. Longworth, the remaining full-time officer, resigned early in the year, Miss Petrie, who had been a Dental Attendant since the inception of the Service, retired at the end of September, and Mrs. Smith, Dental Attendant, resigned at the end of the year.

No satisfactory response was forthcoming to advertisements for full-time officers, although the Council offered to help with housing where a need was indicated and it was decided to advertise for part-time officers on a sessional basis. No tangible results came of this and it appeared likely that with probably only one officer available considerable reductions would have to be made in the Autumn in respect of services. It so happened, however, that the worst expectations were not realised and by the end of September two part-time officers were working and a third commenced duty towards the end of November. There was a good response to advertisements for Dental Attendants and it was possible to obtain two satisfactory replacements, and it was again feasible to undertake an extensive programme of inspection and treatment.

The staffing problem is a perennial difficulty. Part-time officers have been a great help in keeping things going, but they tend to be transitory, and stability and long term planning are hard to achieve without permanent staff. It is an unfortunate fact that although the Dental Schools are full there is likely to be little improvement for some time. Since the average age of the Dental Profession is high and a large number of practitioners are due to retire from the General Dental Service, there will be difficulty not only in supplying the needs of the School Service, but also those of the general public and only the enlargement of the Dental Schools to train more Dentists will enable the Country as a whole to be adequately catered for.

There is no lessening in the incidence of dental decay in children's teeth either locally or throughout the Country. Some experimental work is being done to reduce the liability to tooth decay by the addition of minute quantities of certain substances known to do this to drinking water, but the results will not be available for some time. There is evidence from America where much more has been done in this respect that this may prove of value and produce teeth less prone to decay. At present the only satisfactory way by which the dental health of children can be secured is by regular systematic treatment and inspection, and careful attention to oral hygiene. It has been pleasing to note an increase in the number of children who are receiving regular systematic treatment under the Health Scheme from private practitioners and our thanks are offered to those who, in spite of the considerable demand on limited time, are helping us in this way. Unfortunately, there are still many parents who, notified of a need for treatment after school inspection do not obtain it from either the School Service or under the Health Scheme, but only seek treatment for the relief of pain. It is only by regular treatment with the filling of small defects that a healthy mouth can be secured.

Eight of the children with blocked lachrymal duct were referred by the Child Welfare Section. Six of these responded to treatment and the other two were referred to the Eye Hospital for washout. Three of the cataracts are old cases as are the colobomata of the iris and choroid, and the optic atrophy and the buphthalmos. Children with conditions such as these are kept under regular supervision all their school life. The child with a coloboma of the macula was found at routine medical inspection to have $V \frac{6}{38} \frac{6}{8}$ and was referred to Mr. Scott in the usual way for a refraction.

The child with a detached retina was a new case, removed to this district from London. One form B.D.S. was completed, for a child with suspected optic atrophy, who will go to a special school when he is old enough. The boy with optic nerve atrophy following meningitis, mentioned in a previous report, has done very well at his special school and has now been transferred to the Royal Normal College for the Blind at Shrewsbury.

Three Rochdale children are away at residential schools for the blind and the partially sighted.

All concerned with the school medical service in Rochdale are grateful that the school eye clinic forms a part of Mr. Scott's ophthalmic service for this district.

Orthoptic Clinic. Report from Miss Dean.

	1956	1955
Attendance Total	2,914	2,690
Patients on Register	1,545	1,366
New Cases	179	222
Waiting for first appointment	61	21
Number discharged	90	46
Squint operations performed	64	85
Waiting for squint operation	8	29

Apart from the 2,914 attendances there were 369 failures to attend and of these approximately half failed to send any reason for non-attendance. The number on the register is now very large, (1,545) having been increased during the year by the new cases of whom 49 were Lancashire County Council cases. Approximately the same number of new patients have been referred to the clinic this year as in 1955, so the list of those waiting for treatment has become a little longer.

All the 90 discharged patients had been relieved of their symptoms and had either their squints cured or their cosmetic appearance improved.

It is satisfactory to report that the waiting period for refraction by Mr. Scott has been much reduced during the past twelve months.

Ear, Nose and Throat Conditions.

Mr. Smith and Dr. Basu have continued to conduct clinics at Penn Street as required and to operate or do further investigations at the Infirmary on children who needed them.

	1956	1955
New Cases examined	152	179
Re-examinations	388	303

One hundred children were considered to need tonsillectomy and 331 to need other forms of treatment. The tonsillectomies performed during the year numbered 99 and 6 antral washouts were done at the Infirmary under general anaesthesia. At the end of the year there were 67 names on the tonsillectomy waiting list. Sixteen Rochdale children are at Residential Special Schools for the Deaf and the Partially Deaf.

Audiometric Testing.

All primary schools in the town have been visited for audiometric testing by the sweep method. In 1955 the 5, 6 and 7-year olds were examined so this year it was only necessary to test the new entrants and those who had missed the test before: an exception was St. Edward's school where major alterations in progress made testing impossible during 1955.

In all 29 schools were visited by the school nurses and 2,148 children were tested. Forty-seven children were tested at the clinic, having been considered to need further investigation. The disposal of these cases was as follows:—

Hearing found satisfactory for practical purposes	12
Progress at school to be observed	4
Referred to minor ailment clinic	1
Referred to E.N.T. clinic	25
Failed to attend	5
Total	47
Re-tests after attending E.N.T. clinic	14

Again we are indebted to Professor Ewing and his Department for the Education of the Deaf at Manchester University for his advice about various children referred to him. One, who had been under observation since the previous year was finally recommended to sit in a favourable position in class and to have special attention since medical treatment was not considered likely to improve the severe perceptive loss in one ear. Another child with considerable impairment of hearing over the speech range of frequencies, was recommended to have a hearing aid as well as a favourable position in class. Two other children, a brother and sister, were recommended hearing aids and admission to a special school. The last case, a girl with a moderate degree of conductive deafness was admitted to hospital for removal of recurrent adenoids and later, perhaps will have a tympanoplasty to heal perforations.

Dr. Taylor from the Department for the Education of the Deaf, came to Rochdale twice in December to instruct school nurses and health visitors in the technique of testing hearing. All the school nurses have now received this training, either at the University or here in Rochdale.

Noise is the perpetual problem when using an audiometer in school or indeed in any public building. Even when well away from obvious noise such as road traffic and various industrial processes, there is much to invalidate a test especially for a child who is backward or easily distracted. The sudden scrape of furniture on the floor of an adjoining room, the isolated voice, the ring of a telephone bell, footsteps in the corridor, the familiar sounds of modern plumbing, can all give rise to doubt as to the certainty of the result.

Since sound-proofed rooms are not likely to be generally available in the near future, the best must be made of present conditions. In fact we think it unlikely that much error is made. Present opinion tends to concentrate on the recognition of impaired hearing during pre-school years so that perhaps before very long, only those children who acquire their deafness after admission to school will need audiometric testing.

With five school nurses and one clinic nurse regularly using the one Amplivox audiometer and trying to fit in their audiometer sessions with each other, there is at times a little queueing up for the use of the instrument. For this reason it has been found necessary to discontinue testing the hearing of patients increasingly referred to us from the Rochdale Infirmary. This step was much regretted since we value highly the co-operation of hospital staffs in our work and are glad to oblige them whenever possible.

Speech Clinic. (Table IV. Group 6. Page 125).

Report by Miss Hartley, Speech Therapist.

During the first few months of 1956, the clinic was open for 16½ hours each week, increasing to 20½ hours in September. In November on my appointment as full-time therapist, the clinic became open for a full week of 33½ hours.

The total of attendances was 1,464, little over half the number for 1955 when the clinic was fully staffed and open for eleven sessions a week throughout the year. The total number of patients receiving direct treatment at the clinic was 94, boys outnumbering girls (as usual) by 66 to 28. In addition seven children were on home treatment. Parents were advised how to treat the children at home and progress was checked every three months. This method is used when children are very young or backward or for some other reason unable to attend the clinic regularly. One of these boys showed little progress and has now been admitted for weekly treatment.

Fifty children were discharged, for the following reasons :—

Speech now normal	...	...	...	...	...	...	...	25
Speech nearly normal and still improving	...	...	...	...	...	...	...	15
Persistent non-attendance	...	...	...	...	...	...	...	3
Unsuitable for treatment	...	...	...	...	...	...	...	1
Left school	...	...	...	...	...	...	...	4
Left district	...	...	...	...	...	...	...	2
								—
								50
								—

At the Rochdale Centenary Education Exhibition this summer, the work done at the Speech Clinic was demonstrated by recordings of the different types of speech defect before and after treatment. These aroused much interest in visitors to the Exhibition.

The unstable home backgrounds of some of the children who stammer are a great source of anxiety. A secure and serene atmosphere is essential to real progress in the treatment of stammer but unfortunately in many cases stammerers get little help from home with the inevitable result that progress is either unnoticeable or very slight. One boy at present attending has parents who both stammer themselves, and who disagree about the handling of the boy. In addition the father has a violent temper and little patience with his son.

Another boy from an unsatisfactory home continually plays truant from school and comes to the clinic irregularly. A third boy in similar circumstances is extremely tense and worried. Both these boys have recently appeared in the Juvenile Court charged with minor offences.

These children have naturally made little headway at the Clinic, any progress made being immediately counteracted at home.

Articulatory defects are those for which children are most commonly referred to a Speech Clinic and treatment of these is generally of shorter duration than in the case of stammer. These defects of articulation once cured rarely show any tendency to recur.

The following table shows the distribution of various speech defects among the 94 patients treated during the year :—

	Boys	Girls
Stammer	24	2
General dyslalia	3	2
Multiple dyslalia	24	9
Simple dyslalia	12	12
Cleft or damaged palate	1	3
Partial deafness	1	—
Cerebral palsy	1	—
Total	66	28

Foot Clinic.

As before, the foot Clinic has been held once a week by Dr. Moore. The day was changed from Wednesday to Friday afternoon, in order to free the doctor for school medical inspection on Wednesday, a time more convenient to the schools than Friday afternoon. The change has however proved of value in another direction. Friday is pay-day and, with Saturday a shopping day, parents can be sent on their way with good advice about children's new shoes fresh in their minds. This advice, simply that of making sure that the child's feet are measured before shoes are bought and that the shoes are long enough and wide enough, needs to be preached in season and out of season because very often neither seller nor buyer realises its importance. Sometimes several visits and exhortations are required before a child with toes made crooked by small shoes, is at last found to be wearing a pair with the extra length recommended for growth.

Crooked toes, valgoid ankles and knock-knee make up the bulk of cases seen. Difficult or refractory cases are referred to Mr. Gracie, for whose advice we again record our thanks.

During the year 393 individual children were seen. They are usually asked to attend at six-monthly intervals, and altogether 701 visits were made to this clinic. Of these 108 were new cases, 518 re-examinations and the remaining 75 visits were made so that alterations to shoes could be checked: 129 children were discharged during the year.

Report on Physical Education. Mr. W. M. D. Cameron, Organiser).

Physical Education in Rochdale continues to be carried out on the lines described in earlier reports, with the basic movement approach increasing its influence. Primary schools provide a daily period of physical activity and secondary schools three or four periods weekly, including games, athletics, dancing, swimming and gymnastics.

During the year more primary schools were supplied with portable climbing apparatus, from which the children derived great physical activity. One item of concern is that some secondary schools are still not equipped with any form of climbing apparatus to provide the logical development of work from the primary schools, so that primary school pupils cannot follow up these activities when they reach secondary level.

Recent investigation into the qualifications of the teaching staff at secondary level in Rochdale showed that six teachers possessed a diploma in Physical Education, fourteen teachers had taken a teachers' course with Physical Education as an advanced subject, eleven teachers had taken Physical Education at ordinary level and five teachers had had no special training.

Now that the primary school swimming scheme has completed its first year, it is possible to give an assessment of its efficiency. The scheme has applied to all children in the last year at the junior school, the lessons being taken by suitably qualified and interested teachers at the schools from which the children were drawn. In the school year, 1954-1955, eleven primary schools utilised twenty-one periods per week in visiting the baths weekly. This year twenty-four schools have visited the baths for three weeks each, using a total of twenty periods per week.

Total number of swimmers in all schools able to swim a width or more :—

1954-55 — 507

1955-56 — 650

In addition to this, 159 children have been taught to swim a minimum of six strokes making a total of 709 swimmers out of 1,080 children.

Total number of primary pupils qualifying for first certificates :—

1954-55 — 229

1955-56 — 426

Difficulty was experienced in some schools in persuading parents to permit their children to attend the baths during the winter months, but in all 955 children took part in the scheme. An added item of interest is that during last year, there was an increase of over 10,000 in the number of attendances made by scholars to the swimming baths during school time.

The Rochdale Sports Association continues to do excellent work in assisting practically every type of sport. Association football, Rugby football, cricket, rounders, netball, swimming, athletics and cross country running are all catered for, and in each sport the children have an opportunity to compete up to County or National level if they have the ability.

For the first time parties of Rochdale children attended Y.M.C.A. Lakeside Camp for a period of two weeks. Five school camps were held for boys and two for girls, which proved to be beneficial, both educationally and physically.

The weekly swimming class for spastic children and those suffering from the after-effects of poliomyelitis continues with some very rewarding results. A number of children have been taught to swim, and in all cases an increase in confidence and muscle strength and co-ordination has been particularly noticeable. It is a pity, however, that water in the baths cannot be at a higher temperature, as on cold days some degree of spasm is apparent in the children.

This year there has been an increase in the number of Physical Education evening classes, so that now three classes in Scottish Dancing, two classes for women and six classes for men, and a mixed fencing class are held weekly.

Orthopaedic and Postural Defects. (Table IV. Group 3. Page 124).

Sixty-two children were referred by the school doctors to Mr. Gracie during 1956.

Postural defects	...	...	...	...	...	...	...	...	17
Knock-knee	...	...	...	...	...	...	...	...	9
Bow-leg	...	...	...	...	...	...	...	...	1
Valgoid ankles	...	...	...	...	...	...	...	...	9
Flatfoot	...	...	...	...	...	...	...	...	2
Pes cavus	...	...	...	...	...	...	...	...	3
Toe deformities	...	...	...	...	...	...	...	...	6
Other foot defects	...	...	...	...	...	...	...	...	5
Torticollis	...	...	...	...	...	...	...	...	2
Injuries	...	...	...	...	...	...	...	...	2
Joint pains	...	...	...	...	...	...	...	...	2
Harrison's Sulcus	...	...	...	...	...	...	...	...	1
Head tilt	...	...	...	...	...	...	...	...	1
Poliomyelitis	...	...	...	...	...	...	...	...	1
Spastic condition	...	...	...	...	...	...	...	...	1
									—
									62
									—

Three of these children were recommended for operation, nineteen for exercises arranged by Mr. Gracie and fourteen required adjusted footwear or other orthopaedic measures. The rest needed no treatment, nor had any special advice to be given to parents. Some children, not in need of treatment at the time, were kept under observation and supervision by Mr. Gracie. We should like again to express our thanks to him for his help and advice.

At the end of the year no fewer than 25 of the children in the school were there because of Asthma. These 16 boys and 9 girls made up nearly a quarter of the children on the register. All are able to attend much more regularly than was found possible at their ordinary schools. Attendance at Brownhill cannot cure Asthma, but it can enable the child to enjoy life more fully and to be educated more satisfactorily.

Some of the greatest difficulties are with children whose unsatisfactory homes undo the benefit received between the hours of 9-0 a.m. and 4-0 p.m. One unhappy, miserable looking child only put on 7 lbs. in weight during 13 months at the school and attended very irregularly, often being kept at home to care for her semi-invalid mother and her sister's two small illegitimate children. Eventually, after a prosecution for non-attendance and the referral of the child to the Juvenile Court, the father, a rough and harsh man, consented to the girl's admission to a small home catering for difficult cases. In the next 3½ months the girl gained 12 lbs. in weight and altered so much in general appearance and behaviour that she was unrecognised by neighbours when she visited her parents.

Another boy had been retained in hospital longer than necessary to treat his severe osteomyelitis of the leg, because he had no home fit for his return. His mother had died during his two years in hospital. His father, a prematurely aged and mentally sub-normal person, lived in a condemned house and his married sisters lived in small houses with no room for this boy. Eventually, the father was re-housed in a municipally owned maisonette, the boy was discharged from hospital and admitted to Brownhill. Within a week he was found to be infested with body lice, through sleeping in the same bed as his father. This condition recurred after treatment and so far our best efforts at teaching simple hygiene, marketing and housekeeping to this father have met with little success, and this family needs the most constant supervision. The father does now send the bedding to the launderette, but his idea of a good meal is still a tin of steak, a tin of peas and some chips. The boy is fairly quickly losing the excess weight he acquired in hospital.

Another miserable specimen of a boy was admitted in a state of general neglect and with obvious results of rickets. The father had open tuberculosis and there were eight other children, several working. The father refused hospital treatment and is generally unco-operative. The house, municipally owned, is dirty and smells offensive. After eighteen months at the school this boy had gained no weight and still had gingivitis, sore eyes, a bad colour and dirty teeth in spite of repeated lessons. The parents continually refused to permit the child to be admitted for residential treatment until the end of the year when they suddenly agreed to this being arranged.

A girl was admitted in 1956 after some delay because of the father's refusal to allow her to attend the school. She was in a poor state of health, twitching, complaining of pains in the limbs, under-nourished and had an infested head.

This child attended so irregularly that she had improved only a little when in less than a year's time the family left this district, probably to escape the increasingly frequent attention from various welfare authorities.

Another girl who had an excellent home was admitted for being in a jumpy and nervous state since the death of her father and grandparents within a short time. She felt very insecure. The mother re-married and the child improved though still pale, fragile and ethereal looking. Unfortunately, the second husband died after a short time and this caused an exacerbation of Pat's nervous symptoms. She began to cling to her mother very much, no doubt fearing that once out of sight she too might vanish for good like the rest of the family. She is slowly improving, but it will take some time for her confidence and security to be completely restored.

The children admitted for observation have again presented considerable interest and variety. A girl was admitted whose foster mother had died and whose foster father was trying to care for her. She had a congenital foot deformity which alters her gait and causes scoliosis. Her general health was good, but she had developed a tendency to wet herself and was admitted to Brownhill in order to find the reason for this if possible. After a period in hospital, where no organic disease was found, she gradually, but only partially, improved and it seemed that nothing more could be done for her. Then the foster father re-married, K. was re-admitted to the Children's Home from where she had been fostered and she began to improve very rapidly indeed, becoming happier, dry, gaining weight and working well. She is being retained at the school for a time to avoid any further upheaval in her life for the present.

A boy, one of triplets, has congenital cataract and is scholastically behind his unhandicapped brothers, causing some frustration and nervous symptoms. He is improving, but has a long way to go yet. Another boy on admission was very tense and anxious, introverted, taciturn, would rarely speak to anyone and gave way to sudden outbursts of temper. He now has a pleasant easy manner and is much more co-operative. His work has also improved considerably, because of awakened interest through improved reading ability.

An old poliomyelitis case had missed a lot of school and was said by his mother to have an uncontrollable temper and to be defiant. His memory and concentration were very poor. He is now gradually improving in control and is responding to his teacher's requests. His work is improving and he is very proud of each accomplishment, which acts as an incentive to further efforts. He is much interested in his lessons, but still needs stimulating at times.

A boy from a broken home was said to be "very bad with his nerves". This child was miserable in the big school he formerly attended and is of the type who can only work and enjoy himself in peace and quietude. He hates Blackpool

and prefers a holiday at a remote moorland farm. He is still backward at his school work, but is showing more confidence and behaves in a more mature manner than formerly, applying himself diligently to his work. His character has opened out and he shows more initiative.

A "problem child" with rather unco-operative parents is an intelligent boy, but he was not concentrating on his work and was said to be disobedient. On examination he was found to have severe bilateral deafness, hitherto unrecognised. This has improved considerably with extensive treatment. He is still rather a problem, but is showing steady improvement. For some time after admission his aggressive behaviour to other children made him a social outcast, but he is now making friends and becoming an accepted member of the school community. During the past weeks his concentration on work has shown a marked improvement. He is almost pathetically pleased with words of praise and he has a lovable nature which we are determined to foster.

Another unlucky boy had been in and out of hospital for three years with eye trouble. His most distressing symptom was recurrent severe photophobia. He had also recurrent secondary corneal inflammation and cycloplegia from his atropine treatment. At school things are very difficult for him at times and he often has to rest from close work. He has most ingenious ideas in craftwork and a lively interest in academic subjects, and has made steady progress in his work in spite of his disability.

Disappointments are inevitable in such work as we attempt at Brownhill and in some cases a combination of unfortunate circumstances makes it impossible for us to help a child. Three such children, all boys, have been at the school during the past year. One was from a broken home in another district and came here to live in an aunt's house. Here his three feeble-minded adult cousins teased him and the whole atmosphere of his new home did nothing to help his nervous and tense condition, so that neither his severe stammer, nor his bed-wetting, nor his pilfering improved. Eventually, the boy returned to his home in Yorkshire, improved physically, but not otherwise.

Another boy, ruined by the indulgence of his elderly foster parents, had to be excluded from the school after a very short time because of his violent and bullying behaviour towards smaller boys. He had some paresis from an infantile hemiplegia and suffered from 'black-outs', self-induced at times. Eventually, he got into the hands of the police and was committed to an Approved School.

These boys were not really suitable for admission to Brownhill and only came there 'faute de mieux'. We find it insuperably difficult to obtain treatment for maladjusted boys of any age, and admission to special residential schools has been found completely impossible for the eleven-plus boy.

Our most complete 'failure' was with a boy in a very poor state of general health, suffering from bronchitis and asthma. He improved a little, but the home

atmosphere was most unhelpful, since the child was indulged to such an extent that he was allowed to do things definitely harmful to his health. His own doctor recommended his admission to hospital and we heartily agreed with this but the mother withheld her consent because the boy refused to eat until she promised him he should not go to hospital. A few weeks after this he died of acute bronchospasm and congestive heart failure.

Fortunately, our efforts to inculcate healthy habits generally meet with some success, and no opportunity is lost of stressing that children are admitted to the school in order to learn to lead a healthy life as well as to learn ordinary school work. Complete co-operation of teaching, medical and nursing staff is essential to success in this and we are fortunate in enjoying such co-operation here.

Examination of Educationally Subnormal Children.

This work has again occupied all the time that one school medical officer could give to it. Children are referred for mental testing from various sources. Young pre-school children are generally sent to us from the Infant Welfare Department or by their family doctors because of failure to develop normally the social habits of eating, walking, talking and controlling the bladder and rectum. Children sent by the Education Authority are those whose educational attainment falls behind that of others in their age-group. Those mentioned by Head Teachers at medical inspections or brought to our notice by parents, welfare agencies or the police need examination because of behaviour problems or anti-social acts.

The 77 children referred to us by the Education Authority during 1956 had an average intelligence quotient of 88.2, eighteen being 100 or over and a further seventeen having quotients between 90 and 100 i.e. possessing intelligence which is considered within the limits of normal. In these cases, some other reason than mental dullness must be sought to account for their poor educational attainment.

Some are in an unsatisfactory state of general health, usually with no definite sign or symptom of illhealth apart from lassitude and a general lack of energy and joie-de-vivre. A few of these are probably suffering from a slight tubercular or other infection with which their defence mechanism is dealing adequately, but the reserves of energy normally used in intellectual or physical activity are for the time being otherwise and more urgently engaged. Others, perhaps better with their hands than at theoretical work (and there are many of these in an industrial area such as this) have lost interest in school work because of gradually increasing retardation. These children sometimes become so much discouraged that their lack of interest almost amounts to a refusal to learn.

Many others are retarded whose natural temperamental characteristics such as ebullience, over-activity or day-dreaming completely unfit them for learning in the average large class of the primary school. These children need

small classes with the opportunity of individual teaching and encouragement to keep their interest engaged if they are to attain the educational attainments of which their intelligence is capable.

A number of parents show complete apathy and indifference to their children's progress at school and naturally these children cannot make the most of their scholastic opportunities. A few parents actively disapprove of present day education especially for children over fourteen, but some of these are fathers and mothers whose essentially practical natures and busy lives have given them the opinion that book work cannot be real work. "Put that book down and I'll find you something better to do" has a depressingly familiar ring for many an adult now in a chosen career made possible by "that book" and its fellows. Those who have been reared in educated homes can have little idea of the difficulties in the way of the child, young scholar or student in a bookless, overcrowded and noisy home.

The child who comes from such a home and perhaps is expected to do too many household chores, including caring for younger brothers and sisters in the absence of the parents, and who still succeeds in doing well at school, must possess exceptional tenacity of purpose or be endowed with more than average intelligence. Normal intelligence is not enough, and the slightest subnormality or handicap may mean practical illiteracy.

High Birch School. Head Master's Report.

During the last week of the year a Christmas party for school leavers was held at High Birch. This party was attended not only by those actually about to leave the school but also by almost every boy and girl who had left during the previous two years. So successful was the evening that these former pupils are planning to form an Old Scholars' Association and, despite their homes being scattered throughout the town, they hope to meet at regular intervals. This incident at an ordinary school would scarcely deserve mention in an Annual Report, but at High Birch it is a symptom of something much more important than the gregariousness of young people. Each of the boys and girls at that party came to the school a few years ago dispirited by a profound conviction of his own inadequacy. Few children can read when admitted, most are ignorant of number and all have known the chagrin of constant failure.

At High Birch they find success, many for the first time in their school lives. They learn the joy of achievement and discover satisfaction in mastering new skills. But the aim of the Head and his staff is not only to teach them to read and to reckon, to bake cakes and erect shelves and to take a pride in their appearance and their speech, but also to give them confidence and a sense of responsibility so that they can play their part and become useful and contented members of a wider society.

The Christmas Party was then a token of success showing what warm memories these adolescents had of their school and the pleasure they found in renewing their acquaintance with the School and with their former companions.

As such it put a seal to the record of another successful year during which 16 new entrants have been admitted and 19 have left the school to take up employment. More than 200 parents and friends of the School attended the Annual Concert held on March 9th and there were over 300 visitors to the Open Day held on October 23rd.

The year has also seen the establishment of a School Library which now contains nearly 500 volumes from among which all the pupils regularly borrow books to take home for reading in their leisure hours. It has been most encouraging to notice that many of the older pupils are now finding so much pleasure in books that they are being led to join the Public Library although most of them had failed to learn to read until a few years ago.

Another year of steady work culminating in a party.

L.S.

Remedial Education Course.

Each September the reading ability of every seven-year old school child in the town is assessed and compared with the normal standard for that age. It is generally found that about three children in each class, although of at least average intelligence, are yet for some reason seriously backward in reading ability. Arrangements are then made for the Remedial Teacher to call at the school where there are several children in this category for one hour each day over a period of six months. Treated in this way these children make rapid and, in some cases, startling progress. On average the reading ability of the 62 pupils so dealt with during the year ending July 1956 improved at three times the normal rate.

This scheme has now been in operation for nearly two years and is beginning to show very satisfactory results ; 4,010 children have been tested of whom 263 were found to be seriously retarded ; 88 pupils have received remedial tuition and a further 76 will be treated during the year.

Less satisfactory are the arrangements for treating children who are, in the old fashioned phrase, dull and backward. Only about a tenth of these pupils are so handicapped as to need admission to a special school but under present conditions of crowded classrooms and teacher scarcity, it is often not possible to give proper attention to these children in their ordinary school. Active consideration is therefore being given to the possibility of organising a remedial centre where they could attend either full-time or part-time for a number of terms.

Child Guidance.

There is still no Child Guidance Clinic and no Educational Psychologist in Rochdale and we send a few cases where children urgently need psychiatric examination to Booth Hall Hospital where Doctors Malloy and Cashmore have a clinic. Two Rochdale boys attended Eden Grove Special School during the year, one being discharged in November.

Children Notified to the Local Authority for Mental Deficiency.

As in 1955, twenty three children were recommended to the Education Committee as suitable for notification to the Local Authority for Mental Deficiency.

Of these, fifteen had attended special schools and were considered to be in need of statutory supervision after leaving school. These were notified under subsection 5 of Section 57 of the Education Act. The others were found to be ineducable and these eight children were notified as such under subsection 3 of the same section of the Act. Altogether 128 children were examined for the assessment of intelligence, a smaller number than last year because the school doctor doing this work was absent on sick leave for a considerable time during the Summer.

The bad effect a defective child can have on other members of the family has in some of these cases been very marked. Nowadays, most parents of handicapped children are co-operative, realistic and anxious for them to have the best and most suitable teaching, treatment and training. Such parents are aware of the fact that handicapped children can best be helped by recognising their limitations and disability. A small minority of parents, however, adopts an ostrich-like policy of refusal to admit the existence of mental defect and opposition to all help from outside sources. It is understandable, and indeed admirable, that every mother should have a good opinion of her child's capabilities but it is saddening for everyone in welfare work to hear plain evidence of mental defect denied or glossed over, especially in the case of young children who can benefit so much from expert training. Such parents often delude themselves into thinking that their child "will be all right when he can talk" (or walk, or feed himself) and may ask for specific treatment such as speech therapy which is of course useless when speech has not developed. Others blame teaching staff or other children when their own child must be excluded from school because his uncontrolled behaviour and emotions interfere with the education of the rest of the class.

Sometimes the father is the unrealistic parent, forbidding the rest of the family to correct or discipline the child in any way. Here the mother has a most unenviable time, dealing with an uncontrolled child all day while the family arbiter is out at work, coming home to spoil and pet the child for an hour or two in the evening.

A few marked examples have recently been met where the defective child has a bad effect on a normal brother or sister. One boy was found in a debilitated state, thin, anxious and tired because of the responsibility he felt for a young defective brother attending his own school. A period of rest and peace in a convalescent home, together with the admission of the defective brother to the Occupation Centre, improved this boy's health very considerably.

Children Neglected in their Own Homes.

A member of the School Medical staff has attended each meeting of the Joint Committee for Children Neglected or ill-treated in their own homes.

Of the ten new cases dealt with, five cases involving nine children were referred from the School Medical Department. In the first of these, the three children were found to be neglected and alone when a home visit was paid. In the second, the mother had left home and the two children were being cared for by the father who needed more assistance. In the third case, two children were living in one room with their father who was separated from the mother and had another woman living with him. The fourth case was involved with the third, the one child here having previously been cared for by the woman now in that case. The one child in the fifth case was a problem child and backward at school. His mother had left home and he was being cared for by his father.

Nursery Schools.

Report by Dr. M. L. Dennis, Child Welfare Medical Officer.

During the year 44 Medical Inspections were carried out at the four nursery schools, and 651 children were examined. Out of these 9 children appeared to be debilitated but none of them was suffering from serious malnutrition.

The usual types of defects were found, mainly Ear, Nose and Throat defects and Squints. These children were referred to the appropriate clinics.

A great step forward has been made by introducing routine dental inspections in 1955. Many children have attended for treatment when referred by the Schools dental officer. It has become quite a usual occurrence to see teeth which have been filled whereas previously it was an exception.

Many mothers have been to ask the clinic doctors if they can get their children into the nursery school quickly. There is certainly a great demand for places in nursery schools. The children benefit by the opportunity to play outside with the apparatus and toys which are provided for them, and to express themselves freely in their play. Both mothers of large families and mothers of only children benefit by their children's admission into nursery schools. The mother of a large family has more time to do her domestic work if she knows that the children are well cared for during the day. The mother of to-day has less help from aunts and grandmas than previously for so many older people are still fully employed.

One often hears a mother say that she did not like to trouble grandma because she is tired when she gets home from work. On the other hand the mother of an only child is glad to know that he can have playmates and so learn to mix with other children.

During the year there has been a determined effort to ensure that all the nursery school children are immunised adequately against diphtheria and whooping-cough. Records have been checked in the office with information collected by the head teachers. In many cases a mother has said that her child is immunised when full enquiry shows that the child has received only one dose of the course. I should like to put forward a plea that parents would see that these courses of immunisation are properly completed otherwise a false sense of security is created. Moreover people tend to say that immunisation against whooping-cough is no good because a child was "done" and then developed the disease. These are the cases where one finds that the course of immunisation had been incomplete.

Head Inspections.

			Head Inspections	Clean	Nits	Vermin
31/3/56	...	...	1,229	1,195	33	1
30/6/56	...	...	1,288	1,253	31	4
30/9/56	...	...	798	786	10	2
31/12/56	...	...	1,361	1,325	32	4
			<hr/> 4,676 <hr/>	<hr/> 4,559 <hr/>	<hr/> 106 <hr/>	<hr/> 11 <hr/>

Thus out of 4,676 inspections, 117 inspections showed either actual vermin or nits. This is a slight improvement on 1955 but there is still need for greater care in the matter of cleanliness. It is so simple if parents would look at their children's heads regularly and wash them thoroughly once or twice every week.

One or two nits can be removed quite easily if spotted immediately but the task becomes enormous if the nits are allowed to remain.

The Head Teachers and staffs of the nursery schools have once again been most helpful in co-operating with the Health Visitors and Medical Officers and I should like to thank them for their continuing help and interest.

The following is an example of the type of children who have benefited by admission to a nursery school :—

Twin boys who live near to one of the nursery schools had been constantly upset at home. When they were born the father had not wanted them and the mother found it very difficult to manage an older toddler as well as the twins. Eventually the twins were admitted to hospital with feeding problems. After they had recovered and were put on the right lines they were discharged. Very soon they became too much for the mother again so she pushed them in the pram by herself up to Birch Hill Hospital one Saturday afternoon saying that she could not manage to feed them.

There were numerous quarrels between the mother and father who was unco-operative and even cruel so that the N.S.P.C.C. Officer had to be called in. These two children have been into Birch Hill Hospital on several occasions, they have been admitted to a convent, Spring Bank Home, a mill nursery and to a hospital when they developed chicken pox, away from home. These moves were all due to the mother's unhappiness and insecurity at home. The children became listless and silent and looked frightened.

After much persuasion the mother agreed to let the boys enter a nursery school in May 1955. They attended irregularly at first but the Head Teacher and Health Visitor showed great patience with the mother and eventually won her confidence. These two boys are now well developed both physically and mentally. They have improved in every way and no longer look frightened and sullen. They will soon be going into an infant school and they will have a much better start than if they had not been prepared in the nursery school.

Another little boy who was born in 1953 started to vomit frequently when he was 6 months old. He proved to be a "ruminator" and was admitted to Birch Hill Hospital. He made himself sick to such an extent that he became very ill. He was in hospital for a few months and eventually recovered but he was always difficult at home about feeding. It was suggested, when he was 3 years old, that admission to a nursery school might help him to eat normally. The mother was hesitant at first but eventually she allowed him to go. The child improved considerably after three months and now eats a normal amount of dinner with the other children. His mother is delighted with his progress particularly as she had such a difficult time with him at home. She had been so concerned that she had continued to feed him with rather sloppy types of food instead of having the confidence to give him ordinary meals.

It frequently happens that away from maternal emotional upsets children will respond more readily. It is perfectly natural for a mother to be worried if she thinks that her child is not eating enough, whereas a kindly person outside the family circle can take a more detached and balanced view and thereby gain the child's confidence. This happened and proved to be successful in dealing with this little boy at the nursery school.

Diphtheria Immunisation.

During the year 184 children of school age completed a full course of primary immunisation and 810 children who had previously been immunised received reinforcing injections.

Infectious Diseases.—

The following cases of infectious disease were notified among school children during the year :—

	1956	1955
Scarlet Fever	35	90
Measles	5	279
Whooping Cough	67	10
Chicken Pox	28	25
Sonne Dysentery	10	8
German Measles	83	1
Poliomyelitis (Paralytic)	1	3
Pneumonia	1	—
Meningoccal Infections	1	—
Total	231	416

The main feature is the decrease in Measles and Scarlet Fever. Whooping Cough and German Measles, however, show an increase on the figures for 1955.

Poliomyelitis Vaccination.—

During the year 342 children received a full course of two injections, while three children received only one injection. There were 201 children of those vaccinated who were of school age, while the remainder, 141, were under five.

Skin Testing for Tuberculosis.

Two schools were visited for the purpose of carrying out skin tests during 1956. There were 408 tests carried out with 370 negative results and 38 positive results. From these positive results only one case of Pulmonary Tuberculosis was diagnosed. The Heaf Multiple Puncture Method was used throughout.

B.C.G. Vaccination against Tuberculosis.

There were 22 children of school age who received a full course of B.C.G. Vaccination under the contact scheme at the Chest Clinic during the year.

Other Medical Examinations.

The usual medical examinations of adults took place at the school clinic during the year.

Corporation Superannuation Scheme	83
Full-time workers in school meals service	84
Training College Students	42
Total	209

The following special examinations of children which cannot be included in the Statistical Tables, were made.

Children undertaking part-time employment	299
Children going to camp or abroad for holidays	125
Children in special survey of those prematurely born in 1950	53
Total	477

Prematurely Born Children.

Fifty-three six year old children, prematurely born in 1950, were examined during the year. Several who did not attend the clinic for various reasons when sent for, were examined at school at the next medical inspection. One parent wrote refusing to allow her child to be examined.

Apart from the usual postural and catarrhal conditions so often seen in this age group, eight were found suffering from other conditions, one each of the following :—bronchitis, abscess of face, enuresis and "a problem", enuresis and purpura, otitis media, malnutrition with mental retardation and râles in the chest, traumatic optic atrophy, educational subnormality.

National Society for the Prevention of Cruelty to Children.

Inspector Lowe left Rochdale towards the end of the year and the following report is supplied by Miss Lecky, Regional Organiser. It covers a wider field than Rochdale school children and is, therefore, not comparable with previous reports.

Statistics for Rochdale Branch.

Altogether 130 cases were brought to notice during the year ending March 31st, 1956. The welfare of 287 children was affected and all cases were found to be true.

Illtreatment	6
Abandonment	3
Beyond Control	4
Moral Danger	3
Advice or Aid Sought	34
Neglect	80

Warnings, advice and supervision were successful in dealing with 123 of the cases: there were five prosecutions and two Juvenile Court cases. Inspector Lowe paid 1,038 visits, made 771 enquiries and 17 Branch enquiries. Valuable help

has been received from the School Medical Department and this was greatly appreciated. Local Authority officials reported 46 cases to us and the general public reported 82 cases. The School Medical Service also helps by recommending N.S.P.C.C. children to the Rochdale Moorland Home and other convalescent homes. The health of the children has undoubtedly improved with the valuable assistance and co-operation given by Dr. Nora Mills and her staff.

Convalescent and Holiday Homes.

These two Homes have given holidays to many Rochdale children during the year, and all those going to the Moorland Home have been examined at the School Clinic first. During 1956, 167 children were examined for this. In addition, the Pearson's Fresh Air Fund has taken Rochdale children to their Seaside home at Squire's Gate, Blackpool during the summer and 15 of these were selected to return for a holiday at Christmas.

Education Exhibition.

As part of the Rochdale Centenary celebrations, the Education department arranged an exhibition at a local drill hall for one week from July 16th. A stand was allotted to the school clinic and this was staffed by the members of the clinic staff on a rota. Various aspects of the school medical service were demonstrated and explained and the greatest interest was shown by the visitors to the exhibition. The most popular demonstrations were the Synoptophore, the Audiometer and the tape-recorder and queues formed for audience-participation in the working of these instruments.

Many school activities were shown and one of special interest was the High Birch stand, with a comb of live bees under glass, pots of High Birch honey, woodwork, embroidery and other examples of the children's work.

Provision of School Meals.

There are now 49 dining centres for school meal purposes and the Authority has a producing capacity of approximately 6,540 meals a day. By December 1956, 68 Welfare Assistants were employed in these school dining centres.

The 92 full-time employees in the School Meals Service had their annual medical examination made by the school doctors during the Whitsuntide and Summer holidays. On the whole, their general health was satisfactory.

	Free Meals Supplied	Meals Paid For
1956	56,773	1,021,849
1955	50,849	965,795
1954	48,681	949,693
1953	47,547	939,985
1952	46,820	941,644
1951	26,963	902,751
1950	35,177	955,399
1949	42,191	812,055
1948	42,730	853,818
1947	25,358	737,321

The above figures do not include meals supplied at Brownhill school or at the Nursery Schools.

Cost of Medical and Dental Inspection and Treatment.

Year ending 31st March, 1956.

	£	s.	d.
Salaries of Medical, Dental and other staff	14,596	17	10
Local Government Superannuation—			
Equivalent Contribution	832	12	7
Equal Annual Charge	560	0	0
National Insurance—Employer's Contribution	292	14	4
Printing, Stationery and Advertising	191	15	3
Postages and Telephones	201	3	0
Drugs, Medical Requisites and Apparatus	1,231	8	8
Uniforms and Clothing... ..	155	2	10
Rents, Rates and Insurance	341	0	5
Travelling and Subsistence	193	9	7
Upkeep of Buildings—			
Repair and Maintenance	78	9	1
Wages	5	7	3
Fuel, Light and Cleaning	1,164	18	3
Medical Examinations	130	0	0
Cleansing of Pupils and Clothing	92	5	0
Conveyance of Children	241	11	5
Other Expenses	48	3	9
Total	£20,356	19	3

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1956.

TABLE I.

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

A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected and Number of Pupils examined in each :—

Entrants	...	...	...	...	...	...	...	...	1,005
Second Age Group (11+)	...	...	...	...	...	...	...	...	1,180
Third Age Group (14+)	...	...	...	...	...	...	...	...	931
									Total ...
Additional Periodic Inspections	...	...	...	...	...	...	...	...	1,539
									Grand Total ...
									4,655

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	...	...	200
Number of Re-inspections	...	...	...	...	...	...	...	...	3,177
									Total ...
									3,377

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)

Age Groups Inspected	For defective vision (excluding squint).	For any of the other conditions recorded in Table IIIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants	12	84	88
Second Age Group	107	155	234
Third Age Group	103	65	157
Total	222	304	479
Additional Periodic Inspections	106	177	255
Grand Total	328	481	734

TABLE I.—(continued)

D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED IN TABLE I.A.

Age Groups Inspected	Number of Pupils Inspected	Satisfactory		Unsatisfactory	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
Entrants	1,005	983	97.82	22	2.18
Second Age Group	1,180	1,169	99.07	11	.93
Third Age Group	931	928	99.68	3	.32
Additional Periodic Inspections	1,539	1,507	97.92	32	2.08
Total	4,655	4,587	98.54	68	1.46

TABLE II.

INFESTATION WITH VERMIN.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	31,389
(ii) Total number of individual pupils found to be infested	977
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	75
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	7

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

A.—PERIODIC INSPECTIONS.

De- fect Code No.	Defect or Disease	PERIODIC INSPECTIONS				TOTAL (including all other age groups inspected)	
		Entrants		Leavers		Requi- ring Treat- ment (7)	Requi- ring Ob- serva- tion (8)
		Requi- ring Treat- ment (3)	Requi- ring Ob- serva- tion (4)	Requi- ring Treat- ment (5)	Requi- ring Ob- serva- tion (6)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4	Skin	7	5	5	6	29	25
5	Eyes— a. Vision ...	12	4	103	119	328	418
	b. Squint ...	24	18	8	3	138	45
	c. Other... ..	3	3	—	1	10	10
6	Ears— a. Hearing ...	3	27	4	3	17	62
	b. Otitis Media	6	11	8	4	28	33
	c. Other... ..	—	2	1	2	1	6
7	Nose and Throat ...	7	91	5	4	35	144
8	Speech	13	24	5	2	42	44
9	Lymphatic Glands ...	1	27	—	1	3	43
10	Heart	1	11	—	6	3	42
11	Lungs	—	29	5	4	12	68
12	Developmental—						
	a. Hernia ...	—	—	—	—	—	—
	b. Other... ..	—	21	—	1	—	34
13	Orthopaedic—						
	a. Posture ...	1	5	3	6	10	60
	b. Feet	4	20	14	41	99	217
	c. Other... ..	13	50	5	5	44	98
14	Nervous system—						
	a. Epilepsy ...	—	—	—	—	—	2
	b. Other... ..	—	—	1	2	1	4
15	Psychological—						
	a. Development	—	8	—	—	3	27
	b. Stability ...	—	7	—	—	—	14
16	Abdomen	1	23	—	1	1	33
17	Other	—	5	1	1	5	20

TABLE III—(continued).

B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	3	16
5	Eyes— a. Vision	430	298
	b. Squint	187	47
	c. Other	4	7
6	Ears— a. Hearing	12	52
	b. Otitis Media	8	23
	c. Other	1	8
7	Nose and Throat	50	137
8	Speech	48	32
9	Lymphatic Glands	—	38
10	Heart	4	29
11	Lungs	22	50
12	Developmental—		
	a. Hernia	—	—
	b. Other	1	10
13	Orthopaedic—		
	a. Posture	11	23
	b. Feet	64	51
	c. Other	51	54
14	Nervous system—		
	a. Epilepsy	1	2
	b. Other	—	8
15	Psychological—		
	a. Development	3	36
	b. Stability	—	7
16	Abdomen	1	8
17	Other	4	34

TABLE IV.

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

GROUP 1.—Eye Diseases, Defective Vision and Squint.

External and other, excluding errors of refraction and squint	31
Errors of refraction (including squint)	1,006
Total	1,037
Number of pupils for whom spectacles were prescribed	467

GROUP 2.—Diseases and Defects of Ear, Nose and Throat.

Received operative treatment—	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis	99
(c) for other nose and throat conditions	6
Received other forms of treatment	198
Total	303
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1956	3
(b) in previous years	13

GROUP 3.—Orthopaedic and Postural Defects.

Number of pupils known to have been treated at clinics or out-patient departments	753
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TABLE V.—Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers :—						
(a)	At Periodic Inspections	...	...	...	...	5,489
(b)	As Specials	...	...	...	...	901
	Total (1)	...	...	...	...	<u>6,390</u>
(2) Number found to require treatment 4,411						
(3) Number offered treatment 3,066						
(4) Number actually treated 2,432						
(5) Number of attendances made by pupils for treatment, including those recorded at heading 11(h) overleaf 3,106						
(6) Half days devoted to : Periodic (School) Inspection 58						
	Treatment	...	...	...	...	604
	Total (6)	...	...	...	...	<u>662</u>
(7) Fillings : Permanent Teeth 2,442						
	Temporary Teeth	...	...	...	...	200
	Total (7)	...	...	...	...	<u>2,642</u>
(8) Number of teeth filled : Permanent Teeth 1,846						
	Temporary Teeth	...	...	...	...	184
	Total (8)	...	...	...	...	<u>2,030</u>
(9) Extractions : Permanent Teeth 155						
	Temporary Teeth	...	...	...	...	1,101
	Total (9)	...	...	...	...	<u>1,256</u>

(10) Administration of general anaesthetics for extraction	...	...	...	...	4
(11) Orthodontics :—					
(a) Cases commenced during the year	...	...	...	...	31
(b) Cases carried forward from previous year...	...	...	...	...	6
(c) Cases completed during the year	...	...	...	...	15
(d) Cases discontinued during the year	...	...	...	...	2
(e) Pupils treated with appliances	...	...	...	...	3
(f) Removable appliances fitted	...	...	...	...	—
(g) Fixed appliances fitted	...	...	...	...	3
(h) Total attendances	...	...	...	...	80
(12) Number of pupils supplied with artificial dentures					
	—
(13) Other operations :					
Permanent Teeth	...	...	...	...	558
Temporary Teeth	...	...	...	...	124
					<hr/>
Total (13)	...	...	...	...	782
					<hr/>

