[Report 1959] / Medical Officer of Health and School Medical Officer of Health, Rochdale County Borough.

#### Contributors

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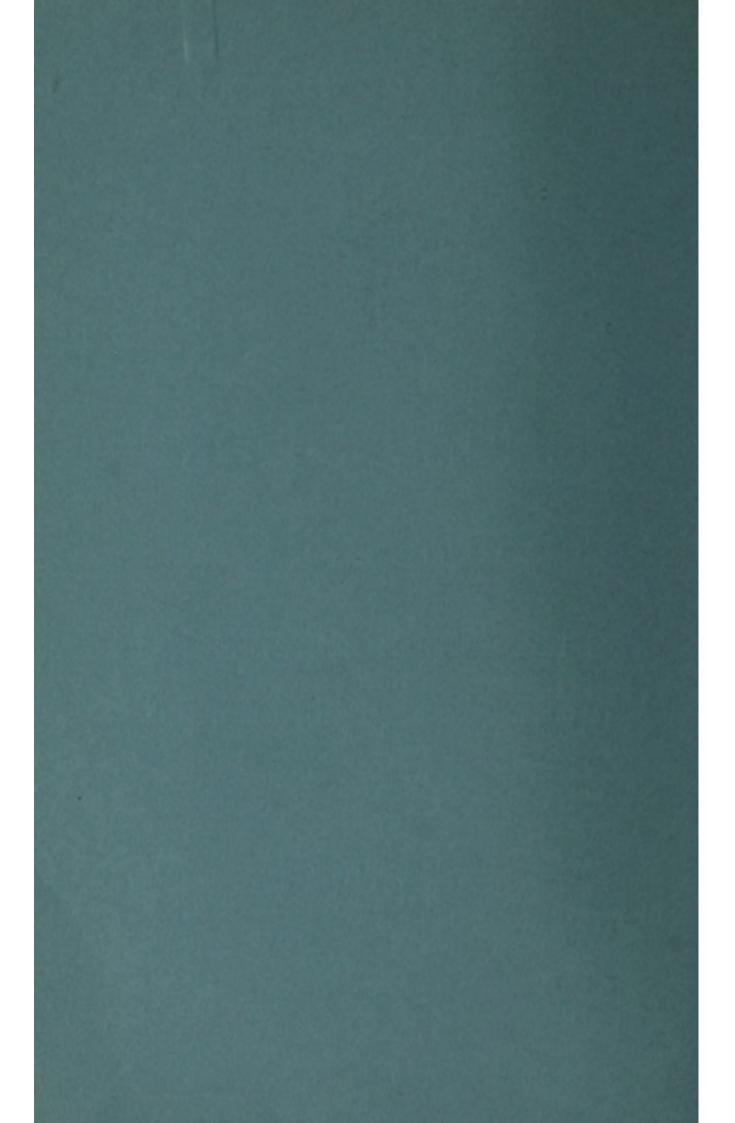
## COUNTY BOROUGH OF ROCHDALE



# OF THE MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1959

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



COUNTY BOROUGH OF ROCHDALE

Enl



## ANNUAL REPORT

#### OF THE

## MEDICAL OFFICER OF HEALTH

#### AND

## SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1959

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

Public Health Department, Baillie Street, Rochdale.

Tel. No. Rochdale 47474 Ext. 230

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

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#### PUBLIC HEALTH OFFICERS

DECEMBER, 1959

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

Deputy Medical Officer of Health : NORA MILLS, M.D. (\*31.10.59) FRANCIS J. CAUCHI, M.D., B.SC., D.P.H. (†1.11.59)

Assistant Medical Officers : MARY A. MCKENZIE, M.B., CH.B. FRANCIS J. CAUCHI, M.D., B.SC., D.P.H. (\*31.10.59)

K. WASU THAKRE, M.B., B.S. DOROTHY M. GINEVER, M.B., CH.B. (†1.10.59)

Lay Administratue Officer : S. BUTTERWORTH

Chief Public Health Inspector : A. TURNER, C.S.I.B., CERT.M.I.

Senior District Public Health Inspector : A. SYMONS, C.S.I.B., CERT.M.I.

Meat and Foods Inspector : J. GAWTHORPE, C.S.I.B., CERT.M.I.

Smoke Inspector : W. GARTSIDE, P.H.I.B., CERT.SM.I., CERT.M.I. (†9.7.59)

Public Health Inpectors :

W. C. CROSSLEY, C.S.I.B., CERT.M.I. C. DRAKE, P.H.I.B. (†1.6.59) J. PEARSON, C.S.I.B. K. E. SMITH, C.S.I.B.

Health Visitors (Maternity and Child Welfare) :

B. ALLETSON, S.R.N., S.C.M., H.V. S. H. BARLOW, S.R.N., S.C.M., H.V. A. F. DOYLE, S.R.N., S.C.M., H.V., R.F.N. (\*21.7.59) V. C. CAMPBELL, S.R.N., S.C.M., H.V., Q.N. I. RUSHTON, S.R.N., S.C.M., H.V., Q.N., R.M.P.A. N. WHITELEY, S.R.N., S.C.M., H.V. N. WHITELEY, S.R.N., S.C.M., H.V.

Health Visitors (Tuberculosis) :

M. L. GALLIMORE, S.R.N., T.B.CERT. WM. GULLIFORD, S.R.N., Q.N. (\*3.10.59)

Clinic Nurses : (Part-time)

J. MOSELEY, S.R.N., S.C.M., H.V. H. Ormandy, S.R.N., S.C.M., Q.N.

M. FLETCHER, S.R.N. (†5.10.59)

## CONSULTANT OFFICERS

Ophthalmic Surgeon : A. STEWART SCOTT, F.R.C.S.ED., D.O.M.S.

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

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

† Commenced

Chief Dental Officer : H. P. GLEDSDALE, L.D.S. Dental Officers : (Part-time) R. G. WATSON, L.D.S. R. J. G. YOUNG, L.D.S. H. GIBSON, L.D.S. Mrs. J. GIBSON, L.D.S. (\*9.12.59) A. JONES, L.D.S. (†6.4.59) Dental Anaesthetist : R. MALLINSON, M.B., CH.B. Dental Attendants : LUCY DANIELS, S.R.N. MARY FLETCHER, S.R.N. (\*4.10.59) **JESSIE LEACH** STEPHANIE ASHWORTH (†21.9.59) Duly Authorised Officers : W. BEELEY (\*14.9.59) W. Kershaw (\*17.1.59) A. Paterson (\*31.5.59) J. E. Wilson (†22.5.59) E. E. STEPHENSON (†1.9.59) Mental Health Visitors : PATRICIA SKELTON (\*8.2.59.) Occupation Centre Superintendent: Mrs. I. TAFTS (\*26.4.59) JEAN M. BUCKLEY (†4.5.59) Ambulance Officer : E. OSBALDESTON (\*13.4.59) H. DOWN (†4.5.59) Home Help Organiser : BARABARA OLDFIELD (\*31.7.59) ELIZABETH DEAN (†8.7.59) Social Worker : (Part-time) CLARA M. LINTERN District Nursing Association : Superintendent-Miss D. A. HUNTER, S.R.N., S.C.M., H.V., Q.N., R.F.N. 1st Asst. Sup. -Miss M. Morgan, S.R.N. S.C.M., H.V., Q.N., R.F.N. 2nd Asst. Sup. --Miss B. A. M. ALLWORK, S.R.N., Q.N. (\*31.10.59) W. U. CARR, S.R.N., S.C.M. B. CREHAN, S.R.N., S.C.M. (†14.10.59) G. DOWD, S.R.N , S.C.M. S. M. HAMILTON, S.R.N., S.C.M. (\*9.3.59) M. L. HARRISON, S.R.N., S.C.M. N. HOOK, S.R.N., S.C.M. P. TOMLINSON, S.R.N., S.C.M. (†1.7 59) N. F. TOTTEN, S.R.N., S.C.M.

Physiotherapist : Ellen Lumb, m.s.c.p.

E.N.T. Surgeons :

V. T. SMITH, M.D., F.R.F.P.S. P. K. BASU, M.B., B.S.

Disc, M.J. 10

Family Planning Medical Officer : LENA WALKER, L.R.C.P., L.R.C.S.

Public Analyst :

T. W. LOVETT, F.R.I.C. (\*30.9.59)

G. H. BAKER, F.R.I.C. (†1.10.59)

\* Ceased

#### 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 1959.

The Registrar General's estimate of the population has again fallen, but this year only by 200 persons. The number of births exceeded the number of deaths by the very narrow margin of 19. There was an unfortunate increase in the infantile mortality and stillbirth rates. In neither regard was it possible to reach any useful opinion as to cause. The increase in stillbirths was the more serious and the figure of 59 is the highest recorded for a very long time. Both domiciliary and hospital cases were affected and the hospital authority was equally unable to offer a useful explanation or even a classification of the cases.

The continuously rising level of longevity in the town has been remarked upon very frequently. The various factors which this carries with it in respect of the social services continued to operate during the year.

Reference is made to the commencement and development of the Day Hospital Scheme at the old Infectious Diseases Hospital. By the end of the year the scheme was showing itself a success and of benefit to the hospital service and to the persons concerned. It had the effect, however, of throwing further regular burdens on the Ambulance Service, which had to be augmented.

The Joint Committee for Children Neglected or Ill-treated in their own Homes has now been in operation for nine years and continues to do useful co-ordinating work. The number of new cases fortunately is tending to fall off and the type of case is less severe than in earlier days. Once again no case of physical cruelty was reported to the Committee. The summary would appear to be that Rochdale's hard core of problem families consists of ten families which require continual supervision by varying numbers of officers employed in social services. Outside this group the majority referred to the Committee belong rather to the class of families with problems. These tend to clear up quite quickly under intensive work.

For some years now deaths from motor accidents have been included in the Chief Causes of Death Table as 'a significant risk of the present generation'. This opinion has been well established by a recent report from the London Transport Executive indicating that road fatalities have out-numbered Tuberculosis, Diabetes and Peptic Ulcer, and that they are fifteen times as numerous as those due to Diphtheria, Whooping Cough and Poliomyelitis combined.

The evidence in this report of differences in fatality rates in certain areas and in certain age groups and habit groups, indicates that there are preventable factors. It has been suggested that 'people drive as they live' and it may well be that prevention will follow study of social and temperamental qualities. Road safety is the concern of everyone. Further thought must be given to such matters as the effect on the driver of certain drugs now in common use; the application of the existing knowledge that alcohol is responsible for a considerable proportion of road accidents; car design and safety factors; road design and lighting, to mention but a few of the obvious ones.

Reference is made in the text to the increasing burdens upon the Ambulance Service. 1945 was the first full year of ambulance running by the Public Health Department. In that year five ambulances with 22 driver/attendants made 4,368 patient-carrying journeys, totalling 29,380 miles. By 1949 a further ambulance and one dual-purpose vehicle had been added to the fleet and in that year 10,508 journeys, totalling 72,198 miles, were undertaken in carrying 11,850 patients. In this last year 22 driver/attendants using five ambulances, one sitting case car and three dual purpose vehicles, transported 30,489 patients 114,935 miles.

This would clearly seem to represent a much improved production rate, using the term in the ordinary industrial sense, but does it reflect an improvement in the health of the public!

It is disappointing to have to record that this year fourteen years after the end of World War II, there are still 5,077 houses in the Borough which are regarded as sub-standard. Progress in this direction seems to be very slow indeed, whether by the procedure of condemnation of individually unfit houses or by Clearance Area procedure. It may be true that some of the worst problems from the point of view of life and health have disappeared, but there still remains this larger problem of unsuitable out-moded houses short of amenities.

The plan for clean air over Rochdale entered a new stage in May when the Health Committee agreed on a phased programme of specified smoke control areas in the next five years and on a proposal to cover the whole of the Borough in twelve years' time. In fact, the first smoke control area was confirmed in June to come into operation in September, 1960.

Now comes the concluding paragraph of formal thanks to the many people who made the year's work possible, or more useful, or smoother in operation. The staff of the Department was subjected to more than usual changes during the year, nevertheless there was little evidence of loss of continuity.

The Department has continued to receive the co-operation of individual members of the Committee and the support of the Committee as a whole.

I have the honour to be,

Your obedient Servant,

Medical Officer of Health.

30th August, 1960.

## STATISTICS

#### Year ended 31st December, 1959.

Registrar-General's Estimate of Population, mid-year 195984,690Number of Inhabited Houses (Census 1951)Number of Houses on Corporation Estates at December, 19597,568Number of Houses on Corporation Estates at December, 1958Number of Houses on Corporation Estates at December, 1958States at December, 1958Ateable ValueAteable ValueNumber of Houses on CorporationTotalM.FIllegitimate IllegitimateNumber of House on Still-BirthsStill-Birt				
Number of Inhabited Houses (Census 1951)29,426Number of Houses on Corporation Estates at December, 19597,568Number of Houses on Corporation Estates at December, 1958Stateable ValueEstimated sum represented by a Penny RateRateable ValueRateable ValueRateable ValueRateable Value <td></td> <td></td> <td></td> <td>and the second se</td>				and the second se
Number of Houses on Corporation Estates at December, 1959.7,568Number of Houses on Corporation Estates at December, 1958.7,141Estimated sum represented by a Penny RateRateable ValueRateable ValueNumber of Houses on Corporation Estates at December, 1958Still-BirthsBirth-rate per 1,000 of estimated population15.9Still-BirthsDeaths from Maternal Causes—2Rate per 1,000 total (live and still births)All infants per 1,000 live birthsAll infants per 1,000 live birthsAll infants per 1,000 live birthsRate per 1,000 live birthsAll infants per 1,000 live births	Registrar-General's Estimate o	f Population, mid	-year 1959	84,690
Number of Houses on Corporation Estates at December, 1958.7,141Estimated sum represented by a Penny Rate </td <td>Number of Inhabited Houses (</td> <td>Census 1951)</td> <td></td> <td> 29,426</td>	Number of Inhabited Houses (	Census 1951)		29,426
Estimated sum represented by a Penny Rate	Number of Houses on Corporat	tion Estates at De	ecember, 1959.	7,568
Rateable Value $f_1068,848$ Estimated expenditure on Health Services provided for by rates $f_124,395$ Live Births—Legitimate $1,259$ $631$ $628$ Illegitimate $90$ ( $6.7\%^*$ ) $45$ ( $6.7\%^*$ ) $45$ ( $6.7\%^*$ ) $45$ ( $6.7\%^*$ )* Illegitimate live births per cent of total live births $676$ $673$ * Illegitimate live births per cent of total live births $1,349$ $676$ $673$ Still-Births—49 Rate per 1,000 total (live and still) births $1,398$ Total Live and Still-Births $1,330$ $695$ $635$ Deaths $1,330$ $695$ $635$ Death rate per 1,000 of estimated population $1.4$ Death rate of Infants under one year of age ( $39$ deaths) $1.4$ All infants per 1,000 live births $29$ Legitimate infants per 1,000 legitimate live births ( $35$ ) $28$ Illegitimate infants per 1,000 lillegitimate live births ( $35$ ) $28$ Illegitimate infants per 1,000 illegitimate live births ( $4$ ) $44$ Neo-Natal Deaths—23 Rate per 1,000 total (live and still births) $164$ DeathsRate per 1,000 of populationCancer (including Leukaemia and Aleukaemia $2.36$	Number of Houses on Corporat	tion Estates at De	ecember, 1958.	7,141
Estimated expenditure on Health Services provided for by rates        £124,395         Live Births—Legitimate       Total       M.       F.         1,259        631        628         90       (6.7%*)       45       (6.7%*)       45       (6.7%*)         1,349        676        673         * Illegitimate live births per cent of total live births       Birth-rate per 1,000 of estimated population        15.9         Still-Births—49 Rate per 1,000 total (live and still) births         1,398         Total       M.       F.         Deaths       Total       M.       F.         Death still-Births         1,398         Total       M.       F.         Deaths       Total       M.       F.         Deaths       1,330       695        635         Death rate per 1,000 of estimated population        1.4         Death rate of Infants under one year of age (39 deaths)         1.4         Death rate of Infants under one year of age (39 deaths)         28       11       14         Neo-Natal Deaths—	Estimated sum represented by	a Penny Rate		£4,270
Estimated expenditure on Health Services provided for by rates        £124,395         Live Births—Legitimate       Total       M.       F.         1,259        631        628         90       (6.7%*)       45       (6.7%*)       45       (6.7%*)         1,349        676        673         * Illegitimate live births per cent of total live births       Birth-rate per 1,000 of estimated population        15.9         Still-Births—49 Rate per 1,000 total (live and still) births         1,398         Total       M.       F.         Deaths       Total       M.       F.         Death still-Births         1,398         Total       M.       F.         Deaths       Total       M.       F.         Deaths       1,330       695        635         Death rate per 1,000 of estimated population        1.4         Death rate of Infants under one year of age (39 deaths)         1.4         Death rate of Infants under one year of age (39 deaths)         28       11       14         Neo-Natal Deaths—	Rateable Value			£1,068,848
Live Births—Legitimate       Total       M.       F.         1,259        631        628         90       (6.7%*)       45       (6.7%*)       45       (6.7%*)         1,349        676        673         * Illegitimate live births per cent of total live births       Birth-rate per 1,000 of estimated population       15.9         Still-Births—49 Rate per 1,000 total (live and still) births        1,398         Total       M.       F.         Deaths       1,330       695          Deaths from Maternal Causes—2.       Rate per 1,000 of estimated population       15.7         Death rate of Infants under one year of age (39 deaths)        1.4         Death rate of Infants under one year of age (39 deaths)         29         Legitimate infants per 1,000 live births          29         Legitimate infants per 1,000 live births             Neo-Natal Deaths—23 Rate per 1,000 total (live and still births)             Neos-Natal Deaths—23 Rate per 1,000 total (live and still births) <td>Estimated expenditure on Hea</td> <td>Ith Services provi</td> <td>ided for by rates</td> <td> £124,395</td>	Estimated expenditure on Hea	Ith Services provi	ided for by rates	£124,395
Live Births—Legitimate       1,259        631        628         Illegitimate       90       (6.7%*)       45       (6.7%*)       45       (6.7%*)         1,349        676        673         * Illegitimate live births per cent of total live births       Birth-rate per 1,000 of estimated population        15.9         Still-Births—49 Rate per 1,000 total (live and still) births        35.1         Total Live and Still-Births         1,339         Eaths       1,330       695       635         Deaths       1,330       695       635         Death rate per 1,000 of estimated population        1.4         Death rate of Infants under one year of age (39 deaths)         1.4         All infants per 1,000 live births          29         Legitimate infants per 1,000 legitimate live births (35)        28       11         Illegitimate infants per 1,000 legitimate live births (35)        28       11         Neo-Natal Deaths—23 Rate per 1,000 total (live and still births)       16.4       Deaths       Rate per 1,000 of population         Cancer (including Leukaemia and	these is a product on the product of the	that survey inthese	and rund being and	i terret selt and u
Illegitimate90 ( $6.7\%^*$ )45 ( $6.7\%^*$ )45 ( $6.7\%^*$ )1,349 $676$ $673$ * Illegitimate live births per cent of total live birthsBirth-rate per 1,000 of estimated population15.9Still-Births—49 Rate per 1,000 total (live and still) births35.1Total Live and Still-Births1,398Deaths1,330 $695$ Deaths1,330 $695$ Deaths from Maternal Causes—2.Rate per 1,000 live birthsRate per 1,000 total (live and still births)1.4Death rate of Infants under one year of age (39 deaths)29Legitimate infants per 1,000 live births29Illegitimate infants per 1,000 legitimate live births ( $35$ )28Illegitimate infants per 1,000 legitimate live births ( $4$ )44Neo-Natal Deaths—23 Rate per 1,000 total (live and still births)16.4DeathsRate per 1,000 of populationCancer (including Leukaemia and Aleukaemia2002.36				
1,349        676        673         * Illegitimate live births per cent of total live births Birth-rate per 1,000 of estimated population        15.9         Still-Births—49 Rate per 1,000 total (live and still) births         1,398         Total Live and Still-Births          1,398         Deaths       Total       M.       F.         Deaths       1,330       695        635         Death rate per 1,000 of estimated population        15.7         Deaths from Maternal Causes—2.       Rate per 1,000 total (live and still births)        1.4         Death rate of Infants under one year of age (39 deaths)         29         All infants per 1,000 live births          29         Legitimate infants per 1,000 legitimate live births (35)        28         Illegitimate infants per 1,000 illegitimate live births (4)        44         Neo-Natal Deaths—23 Rate per 1,000 total (live and still births)       16.4         Deaths       Rate per 1,000 of population       Cancer (including Leukaemia and Aleukaemia       2         Aleukaemia        200       2.36 </td <td></td> <td></td> <td></td> <td></td>				
* Illegitimate live births per cent of total live births Birth-rate per 1,000 of estimated population 15.9 Still-Births—49 Rate per 1,000 total (live and still) births 35.1 Total Live and Still-Births 1,398 Total M. F. Deaths 1,330 695 635 Death rate per 1,000 of estimated population 15.7 Deaths from Maternal Causes—2. Rate per 1,000 total (live and still births) 1.4 Death rate of Infants under one year of age (39 deaths) All infants per 1,000 live births 29 Legitimate infants per 1,000 legitimate live births (35) 28 Illegitimate infants per 1,000 illegitimate live births (4) 44 Neo-Natal Deaths— 23 Rate per 1,000 total (live and still births) 16.4 Deaths Rate per 1,000 of population	Illegitimate	90 (6.7%*)	45 (6.7%*)	45 (6.7%*)
* Illegitimate live births per cent of total live births Birth-rate per 1,000 of estimated population 15.9 Still-Births—49 Rate per 1,000 total (live and still) births 35.1 Total Live and Still-Births 1,398 Total M. F. Deaths 1,330 695 635 Death rate per 1,000 of estimated population 15.7 Deaths from Maternal Causes—2. Rate per 1,000 total (live and still births) 1.4 Death rate of Infants under one year of age (39 deaths) All infants per 1,000 live births 29 Legitimate infants per 1,000 legitimate live births (35) 28 Illegitimate infants per 1,000 illegitimate live births (4) 44 Neo-Natal Deaths— 23 Rate per 1,000 total (live and still births) 16.4 Deaths Rate per 1,000 of population		1 349	676	673
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Aleukaemia 200 2.36	Cancer (including Leukaemia		in the subty rules	
			2.3	6
	Tuberculosis (all forms)	6	0.0	7

#### VITAL STATISTICS

#### Population

The Registrar General's estimate of the population as at mid-year 1959 is 84,690. This compares with the mid-year estimate of 84,890 in 1959 and the 1951 Census figure of 88,429, and is less than the population of the town as constituted in 1903. During 1959 there was a decrease in births and an increase in deaths, giving a narrow margin of births over deaths of precisely 19 persons.

#### Live Births

The live birth rate was equal to 15.9 per 1,000 of the estimated population. The figure for the previous year was 16.5. For the ten years 1949-58 the average birth rate was 15.1 per 1,000.

The proportion of illegitimate births was greater than the previous figure, 90 this year as compared with 81 last year, representing 6.7% of the total births. In the last six years the figure has varied between 5.4% and 6.7%.

#### Still Births

There were 49 still births recorded as against 35 in 1958, this being the highest figure recorded since 1948. The average for the preceding five years was 34 still births. An analysis of the cases, both domiciliary and hospital, failed to provide any definite conclusion as to the cause of this increased mortality figure.

#### Infant Mortality

There were 39 deaths registered under one year of age, equal to a mortality rate of 29 per 1,000 live births registered, compared with 32 deaths and a mortality rate of 23 in 1958. 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.

The biggest factor in this increased number of deaths is the group 'Other Causes', which has risen from eight in 1958 to seventeen this year. It is obviously extremely difficult to draw any deductions from classifications of this type.

Table I (Page 78) shows comparative figures for Infantile Mortality in the Borough.

#### **Premature Births**

The following Table which sets out the fate of 106 Rochdale children who were prematurely born during the year is of continuing interest. The figures in this Table do not coincide with those given elsewhere as deaths during the year due to prematurity. They are, however, strictly comparable with the Tables given in the Report for the last few years.

ante base und the		ACE		932	mile	1.14	171	DI	EATH	IS	1 109	Serie	000		1.	REN	
BIRTH WEIGHT	BIRTH		TOTAL	1 fir 24 h	st	100	4 hour to 7 days		7 d 28 d		28 d to 3 mo	0	1.68	OVI	VING ER NTHS		
Sinsy birds	Home	Birch Hill Hospital	Other Hospitals	F	н.	В. Н. Н.	н.	В. Н. Н.	0. H.	н.	О. Н.	н.	В. Н. Н.	н.	В. Н. Н.	О. Н.	Total
3 lbs. 4 ozs. or less	1	7	-	8	-	2		2		1	1	-	1	100	2	-	2
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	7	15		22			1	1	-	1		1 1	ada A	6	14	-	20
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	2	15	2	19		1	1 2 2 2		1		1		100	2	14		16
5 lbs to 5 lbs. 8 ozs.	9	43	5	57	-	-	_	2	_	-	1	- 0	-	9	40	5	54
Totals	19	80	7	106	-	3	1.20	5	1	2	2	-	1	17	70	5	92

#### Premature Births during 1959

There has been a shift round as compared with last year's figures. The proportion of deaths is higher being fourteen out of 106 premature births as compared with nine out of 113 the previous year. The increase is particularly marked in the under 3 lbs. 4 ozs. group, where only two out of eight infants survive.

So far as the actual incidence of prematurity is concerned, there is a relative increase in this in the second group 3 lbs. 5 ozs. to 4 lbs. 6ozs., and a relative decrease in the 4 lbs. 7 ozs. to 4 lbs. 15 ozs. group.

There is no evidence of a failure to seek the advantage of treatment in the premature baby unit with regard to any of these cases.

Reference has been made in several recent Reports to the growth of interest in peri-natal mortality, which represents the total loss of infant life before birth, during birth and immediately afterwards.

The following Table sets out Rochdale's experience in this respect during the last ten years:---

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
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)	25	20	49 (37)
1957	1,335	39	46 (34)	30	26	65 (47)
1958	1,400	35	32 (23)	19	14	49 (34)
1959	1,349	49	39 (29)	23	18	67 (48)

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

† rates per 1,000 live and stillbirths.

#### Deaths from all causes

The deaths registered number 1,330 which is greater than the figure of last year, 1,293. This total was made up of 695 males and 635 females.

The general tendency was for male deaths to exceed female deaths in the age groups up to 75. At this point the larger female survival group obviously shows the heavier death rate.

The death rate from all causes was 15.7 per 1,000 of the estimated population, as compared with 15.2 in 1958 and an average of 14.7 during the ten years 1949-58.

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

					1959	1958
Tuberculosis					 6	10
Cancer					 200	204
Cerebral Haemorrhage,	etc.				 210	208
Hart Discours					 413	442
Other Circulatory Disea	ases				 66	68
Bronchitis					 102	85
Influenza					 10	4
Pneumonia (all forms)					 84	65
Mater A					 12	13
All Other Accidents					 39	35
Suicide			10000		 18	13
					in the stea	1-spining
		To	otals	····	 1,160	1,147

From this 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.

Table I Appendix (Page 78) shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix (Page 79) shows the age and sex distribution, and the causes of deaths in 1959.

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 now occurs below the age of 45 years.

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

telley chi Alf-	Age	Group	-	2.0	1917	1927	1937	1947	1959
Under 15 years					22	14	6	9	4
15-45 years					17	13	13	6	5
45-65 years					29	33	32	24	23
65 years and over					32	40	49	60	68

#### **Respiratory Diseases**

This group of diseases caused 193 deaths as compared with 161 in 1958 and 149 in 1957. Bronchitis caused 102 deaths (85), Pneumonia 84 (65) and other respiratory affections 7 deaths (11). Of these, 69% occurred in persons 65 years old or over.

#### Cancer

Deaths classified to this cause (including Leukaemia and Aleukaemia) and shown in the age groups below number 200 (males 106, females 94), as against 201 in the previous year.

	Total deaths	Under 15 years	15-44 years	45-64 years	65 years and over
Year 1959	 200	lover 1suite /	10	83	107
Year 1958	 204	to any of the	13	82	109

The activities of the Manchester Committee on Cancer in the educational field continued in the area throughout the year. Statistics as to work done and results achieved are not published for the separate areas. The Committee had once more the question of smoking and lung cancer under consideration, and the desirability of including material referring to this problem in the Department's general propaganda was confirmed by Committee.

Propaganda material will, therefore, reach the public through lectures and discussion groups, together with the excellent publicity given to these by the local press. Wherever possible the personal approach is made, as in other health problems.

bau moliO and distantis	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	15.7	15.9	29
Average 12 neighbour-		Dato definites canto	
ing manufacturing towns	12.98	16.67	27
Administrative County			
of Lancaster	12.68	16.59	23

**Comparative Mortality and Birth Rates** 

11

### General Provision of Health Services.

#### Administration and Co-ordination

General administration within the Department continues on the lines set out in previous Reports.

A good working standard of co-ordination exists between the Health Services in the town. There is a considerable cross-representation in Committee membership as between the Local Health Authority, the Hospital Authority and the Executive Council. In some ways more important, there is close working between the Officers of the various Departments and a growing understanding of the part which each has to play and the problems with which they are faced.

There is equally a continuing readiness to seek consultation at Officer and at Committee level on both new and existing problems.

#### **Clinic and Treatment Centres**

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

	Mon.	Tues.	Wed.	Thurs.	Fri.
I.—Child Welfare (A) St. Luke's School, Deeplish	10—12 noon 2—4 p.m.	_	r	-	11 - C
(B) St. Clement's School Spotland Bridge	-16	10—12 noon 2—4 p.m.	- 12		anc_ster
(c) Council Offices, Norden	-	_	_	2-4 p.m.	_
(D) Baillie St. Council School	- 11	-	2—4 p.m.	2-4 p.m.	10-12 noon
(E) Castleton Wesleyan School, Durban St.		Sealing (S	S. Corne	000-84	10—12 noon 2—4 p.m.
(F) Bamford Working- men's Club	-	-	-	1st in each month 10—12 noon	-
(G) Kirkholt Infants' School, Hartley Lane		2—4 p.m.	2—4 p.m.	2	-
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.—Relaxation Class (Baillie St. Council School)	7—8 p.m.	Under	1245	7-30 to 9-30 p.m.	
IV.—Post Natal (Baillie St. Council School)	_				2-3-30 p.m
V.—Family Planning Clinic (Baillie St. Council School)	201	2-4 p.m.	5-30—7 p.m.	-	-
VI.—Clinics Provided by the Education Committee—	See page 86	Company of these	on Casica	in the ed	- drast

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

#### HOME NURSING

This Service continues 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 Associations' Committee attend the Domiciliary Services Sub-committee of the Health Committee.

The staff of the Home consists of the Superintendent, a First Assistant Superintendent, 13 trained female District Nurses, 2 trained male District Nurses, 3 part-time Nurses and 4 female Students.

Repeated attempts have failed to provide a Second Assistant Superintendent.

During the year 86,714 visits were paid to 3,782 patients. Of these, 3,069 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 3,782 patients, the following are the main groups of conditions treated:—

					1	959	1958
Anaemias					—	622	478
Arthritis and Rheumat	ism .					85	61
Bronchitis						267	332
Other respiratory disea	ses .					66	65
Burns and Scalds						40	26
Cancer						113	103
Cardiac disease						307	425
Cerebral lesions						123	108
Ear, Nose and Throat	conditio	ns				194	173
Gastro-intestinal disord	lers .					215	195
Gynaecological condition	ons .					85	90
Septic lesions		tiani e				61	86
Post-operative dressing	gs .					226	216
Senility					] []	135	115
Skin conditions	200		to sam	01.200	127 Jun	13	5

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

			1959	1958
Patients on the books 1st January		 	713	721
New patients during the year		 	3,069	2,486
Total nursed		 	3,782	3,207
Total discharged		 	3,057	2,494
Remaining on books 31st December	•	 	725	713

#### Method of Discharge

					1959	1958
Convalescent				 	 2,058	1,317
Removed to	Hospital			 	 411	368
Relieved				 	 329	579
Died				 	 259	230
Total visits p	paid to 3,	782	patients	 	 86,714	
Total visits p	paid to 3,	207	patients	 		85,343

Included in the above figures for 1959 are the following patients who suffered from Infectious Diseases:—

					Patients	Visits
Pneumonia	 			 	82	1,118
Tuberculosis	 			 	54	5,151
Influenza	 			 	40	355
Others	 			 	12	89
		To	otals	 	188	6,713

Of the total visits, 1,053 were paid to 127 children under five years of age.

The figures show an increase in the new patients and in the total nursed during the year. The number of visits has increased proportionately.

The general distribution of the patients into groups follows the same pattern as last year. There is another definite increase in the Anaemias, but apart from this, and a decrease in Cardiac cases, there is little requiring comment.

No fewer than 1,770 of the patients dealt with were referred only for the purpose of receiving various forms of injections.

This service by itself makes a significant contribution to keeping individuals ambulant or even working. It is also interesting to note that 1,436 out of the same total were patients over the age of 65 and they absorbed 48,071 visits during the year, or 55% of the total visits.

The Department had occasion to be very grateful to the nurses for their assistance at the end of the year during a crisis in the staffing of the Midwifery Section.

At every Committee meeting letters continue to be presented expressing the appreciation of patients and relatives for the skill of the nurses and the helpful attitude of the staff as a whole.

The Association has through the Chairman and a member of the Executive Committee had representation on the North Western Federation for the Queen's Institute of District Nursing. This representation together with attendances at Refresher Courses and Conferences of the Matron keeps the service up to date with all modern advances.

During the year seventeen condidates completed their training at the Nurses' Home.

#### 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. There has been no change in the form of the records which are still unanalysed and still cover an area which includes the postal districts of Whitworth and Milnrow, as well as Rochdale itself.

From mid-January to early March there was an increase in illness mainly due to Influenza. Otherwise, the curve followed the usual seasonal trends. It is again noteworthy that in spite of the complete dis-similarity between the two years from the point of view of weather, the sickness curves for the two years followed each other meticulously.

#### 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, 1959, was as follows:— Men 665, Women 466, making a total of 1,131. The corresponding figures in 1958 were Men 735, Women 861, totalling 1,596

I am also informed that in the middle of 1959 there were approximately 51,148 insured persons (28,092 Men, 20,308 Women and 2,748 Juveniles) in employment in the area.

#### AMBULANCE SERVICE

At the end of the year the fleet comprised five ambulances, one sitting-case car and three dual-purpose vehicles, together with a car hired through the Car Hire Service of the Corporation for midwifery and general duties. The additional ambulance considered necessary by the Ambulance Sub-Committee towards the end of 1958, was delivered and brought into service on the 4th May. In October a further Dennis ambulance was brought into service, intended as replacement of the Morris purchased in July, 1952. Because of the increase in the number of Day Hospital cases, and the desirability of having more vehicles capable of carrying a higher number of patients, it was decided that a specially designed Bedford Spurmobus be placed on order for delivery in 1960, and until this is delivered the Morris ambulance shall be converted into a sitting-case vehicle to deal primarily with the Day Hospital cases.

The personnel consisted of one Ambulance Officer, 22 Driver/Attendants and two Telephonists. Also on account of the increasing number of Day Hospital cases, it was decided to appoint an additional Ambulance Driver and this was in process at the end of the year. During the year Mr. Osbaldeston retired after 14 years' service with the Corporation. Mr. H. Down was appointed in his place and took up duties on the 4th May, having previously served in the Ambulance Service, Denbighshire County Council at Wrexham, and with the Nottingham City Council.

			BORO	UGH		in and	COL	JNT	Y AN	D O		and the second division of the second divisio
vinterio manato n	Ambul	lances	D.P. V	ehicle	S.C. (	Cars	Ambu- lances		D.P. Vehicle		S.C. Cars	
abasil takiliki	1959	1958	1959	1958	1959	1958	1959	1958	1959	1958	1959	1958
PATIENTS :	10 2000		Crassie	I CONTRACT		100	-	all.		and part	1	
Emergency	1663	1444	197	309	$\frac{141}{2350}$	180 2752		5	- 8	2	4	3
Ordinary Removals Other Persons	17326 339	12069 121	8791 10052	8178 11213	1919	3012		-	-	-	-	-
Totals	19328	13634	19040	19700	4410	5944	8	6	8	1	5	3
MILEAGE: Removals	63494	51987	32021	34540	19163	21531	95	44	65	5	97	76
General Trans	425	20	9049	8590	8344	9719	-	-	11-	0 7	-	-
Lost Journeys D.D. Midwifery	819 102	573 35	656 924	498 720	789 6619	641 6773	-	6	-	-	-	-
Totals	64840	52615	42650	44348	34915	38664	95	50	65	5	99	76
TOR DECEMPTION	THE R		08166	10030025	i nati	d all general	Depart.	16.6.	6.00		< 1.23P	
CALLS: Total Calls	12708	10169	6324	6490	4168	4258	8	6	8	1	5	1
Transmitted by Radio	6993	5278	2366	2521	570	871	1	2	-	-	-	-

In the preceding table the definition of 'Other Persons' and 'Patients' has the same meaning as in previous years.

During the past year ambulances removed 18,997 patients, involving 63,589 miles; the dual-purpose vehicles removed 8,996 patients, involving 32,086 miles; the sitting-case cars removed 2,496 patients, involving 19,260 miles; and 12,310 other persons were transported, involving, together with general transport, 27,729 miles.

The number of emergency removals during the year showed an increase of 5,547 patients over the previous year, but a decrease of 2,036 other persons transported occurred. In all 3,511 more persons were carried during 1959 than in the previous year, with a corresponding increase in the mileage amounting to 6,900.

The demands on the ambulance service continue to increase, and in addition to the Premature Baby Clinics, the Day Hospital scheme was introduced and has developed. The scheme commenced in May with two persons daily and by August was involving 14/16 persons.

The number of journeys to Manchester hospitals and other destinations outside the Borough increased considerably during the year. 1,413 patients, involving 22,128 miles, were conveyed, as against 469 patients, involving 7,792 miles in 1958.

Following the same formula as in previous years, we find that during 1959 the average number of miles per patient was 3.3 as against 4.75, 4.6 and 4.1 in 1956, 1957 and 1958.

During the year a greater number of patients have been conveyed by rail. It is on record that from the 9th May to the end of the year, 49 patients were conveyed in this manner to 14 different destinations, ranging from Hebden Bridge to London, Skegness, Southport, Buxton, etc. It is estimated that these arrangements saved ambulance mileage amounting to some 2,535 miles. One patient was transported by long distance bus service from Manchester to Chesterfield.

During the year the Ambulance Sub-Committee considered the staffing of the service and recommended the appointment of working Shift Leaders.

During the year a team entered for the National Ambulance Competition and competed in the eliminating regional contest held in Victoria Park, Southport, in June. The Rochdale team was unsuccessful in reaching the final, but came in fifth in the competition.

22 drivers entered for the National Safe Driving Competition and 18 qualified. One driver was unable to qualify because of absence through sickness and, therefore, received exemption.

#### 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 milk and foodstuffs taken under the Food and Drugs Act, is performed by the Borough Analyst. Mr. Guy H. Baker, F.R.I.C., took over this work on the 1st October, on the death of Mr. T. W. Lovett, F.R.I.C.

#### HOSPITALS

The hospital services in the district provide 1,221 beds for patients. As stated previously 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.

During the last year the picture has been one of altering and improving existing accommodation rather than adding new units. Particular attention has been paid to the accommodation for mental illness.

The district is not affected by the long waiting lists for admission which are reported from time to time from other areas, in spite of the fact that the total number of beds is, of course, reduced by these alterations.

#### 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 1,357 births notified, all by midwives, as belonging to Rochdale. This figure includes 839 occurring at Birch Hill Maternity Home and 54 in other hospitals, which have been classified to Rochdale.

#### **Health Visitors**

At the beginning of the year there were six Health Visitors and one fulltime Clinic Nurse. One of the Health Visitors left us in July and one who left last year come back in May. A Student Health Visitor joined us on the 29th June, 1959. To help the Health Visitors in routine work and visiting, a fulltime Clinic Nurse was appointed on the 5th October, 1959. After the appointment of the second Clinic Nurse, the Clinic work was shared between the two Nurses and the remaining time was spent visiting under the guidance of the Health Visitor. At the end of the year we had seven Health Visitors and two full-time Clinic Nurses. This left us with three Health Visitors short.

The Health Visitors continue to spend most of their time visiting children under five years of age, but the under one year olds and problem families were given priority. The Health Visitor's help, advice and assurance is particularly important in cases where mothers do not attend the Clinics and where the mother is worried in case she does something wrong. This is especially so with the first baby of an elderly mother.

The Health Visitors also attend fourteen sessions at the Infant Welfare Clinics and four sessions at the Ante-natal Clinics each week. One of them attends Birch Hill Hospital and makes a round of the Children's Pavilion and Maternity Unit one morning each week, and this same Health Visitor attends a Paediatric Clinic at Smith Street Children's Out-patient Clinic on Wednesday afternoons.

There is a Clinic each month for premature babies born at home and this is staffed by Health Visitors. One Health Visitor goes to the Ante-natal Relaxation Class every week to give instruction to the expectant mothers.

The Health Visitors attend the four Nursery Schools to inspect the children for cleanliness and head infestation. They also attend with the Medical Officer every three weeks when medical inspections are carried out and take part in the discussions about the attendances and well-being of the children. We wanted to start doing hearing and sight testing for all children attending Nursery Schools. Unfortunately, due to the lack of proper premises, we could only do sight testing for the children leaving Nursery School. The following Table will show the way in which the Health Visitor spends her time:—

	1959	1958
Primary visits to births	1,282	1,383
Primary visits to stillbirths	40	30
Subsequent visits to infants under 1 year	4,762	5,816
Subsequent visits to young children 1-2 years .	2,512	3,150
Subsequent visits to young children 2-5 years .	5,369	6,734
Ante-natal cases	—	1
Maternal and infant deaths	32	35
Infectious diseases	287	333
Incomplete visits	1,421	1,304
Totals	15,705	18,786
Ante-natal and post-natal clinics	284	139
Child welfare clinics	847	774
Nursery schools	85	110
Totals	16,921	19,809

There is a big decrease in the total number of visits compared with last year and quite a marked increase in incomplete visits, which makes the number of total successful visits 3,081 less than last year. This can be partly explained by the increase in the number of clinics attended by Health Visitors by 193 over last year.

As last year, we had Preliminary Training School and final year Nurses from Birch Hill Hospital to visit the Infant Welfare Clinics and observe the work of the Health Visitor. The Health Visitors have been very co-operative in taking these students on to their districts and into people's homes.

The Health Visitors have also taken part in the preparation of Nursery Nurses for their N.N.E.B. examination and six lectures have been carried out for the St. John Ambulance Brigade.

#### **Child Welfare Centres**

The total number of new patients attending the Child Welfare Clinics this year, with few variations, is nearly the same. There is an increase of 666 in total attendances of children compared with last year's figures, but a marked decrease of children examined by Medical Officers. Attendance of children under one year has increased, but attendances have fallen between the ages of one to two years. There is a marked increase of attendances at Baillie Street Clinic (Wednesday). Arrangements for the Norden Clinic are the same as last year and we are still waiting for larger premises for the Kirkholt Clinic. Work has started at the new clinic site and we expect to have better premises soon.

Centre	New Cases admitted		l Attenda of Children		Average Attendance per	No. of Medical examin-
	during 1959	under 1 yr.	1-2 yrs.	2—5 yrs.	Clinic Session	ations by M.O.
(a) Baillie Street					†	
* (Thursday)	140	1,497	381	394	45 (51)	836
(b)*St. Luke's	. 213	2,904	461	739	43 (46)	1,482
(c)*St. Clement's	. 130	2,306	521	708	36 (36)	1,323
(d) Baillie Street	an union	nch to be	oos, blo a	001 704 0	mos pileles a	School
*(Wednesday)	. 154	2,170	354	491	60 (49)	1,125
(e) *Castleton	. 137	2,180	507	1,015	38 (33)	1,123
(f) Norden	. 45	748	185	222	27 (24)	324
(g) Baillie St. (Friday	) 80	754	133	129	21 (18)	597
(h) Bamford	. 6	52	16	56	10 (13)	28
(i) Kirkholt	. 113	1,184	279	622	21 (21)	664
Totals	. 1018	13,795	2,837	4,376		7,502
Corresponding Figures 1958	. 1,028	12,939	3,037	4,366	A dente of	8,382

The following Table shows the attendances at the Clinics during 1959:-

\* Two Clinic Sessions per week.

† Figures in brackets are for 1958

Dr. Barker continued to do two sessions at the Clinics each week. These were reduced to one on the 24th November when Dr. Thakre took over St. Clement's Clinic. In September Dr. Ginever took over from Dr. Cauchi the St. Luke's, St. Clement's and Norden Clinics, while Dr. McKenzie has continued with Castleton and Baillie Street Clinics. The Medical Officers from Birch Hill Hospital have also been kind enough to relieve for holidays and sickness.

The work at the Clinics mainly consists of vaccinations and immunisations, advice to mothers on different problems and the examination of new babies. Mothers who do not want to see the Clinic Doctor will have their children weighed and usually buy baby food, cod liver oil and orange juice. We started doing combined injections for Whooping Cough, Diphtheria and Tetanus in June.

We still find it hard to persuade mothers to have their children vaccinated against Smallpox. It seems it is mostly the fathers who make the objections, since they remember the effects it had on themselves. Vaccination against Poliomyelitis is done at all the Clinics and is well accepted by all parents. We also started Poliomyelitis Booster injections in September.

#### **Care of Premature Infants**

There were 19 premature babies born at home in 1959. Dr. Wolman has continued to hold a Premature Baby Clinic in the Health Department each month where premature babies born at home have been seen monthly until six months old, and then at nine months and twelve months, and vaccinations and immunisations have been carried out.

Premature babies born before 1957 continued to be examined at yearly intervals for the Survey of Premature Babies which was started in 1950. Some of these examinations are done at the Child Welfare Clinic, some in Nursery Schools, while some are now old enough to be examined in Infant and Junior schools.

#### **Domiciliary Midwifery Service**

Miss Hunter, Superintendent of the District Nurses continues to supervise the Midwives and Miss Morgan her First Assistant Superintendent, has been appointed Deputy Supervisor of Midwives. The staffing position during the year was very good. Nurse Tomlinson commenced duty with us on the 1st July, Nurse Harrison came back in September and Nurse Crehan joined us on the 14th October. After Nurse Crehan's appointment we had seven midwives with five students until the end of the year. From the beginning of June until the end of August the Birch Hill Hospital discharges were taken over by the Queen's Nurses.

		1959	1958
Cases delivered	 	427	454
Subsequent visits	 	5,095	6,403
Continuation visits to Hospital patients	 	1,101	2,291
Ante-natal home visits	 	1,547	1,872
Ante-natal Clinic visits	 	350	376
Miscellaneous visits	 	3	1

The one Midwife in private practice attended 70 cases during the year.

The Midwives have not attended any cases as maternity nurses during the year and doctors were called into 183 cases on medical aid forms. Gas and air analgesia was administered to 363 cases out of 431 and Pethidine to 236 cases.

The following cases were reported by the Midwives as being admitted to hospital before the delivery of the infant, although they had started to look after them in their own homes:—

5 Prolonged labour

6 Ante-partum haemorrhage (one-twins)

3 Hypertension (one-twins)

3 Premature labour

6 Overdue

2 each-placenta praevia, psychological reasons, Rhesus negative.

1 each-laceration of perineum, high foetal head, retainedm embranes, hydramnios, miscarriage.

Out of these there were 31 live births, (which included five premature babies) and three stillbirths.

The following cases were reported by the Ante-natal Clinic as having had their bookings changed from home to hospital while attending there:—

8 Low haemoglobin

2 Psychological reasons

9 Rhesus negative

4 Twin pregnancy

1 each—toxaemia, anaemia, haemorrhage, oedema, post-maturity, X-ray, blood pressure.

Out of these there were 28 live births (which included six premature babies) and two stillbirths.

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

#### 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 been maintained, 98% of the total births having attended the Clinic.

In addition to the routine blood tests and medical examinations, the patients who are to be confined at home, at Nurse Miller's Home, or at Birch Hill Hospital, 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 89 sessions were held with a total of 711 attendances. At the re-visit class a Health Visitor attends and she holds group discussions and gives talks to any of the patients who wish to join in. She also shows film strips on different subjects. These sessions 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 for this purpose is very limited.

#### **Post-natal Clinic**

There is one Post-natal Clinic held weekly in the same premises, conducted by the 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.

			Roch	100000	Cou		Total	
		vd 1	Boro	ougn	Dist	icts	10	otal
		iquou	1959	1958	1959	1958	1959	1958
(1) ANTE-NATAL CLINICS					- Invite	00000	10 970.2	0
(a) No. of Expectant Mothers	s	1 (100)	1.000	61 MI			1111	
attending (New Cases)			1,371	1,320	202	177	1,573	1,497
(b) No. of attendances (Old								
and New Cases)			8,989	9,427	1,741	1,325	10,730	10,752
(c) Average attendances per		-					David and	
clinic session			36.5	40.6	7.2	5.7	43.7	46.3
(2) POST-NATAL CLINIC			-				No Travel	
(a) No. of Mothers attending		11 1.00	1 mile	-	3	in the second	The second	
(New Cases)			533	541	153	112	686	653
(b) No. of attendances (Old								
and New Cases)			630	590	156	133	786	723
(c) Average attendance per					1	alatt		1020/
clinic session			13.1	12.3	3.2	2.7	16.3	15.0

#### **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. No calls were made upon the service during the year.

#### Maternity Home

The number of Rochdale women admitted to the Maternity Home at Birch Hill Hospital for confinement was 823, four of whom gave birth to their babies at home before admission.

The number of babies born in hospital and classified to Rochdale was 800 live births and 39 stillbirths.

#### **Medical Assistance**

Midwives practising in the district requested the services of a medical practitioner in 151 maternity cases and in 32 cases of newly born children. The corresponding figures last year were 132 and 27 respectively.

The Local Health Authority pays the medical fees only 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 four cases were so treated.

#### **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 500 such outfits have been issued.

#### **Puerperal Pyrexia**

During the year one case of Puerperal Pyrexia was reported by the Midwifery Service and one by a General Practitioner. In both cases the nursing was handed over to the District Nurse.

#### Maternal Mortality

Two deaths were recorded by the Registrar-General in respect of 1959 as due to maternal causes.

In one of these the true cause of death was "Essential Blood Disease". Since this was only discovered at the post mortem examination, the condition may well have been exacerbated by pregnancy. The death was classified to 'maternal causes'.

The other was a true maternal death in which the 'preventable factor' could be stated as imperfect co-operation.

Area	1959	1958	Average 5 years 1953-57
ROCHDALE Average 12 neighbouring	. 1.4	Nil.	0.89
manufacturing towns Administrative County of	. 0.47	0.43	0.59
Lancaster	. 0.52	0.45	0.98

#### **Ophthalmia** Neonatorum

For the past six years there have been no cases.

#### **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 the 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 35,590 (33,337) tins of National Dried Milk, 5,140 (5,629) bottles of Cod Liver Oil, 41,178 (41,636) bottles of orange juice and 3,801 (3,927) packets of Vitamin Tablets were distributed.

It will be noticed that whilst the take-up of Orange Juice has reduced slightly in comparison with the previous year, the distribution of National Dried Milk has increased. The distribution of Cod Liver Oil has reduced even further. The slight reduction in take-up of Orange Juice may be accounted for by the introduction of Rose Hip Syrup, which is now obtainable at the Clinics. This commodity is, of course, far more palatable in many cases than Orange Juice.

#### NURSERIES AND CHILD MINDERS REGULATIONS 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 this latter category, however, no persons were registered during the year.

In the former category three 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 209 children. During the year 190 children were admitted to the Nurseries and 167 left the Nurseries. At the end of the year there were 188 on the registers as against 217 on the registers in 1958.

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 associated with the parent mill.

#### 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.

In June we commenced to use Triple Antigen—Diphtheria—Whooping Cough —Tetanus, in the Immunisation Scheme. The Scheme now in operation commences with Triple Vaccine at three months and finishes with Smallpox Vaccination at eight to nine months, and is followed still later by a very important Triple Vaccine booster at eighteen months. This closely follows Schedule B., as published in the British Medical Journal—23.5.1959.

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 960 children under five received a course of immunisation. In 1958 the number immunised in this group was 702. 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, 1960. The estimated population figure is supplied by the General Register Office.

Age at 31/12/59 i.e. born in Year	Under 1 1959	1 1958	2 1957	3 1956	4 1955	Total
Number immunised	300	604	672	704	761	3,041
Estimated mid-year child popu- lation 1959	rage (fire)	Chil	dren un 6,100	der five )	2	

In addition to the immunisations in the above Table, 296 children between the ages of five and fifteen were immunised, as compared with 320 children in 1958 and 800 children received re-inforcing doses, usually about four years after the initial treatment, compared with 966 in 1958.

Of the initial doses 281 were by Triple Vaccine and of the booster doses 14 were by Triple Vaccine.

#### Whooping Cough

The general arrangements for immunisation against Whooping Cough remain as detailed in recent Reports, except that, as stated earlier, we commenced the use of Triple Vaccine.

During the year 823 children received a full course of injections as compared with 800 the previous year. Of this number 178 were immunised by their own doctors. In addition, booster doses were given to 250 children, including 26 given by own doctors. 281 of the initial doses and 14 of the booster doses were by Triple Vaccine.

Altogether since the scheme was introduced there have been 96 cases of Whooping Cough reported amongst immunised children. Since the scheme started in September, 1959 a total of 7,882 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.

						TOTAL 1959	
No. Vaccinated	334	47	31	17	32	461	519
No. Re-vaccinated	-	-	2	3	57	62	35

It seems very difficult to arouse any real interest in vaccination amongst parents of young children. The Public Health medical staff continued to do rather more than twice as many vaccinations as were done by General Practitioners in the area.

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

#### **Poliomyelitis Vaccination**

There was no important change in the campaign against Poliomyelitis during the year.

The supply of Salk vaccine continued until July, since then British vaccine only has been supplied and used. The total vaccinated during the year was 8,838, while 1,821 received booster doses.

In the following Table which shows the distribution of the general work of immunisation, it will be seen that the Poliomyelitis vaccinations were spread more uniformly between the Child Welfare Clinics, the School Clinics and the General Practitioners than in previous years. It is notable that the bulk of the work amongst adolescents was done following the propaganda based on the death of a well-known footballer.

22 Alter tare erne with a		areastro.	and him to	THE PERSON	Exercit
they algo to be a long to open	1955	1956	1957	1958	1959
GENERAL PRACTITIONERS :		and a second	Loro Labo		
Poliomyelitis Vaccination	_	_	_	373	2,153
" Boosters …	_		_		184
Diphtheria Immunisation	218	219	142	141	214
,, Boosters	159	141	131	159	135
Whoop. Cough Immunisation	143	162	115	134	178
" Boosters …	20	36	16	29	26
Vaccinations	203	138	111	156	149
Re-vaccinations	11	8	7	31	61
M.C.W. CLINICS :				01	01
Poliomyelitis Vaccination	_		Sector Contraction	1,831	3,613
,, Boosters					652
Diphtheria Immunisation	570	677	597	541	728
,, Boosters	48	70	24	1	120
Whoop. Cough Immunisation	601	676	725	666	645
,, Boosters	74	195	155	133	224
Vaccinations	120	320	337	363	312
Re-vaccinations	_		007	4	312
SCHOOL CLINIC :	1.19	ALLER DIG	AN ALLEN	Sta Tra	1
Poliomyelitis Vaccination		_	and the second	3,231	3.079
" Boosters		200 - 200	the states	0,201	3,072
Diphthoria Immunicati	185	171	212	241	985
Boostore	1316.2	100000000000	10000		
Decetore	185 589	171 683	212 518	341 806	31 66

29

#### 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 1959 :					
Expectant unmarried mothers			 		58
Aftercare			 		9
Matrimonial problems			 		8
Personal and social problems			 		29
					1104
					104
					10
TYPE OF ASSISTANCE REQUIRED :					
Ante-natal and post-natal accomm	odatio	n	 	107To	18
Advice on affiliations and private a	agreem	ents	 		12
Help with adoptions			 		31
Matrimonial and family problems			 	T	8
Material help given			 		14

Emergency arrangements had to be made in four cases where the young expectant unmarried mothers had not sought medical help or advice.

Of the unmarried mothers who were dealt with 36 were under the age of 21 years. The individual ages are set out below:—

AGE	IN YEARS				
	15			 	2
	16			 	7
	17.		]	 	2
	18			 	8
	19			 	12
	20			 	5
	21 and	over		 	22

One baby was stillborn and one baby died at the age of four months. Another baby has been placed with foster parents for a long term until the mother can arrange to have her baby with her.

Kept baby and living with the putative father	 		3
Married to the father or another man	 	0	10
Kept baby and living with the girls' parents	 		18
Kept baby and living in rooms or lodgings	 		9
Kept baby and obtained small cottages to rent	 		2

It is of interest to note that the number of expectant unmarried mothers has decreased during 1959 by fifteen as compared with 1948. This is rather encouraging for Rochdale after the anxiety and concern caused by the rising numbers and the lowering of the age groups during the previous year.

After care given to the very young teenagers is of the greatest importance. They still need our help in obtaining the right kind of employment according to their individual capabilities and home circumstances. Our help is very much appreciated and the results have been very rewarding.

Several childless couples came to us for advice regarding the possible adoption of an infant. Their homes were visited and we were very happy to make a report and to recommend them to Registered Adoption Societies.

Trends in family case work alter along with the changes in the pattern of our daily lives and with changes in legislation. The divorce rate has been dropping during the past few years, but we still receive a number of applications for advice in the 'family welfare' category, meaning problems which have arisen following separation, divorce or desertion.

Our concern, therefore, is with the responsible use of knowledge in family life, particularly in relation to the procreation and nurture of children. Responsible parenthood begins with responsible marriage.

There have been five enquiries regarding the adoption of legitimate children. This is a matter which causes anxiety, because such applications may break up a family and separate permanently a child from relatives, brothers and sisters. We can only regard with disquiet the problem of parents who wish to give away their babies. Yet, if the full totals were known, there must be thousands of unhappy children in this country who are rendered homeless and unloved by friction, desertion, divorce or separation of their parents. Are the parents who try to find adopters for their children as thoughtless as the mothers or fathers who disappear and whose children cannot always be guaranteed a substitute home, or be adequately cared for by one parent?

We are deeply grateful to all those who have referred cases to us, and for their continued co-operation and advice when needed. We owe a debt of gratitude to Dr. Innes, Medical Officer of Health, and to Dr. Gawne, County Medical Officer of Health, for their untiring practical help, advice and sympathy so freely given.

#### 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 Departments.

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

PUBLIC HEALTH DEPARTMENT :

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

Fairly good attendance was shown throughout the year, the average for the eleven meetings being fifteen.

A total of six new cases was referred to the Committee from the sources set out below:—

Maternity and Child Welfare Department	 	 	3
School Medical Department	 	 11 m	3
			-
Total			6

At the beginning of 1959 there were 45 cases on the 'live' register. During the year 11 of these had further reports made upon them and four were closed. In addition, there were six new cases in 1959. At the end of the year 47 cases remained on the 'live' register.

the the pressure	Old Cases	1959 Cases
Twice	 1	not sid 1 mer
Three times	 AND DESCRIPTION OF	1
Four times	 a ta <u>b</u> oaraite	3
Five times	 	1
Six times	 1	69 68 6 <u>8 -</u> 1
Seven times	 Den 1	offer the grounds
Ten times	 1	a benegmen a
Eleven times	 7	
		en en fermale ber
Totals	 11	6

The following list shows the number of times the 17 cases have come up for discussion and further report:—

An average of twelve 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 six new cases as they were brought to the notice of the Committee:—

CASE No. 1 (Referred by C.W.)—Woman appeared in Court, four children in care, another baby due shortly.

CASE No. 2 (Referred by S.M.O.)—Mother leaving the two children at nights when she went to work. No father.

- CASE No. 3 (Referred by S.M.O.)—Expectant mother with three children. Father earning good money, but there is an accumulation of debts and family living in one room.
- CASE No. 4 (Referred by S.M.O.)—Two children with their mother and stepfather living at the house of their own father under very unsatisfactory conditions.
- CASE No. 5 (Referred by C.W.)—A broken home with the mother left with her child of twelve months. Query of epilepsy in the mother.
- CASE No. 6 (Referred by S.M.O.)—Mother left her own home, taking one of her two children to live in an overcrowded undesirable house. The older daughter who was working had gone into lodgings.

All this boils down to the fact that we have in Rochdale a hard core of ten problem families, all of which are under constant supervision and discussion. In addition, there is another group of less complicated cases which usually drop into the background after two or three months. Some of these flare up from time to time and few have their problems so satisfactorily solved as to render removal from the register advisable.

## **Domestic Help Service**

During the year the Domestic Helps assisted in 469 cases (32 cases of maternity, 431 chronic sick, including aged and infirm, and 6 others) as against 359 during 1958. The average period over which assistance was given was ten days for maternity, 200 for chronic cases and 20 for general sickness.

At the end of the year 55 Domestic Helps (16 full-time and 39 part-time) were employed as compared with 47 (17 full-time and 30 part-time) at the end of the previous year.

Persons who claim their inability to pay the full charge of 3s. 6d. 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 8.78% of the total cost. No charge was made to 346 households out of the total number of households to which this service was rendered. The corresponding figures in the previous year were 8.6% recovered and 297 households in which no charge was made.

The above figures continue to reflect the concentration on the care of the elderly sick and infirm in their own homes. The number of chronic sick cases this year was more than the total of all types of cases in the previous year and the average period for assistance, while falling in respect of maternity, rose considerably in respect of chronic cases. There was little variation in general sickness.

It is noticeable that more and more of these chronic cases are becoming entirely dependent upon the Home Help Service for their welfare at home. In other words, they require daily visits and special arrangements have to be made to look after them during the holiday periods. These elderly people have no close relatives nor anyone whom they can call upon for assistance outside ourselves.

Medical Practitioners have called upon the Department more often during the year and this accounts to some extent for the increase in the number of cases.

As the needs of the patients vary considerably with the different types of housing, i.e. bungalow or old type cottage property, the Organiser must constantly visit cases in order to allocate the correct amount of help required.

## 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 68 cases to Convalescent Homes, usually for a period of two weeks. An extension was granted in one case on medical recommendation. Fare or transport was provided in six cases, all mentally defective children proceeding to and from Southwood, Derby.

Accommodation was arranged for the 68 cases referred to in the following manner:---

					Adults	Children
Grey Court, Hest Bank					12	ingen parcel
Seabright Home, St. Annes					10	
Blackburn & District Conval	escent	t Home	, St. A	nnes	9	- theets
Lear Home of Recovery, We	st Kii	rby			7	
Milne Home, Southport					6	
Southwood, Derby						6
Westwood Home, Blackpool					6	-
Others					5	7
	To	otals			55	13

The total cost of Convalescent Home accommodation was  $\pounds 608$  12s. 8d., of which  $\pounds 61$  3s. 9d., or 10.04% was recovered, whereas in 1958 the corresponding figures were  $\pounds 414$  6s. 0d., and  $\pounds 124$  10s. 9d., with 30.15% recovered.

Respiratory Diseases cases (28) formed the largest single class of admission, the remainder being from a wide variety of causes, Post Operative (10), General Debility (9), Rheumatism (6), Cardiac Debility (5), Nervous Debility (4), Anaemia (3), Gastric Conditions (1), Pneumonia (1) and Glandular Fever (1).

#### **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 accepting invitations to speak on health subjects at the regular meetings of interested organised bodies. This is much more successful than attempting to call special meetings for health subjects alone.

Towards the end of the year the emphasis began to be upon mental health in the community. In all fourteen lectures were given by members of the staff to a wide variety of organisations.

# **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 (vacant).

#### Co-ordination with Regional Hospital Board, etc.

Mental Illness—Consultant Clinic held weekly by the 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 Educational Psychologist at present.

There is still no Child Guidance organisation available in this area. This is a very serious drawback.

#### Mental Health Act, 1959

The main event during the year in this Department has been the passing of the Mental Health Act. In view of the fact that various Sections of the Act come into operation gradually during 1960, the Report for the present year continues on previous lines. In general the effect of the Act is to remove legal difficulties and procedure, and to make all questions of treatment of mental illhealth much more free of formality on the same valuntary basis as applies to physical illhealth.

In many ways the new Act reflects changes in public opinion. In many other ways it offers opportunity to re-shape public opinion about mental health.

At the same time big advances have been made in the treatment of many forms of mental illness. In some cases it is a question of keeping the condition under control to such an extent as to make ordinary work and ordinary life in the community possible. In others it is a question of introducing an element of cure. No doubt this cure is in some cases only temporary and must be renewed from time to time, but here again the situation is now no worse than in many conditions of physical illhealth. The shift is, therefore, away from hospital towards out-patient treatment and help in the community.

## MENTAL DEFICIENCY

solution of the plant of path Acc.		nder ge 16		d 16 over
	M.	F.	M.	F.
1. Particulars of cases reported during 195 (a) Cases ascertained to be defectives "subject		1.30	man	1.2
with". Number in which action taken on r		an odra	133139	15
<ol> <li>Local Education Authorities on childs</li> </ol>	en	1 10 10 10	Caraball, I	
<ul><li>(i) While at school or liable to atten</li><li>(ii) On leaving special schools</li></ul>		1	4	4
(iii) On leaving ordinary schools		-	10200	1
(2) Police or by Courts	–	-	-	-
(3) Other sources				1
TOTAL of 1 (a	)5	1	4	5
(b) Cases reported who were found to be de were not regarded as "subject to be dealt w				
(c) Cases reported who were not regarded as do	efectives and	-	-	
are thus excluded from (a) or (b)	–	-	-	-
(d) Cases reported in which action was incom			0	1
December, 1959, and are thus excluded fro	om (a) or (b)		2	1
TOTAL of 1 (a	)—(d) inc 5	1	6	6
2. Disposal of cases reported during 1959.	And	a case i	1	-
<ul> <li>(a) Of the cases ascertained to be defectives "s dealt with" (i.e., at 1 (a)), number</li> </ul>	subject to be			2
(i) Placed under Statutory Supervision	5	1	4	4
(ii) Placed under Guardianship	—	-	-	-
(iii) Taken to "Places of Safety"	A CARL SALES AND A CARL	=	1	1
(iv) numitica to nospitals		-		
TOTAL of 2 (a	) 5	1	4	5
(b) Of the cases not ascertained to be defective	s "subject to	poned (		
be dealt with" (i.e. at 1 (b)), number	a month			
<ul> <li>(i) Placed under Voluntary Supervision</li> <li>(ii) Action unnecessary</li> </ul>			_	
		And Same	-	
TOTAL of 2 (b	) –	-	-	-
(c) Cases reported at 1 (a) or (b) above who re the area or died before disposal was arrang			_	_
TOTAL of 2 (a	)—(c) inc 5	1	4	5
3. Number of mental defectives for whom arranged by the Local Health Author	rity under	-	-	6. 08
(a) National Health Service Hospitals		4	1000	A STREET
(b) Elsewhere		-	-	-
TOTAL				
TOTAL	7	4		a de la composition de la comp
4. Total cases on Authority's Registers at				
(i) under Statutory Supervision (ii) under Guardianship		23	56	52
(ii) under Guardianship (iii) in "Places of Safety"		1	3	8
(iv) in Hospitals		6	52	48
TOTAL of 4 (i)	(iv) inc 27	30	111	108
(v) Under Voluntary Supervision		10 - 11	5	8
TOTAL of 4 (i	)—(v) inc 27	30	116	116

	Londing and Colong			1	
	22. Regiontal Realth Serv		der e 16		d 16 over
	PART Middault Destruction	M.	F.	M.	F.
3	Number of defectives under Guardianship on $\frac{1}{12}$ , who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Inc. n 4 (ii))	-	1	-	-
	Classification of defectives in the Community on 1/12/59 (according to need at that date) 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 :—	Part of		2240	
	(i) "cot and chair" cases (ii) ambulant low grade cases	1	1 2	- 7.1	-
	(iii) medium grade cases	-	-	_	1
	(iv) high grade cases	-	-	-	-
	TOTAL urgent cases	1	3	-	1
	<ul> <li>(2) Not in urgent need of hospital care :</li> <li>(i) "cot and chair" cases</li> <li>(ii) ambulant low grade cases</li> <li>(iii) medium grade cases</li></ul>		1111	2 	
	TOTAL non-urgent cases	2	-	2	2
	TOTAL OF URGENT AND NON-URGENT CASES	3	3	2	3
(b)	Of the cases included in items 4 (i), (ii) and (v), number considered suitable for :— (i) occupation centre (ii) industrial centre (iii) home training	18	17	3	4
	(iii) nome training	-			
	TOTAL of 6 (b)	18	17	3	5
(c)	Of the cases included in 6 (b), number receiving training on 31/12/59 (i) in occupation centre (including voluntary				
	centres)	16	17	3	5
	(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)	16	17	3	5

#### Ascertainment

During the year five boys and one girl under the age of sixteen years were notified under Section 57(3) of the Education Act, 1944. Of these, two boys attend the Occupation Centre full-time.

There were eighteen young persons notified under Section 57(5) of the Education Act, 1944, eleven males and seven females. Of the eighteen cases mentioned, action was incomplete in respect of two boys and one girl. One girl aged eighteen years was admitted to a 'Place of Safety' under Section 15 of the Mental Health Act.

No person was reported through the Courts during the year.

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

Three boys and four girls under sixteen years were accommodated in Mental Deficiency Hospitals through the Manchester Regional Hospital Board. Four boys under sixteen years were accommodated in private Short Stay Homes approved by the Ministry. Cases in the main are only admitted to Private Homes when the Regional Hospital Board is unable to provide accommodation.

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 is recognised as an essential component of any adequate scheme of community care.

## **Residential** Care

The 114 cases accommodated in hospitals for mental defectives are spread over several hospitals, but are mainly accommodated in either Brockhall, Calderstones or the Royal Albert Hospitals.

There are twelve cases in 'Places of Safety'.

At the end of the year nine defectives were on the Regional Hospital Board's waiting list for Institutional care other than those already in hospital awaiting more suitable placing. We have now only a very short list of urgent cases awaiting admission.

#### Supervision

On the 31st December, there were 163 cases under community care. Of these, 150 were under Statutory Supervision, 108 being over sixteen years of age.

If there is no need for his own sake or for the sake of others to remove a patient from his home, the patient is placed under Supervision. This means that with the co-operation of the relatives regular visits are paid by the Mental Health Worker who will advise and discuss the problems which may arise with parents, the well-being of the patient being the foremost consideration.

Where over a period of time the patient's progress proves satisfactory and stable, the facts are presented to the Health Committee with a view to the patient's name being removed from the register. Regular visits then cease. A total of 879 visits was made during the year by the Mental Health Worker to the homes and places of employment, etc. of mental defectives.

#### **Occupation Centre**

The Occupation Centre staff consists of a Supervisor, 5 Assistant Supervisors (4 qualified), one temporary Assistant Supervisor (qualified) a Caretaker and a Meals Server.

At the end of 1959 there were 55 children on the register, 41 from the Borough and 14 from the adjoining area of the County.

During the year ten children were admitted. Three children left the district, four were admitted to Mental Deficiency Hospitals, and one older girl ceased to attend.

Events during the year included:-

- 1. A visit by Senior Classes to a Pantomime in Manchester.
- Summer Outings—Junior Classes to Wythenshawe Park, Manchester; Senior Classes to Lytham St. Annes.
- Harvest Festival at which classes and groups performed playlets or songs with actions. Parents were invited to be present and thoroughly enjoyed the proceedings.
- Christmas Parties with the usual games, present giving and visit of Father Christmas.
- 5. Christmas Plays of various types.

The Puppet Theatre acquired at the beginning of the year has enabled classes to put on their own puppet shows. It has been noticed that even shy children will attempt to make their puppets talk when they themselves are hidden behind a screen.

All this is additional to the usual forms of training, of group play and the more passive pastimes, such as film shows.

I would pay a special tribute to Miss Buckley and her staff for the very high standard attained in this Centre. The behaviour of the children in the Centre and on their way to and from the Centre, as well as their work, has always been a source of amazement to visitors. The staff are always seeking new methods of approach to the children and new media for their training. The list of events set out above represents a very high degree of social training, which we should have thought quite impossible ten years ago. Apart from everything else, this type of social training makes life within the family circle very much easier.

#### MENTAL DISEASES

Although the main Sections of the Mental Health Act have not been implemented, Section 5 became operative in October and allowed patients to be admitted to and kept in Mental Hospitals as 'informal patients', that is without any legal compulsion or formality.

Most of the patients in 'K' and 'J' Wards in Birch Hill Hospital who were certified are now remaining on this informal basis and the majority of the admissions since October have been arranged informally. The number of compulsory admissions has fallen from 60 in 1939 to 17 in 1959, of which 13 were prior to October.

Close liaison between the Officers of this Department and those of Birch Hill Hospital, and indeed of all the hospitals in the vicinity to which Rochdale patients are usually admitted, continues to be most satisfactory. The basis of this has been broadened by preparations for case conferences with the Consultant Psychiatrist and by the opportunity for Mental Health Workers to visit patients in hospital wards.

The reduction in the work with regard to admissions has been more than compensated by the increase in social work, i.e. modifying conditions to help the patient, or assisting the patient to adjust himself to social conditions when these cannot or should not be modified. The range of activities falling under this heading is very wide, from the giving of a little advice to intensive case work on relatives, friends, employers and neighbours.

The acceptance and use of the Day Patient system has been of great service in alleviating the burden on relatives with senile or mentally ill dependents. The patient does not lose touch with society and the relatives are not over-taxed to the point of being unable to carry on.

At the end of the year plans were in hand for the opening of a Club in rented premises for the Mentally Handicapped. On the success of this small beginning will depend whether a more ambitious scheme will be embarked upon at a later date. It is felt that there is a real need for such a Club in this area.

Dr. S. Falk, Consultant Psychiatrist at Birch Hill Hospital, continues in charge of the Psychiatric Clinic at Sparthfield, Manchester Road, Rochdale. A new modern unit 'Hillside' was opened at Birch Hill Hospital in September, supplying six male and six female beds for acute mental illnesses. A Mental Welfare Officer attends both Sparthfield Clinic and the Psychiatric Wards at Birch Hill to give any background information, to assist in follow-up work and to note the progress of patients.

### Analysis of Admissions to Hospital, 1959

The various types of admission are

One of the results of the passing of the new Mental Health Act is that we shall no longer have complete statistics of admissions and discharges. The new type of 'informal' admission which has been possible since October is not notified to the Local Health Authority and many patients do not come to the notice of the Department.

Those of whom we have records totalled 104 as against 169 for 1958. This drop will be even more marked in the future.

The various ty						1959	1958
Section 20 (TI	iree Da	ay Orde	er)		 	7	26
Section 21 (Ma	agistra	te's Or	der)		 	16	27
Section 16 (Ce	ertificat	tion)			 	4	14
Magistrates' C	ourt				 	2	5
Temporary					 	1	
Voluntary			·	·	 	67	97
Informal					 	7	- 1110
			Te	otals		104	169

These figures show that over 72% of the admissions were effected without any Compulsory Order, as compared with 58% in the previous year and this percentage will increase.

It is felt that the outlook for the future is most favourable. Much requires to be done in welding all the units together, in providing further facilities for treatment and social work, and in educating the public. Nevertheless, a good start has been made and the basis of liaison is sound.

Ho	spital Treatment					Males	Females
	Mental Patients in hospitals	on	the 31st	Decen	nber,	a Matter L.	2 mail to
	1958					96	139
	Admissions during the year					31	73
	Discharges during the year					32	70
	Mental Patients in hospitals	on	the 31st	Decen	nber,		
	1959					95	142

Analysis of Patients Discharged during 1959

Recovered of	or Relieve	d	 	169	onol	29	63
Deaths			 			3	7

The 237 patients in Hospitals at the 31st December, 1959 were distributed as follows:—

Prestwich	 	73	Lancaster	 	 17
Birch Hill	 	64	Rainhill	 	 12
Whittingham	 	32	Fairfield	 	 9
Winwick	 	19	Others	 	 11

## FOOD POISONING

1

- (a) Notifications as returned to the Registrar General -
- (b) Cases otherwise ascertained
- (c) Fatal

10 10 10 10 10 10 10 10 10 10 10 10 10 1	No. o	of Cases	der
Single Cases	Notified	Otherwise ascertained	Total Cases
Agent identified (i) Cl. Welchii	 de to Tech	1	1

# Prevalence of Infectious Diseases

Infectious disease totals continue to be related to the prevalence of measles. Just as the reduction of measles in 1958 gave us a very low grand total, so the increase in measles this year by 550 cases doubled the grand total.

		1959	1958	Average 1953/57
Scarlet Fever		61	16	99
		 UT .	10	55
Diphtheria		 -	-	-
Tuberculosis		 39	34	71
Pneumonia		 30	14	26
Whooping Cough		 76	51	127
Measles		 797	246	896
Chicken Pox		 19	28	26
C.S. Meningitis		 2		2
Poliomyelitis		 3	3	6
Dysentery		 42	135	38
Other Diseases		 8	11	10
	Totals	 1,077	538	1,301

In addition to the above formal notifications, eleven cases of Measles were brought to the notice of the Department, chiefly through the medium of schools.

#### Poliomyelitis

There were three Poliomyelitis cases during the year, one non-paralytic in a boy of two years in August, and two paralytic cases, one in a girl of four years in August and one in a boy of one and a half years in September.

The first of the latter group has been discharged home from the Florence Nightingale Hospital, Bury. Her right leg is slightly stiff, but she appears to walk normally. She attends the Children's Out-patient Clinic weekly for exercises. The boy has been discharged from hospital also and walks with his left foot turned slightly inwards, otherwise his condition is satisfactory. He attends the Children's Out-patient Clinic.

# Tuberculosis

There were 39 cases notified as against 34 in the previous year. The new cases in 1957 totalled 54 and during the five years 1952-1956 there was an average of 76 cases notified.

Of these 39 cases, 36 were Pulmonary and 3 Non-pulmonary.

In addition, the Department was notified of fifteen Pulmonary cases which had come to reside in the town after notification elsewhere.

Awaraga	at the second state	NOTIFICATIONS						
Average 5 year periods	Pulmonary	Non- Pulmonary	Total					
1933—37	81	26	107					
1938-42	84	29	113					
1943-47	71	20	91					
1948-52	89	15	104					
1953-57	55	4	59					
1958	33	1	34					
1959	36	3	39					

Attention was drawn last year to the sudden change in tuberculosis incidence during the last decade. The figures this year show an increase of five cases, but this does not in fact mean an increase in the disease. An examination of the actual notifications shows no increase in infective pulmonary tuberculosis, in fact the numbers are swollen by cases which would in all probability never have been discovered, but for the intensive research which is now possible and now carried out.

We still consider that a Tuberculosis Scheme which depends upon B.C.G. vaccination is neither correct nor necessary in this industrial area in the second half of this century.

In the last few years particular attention has been paid to the background of primary notifications of pulmonary tuberculosis and it is found that only a minority of such cases arise from unexpected sources. In the majority a history of contact with a case known to us previously, either in the family unit or at work, can be found. If we also subtract the notifications of elderly persons with many years of chronic illness now diagnosed as pulmonary tuberculosis, or who have reactivated disease, the number which would have come under the scope of blunderbuss methods is very small indeed.

We concentrate on the new case, its contacts and its potential contacts, and there we adopt B.C.G. vaccination in its proper place. For its success this method does depend upon very close co-operation between the Health Department and the Chest Physician.

We are also greatly assisted by the presence on the staff of a Tuberculosis Health Visitor with a very long knowledge of local conditions and local families. In consequence it is difficult for the contact to hide behind even a succession of marriages or housing removals. Incidentally, this method allows medical and nursing staff to devote their time to other work.

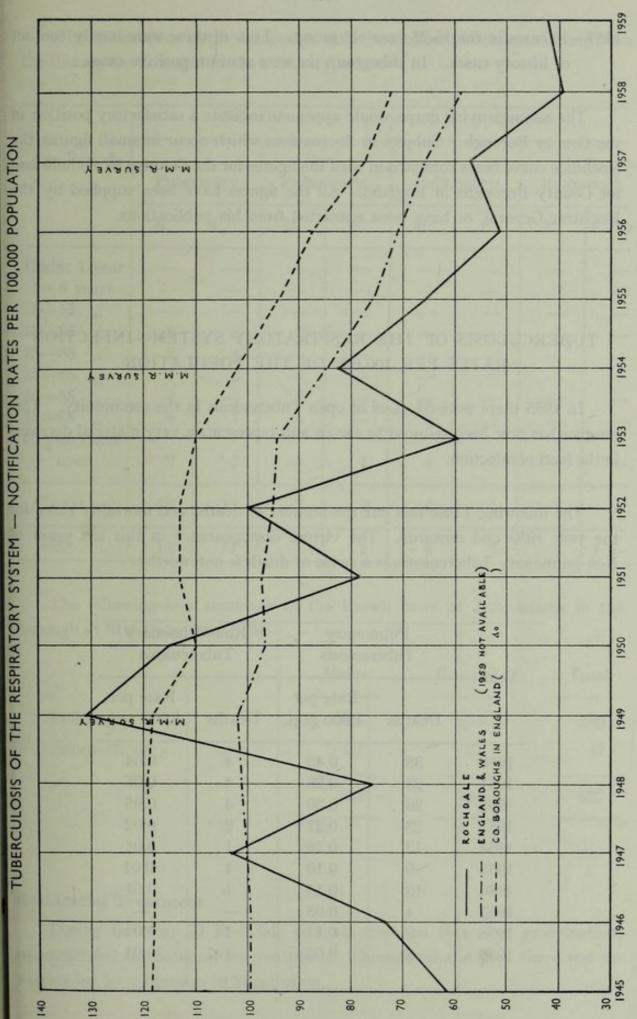
The following figures and graph are regarded by us as encouraging.

chore e	A LOLMO		DERCEE
Year	Under 5 years	5-15 years	15-25 years
1950	4	18	25
1951	3	4	18
1952	9	10	18
1953	1	1	14
1954	2	4	16
1955	3	3	10
1956	1	5	4
1957	2	2	10
1958	4	2	3
1959	-	_	10

## NEW CASES OF PULMONARY TUBERCULOSIS

Certain of these figures may be thought to require comment.

- 1959—10 cases in the 15-25 year old group. Five of these were family contact or history cases, one a very early case, one an immigrant to the town having been missed elsewhere. Three of the cases were pleural effusions and only two were sputum positive cases.
- 1958—4 under 5 years. Of these, three were from one family and all four were recorded as primary notifications resulting from family contact. In an older regime they would probably have been dealt with as observation cases.



1957--10 cases in the 15-25 year old group. Four of these were family contact or history cases. In this group six were sputum positive cases.

The accompanying graph would appear to indicate a satisfactory position in the County Borough. Subject to fluctuations which occur in small figures the Rochdale curve bears comparison with the figures for the Country as a whole and for County Boroughs in England. All the figures have been supplied by the Registrar General, or have been extracted from his publications.

## TUBERCULOSIS OF THE RESPIRATORY SYSTEM—INFECTION RATES PER 100,000 OF THE POPULATION

In 1955 there were 52 cases of open Tuberculosis in the community. This number has now been reduced to eleven and represents a very material decrease in the focci of infection.

The following Table sets out the number of deaths and mortality rates for the year 1950 and onwards. The virtual disappearance in this ten years of Non-pulmonary Tuberculosis as a cause of death is noteworthy.

		nonary rculosis		ulmonary rculosis
Year	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop
1950	38	0.43	4	0.04
1951	23	0.26	4	0.05
1952	26	0.30	4	0.05
1953	23	0.27	2	0.02
1954	13	0.15	1	0.01
1955	9	0.10	1	0.01
1956	13	0.15	1	0.01
1957	4	0.05	-	-
1958	9	0.11	1	0.01
1959	5	0.06	1	0.01

New Cases Deaths Age Periods Non-Non-Pulmonary Pulmonary Pulmonary Pulmonary Μ. F. Μ. F. Μ. F. Μ. F. Under 1 year 1-5 years 1 5-15 1 ,, 15-25 1 2 8 ,, 25-35 2 4 ... 35-45 2 4 ... 45-55 4 1 ,, 55-65 4 1 3 1 ... 65 years and 2 2 1 over 1 TOTAL 18 17 2 2 4 1 1

The 39 new cases notified, together with the number of deaths resulting from the disease are arranged in the summary below:—

The following is a summary of the known cases of Tuberculosis in the Borough at 31st December, 1959:--

1

4

5

1

1

		Males	Females	Total
Pulmonary	 	326	254	580
Non-pulmonary	 	20	27	47
		346	281	627

## **Residential Treatment**

1958 .

15

17

During the year 30 Rochdale patients were, at their first examination, recommended for Sanatorium treatment. Throughout the year there was no waiting list for admission to Sanatorium.

#### Handicrafts Classes

Four classes are held each week, two for females and two for males. During the year the average attendance for the men's classes was four, for the women's classes eight. These classes help to bridge the interval between completion of treatment and resumption of full-time employment, and the practical knowledge gained, coupled with the friendly atmosphere of the classes, is of undoubted value to the members. Visits are made to members who for health reasons find themselves temporarily unable to attend the classes. The standard of work has remained consistently high.

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

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

The second second second	Ad	ults	Children	Tatal	Total
	М.	F.	under 16 yrs.	Total	1958
Number of Clinic Sessions	-		_	372	332
Number of Treatment Sessions	-	-	-	51	106
Total attendances	1471	1155	742	3368	3980
New Patients examined found :					
(a) Tuberculous	20	16	1	37	31
(b) Non-Tuberculous	227	132	101	460	417
Contacts examined	38	40	92	170	200
Contacts found to be Tuberculous	-	-	-	-	5
B.C.G. Vaccinations	-	7	48	55	79
Mantoux Tests	1	12	112	125	154
Treatment recommended			C. S. C. C. S.		
(Tuberculous cases only) :			State of the		
(a) Sanatorium or Hospital	17	12	1	30	25
(b) Domiciliary	2	4	_	6	11
Removed from Register	19	24	1	44	16
Visits by Nurses	- 10	-		3840	4832

#### **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 1958 four cases recommended by the Chest Physician still awaited approval by the Medical Officer of Health, one of which was carried over from 1957. Two of these have since been re-housed under the Scheme, one was re-housed by means of an exchange and the other is still under consideration. During 1959 twelve cases were recommended by the Chest Physician. Eight have received the support of the Medical Officer of Health, have been approved by the Housing Committee and re-housed. Four remain under consideration by the Medical Officer of Health.

# Venereal Diseases

No material change has been made in the day-to-day arrangements at the end of the year. There were 432 (259 male and 173 female) cases dealt with during the year, as against 420 in 1958. The number of new cases was 177 (130 males and 47 females), but of these 76 did not require treatment.

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

	Contractivity of the constitution and the state of the	1959	1958	1957
1.	No. of persons under treatment or observation at commencement of year	248	276	301
2.	No. of persons who ceased to attend in previous years and who returned to the Centre suffering from the same infection	1		1
3.	No. of new cases who have had previous treatment	6	2	2
4.	No. of new cases	177	142	160
	Total cases dealt with	432	420	464
5.	Total attendances:—-			
	At which patients saw Physician	841	934	1,425
	At which patients did not see Physician	79	170	331
6.	Patients not completing treatment and/or observation	1	13	18
7.	No. discharged after completion of treatment and/or observation	91	158	168

## 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 satis-	nde dierry wolkens	The following
(::)	factory. (a) in quality (b) in quantity Where there is a piped supply	Satisfactory Satisfactory	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 87 samples— satisfactory 66 samples— satisfactory	Chlorination 139 samples— satisfactory 69 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 popula- tion supplied from public watermains	Population 83,000 approx.	Population 4,500 approx.
	<ul><li>(a) direct to the houses</li><li>(b) by means of stand-pipes</li></ul>	28,900 approx. Nil.	1,465 approx. Nil.

#### **Public Cleansing**

There were no changes in organisation or methods in the collection of refuse. All new properties were absorbed into existing rounds, but the demolition of property in some central areas and the building of new houses on the outskirts has resulted in the overloading of certain rounds. This will necessitate another major re-organisation of the work in the near future. The demolition of the old congested property of the town and its replacement by well-spaced houses is resulting in a gradual increase in the number of men required and, at longer intervals, additions to the fleet of collecting vehicles. A regular weekly collection of refuse was maintained throughout the year.

The number of British Standard dustbins supplied under the Corporation's scheme for the provision of dustbins was 2,798.

The refuse separation and incineration plant continued to give very satisfactory service and the tonnage of paper recovered and sold was the highest ever reached.

A further public convenience was built during the year and the reconstruction of another one commenced.

Street cleansing continued as before with a mechanical sweep-collector supplementing the work of the manual sweepers, and the street gullies being regularly cleansed by mechanical gully emptiers.

W. R. BOOKER, M. Inst.P.C.,

Cleansing Superintendent.

#### Drainage and Sewerage

At Roch Mills Sewage Purification Works the sewage is screened after grit removal and then passed through sedimentation tanks. Half the flow is then passed through the Kessener activated sludge plant and the other half is pumped to bacteria beds. Satisfactory effluents are obtained.

During the year the sludge drying area has been increased and a number of minor improvements carried out on the works.

The scheme for connecting the sewers of the Wardle Urban District to the sewers in the Borough was completed at the beginning of the year.

The Ministry of Housing and Local Government approved a scheme for new sewers in the Bamford area. Work commenced in August and is in progress.

A number of small sewerage schemes have been carried out during the year in connection with closet conversions and a number of storm water overflows have been reconstructed.

#### **Rivers and Streams**

A scheme for the culverting of Moss Brook, adjoining Waithlands Tip was completed early in the year.

The Mersey Rivers Board is responsible for the prevention of pollution of rivers and streams in this area. The Corporation co-operates with the River Board in providing facilities for the discharge of polluting effluents to the sewers for subsequent purification at the Sewage Works. The trade effluent agreements which have been made with local manufacturers in recent years have noticeably reduced the river and stream pollution in the County Borough area.

W. H. G. MERCER, B.Sc., (Tech.), A.M.I.C.E.,

M.I.Mun.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	Total	Sun	shine
Year		Temperatures Deg. F.	Rainfall Inches	Total Hrs.	Daily Average
1955	 	47	33.77	1394.6	3.4
1956	 	46	45.87	1135.9	3.1
1957	 	48	46.19	1166.1	3.2
1958	 	47	46.85	941.3	2.5
1959	 	50	36.81	1379.9	3.7
Mean	 	48	43.52	1209.0	3.3

The mean temperatures and the sunshine were much greater than had been recorded for several years, while the rainfall was considerably less.

December was the wettest month with 7.52 inches, having 25 rainy days and of these 21 were 'wet' days. The highest rainfall in any one day occurred on the 26th October when 2.04 inches fell in 15.9 hours.

September was the driest month with 0.33 inches of rain spread over six days, whilst January was the coldest month.

The highest temperature of 83° was recorded on the 4th July, and the lowest temperature of 16° was recorded on the 10th and 11th January.

May had by far the largest amount of sunshine, although the 14th June had 15.8 hours of sunshine, the highest figure recorded for any one day. December had the lowest sunshine with only 17.7 hours for the whole month, against May with 220 hours. On 125 days in the year less then one hour's sunshine was recorded.

Appreciable fog occurred on 37 days, January, November and December being the months heavily affected.

#### SWIMMING BATHS

Entwisle Road—opened May, 1937. Consists of two swimming pools 100' x 36' and 75' x 30', holding respectively 120,000 gallons of water and 76,000 gallons of water.

Each of the swimming pools has dressing room accommodation to allow for mixed bathing and all swimmers have to pass through a pre-cleansing room with constant shower and foot baths on the way to the pool.

The filtration plant consists of 4' x 10' diameter filters containing graded quartz, which are capable of allowing the whole of the water in both pools to be filtered once every three hours. After passing through the filters the water is heated, aerated and treated with chlorine to ensure that it is bacteriologically pure. The rate of treatment of the water can be regulated easily according to the number of bathers using the pools, the control arrangement of flow, chemical treatment and chlorination are centralised on one large panel in the filtration room, the amount of water being turned over in each bath is accurately recorded as is the level of water in each pool and the temperature. The source of water is the town's water supply from Watergrove reservoir.

Turkish, Russian and Medical Baths are provided. The Turkish suite comprises three hot rooms, together with shampoo and spray room, with massage slab, Vichy douche, showers and spray equipment, and a well appointed cooling room is available in connection with this and the foam baths. **Castleton**—opened May, 1910. Consists of a swimming pool  $75' \ge 30'$ , containing 65,000 gallons of water. There are also four slipper baths for females and eight for males. The arrangements for filtration and chlorine treatment are similar to those at the Entwisle Road baths.

Tests for chlorine residual and P.H. value of the water are made three times per day at both baths. The chlorine residual is maintained at between .5 ppm. and 1.0 ppm. The P.H. value is between 7.2 and 7.6.

In view of the fact that strict attention is paid to maintaining adequate chlorine residuals in the water, bacteriological tests have not been made since 1940.

At the beginning of the year the staff of the Department consisted of the Chief Public Health Inspector, the Senior District Public Health Inspector, the Meat and Food Inspector and four Public Health Inspectors, and there was a vacancy for one Inspector. This was filled in June by the appointment of one of the Student Inspectors who had qualified. Later in the year one of the Public Health Inspectors qualified as a Smoke Inspector and because of the demands of the Clean Air Act the Committee appointed him as a Specialist Smoke Inspector, thus leaving a vacancy which remained unfilled for the rest of the year. The establishment of the Department provides for three trainee or student inspectors, one appointment was made during the year to fill the vacancy created by the promotion of a student to the position of Inspector. There are three Rodent Operatives attached to the Department and an Infectious Diseases Officer works part time in the Department dealing mainly with disinfestation but assisting also with records.

During the year the work of the Inspectors has again been much concerned with the repair of dwellinghouses and their outbuildings. There was a slight reduction in the number of complaints received and in general the demand for this kind of work has diminished somewhat. It seems probable that the lessening of the demand may in part be due to the operation of the Rent Acts. Whatever the cause the reduction has given the Department an opportunity to spend more time upon the inspection of houses for condemnation and upon the preparation of Smoke Control Areas. It is hoped that this lessened demand for the 'patching' of houses may continue in order that the energies of the staff may be devoted to more constructive work.

Most of the nuisances and defects discovered after complaints or survey were dealt with by informal means, i.e. by the issuing of Preliminary Notices which are in fact letters drawing attention to defects and suggesting remedies. During the year 586 such Preliminary Notices were issued. The Committee authorised the service of 17 Abatement or Statutory Notices to secure the abatement of nuisances and the remedy of sanitary defects in and around dwellings, The work required was accomplished without having recourse to further proceedings.

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 is very similar in nature to that in previous Annual Reports but it may be noticed that this year there are included 58 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 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. The Rochdale Corporation Act 1958 enhances the powers of the Corporation to deal with this type of defect and with certain other types of nuisance.

### NATURE OF NUISANCES DEALT WITH

Houses-	
Verminous dwellings disinfested	22
Dirty houses cleaned	12
Repairs to roofs, floors, walls, eavestroughing, rainwater pipes,	
chimneys and general repairs to brickwork and stonework	
(including dampness) and repair or renewal of house fittings	684
YARDS, PASSAGES, ETC.	
Repairs to yard surfaces, gates, walls, etc	25
Offensive accumulations and stagnant water removed	59
SANITARY CONVENIENCES	
Closet buildings repaired	47
Closet fittings repaired	116
Drains	
Main or branch drains repaired or cleared	84
Main of branch drains repaired of cleared	04
GENERAL	
Absence or unsatisfactory condition of sanitary accommodation at	-
factories and shops	3
Miscellaneous nuisances remedied	38
FOOD PREMISES	
Defects of various kinds at food premises	80
WATER SUPPLIES	
	58
Obstructed or defective water service pipes	00

## HOUSING

### **Clearance** Areas

The Clearance Orders made in respect of John Street Clearance Area Nos. 1, 2, 4 and 5 were confirmed by the Minister without modification on 3rd July, 1959 and the Compulsory Purchase Order made in respect of John Street Clearance Area No. 3 was confirmed without modification by the Minister on 6th August, 1959. Information concerning these Areas was given in the last Annual Report. On 1st April, 1959 the Council made Clearance Orders and Compulsory Purchase Orders in respect of Hope Street Clearance Area No. 1 and Hope Street Clearance Area No. 2. A Public Local Inquiry was held on 27th October, 1959 and the Minister confirmed the Orders with certain modifications.

These modifications directed that three properties originally included in the Order as unfit should be included only by reason of bad arrangement and one other property originally included as unfit should be regarded as being on land adjoining the Clearance Area and which was required for the proper development of that Area. The Areas contained 57 properties of which 16 were back to back houses, 3 were 'not through' houses and 3 were inset cottages. All the properties were old, badly congested and most of them showed signs of serious dampness and disrepair.

### **Individual Unfit Houses**

Representations concerning 235 houses were submitted to the Housing Committee and in addition to these 12 of the houses represented during 1957 were still under consideration at the beginning of 1959. The Housing Committee dealt with these houses as follows:—

Demolition Orders made							231*
Closing Orders made							14
Representations still under	conside	eration	at the	end of	the yea	ur	2
This figure includes 12 Corp	oration	n prope	erties w	hich we	ere not	the sub	ject of
formal Demolition Orders h	nt whi	ich the	Counci	lagree	d to de	molish	

#### **Certificates of Disrepair**

There has been a reduction in the demand for Certificates of Disrepair but this reduction has been balanced to some extent by an increased demand for Certificates concerning the execution of work undertaken by landlords.

The following is a summary of action taken under the provisions of the Rent Act 1957 during the year.

Number of applications for certificates		ed far ge	36
Number of decisions not to issue certificates			a la sup
Number of decisions to issue certificates:			
in respect of some but not all defects		Icetious	17
in respect of all defects			19
Number of undertakings to repair given by landlords		40 <u></u> fre	27
Number of such undertakings refused by Local Authority	ty		
Number of Certificates issued			9

Applications by landlords to	Loca	l Auth	ority	for can	cellatio	on of	
certificates							9
Objections by tenants to can	cellati	on of c	ertific	ates			6
Certificates cancelled by Loca	al Aut	hority					5*
Applications for certificates undertaken by landlords:-		erning	the o	executio	on of y	work	
applications by tenants							26
applications by landlords							12
*Includes 2 certificates applied	for du	iring 19	958 bu	it cancel	led in 1	1959.	

#### Houses-let-in-lodgings

The Housing Repairs and Rents Act 1954 provides means of securing the fitness of houses-let-in-lodgings according to the number of families accommodated. It also seeks to prevent the overcrowding of such premises. 54 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 and when they come to the notice of the Department.

#### **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. During the year 381 such enquiries were received. In addition to this the Town Clerk's Department has made 1,667 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. In many cases specific enquiries were made on this aspect of the 'search'. In some cases it was not easy to predict the future of the properties concerned because of the difficulty in assessing the rate of progress of the slum clearance programme. During the year it became a regular practice for Solicitors dealing with property transfers to enquire whether the properties were included in a Smoke Control Area or whether they were likely to be so included.

#### **Applications for Corporation Houses**

There were 83 cases in which applicants for Corporation houses applied for support on the grounds that their houses were detrimental to their health.

Each of these is the subject of a special report, special consideration and a recommendation as to procedure.

#### **Housing Survey**

Table I summarises the position at the end of the Survey. The totals are net figures which take into account not only those houses freshly surveyed, but also those which have been surveyed previously and are now demolished or were, at the end of the year, vacated for the purpose of demolition. These totals do not, therefore, represent the total work done throughout the Survey, but are related only to the state of the houses existing at the end of December, 1959. There are still many major problems facing us associated with the pre-1871 houses.

	188	Date of Erection									
House Type	The second	Pre 1870	1871- 1890	1891- 1915	1916- 1932	1933- 1939	Totals				
Through		5,629	3,625	7,431	836	1,862	19,383				
Back-to-back		1,739	55	-	_		1,794				
Inset		293	5	_	-		298				
Not through		661	15	_	_	-	676				
Others Inspected— Shops, Hotels, Farms, etc		463	108	112	15	9	707				
TOTAL		8,785	3,808	7,543	851	1,871	22,858				

TABLE I.

1	[]	A	B	L	E	I	I.	

	Pre	1871-	1891-	1916-	1933-	
	1870	1890	1915	1932	1939	Total
	8,785	3,808	7,543	851	1,871	22,858
	1,598	1,114	2,688	811	1,871	8,082 X
a l'anna	1,865	1,237	3,159	826	1,871	8,958 Y
	1,769	1,034	1,941	23	0 -	4,767
	8,180	3,726	7,286	851	1,871	21,914
	46	16	230		-	292
	553	66	27	-	-	646
	6	-		-	-	6
	8,640	3,804	7,537	851	1,871	22,703
	7,755	3,619	6,884	851	1,871	20,980
·	445	422	544	727	1,745	3,883 Z
	2,658	3,164	7,388	821	1,871	15,902
	5,600	2,793	6,150	848	1,871	17,262
	193	178	422	3	-	796
	2,992	837	971	-		4,800
1.31						
	5,832	2,495	4,960	834	1,869	15,990
	548	411	1,143	2	1	2,105
	619	548	1,069	8	-	2,244
	1,371	47	82	_		1,500
	326	258	214	-	-	798
	89	49	75	7	1	221
	659	883	4,014	843	1,871	8,270
	4,132	2,451	3,428	7	_	10,018
	3,994	474	101	1	-	4,570
		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

X This figure exceeds that shown in the 1958 Report by 200, the number of bathrooms installed during the year, usually in owner-occupied houses, and usually with the assistance of an Improvement Grant by the Housing Committee.

A similar increase is reflected in the number of houses which now possess hot water supplies—Y, and adequate food storage—Z.

These improvements have been mainly made in 'through' houses built between 1871 and 1890. They have, however, also been made in 'through' houses built before 1871 and in those built between 1891 and 1915.

ГА	-	-	т	тт.
I A	RI	ж.		

Cargaret Service Hervice	1010		100 1000	Children II	Type I	Pre 1871	an an an	in the
time nicknow without a)		1	Thro.	B. to B.	Not Thro.	Inset	Others	Total
No. in District			5,629	1,739	661	293	463	8,785
Baths			1,303	7	24	-	264	1,598
Hot Water B/Boiler		0/23	1,544	14	30	3	274	1,865
Hot Water Geyser			1,335	227	85	31	91	1,769
W.C			5,412	1,595	476	273	424	8,180
W.W.C			40		4	-	2	46
Pail			175	144	177	20	37	553
Privy			2	000	4	-	-	6
Water Supply Satis			5,593	1,730	592	279	446	8,640
Drainage Satis.			5,162	1,484	413	271	425	7,755
Food Storage Satis.			412	1	6	2	24	445
Yards and Gardens			2,215	31	88	5	313	2,652
Sinks-Porcelain			4,022	664	369	106	439	5,600
Salt Glazed			129	46	10	4	4	193
Stone			1,478	1,029	282	183	20	2,992
Washing Facilities-		intes		alons 1				
Scullery			4,121	864	413	73	361	5,832
Kitchen			524		10	3	12	549
L.Rm/Kit			516	38	37	7	21	619
L.Rm			113	824	186	210	37	1,370
Cellar			281	12	10		23	326
W.House			74	1	5	711	9	89
Standard-Good			618	5	3		33	659
Medium			3,202	418	156	101	255	4,132
Poor			1,809	1,316	502	192	175	3,994

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

	1959	1958	1957
Through houses in poor condition (Table III)	1,809	1,908	1,961
Back-to-back houses (Table III)	1,739	1,847	1,911
Not through houses (Table III)	661	713	748
Inset cottages (Table III)	293	305	309
Houses built 1871-1890—in poor condition (Table II)	474	487	498
Houses built 1891-1915—in poor condition (Table II)	101	101	. 101
	281		
Totals	5,077	5,361	5,528

### Caravans

During the year the Council registered a site for one caravan in the Buersil district. A licence was issued to one occupier. This was a temporary arrangement and later in the year the site was vacated. The site in the Norden and Bamford district continued to be used.

#### **Common Lodging Houses**

There are two common lodging houses with 11 rooms containing 240 beds. 26 visits of inspection were made during the year. The houses were found to be clean and well conducted, and the proprietors made every effort to assist the Department—in particular by reporting any cases of verminous infestation and by co-operating in the treatment of those cases.

## **Closet Accommodation**

1000 1000 1000 1008 1	Ho	uses		
	Separate Accommo- dation	Joint Accommo- dation	Other Premises	Total
I Number of premises in- volved	339	308	29	676
<ul> <li>II (a) Unsuitability or absence of sewer as primary obstacle</li> <li>(b) Closets associated with properties due for demolition or improve-</li> </ul>	295	106	72	473
ment involving vaca- tion of some houses (c) Capable of conversion	40	45	-	85
without much techni- cal difficulty	4	2	8	14
III TOTAL PAIL CLOSETS	339	153	80	572
IV Total Pail Closets at December, 1958	383	184	93	660

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

Pail Closets	 	 	 	 572
Waste Water Closets	 	 	 	 292

During the year 88 pail closets were either converted or done away with and 65 waste water closets were converted to the fresh water carriage system. The Table above shows that the 572 pail closets which now remain are chiefly those where there is technical difficulty in conversion and where conversion ought to be associated with housing improvement. There are only 14 pail closets which can be described as being capable of conversion without much technical difficulty. Towards the end of the year the Borough Surveyor was asked to provide sewers in one or two cases where this could be done conveniently. In addition there is to be an extension of the sewerage system in the Bamford area and it is hoped that when all these works are completed it will be possible to reduce the number of closets where the absence of a sewer is the primary obstacle to conversion.

#### **Smoke Abatement**

During the first six months of the year smoke observations continued to be the responsibility of the District Public Health Inspectors but in July a Smoke Inspector was appointed and he undertook all the smoke observations during the remainder of the year. In addition he made 30 surveys of boiler plants and in most cases it was necessary to make certain recommendations to the firms concerned.

During the year 51 smoke observations were taken and these revealed 14 contraventions of the Clean Air Act 1956. In 6 cases the Committee issued warnings to the firms concerned but proceedings were instituted in the remaining 8 cases. In one of these cases the Bench accepted a 'Statutory Defence' and the case was dismissed but convictions were obtained in 7 cases. Fines varying from  $f_5$  to  $f_{20}$  were imposed, the total penalties amounting to  $f_{65}$  and in three cases the defendants were ordered to pay Advocates Fees amounting to  $f_8$ . 8. 0. The impact of other work made it necessary to reduce the number of routine observations and to make special observations only as a result of experience or other information.

### **New Furnaces**

During the year the Department received notification of intention to instal 16 furnaces and all of these were the subject of enquiries so that the office records might be complete.

#### **Prior Approval of New Furnaces**

Applications were made by three firms for the approval of new boiler plants which they intended to instal. In each case plans and specifications were submitted and the Council approved all the applications. It was not necessary to obtain Consultant advice on any of these cases.

## **Central 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. During the year 38 visits were made to 15 premises. 10 offences were discovered. In 2 cases proceedings were instituted, both defendants were convicted and fines amounting to  $f_5$  were imposed. In the remaining cases warnings were given.

#### **Smoke Control Areas**

During May, 1959 the Health Committee accepted a phased programme for the establishment of Smoke Control Areas. This had been prepared at the instance of the Minister of Housing and Local Government and it included the Council's proposals covering the next five years. It also indicated the intention of the Council to establish Smoke Control Areas over the greater part of the Borough during the next 12 years.

In the last Annual Report the making of the Alder Road Estate and Thornham Smoke Control Area was mentioned. Objections to this Order were received and a Public Local Inquiry was held on 19th March, 1959. The Minister confirmed the Order on 9th June, 1959 but postponed its operation by one year to 1st September, 1960. Information concerning the premises in this Area were given in last year's Report.

On 8th July, 1959 the Council made the Kirkholt and Dicken Green Smoke Control Order. An objection to this Order was lodged with the Minister but was subsequently withdrawn and on 29th January, 1960 the Minister confirmed this Order, which also is to come into operation on 1st September, 1960. The Kirkholt and Dicken Green Smoke Control Area contains 157 privately owned houses, and 2,301 Corporation owned houses, making a total of 2,458 houses. It also contains 11 industrial premises, 36 commercial premises and 21 premises used for other purposes. It is estimated that 10,000 tons of bituminous coal are burned in the Area each year.

In October, 1959 the Council accepted proposals for the establishment of Smoke Control Areas in the Bamford, Spotland and Cutgate Districts and in December, 1959 the Minister of Housing and Local Government gave his approval in principle to this proposal. A survey of the Area started at once and will continue well into 1960.

#### **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 was hoped that the Roch Mills gauge would 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 then 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 for the five years 1954-1958 are also included so that some comparison may be made.

As was the case last year the Table would seem to show that on average the atmosphere is less polluted at Foxholes after it has passed the centre of the town than it was at Roch Mills when it entered the town.

Another interesting fact from these figures is that once again quite regularly there is higher rainfall on the Foxholes side of the town compared with the Roch Mills side of the town. Without making quite elaborate calculations in respect of wind direction and velocity, the presence of fog and other similar factors, it is not safe to draw too precise deductions from these figures. The average total monthly deposit for the year was 14.59 tons per square mile compared with 13.09 for 1958; nevertheless the figure is still below the average for the 5 years 1954-1958, and the overall picture is still one of reducing atmospheric pollution. ATMOSPHERIC POLLUTION-Average Monthly Deposit at Three Gauges during 1959.

A.-Roch Mills Gauge (Sewage Works)

B-Entwisle Road Gauge

C-Foxholes House Gauge

1 50	Avera	Average Rainfall	Ifall	Inso	Insoluble Deposit	posit	Solu	Soluble Deposit	osit	TOT/	TOTAL DEPOSIT	OSIT
	u u	in millimetres	res C	in tor	in tons per sq. mile	. mile	in ton	in tons per sq. mile	mile C	in tor A	In tons per sq. mile	. mile
	87	88	06	13.34	9.41	7.34	5.54	6.04	5.57	18.88	15.45	12.91
	13	13	13	77.7	11.20	6.00	5.58	3.54	2.60	13.35	14.74	8.60
	52	54	56	5.78	4.00	5.87	6.64	5.74	5.60	12.42	9.74	11.47
	86	92	66	6.84	8.77	6.10	8.53	6.07	6.61	15.37	14.84	12.71
	46	38	39	8.96	7.04	6.47	5.24	4.64	4.20	14.20	11.68	10.67
	113	94	110	5.64	9.81	16.7	9.82	8.87	8.41	15.46	18.68	16.32
	87	85	06	1.86	5.57	5.67	6.01	5.20	4.14	7.87	10.77	9.81
	13	14	15	1.00	10.01	1.67	2.36	1.97	2.07	3.36	11.98	3.74
	6	8	6	8.63	4.37	7.01	5.11	2.87	2.70	13.74	7.24	9.71
	122	111	124	15.10	18.35	12.51	10.92	8.81	10.48	26.02	27.16	22.99
	109	114	118	6.77	11.94	6.14	9.76	6.97	7.51	16.53	18.91	13.65
	184	185	212	12.15	14.54	9.17	15.43	11.28	11.88	27.58	25.82	21.05
	921	896	975	93.84	115.01	81.86	90.94	72.00	71.77	184.78	187.01	153.63
	11	74	81	7.82	9.58	6.82	7.58	6.00	5.98	15.40	15.58	12.80
	100			1			1			12/2		100
		77	to the		8.07	The last		6.52	Lodan .	E stea	14.59	
		98	APRE T		7.80		l before l	7.34	A conta	A. R. R. N	15.14	
						No. of the local division of the local divis						

## Sulphur Dioxide Gauges

The results obtained from these instruments are tabulated below:-

Month	Roch Mills	Entwisle Road	Foxholes	Average
January	3.80	2.80	3.90	3.50
February	2.60	2.30	2.80	2.60
March	2.10	1.80	2.00	2.00
April	1.80	1.80	1.50	1.70
May	1.60	1.30	1.40	1.40
June	1.20	0.90	1.00	1.00
July	0.80	0.70	0.80	0.80
August	0.90	0.80	0.80	0.80
September	1.30	1.10	1.10	1.20
October	1.60	1.50	1.70	1.60
November	2.80	1.90	2.10	2.30
December	2.60	1.80	1.50	2.00
	value ture	A science diby the	the tellectronic	Manager R Barris
Average for 1959	1.90	1.60	1.70	1.70
Average for 5 years 1954-58	1.70	1.50	1.70	1.60

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.

# 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.

Licences and Registrations issued under these Regulations:-

Premises used as a Dairy			 	3
Persons licensed as Distributors of Milk			 	383
Dealer's Licences to sell Pasteurised Milk			 	62
Dealer's Licences to sell T. Tested Milk			 	46
Dealer's Licences to sell Sterilised Milk			 	280
* Supplementary Licences-Pasteurised Milk			 	17
Tuberculin Test	ed Mil	k	 	16
Sterilised Milk			 	17
Tuberculin Test	ed Mil	k	 	16

\* 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

48 samples of milk were obtained and were tested to determine the cleanliness and 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 a	applie	d to 36 samples of which:-
15 were tuberculin tested milks			2 proving unsatisfactory
9 were tuberculin tested pasteurised	milks		all satisfactory
12 were pasteurised milks			all satisfactory.

The 2 unsatisfactory samples were reported to the Ministry of Agriculture, Fisheries and Food, whose duty it is to investigate such samples.

The Turbidity Test was applied to 12 samples of sterilised milk.

The Phosphatase Test was applied to 20 samples of milk to determine the effectiveness of the heat treatment process. These included 11 samples of pasteurised milk and 6 samples of tuberculin tested pasteurised milk, together with 3 samples of tuberculin tested milk. All samples were reported as satisfactory.

#### **Examination of Milk for M. Tuberculosis**

32 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

At the beginning of the year there were 5 slaughterhouses in the Borough: one operated by the Corporation Markets Committee and available for use by private butchers, one occupied by a wholesale butcher, two used by individual butchers and the remaining one a horse slaughterhouse. The licence for the horse slaughterhouse was not renewed and it ceased to operate on 1st October. An application for renewal was subsequently received but the licence had not been issued at the end of the year.

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.

One licence was issued in respect of a Knacker's Yard and 100 visits were paid to it during the year.

#### Meat and Food Supply

There has been regular inspection of meat and food offered for sale and nearly 25 tons were condemned as unfit for human consumption and were disposed of for salvage purposes. This work involved 1,746 visits during the year.

The Health Committee agreed at the 1st July, 1958 that condemned meat should be sold to a commercial firm, this arrangement continued during the year with the firm originally selected. The payments for the material are made to the Council and periodically disbursements are made to the owners.

The following Table gives a detailed report on the examination of carcases inspected at slaughterhouses. In addition to the inspection of the carcases shown in the Table, the Meat Inspectors examined the carcases of 298 horses. Of these, three whole carcases and offal weighing 1,200 lbs. were condemned.

#### Carcases Inspected and Condemned.

det contantes for examination	Cattle ex- cluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,383	3,655	266	17,831	4,475
Number inspected	2,383	3,655	266	17,831	4,475
All Diseases except Tuber- culosis & Cysticerci :	Carl Star		Company of		
Whole carcases condemned	2	14	7	8	6
Carcases of which some part or	-	and a second		anored a	
organ was condemned	872	1,766	-	536	270
Percentage of the number in-	ed and we had	indiana.		(chegina	
spected affected with disease	and read	sald molena		1) (d 100)	
other than Tuberculosis	36.68%	48.70%	2.63%	3.0%	6.2%
TUBERCULOSIS ONLY:	Burrys and	ML /A -540 PA	A SULT OF ALL OF	Digit Digit	address of the
Whole carcases condemned	4	11		100000000000	-
Carcases of which some part or	poor gibers	(Constant)		e toi aoise	
organ was condemned	53	819	-	1. 1. 1. 1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	63
Percentage of the number ins-	Constanting and				
pected affected with Tuber-		LI THEY COL		al tonn	
culosis	2.39%	22.71%	-	pilet - M	1.41%
CYSTICERCOSIS ONLY		CAR LINE		000 81:21	
Carcases of which some part or	paulikipri	Coper, Mana		THE PARTY OF	
organ was condemned	100000		dout mind	anaone si	al an anni cha
Carcases submitted to treat-					
ment by refrigeration	10 - Kap	101-5	100-0	11/ 33	-000
Generalised and totally				during a	
condemned	-	-	-	-	-

### Manufacture and Sale of Ice Cream

At the end of the year 401 premises were registered for the sale and storage of ice cream. There were 32 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 are registered for the manufacture of ice cream. In both cases the cold mix process is used and 18 visits of inspection were made to these premises.

#### Food and Drugs Act 1955

During the year 180 samples (64 formal and 116 informal) were analysed or otherwise examined by the Public Analyst. There were 65 samples of milk and 115 other samples. These 115 samples were of 43 different kinds of foodstuffs. One sample of sausage was found to contain 38 parts per million of undeclared preservative (sulphur dioxide). The vendor denied adding any preservative but after investigation by the Department it was found that the preservative originated in one of the ingredients of the sausages. The vendor was quite unaware of this. As there was no evidence of any wrongful intent, it was considered that a warning was all that was required.

#### **Food Preparing Premises**

The number of food premises and the types of business operated are given in the following Table. This list is considered to be substantially complete:

Grocery and General Provi	isions				 	402
Fish and Chip Shops					 	99
Butchers' Shops					 	110
Bakehouses, Bakers Shops	and Co	nfection	ners Sh	ops	 0	91
Shops selling sweets, etc.					 	88
Off-Licences					 	87
Public Houses					 	174
Cafes, Restaurants, Cantee	ens etc.				 	183
Clubs, Hospital Kitchens,	Institut	ion Kit	chens		 	71

The inspection of food premises continued during the year and 1,570 visits were made, an increase of 350 compared with last year. Where minor matters requiring attention were discovered, a verbal recommendation was all that was needed to secure compliance with the requirements of the Food Hygiene Regulations.

In other cases letters were sent covering the following types of defects or faults:

Unsuitable surfaces of benches, counters, tables, etc. (Reg. 6)	4
Dirty or defective fittings or utensils (Reg. 6)	10
Inadequate protection of exposed foods or unsuitable arrangements	
for the storage of food (Reg. 8)	5
Smoking in food room (Reg. 9)	2
Absence of notice re hand washing (Reg. 14)	5
Unsuitable or defective sanitary conveniences (Reg. 14)	5
Absence of wash hand basin or lack of hot water supply to wash	
hand basin and want of towels, soap, nail brushes, etc. (Reg. 16)	11
Lack of proper provision for outdoor clothing (Reg. 18)	1
Unsuitable or defective sinks, lack of hot water supply to sinks, and	
absence of washing facilities etc. (Reg. 19)	5
Defective surfaces, walls, floors, ceilings and want of cleansing or	
decoration of them (Reg. 23)	24
Accumulations of refuse or inadequate storage of refuse (Reg. 24)	1
Insufficient or defective ventilation (Reg. 21)	1
Animals in food premises	1

#### **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 is as follows:—

Fish 1	Friers						 	 99
Meat	Preparing	Pren	nises				 · ····	 31
Cafes	, Restaura	nts, (	Canteer	ns, Kite	chens e	tc.	 	 183

Visits of inspection made to these premises during the year totalled 455.

#### 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. There was again during the year a high incidence of staff absence due to ill health. This resulted in a reduction in the time available for survey of premises to discover vermin infestation.

1,000 dwellinghouses and 636 business and other premises were inspected for the presence of rats or mice. Evidence of rat infestation was found at 486 premises (414 dwellinghouses and 72 business or other premises) but the extent of infestation was, in the great majority of these cases, slight. Mouse infestation was discovered at 330 premises (278 dwellinghouses and 52 business or other premises) and in these also the great majority showed only a minor infestation.

815 premises (692 dwellinghouses and 123 business or other premises) were treated to destroy vermin and these required 844 treatments.

N.B. In the past it has been the practice to include in the Annual Report the work done during the Financial Year, i.e. year ending 31st March, because the Ministry of Agriculture, Fisheries and Food Statistical Return had to be prepared for that period. The Minister now requires a report for the Calendar Year and the figures given above are for the nine months ending 31st December 1959. They cannot therefore be compared directly with those in previous Annual Reports.

The main sewers were treated twice during the year. In the course of the first treatment 2,428 manholes were baited and 686 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 320 manholes in districts where rat infestation was thought to be unlikely. This work enabled us to exclude 866 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 580 manholes. Of these 123 were found to be infested and were treated by the placing of different poison baits.

There are many factors which make it difficult to assess the effect of sewer treatments for the destruction of rats but there is some evidence to indicate that there has been a considerable reduction in the extent of infestation and it is hoped that by the adoption of some of the newer methods of treatment this tendency will continue.

#### Shops Act, 1950

155 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, 100 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 table shows the number of persons cleansed at this Station:-

		1959	1958	1957	1956	1955
Scabies	 	70	68	31	20	15
Other Verminous Conditions	 	113	113	72	97	130
Totals	 0 Tali	183	181	103	117	145

Nearly 71% of these cases were children of school age.

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, 236 visits being made for this purpose. In addition to this 275 follow-up visits were made in connection with the B.C.G. vaccination scheme.

#### 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.

### 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 1959 2 exemptions were extended and 17 licences were renewed, 2 new licences were also granted.

During the year the Inspectors paid 26 visits of inspection to premises as Officers duly authorised in accordance with the provisions of the Act.

#### Pet Animals Act, 1951

In January the powers of the Council under the Pet Animals Act were transferred from the Watch Committee to the Health Committee. This Act regulates the sale of pet animals by providing that pet shops shall be licensed and inspected by the Local Authority. 8 premises were registered at the beginning of the year. During the year one new shop was added and one shop was taken off so that the number of premises registered remained the same at the end of the year.

#### Disease of Animals (Waste Foods) Order 1957

The powers of the Council under this Order were transferred from the Watch Committee to the Health Committee at the beginning of the year. This statutory instrument prohibits the feeding of unboiled waste foods to certain animals or to poultry and it further provides that waste foods for those purposes shall be boiled only in a plant licensed by the Local Authority. 31 premises were licensed by the Watch Committee and the same number remained licensed at the end of the year.

#### FACTORIES ACTS, 1937 and 1948.

#### Part I of the Act.

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

		and and a	Number of				
	Premises	Number on Register	Inspec- tions	Written notices	Occu- piers prose- cuted		
	(1)	(2)	(3)	(4)	(5)		
(i)	Factories in which Sec. 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	74	222		Teor		
(ii) (iii)	Factories not included in (i) in which Sect. 7 is enforced by the Local Authority Other Premises in which Sec. 7 is enforced by the	535	437	3	100,000 100,000		
	Local Authority (excluding out-workers premises)	45	13	- 1			
Phil P	TOTAL	654	672	3	_		

#### 2. CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "Cases").

ante ante ante ante	1	No. of			
Particulars	Found	Reme- died	To H.M.	erred By H.M. Inspec-	cases in which Pros. insti-
(1)	(2)	(3)	tor (4)	tor (5)	tuted
Want of cleanliness (S.1) Overcrowding (S.2) Unreasonable temperature	4	4	=	1	=
(S.3) Inadequate ventilation (S.4)		1	=	=	=
TOTAL	5	5	-	1	-

	Population	LIVE	BIRTHS	Nett Deaths belonging to the District.						
Veer	estimated to	N	ett	Under 1 y	vear of age	At A	ll Ages			
Year Middle of each Year		Number	Number Rate per 1,000 of est. population		Rate per 1,000 Nett Live Births	Number	Rate per 1,000 of est. population			
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			
1956	86,260	1294	15.0	36	28	1271	14.7			
1957	85,310	1335	15.6	46	34	1238	14.5			
1958	84,890	1400	16.5	32	23	1293	15.2			
Average for years 1949-1958	86,872	1316	15.1	45	34	1282	14.7			
1959	84,690	1349	15.9	39	29	1330	15.7			

# TABLE I.—Vital Statistics of Whole District during 1959, and previous years.

# TABLE II.

# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE. Year 1959.

LL CAUSES       Males       695       17       4       6       5       28       193       208       2         —Tuberculosis of Respiratory System	and the second se	ale superior of				al har				
Females635223261161663Tuberculosis of Respiratory System541Other Forms of Tuberculosis113-Syphilitic Disease2 <th>For the Your d</th> <th>CONTRACTOR OF</th> <th>0-</th> <th>1-</th> <th>5-</th> <th>15-</th> <th>25-</th> <th>45-</th> <th>65-</th> <th>75-</th>	For the Your d	CONTRACTOR OF	0-	1-	5-	15-	25-	45-	65-	75-
2-Other Forms of Tuberculosis       1       1        1            3-Syphilitic Disease        2				4	6		and the second s		and the second second second	234 302
2-Other Forms of Tuberculosis       1       1        1            3-Syphilitic Disease        2	I-Tuberculosis of Respiratory									
3-Syphilitic Disease        2          2          4-Diphtheria  <	System	5						4	1	
4 — Diphtheria		1		1				2000		
5-Whooping Cough <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>2</td> <td></td> <td></td>		2						2		
6 - Meningococcal Infections        2         1       1          7 - Acute Poliomyelitis and Polioencephalitis										
7—Acute Poliomyelitis and Polioencephalitis <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td>100.000</td><td>0.000</td><td></td><td></td></t<>							100.000	0.000		
Polioencephalitis </td <td></td> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1</td> <td></td> <td></td>		2					1	1		
8 - Measles				1						
9—Other Infective and Parasitic Diseases       3       1       1       2       1         0—Cancer of Stomach       33       1       1       1       2       11         1—Cancer of Stomach       32       1       1       20       9         2—Cancer of Breast       14       1       1       20       9         2—Cancer of Breast       14       1       1       20       9         2—Cancer of Uterus       14       1       1       20       9         4—Cancer of Uterus       10       1       1       20       9         5—Leukaemia and Aleukaemia       7       1       3       3       35       30       3         5—Leukaemia and Aleukaemia       7       1       1       3       3       3       3       3       3         6—Diabetes       1       10       1       1       1       3       3       9         9—Other Heart Disease       18       1 <td></td>										
Diseases               1         2            0-Cancer of Stomach              1         2         12         11           1-Cancer of Lung Bronchus             1         20         9           2-Cancer of Breast           14            1         20         9           4-Cancer of Uterus           10            5         2           4-Cancer of all other sites           104            3         35         30         35           5-Leukaemia and Aleukaemia         7           1         3         3         35         30         35           6-Diabetes           9           1          1         3         36           9-Hypertension with Heart Disease         18            1										
0—Cancer of Stomach            2       12       11         1—Cancer of Lung Bronchus             1       20       9         2—Cancer of Breast		1		1			1000		Totalerre	
1—Cancer of Lung Bronchus           1       20       9         2—Cancer of Breast        .14          3       8       1         3—Cancer of Uterus        .10   <		10000							100000000000000000000000000000000000000	
2—Cancer of Breast       14       11							1000	100 C 100		8
3—Cancer of Uterus        10          5       2         4—Cancer of all other sites        104          3       35       30       33         5—Leukaemia and Aleukaemia       7          1       3       3       35       30       33         6—Diabetes         9         1        2       3         7—Vascular Lesions of Nervous       9         1        2       37       62       10         8—Coronary Disease—Angina        204           3       9         9—Hypertension with Heart Disease       18           3       9         9—Other Heart Diseases of the Circulatory          1       13       11       11         2—Influenza          1       1       13       11       4         3—Pheumonia           1       1							1000	and the second se	9	2
4—Cancer of all other sites       104          3       35       30       35         5—Leukaemia and Aleukaemia       7         1       3       3         6—Diabetes         9         1       1       3       3         6—Diabetes         9         1       1       3       3         7—Vascular Lesions of Nervous       9         1       1        2       3         8—Coronary Disease—Angina        210          6       58       81       4         9—Hypertension with Heart Disease       18          3       9         0—Other Heart Diseases        191         1       6       21       41       11         2—Influenza         10         1       1       11       1       1         2—Influenza         102         1       2       3		1 * 1 S S S S S					3		1	2
5—Leukaemia and Aleukaemia       7         1       3       3         6—Diabetes         9         1        2       3         7—Vascular Lesions of Nervous          1        2       3         7—Vascular Lesions of Nervous           1        2       3         8—Coronary Disease       Angina           2       37       62       10         9—Hypertension with Heart Disease       18           3       9         0—Other Heart Diseases        191          1       6       21       41       11         1       Other Diseases of the Circulatory       System         1       13       11       4         2—Influenza         10         1       2       14       17         4—Bronchitis         10         1       1 <td< td=""><td></td><td>1. C. C.</td><td></td><td></td><td></td><td></td><td></td><td></td><td>A</td><td>3</td></td<>		1. C.							A	3
6—Diabetes         9         1        2       3         7—Vascular Lesions of Nervous       System          1        2       37       62       10         8—Coronary Disease—Angina        204          6       58       81       39         9—Hypertension with Heart Disease       18           3       9         0—Other Heart Diseases        191          1       66       21       41       11         10          1       1       13       11       4         2—Influenza         102         1       1       13       11       4         3—Pneumonia         102         1       2       14       17       4         4—Bronchitis         102         1       1       1       1       1       1       1       1       <		104								36
7—Vascular Lesions of Nervous System       1       1       1       1       1         8—Coronary Disease—Angina       204         1       6       58       81       39         9—Hypertension with Heart Disease       18         1       6       21       41       15         9—Hypertension with Heart Disease       18         1       6       21       41       15         9—Other Heart Diseases of the Circulatory System        10         1       13       11         2—Influenza        102         1       2       14       17         4—Bronchitis        102         1       2       3         5—Other Respiratory Diseases        7         1       2       3         6—Other Respiratory Diseases        7         1       2       3         5—Other Respiratory Diseases        7         1       1       1         7—Gastro Enteritis and Diarrhœa       6       3 <td></td> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td>1000</td> <td>100</td> <td></td>		7					1	1000	100	
System         210          2       37       62       14         9Coronary Disease       Angina        204          66       58       81       4         9Hypertension with Heart Disease       18           3       9         0Other Heart Diseases        191         1       66       21       41       15         1-Other Diseases of the Circulatory       System         11       13       11       4         2Influenza         10         1       13       11       4         3Pneumonia         102          11       2       14       17       4         4Bronchitis         102          11       2       3         5Other Respiratory Diseases        7         1       1       1       1         2Gastro Enteritis and Diarrhœa		9				1		2	3	3
3—Coronary Disease—Angina $204$ $66$ $58$ $81$ $49$ 9—Hypertension with Heart Disease $18$ $$ $$ $399$ 9—Other Heart Diseases $191$ $$ $16621$ $411$ $127$ 1—Other Diseases of the Circulatory $101$ $$ $16621$ $411$ $127$ 2—Influenza $101$ $$ $111$ $13111$ $41117$ 2—Influenza $101$ $$ $1122$ $14117$ $41177$ 3—Pneumonia $102$ $$ $1122$ $14177$ $4177$ 4—Bronchitis $1022$ $$ $1122$ $14177$ $4177$ 4—Bronchitis $1022$ $$ $1122$ $31488$ $457$ 5—Other Respiratory Diseases $777$ $$ $$ $11233$	7—Vascular Lesions of Nervous							in manual	in more	
9—Hypertension with Heart Disease       18          3       9         0—Other Heart Diseases        191         1       6       21       41       12         1—Other Diseases of the Circulatory       System          1       6       21       41       12         2—Influenza         10         1       1       11       1       4         3—Pneumonia         102         1       1       1       1       4         4—Bronchitis        102         1       1       1       1       4         5—Other Respiratory Diseases        7         1       1       1       1         6—Other Respiratory Diseases        7         1       1       1       1       1         7—Gastro Enteritis and Diarrhœa       6       3         1       1       1       1         9—Hyperplasia of Prostate        10		And the Court of the local					2		2/23/CL 01	109
D—Other Heart Diseases        191         1       6       21       41       12         1—Other Diseases of the Circulatory System           1       1       13       11       4         2—Influenza         10         1       13       11       4         3—Pneumonia         10         1       2       14       17         4—Bronchitis         102         1       2       14       17       4         5—Other Respiratory Diseases        7         1       2       3         6—Other Respiratory Diseases        7         1       1       1       1         7—Gastro Enteritis and Diarrhœa       6       3         1       1       1       1         9—Nephritis and Nephrosis        3         1       1       1       1         9—Hyperplasia of Prostate       10         <		1000000000					6			59
1—Other Diseases of the Circulatory System       66       1       1       13       11         2—Influenza       1       10       1       1       1       4         3—Pneumonia       1       10       1       1       1       4         4—Bronchitis       102       1       2       14       17       4         5—Other Respiratory Diseases       7       1       1       1       1       4         5—Other Respiratory Diseases       7       1       1       1       1       1         6—Other Respiratory Diseases       7       1       1       1       1       1       1         5—Other Respiratory Diseases       7       1								and the second second	10000	6
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2—Influenza         10         1        4         3—Pneumonia         84       7       2        1       2       14       17       4         4—Bronchitis         102          31       48       5         5—Other Respiratory Diseases        7          1       2       3         6—Other Respiratory Diseases        7          1       2       3         6—Other Respiratory Diseases        7          1       1       1       1         7—Gastro Enteritis and Diarrhœa       6       3         1       1       1       1         7—Gastro Enteritis and Nephrosis        3         1       1       1       1       1       1         9—Hyperplasia of Prostate        10          1       1       1       1       1       1       1       1 <t< td=""><td></td><td>1.14</td><td></td><td>175</td><td>. 2008</td><td>al a faith</td><td></td><td>1</td><td></td><td></td></t<>		1.14		175	. 2008	al a faith		1		
B—Pneumonia         84       7       2        1       2       14       17       4         B-Bronchitis         102          31       48       5         Coher Respiratory Diseases        7          1       2       3         B—Ulceration of the Stomach or           1       1       1       1         7—Gastro Enteritis and Diarrhœa       6       3         1       1       1         9—Nephritis and Nephrosis        3         1       1       1         9—Hyperplasia of Prostate        10          1       1         9—Hyperplasia of Prostate        10         1       1       1         9—Nephritis and Malformations        2         1       1       1         9—Congenital Malformations        5       5           <	System	66					1	13	11	41
4—Bronchitis        102          31       48       2 $5$ —Other Respiratory Diseases        7         1       2       3 $6$ —Ulceration of the Stomach or        7         1       1       2       3 $6$ —Ulceration of the Stomach or          1       1       1       1 $7$ —Gastro Enteritis and Diarrhœa       6       3         1       1       1 $7$ —Gastro Enteritis and Nephrosis        3         1       1       1 $9$ —Hyperplasia of Prostate        10         1       1       1 $9$ —Hyperplasia of Prostate        10         1       1       1 $9$ —Other defined and ill-defined </td <td></td> <td>10</td> <td></td> <td></td> <td></td> <td></td> <td>1</td> <td></td> <td></td> <td>5</td>		10					1			5
5—Other Respiratory Diseases       7         1       2       3         6—Ulceration of the Stomach or Duodenum       7         1       1       1         7—Gastro Enteritis and Diarrhœa       6       3         1       1       1         8—Nephritis and Nephrosis       3         1       1       1         9—Hyperplasia of Prostate       10         1       1       1         9—Pregnancy, Childbirth and       2         1       1       1         9—Other defined and ill-defined       114       19        4       1       11       17       22       4		1000000	7	2		1	2	2010/01	and the second se	41
6—Ulceration of the Stomach or Duodenum $7$ $$ $$ $1$ $1$ $1$ $7$ —Gastro Enteritis and Diarrhœa $6$ $3$ $$ $$ $1$ $1$ $1$ $3$ —Nephritis and Nephrosis $$ $3$ $$ $$ $1$ $1$ $1$ $9$ —Hyperplasia of Prostate $10$ $$ $$ $$ $1$ $1$ $9$ —Hyperplasia of Prostate $10$ $$ $$ $$ $1$ $1$ $9$ —Pregnancy, Childbirth and $2$ $$ $$ $$ $2$ $$ $1$ $-$ Congenital Malformations $$ $5$ $5$ $$		102						and the second sec	and the second se	23
Duodenum         7         1       1       1       1         7-Gastro Enteritis and Diarrhœa       6       3         1       1       1       1         8-Nephritis and Nephrosis       3        3         1       1       1         9-Hyperplasia of Prostate       10          1       1       1         9-Hyperplasia of Prostate       10          1       1       1         9-Hyperplasia of Prostate       10          1       1       1         9-Pregnancy, Childbirth and       2          2        1       1         9-Congenital Malformations        2          2		7					1	2	3	1
7—Gastro Enteritis and Diarrhœa       6       3         1        1         3—Nephritis and Nephrosis        3          1        1         9—Hyperplasia of Prostate       10          1       1         9—Hyperplasia of Prostate       10          1       1         9—Pregnancy, Childbirth and       10          1       1         9—Oregenital Malformations        2          2           9—Other defined and ill-defined       114       19        4       1       11       17       22       4						2.5.5				
B—Nephritis and Nephrosis        3          1       1         B—Hyperplasia of Prostate        10          1       1         D—Pregnancy, Childbirth and        2          1       1         Abortions         2         1       1         —Congenital Malformations        5       5              P—Other defined and ill-defined        114       19        4       1       11       17       22       4							1	1	1	4
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			- 3				1		1	1
D—Pregnancy, Childbirth and Abortions        2         2         2         2         2         2         2         2         2         2         2         1       2	B—Nephritis and Nephrosis								1	2
Abortions        2         2        2         2         2         2         2         2         2         2         2         1       2          2          2          2          2          2		10						1	1	8
—Congenital Malformations        5       5		in hall	a be m	- Sin al	-	12.2	1 min	Carlos Carlos	-	
2—Other defined and ill-defined diseases        114       19        4       1       11       17       22       4         3—Motor Accidents         12        1       1       3       2        4							2			
diseases         114       19        4       1       11       17       22       4         Image: Motor Accidents         12        1       1       3       2        4		5	5							
Motor Accidents 12 1 1 3 2 4		1 million								
			19		4	1	11	17	22	40
-All Other Accidents		12		1	1	3	2	a second as	4	1
	All Other Accidents	39	5		1	1	1	and the second se	6	18
-Suicide 18 5 10 2							5	10	2	1
Homicide and Operations of War	-Homicide and Operations of War									

## TABLE III.

# INFANT MORTALITY.—Nett Deaths from stated causes at various Ages under one year of age—Year 1959.

			A	GE AT	DEAT	гн	1 10		Total				
Classified Causes of Death	Under 1 week	weeks	2-3 weeks	3-4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	un	der vear			
		1-2	2-3	3-4	3 M	3-6	6-9	9-12	1959	1958			
Tuberculosis, Non-Respiratory													
Bronchitis													
Other Respiratory Diseases													
Dysentery										1			
Gastritis and Diarrhœa					1	2			3	1			
Influenza										1			
Pneumonia	. 1	1			2	2	1		7	6			
Prematurity	. 4	1		1	1				7	6			
Congenital Malformations	. 4	1							5	9			
Other Causes	. 9	1			2	3	1	1	17	8			
All Causes—1959	18	4		1	6	7	2	1	39				
All Causes-1958	. 14	3	1	1	7	4	1	1		32			

Nett Live Births in the year :- Legitimate 1,259; Illegitimate 90. Nett Deaths in the year :- Legitimate infants 35; Illegitimate infants 4.

# ANNUAL REPORT

MEDICAL INSPECTION OF SCHOOL CHILDREN

For the Year ended 31st December, 1959 CONTENTS

		Α.						
Audiometric Testing							94	
(0610100005) 11010		C.						
Clinic Services							86	
Cost of Medical Inspection							105	
Convalescent Homes							101	
		D.						
Deafness							94	
Dental Service							103	
Diphtheria Immunisation							99	
ab state at both		E.						
Ear, Nose and Throat Clini	с						93	
Eye Clinic							92	
Educationally Sub-normal	Children	1					97	
		F.						
Foot Clinic							94	
TT :- :- C.L. 1		н.					07	
Hygiene in Schools							87	
In advertige Children		1.					00	
Ineducable Children			•••				98	
Infectious Diseases							99	
Maala Dravisian of		м.					101	
Meals—Provision of							101	
Medical Inspection Minor Ailments Clinic							89-90	
Minor Aliments Clinic							88	
N.S.P.C.C		N.					101	
Nursery Schoole							101	
Nursery Schools							104	
Onen Air Cohool		ο.					00	
Open Air School							96	
Orthopædic Clinic							95	
Orthoptic Clinic							93	
		Ρ.						
Paediatric Clinic							95	
Physical Education				•••			102	
Poliomyelitis Vaccination						••••	99	
Population Figures							85	
Problem Families			••••				100	
(10%, V) . F 2 (5%)		R.						
Remedial Education Course	e						97	
		s.						
Scabies							90	
School Nurses-Work of							88	
Special Examinations							100	
Special Schools							96 & 97	
Spectacles-Provision of							92	
Speech Clinic							94	
Staff							82 & 86	
		т.						
Tuberculosis-Skin Testing	g						99	
2 8 18 18 18 18 18 18 18 18 18 18 18 18 1	1 1 1	υ.						
Uncleanliness							92 & 105	
	dical T-	enerti	-		Lingles		Stand States	
	dical In						106 & 107	
	turn of turn of						108 & 109	
				Treatm	ont		110 & 111	
	ntal Ins ndicapp			rieatin	ent		112 & 113 114	
v. Ha	nuncapt	eu chi	aren				114	

# SCHOOL HEALTH SERVICE

Deputy Principal School Medical Officer and Deputy Medical Officer of Health	Principal School Medical Office Medical Officer of Health	er and	John Innes, M.D., D.P.H.
Officer of Health         Nora Mills, M.D. (Left 31 10.59)         School Medical Officers         MARY A. MCKENZIE, M.B., CH.B.         Doreren M. GINEVER, M.B., CH.B.       Doreren M. GINEVER, M.B., CH.B.       (Since 1.10.59)         Principal School Dental Officer         M.R.Y A. MCKENZIE, M.B., CH.B.         School Dental Officers         R. G. WATSON, L.D.S.       (Ao.         School Dental Officers         R. G. WATSON, L.D.S.       (Ao.         Medical Anaesthetist         R. G. WATSON, L.D.S.       (Ao.         Medical Anaesthetist         R. MAILINSON, M.B., CH.B.       (Ao.         Speech Therapist          R. MAILINSON, M.B., CH.B.       (Ao.         School Nurses          M. JONES, S.R.N.       (Since 5.1.59)         School Nurses            MAXIM, S.R.N., S.C.M., H.V.         School Nurses          MAXIM, S.R.N., S.C.M., H.V.       Sc.M., H.V., Q.N.         Dental Attendants          Sc.C.M., H.V., Q.N.       Sc.M., H.	Deputy Principal School M		Par the Year ettiled
FRANCIS J. CAUCHI, M.D., B.S., D.P.H. (Since 1.11.59)         School Medical Officers			NORA MILLS, M.D. (Left 31.10.59)
DOREEN M. GINEVER, M.B., CH.B. (Since 1.10.59) Principal School Dental Officer H. P. GLEDSDALE, L.D.S. School Dental Officers R. G. WATSON, L.D.S. do. H. GIBSON, L.D.S. do. H. GIBSON, L.D.S. do. Mrs. J. GIBSON, L.D.S. do. (Left 19.12.59) A. JONES, L.D.S. do. (Since 6.4.59) Medical Anaesthetist R. MALLINSON, M.B., CH.B. do. Speech Therapist			FRANCIS J. CAUCHI, M.D., B.Sc.,
School Dental Officers       R. G. WATSON, L.D.S. (Part-time) R. J. G. YOUNG, L.D.S. do. H. GIBSON, L.D.S. do. (Left 19.12.59) A. JONES, L.D.S. do. (Eart 19.12.59) A. JONES, L.D.S. do. (Since 64.59)         Medical Anaesthetist       R. MALLINSON, M.B., CH.B. do. Speech Therapist	School Medical Officers		DOREEN M. GINEVER, M.B., CH.B.
R. J. G. YOUNG, L.D.S. do. H. GIBSON, L.D.S. do. (Left 19.12.59) A. JONES, L.D.S. do. (Left 19.12.59) A. JONES, L.D.S. do. (Since 64.59) Medical Anaesthetist R. MALLINSON, M.B., CH.B. do. Speech Therapist	Principal School Dental Officer	• •••	H. P. GLEDSDALE, L.D.S.
H. GIBSON, L.D.S. do. Mrs. J. GIBSON, L.D.S. do. (Left 19,12.59) A. JONES, L.D.S. do. (Since 64.59) Medical Anaesthetist	School Dental Officers		
Mrs. J. GIBSON, L.D.S. do. (Left 19.12.59) A. JONES, L.D.S. do. (Since 64.59) Medical Anaesthetist			
(Left 19.12.59) A. JONES, L.D.S. do. (Since 6.4.59) Medical Anaesthetist R. MALLINSON, M.B., CH.B. do. Speech Therapist			
A. JONES, L.D.S. do. (Since 6.4.59) Medical Anaesthetist R. MALINSON, M.B., CH.B. do. Speech Therapist			
(Since 6.4.59) Medical Anaesthetist R. MALLINSON, M.B., CH.B. do. Speech Therapist			
Medical Anaesthetist         R. MALLINSON, M.B., CH.B. do.         Speech Therapist          VACANT         Orthoptist          VACANT         Orthoptist          VACANT         Orthoptist           LIANA M. PEAK, D.B.O. (Since 5.1.59)         School Nurses          P. John, S.R.N., S.C.M., H.V.         B. MADEN, S.R.N., S.R.N., S.C.M., H.V.       B. MADEN, S.R.N., Q.N.       H. SIMM, S.R.N., Q.N.         M. TURNER, S.R.N., S.C.M., H.V.       C. WAIKER, S.R.N., R.F.N., S.C.M., H.V., Q.N.       Sch.M. M. TURNER, S.R.N., S.C.M., H.V.         Dental Attendants         Stephanie Astworth (Since 21.9.59)         Lucy DANIELS, S.R.N.       MARY FLETCHER, S.R.N.         MARY FLETCHER, S.R.N.       MARY FLETCHER, S.R.N.         MARY FLETCHER, S.R.N.       (Left 4.10.59)         JESSIE LEACH       School Clinic Assistant          Clerks       DOROTHY CLARENCE       MARJORIE CRABTREE         Ophthalmic Surgeon         A. STEWART Scort, F.R.C.S., ED., D.O.M.S.         Aurists          <			
Speech TherapistVACANTOrthoptistLIANA M. PEAK, D.B.O. (Since 5.1.59)School NursesP. JOHN, S.R.N., S.C.M., H.V. B. MADEN, S.R.N. E. MAXIM, S.R.N., Q.N. H. SIMM, S.R.N., Q.N. H. SIMM, S.R.N., Q.N. H. SIMM, S.R.N., M. M. TURNER, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., R.F.N., S.C.M., H.V., Q.N.Dental AttendantsSteppHanke Ashworth (Since 21.9.59) LUCY DANIELS, S.R.N. MARY FLETCHER, S.R.N. (Left 4.10.59) Jessie LeachSchool Clinic AssistantMrs. D. Barnish DOROTHY CLARENCE MARJORIE CRABTREEConsultantsOphthalmic SurgeonAuristsN.F. P.S. P. K. Basu, M.B., B.S.Available for Consultation at Smith Street Clinic by arrangements with the Regional Hospital Board: Paediatrician	Medical Anaesthetist		
Orthoptist           LIANA M. PEAK, D.B.O. (Since 5.1.59)         School Nurses          P. JOHN, S.R.N., S.C.M., H.V. B. MADEN, S.R.N.,         School Nurses          P. JOHN, S.R.N., S.C.M., H.V. B. MAXIM, S.R.N.,         E. MAXIM, S.R.N., Q.N.       H. SIMM, S.R.N.,       Q.N.         H. SIMM, S.R.N., Q.N.       M. TURNER, S.R.N., R.F.N., S.C.M., H.V., Q.N.         Dental Attendants           Dental Attendants           School Clinic Assistant           Jessie Leach       School Clinic Assistant          Clerks       DOROTHY CLARENCE MARJORIE CRABTREE       DOROTHY CLARENCE MARJORIE CRABTREE         Consultants            Ophthalmic Surgeon            Aurists             Available for Consultation at Smith Street Clinic by arrangements with the Regional Hospital Board:       Paediatrician           Paediatrician         B. WOLMAN, M.D., M.R.C.P., D.C.H.	Speech Therapist		
(Since 5.1.59) School Nurses P. JOHN, S.R.N., S.C.M., H.V. B. MADEN, S.R.N. E. MAXIM, S.R.N. E. MAXIM, S.R.N. A. TONGE, S.R.N. M. M. TURNER, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., M. M. TURNER, S.R.N., S.C.M., H.V., Q.N. Dental Attendants STEPHANIE ASHWORTH (Since 21.9.59) LUCY DANIELS, S.R.N. MARY FLETCHER, S.R.N. MARY FLETCHER, S.R.N. (Left 4.10.59) JESSIE LEACH School Clinic Assistant Mrs. D. BARNISH Clerks DOROTHY CLARENCE MARJORIE CRABTREE 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 arrangements with the Regional Hospital Board: Paediatrician B. WOLMAN, M.D., M.R.C.P., D.C.H.	-		LIANA M. PEAK, D.B.O.
B. MADEN, S.R.N. E. MAXIM, S.R.N., Q.N. H. SIMM, S.R.N. A. TONGE, S.R.N. M. M. TURRER, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., R.F.N., S.C.M., H.V., Q.N. Dental Attendants STEPHANIE ASHWORTH (Since 21.9.59) LUCY DANIELS, S.R.N. MARY FLETCHER, S.R.N. (Left 4.10.59) JESSIE LEACH School Clinic AssistantMrs. D. BARNISH Clerks DOROTHY CLARENCE MARJORIE CRABTREE Consultants Ophthalmic Surgeon A. STEWART SCOTT, F.R.C.S., ED., D.O.M.S. Aurists			
B. MADEN, S.R.N. E. MAXIM, S.R.N., Q.N. H. SIMM, S.R.N. A. TONGE, S.R.N. M. M. TURNER, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., R.F.N., S.C.M., H.V., Q.N. Dental Attendants STEPHANIE ASHWORTH (Since 21.9.59) LUCY DANIELS, S.R.N. MARY FLETCHER, S.R.N. (Left 4.10.59) JESSIE LEACH School Clinic Assistant Mrs. D. BARNISH Clerks DOROTHY CLARENCE MARJORIE CRABTREE 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 arrangements with the Regional Hospital Board: Paediatrician B. WOLMAN, M.D., M.R.C.P., D.C.H.	School Nurses		P. JOHN, S.R.N., S.C.M., H.V.
H. SIMM, S.R.N. A. TONGE, S.R.N. M. M. TURNER, S.R.N., S.C.M., H.V. C. WALKER, S.R.N., R.F.N., S.C.M., H.V., Q.N. Dental Attendants Dental Attendants STEPHANIE ASHWORTH (Since 21.9.59) LUCY DANIELS, S.R.N. MARY FLETCHER, S.R.N. (Left 4.10.59) JESSIE LEACH School Clinic Assistant School Clinic Assistant School Clinic Assistant School Clinic Assistant Mrs. D. BARNISH DOROTHY CLARENCE MARJORIE CRABTREE Consultants Ophthalmic Surgeon Aurists Available for Consultation at Smith Street Clinic by arrangements with the Regional Hospital Board: Paediatrician B. WOLMAN, M.D., M.R.C.P., D.C.H.			
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		2119123	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 submit my Annual Report for 1959, being the fifty-first Report on the School Medical Services in Rochdale.

During the year there have been no major developments within the Service although in the section dealing with school buildings it will be found that much new planning has taken place and that 1960 and its immediate successors will see quite a number of new developments in various directions.

An opportunity was taken last year of making comparisons over a long period, in fact between the 1958 and 1927 health records. It would, therefore, be somewhat useless to repeat these comparisons this year.

The general picture of improved health continues and each year serves to emphasise the importance of social and emotional factors. It may be hard to believe that we are passing through a period of law breaking. Nevertheless, that would appear to be the situation, although the picture does not include the particular forms of lawlessness known in this country in earlier centuries. If we are to believe the pages of the national press, youth has in recent years progressed from being excessively boisterous through hooliganism and vandalism to thuggery and train wrecking, with quite definite danger to human life.

Youth itself can scarcely be blamed for this wave. It has a tendency to go where it is led and to indulge in what is extolled. At the moment the lead of the adult population contains far too much self and sectional interests and far too little ethical principles, and it is very clear that both the national press and the films extol violence.

In this part of the world we have very great difficulty in obtaining specialist staff. As an example, our psychiatric services have been deficient for years. Child guidance clinics, even if established, are somewhat handicapped when put in the ring opposite the lure of newspaper interviews and photographs, and the glamour of the films. The fight is just about as one-sided and as doomed to failure as that between Health Authority advice about non-smoking and the lavish advertisements and the gift coupons of the tobacco firms. Never have so many facilities and opportunities been offered to youth, yet always the excuse is offered "we had nothing else to do". It is unlikely that any other period has seen in this Country an equal building plan of new schools. In this part of the World no period has ever seen more churches demolished or adapted for other purposes. These are subjects for serious thought. Would it be unwise to suggest that the youth of Rochdale have more to learn from the youth of the twin towns of Bielefeld and Tourcoing than from the youth of America where traditionally the sixth form boy is engaged every evening in assisting his father to dodge the tax laws.

Last year I paid a special tribute to Dr. Mills who left the Department in October and whose post was taken over by Dr. Cauchi. I have to acknowledge his assistance in the preparation of this Report, as well as the work of all the other members of the staff.

Once again I would thank the Chief Education Officer and his staff for support during the year and acknowledge the interest taken by the Medical, Welfare Services and Nursery Schools Sectional Committee in the detail of the work.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,

Medical Officer of Health and Principal School Medical Officer

26th May, 1960.

# **School Medical Report**

The latest available estimate of the town's population is 84,690.

geovienza (d ach	an pr	1010. 101. 2017 1		Schools	Children
Secondary School	ls			14	4,586
Primary Schools				28	7,964
Special Schools				3	199
				4	315
			-	49	13,064

### SCHOOL POPULATION

#### Staff

Dr. N. Mills retired on the 31st October 1959, and Dr. F. J. Cauchi appointed in her place took up the duties of Deputy Principal School Medical Officer on the 1st November 1959. Dr. D. M. Ginever, appointed in Dr. Cauchi's place started work as School Medical Officer on the 1st October 1959.

Miss L. Peak started work as Orthoptist on the 5th January 1959.

There have been no changes in the school nursing staff.

Dr. Cauchi attended a course for Medical Officers on E.S.N. and M.D. children at London University in April—May, and a course for Medical Officers at Manchester University Department for the Education of the Deaf in October.

Mrs. Maxim, School Nurse, attended a Refresher Course at Cambridge in July.

Miss John attended a Conference on Mental Health in London in the latter part of October. She was sponsored by the Royal College of Nursing.

As usual several nursing and other students have visited the Clinic and Special Schools as part of their training.

The Medical Research Council team continued to make use of the Clinic premises for the periodic follow-up of cases within the Anti-Tuberculosis Vaccines Trial.

#### SCHOOL CLINIC SERVICES

#### Central Clinic, Penn Street:

Open daily from 8-45 a.m. to 5-0 p.m. (5-15 p.m. on Mondays) Saturdays from 9-0 a.m. to 12 noon.

- A. Minor Ailment Clinic-daily 8-45 a.m. to 12 noon.
- B. Dental—Routine—Seven sessions per week. Special—Two sessions per week.

General Anaesthetic-One session per week.

- C. Ophthalmic— Three sessions per week. Orthoptic— Eleven sessions per week
- D. Ear Nose and Throat— One session per week
- E. Foot Clinic— One session per month.

Special appointments and examinations are arranged to suit patients and staff.

#### **Other Premises**

B. Dental-

NORDEN CLINIC-

BRIMROD SCHOOL BALDERSTONE HALL Treatment and X-ray examination Ten sessions per week P.D.O. Sessions as the work requires and as staff are available.

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 when a therapist is on the staff.

# School Hygiene-Buildings

The routine inspection of school buildings by the School Medical Officers at the time of Periodic Medical Inspections disclosed, on the whole, a satisfactory state of hygiene. In only a few cases did the School Medical Officers make recommendations for correction of defects such as inadequate ventilation in sanitary annexes.

The improvement of school premises was continued at a reasonable rate of progress. At the Grammar School for Girls additional classrooms were provided and the staff accommodation was considerably improved. At Heybrook School the heating installation was replaced by a modern oil-fired plant which will improve the heating of the school premises, and a new kitchen was completed and opened in February.

Work on the St. Joseph's R.C. Secondary School, Kingsway, continued, but it is not anticipated that the school will be ready for occupation until towards the middle of 1960. This school will relieve the pressure on accommodation at all the R.C. Schools in Rochdale.

Work was begun at Brownhill Special School in connection with the provision of improved and additional accommodation. It is anticipated that the project will be completed by Easter 1960 and the pupils will then be transferred from Brookfield House.

During the year discussions have taken place regarding various improvements which are to be carried out at several schools during the next twelve months. These include the renewal of the electrical installation at Castleton Secondary School, the provision of additional classroom accommodation and general improved facilities at Greenbank Secondary School, the partitioning of the open corridors at Norden School, the provision of hot water in the Technical School for boys, improvements in the sanitary accommodation at Derby Street and Oakenrod, and new kitchen facilities at Castleton, High Birch and St. Patrick's Schools.

The Ministry of Education has approved the provision of two new primary schools—one to replace St. John's R.C. Infant School, and the other to replace All Saint's, Healey and Redcross Street C.E. Schools. It is expected that work will start on both these schools in the near future. During the year Norden C.E. School was closed and the pupils transferred to Norden County Primary School. It is anticipated that work will commence on a new R.C. Primary School during 1960-61, in the Newbold area.

Plans have been prepared for two new Clinics—one near Turf Hill and the other near Spotland, with full facilities for medical and dental treatment and care. It is expected that both these will be erected in 1960.

# WORK OF THE SCHOOL NURSES AND AT THE SCHOOL CLINIC

	1959	1958
New cases seen at morning clinics	449	407
Dressings at morning clinics	2,963	3,352
Hygiene-Inspections	27,467	30,565
Re-inspections	2,939	2,238
Special School Inspections—		
1. Brownhill (a) Dressings 174		
(b) Specials 1,127	1,301	2,095
2. High Birch (a) Dressings 43		
(b) Specials 1,921	1,964	2,047
Inspections with Medical Officers-		
1. At School	7,072	7,628
2. At Clinic	1,941	2,349
Eye Clinic cases	797	1,005
Aurists' Clinic (total attendance)	224	272
Home visits	848	760
	47,965	52,718

The following is a summary of the work done at the Clinic: Children seen by the Medical Officers—

one is the part of the state				1959	1958
Clinic Inspections (ne	w case	s)	 	 985	1,013
Clinic Re-inspections			 	 956	1,336
Special examinations			 	 652	621
Foot Clinic			 	 96	229
				2,689	3,199

The total attendances at the Minor Ailment Clinic during 1959 were 4,289, and the children attended because of the following conditions:

(Table II, Part A.B.D. and G, Pages 108 and 109)

					1959	1958
Ringworm					 3	2
Scabies					 12	26
Impetigo		· · · · ·			 37	35
Other Skin Diseases			5		 159	76
External Eye Diseases	3			:	 73	84
E.N.T. Conditions					 136	116
Miscellaneous Minor A	ilmen	ts			 781	891
Septic Wounds					 139	119
Plantar Warts					 94	71

The big increase, more than double, of cases under "Other Skin Diseases" is accounted for by the large number of minor septic conditions of the skin, popularly known as "heat spots" during the long very hot summer.

There have been no changes in the School Nursing Staff during the year, and the usual high standards of a good school nurse have been well maintained.

#### Medical Inspections in Schools. (Part I, Page 106)

				1959	1958
Periodic Medical Inspections			 	4,872	5,216
Special Inspections			 	166	100
Re-inspections			 	2,034	2,312
Brownhill Inspections			 	303	437
	To	otal	 	7,375	8,065
Parents interviewed			 	385	293

### FINDINGS AT MEDICAL INSPECTIONS

All the schools have been visited during the year for periodic medical inspections, and routine medical examinations were carried out on school entrants, school leavers and at intermediate ages of 8 years and 11 years, with the exception of five schools. A new system was tried in these schools, with the aim of devoting more time and attention to children believed to require supervision. The 'screening' to select these pupils requiring supervision was carried out by the school nurse and the school medical officer in consultation with the teaching staff.

As school entrants are not tested for vision as a routine, because at that age children do not know their alphabet, the school nurse still continued the sight testing of eight year olds and during this examination the nurse could discover not only eye defects, but other conditions also, for referral to the medical officer. Similarly, during hygiene inspections the nurse again would pick up and bring forward to the medical officer at the next inspection cases of uncleanliness and poor home conditions. By consultation with the teaching staff, the school nurse would also refer to the medical officer children with poor attendance, poor progress, or with any defect found or suspected by the teachers.

For example, in one school where the pupils between the ages of eight and eleven years numbered 612, the number due for medical examination according to the old system was 299, of which 168 were for routine medical inspection. Under the new system only 27 had a routine examination, 131 were re-inspections referred from previous examinations and 19 were special examinations. In all, 28 parents were contacted either by letter or personally on account of defects, although mainly small ones. However, six cases were referred to the Ophthalmologist, one to the E.N.T. Specialist, and one for Speech Therapy.

The medical officer had three long discussions with the head teacher, mostly concerning backward children and behaviour problems. The medical officer also discussed with the head teacher the wearing of glasses by pupils who need them. The School Medical Officers are frequently confronted with children with poor eyesight who have been tested and prescribed glasses by the School Ophthalmologist or an Optician, but who persistently do not wear them. This aversion to wearing glasses is just as common among boys as among girls. When asked the reason for this, these children are usually not very communicative, probably because they are too self-conscious to admit that spectacles might spoil their looks.

Once again the physical condition of pupils inspected was very satisfactory. Out of 5,261 school children inspected only 36 were found in an unsatisfactory condition, and these cases were followed up by home visits and observations, and remedial treatment was given where and when necessary.

The largest number of pupils requiring or receiving treatment were suffering from defects of vision and squints. On the other hand, nose and throat conditions head the list of children requiring observation. Orthopaedic conditions account for a considerable proportion of children requiring observation.

A large amount of minor foot defect is still with us and there is no doubt that unsuitable footwear is in many cases a very important factor. In the case of the older girls 'fashion' is undoubtedly one of the causes, but in boys and younger girls one comes across far too many instances of the parent buying shoes for the children through a 'club' without any previous fitting. An extreme case was seen in the Minor Ailment Clinic, where the shoes were so short that the boy's heels were actually out of and above the shoes.

In the early part of the year when we had foggy weather almost daily, there was a tremendous amount of upper respiratory tract infections—coughs, colds and sore throats. The chest cases at Brownhill were very much below par and did not gain weight.

However, the greatest problems, as remarked in last year's Report, are concerned less with the pupils' physical condition and more with emotional difficulties. Besides affecting the children's health and happiness, these demand more and more time of the School Health Staff, the more so as we have no Child Guidance C'inic to which suitable cases could be referred.

There is a continuing and increasing tendency for various people to demand a psychiatric interview for children because they have indulged in what is little more than normal misbehaviour or naughtiness. These interviews are often useless when obtained, because in many cases the cause of the trouble, although only too obvious, is impossible to remedy. Examples of this are broken homes where parents vilify each other to the children, or cases where the child is obviously showing failings such as lack of control, bad temper, impulsive delinquency, etc. which are obviously hereditary. Another example occurs regarding the obedience and respect demanded by certain parents whose own conduct does not merit this.

It is interesting to note that many Central European children have now become absorbed into the community. They even seem to be losing their Slav appearance. Their speech is now indistinguishable from that of Rochdale children and their names in some cases have been Anglicised—Ohla=Olga, Wladimir= Walter, Stanislaus=Stan. The parents often remain unmistakably foreign in speech and the grandparents have little or no English.

### Infestation with Vermin. (Table I, Part D, Page 107)

All the schools were visited once in each term for hygiene inspection. There were 27,467 inspections of children made and 58 children had to be sent to the Cleansing Centre. Nits and vermin were found in 553 individual pupils at 1,077 inspections. As might be expected a large proportion of these verminous children are found amongst the same families who offer other problems besides nits and lice. An extreme example of rapid verminous infestation occurred during the very hot weather. The family turned up at the Clinic just before 12 noon on the second Saturday of the local holidays. Hundreds of live lice in the girl's head were discovered and it was the worst infestation we could ever remember seeing. In fact, it seemed impossible for it to have been worse. This is a pointer as to what could happen if hygiene inspections were abandoned lightheartedly.

h	ildren treated at the Cleansing Centre		1959	1958
	Verminous heads—		a Bender	anticipation
	Referred by School Health Service	 	75	77
	Referred by Family Doctor	 	1	
	Scabies-			
	Referred by School Health Service	 	34	36
	Referred by Family Doctor	 	6	3

Seventeen children were sent from the School Clinic to the Centre and the rest were discovered in the course of school inspections.

#### DEFECTIVE VISION

#### The Eye Clinic. (Table III, Part I, Page 110)

CI

There has been no change in the arrangements for dealing with eye conditions. Mr. Stewart Scott continues to see children at Penn Street Clinic, three sessions each week, and cases needing surgical treatment are now operated on at Birch Hill Hospital, where also some selected children are referred by Mr. Scott for refraction.

The number of school children seen in the Eye Clinic was 797, of which only ten were referred for external conditions.

There were also 28 cases of squint referred from the Rochdale Infant Welfare Clinic, and seven squints and twelve refractions were referred from outside the Borough area by Lancashire County Council Medical Officers.

787 refractions were carried out, 333 prescriptions for eyeglasses issued, and 295 pairs of glasses obtained.

Other conditions	seen were:	- Coloring								
Nystagmus .						9 (3 new cases)				
Cataract						5 (2 new cases)				
Bilateral coloboma of iris and choroid (1), coloboma of macula (1), optic nerve atrophy (1), megalo- cornea (1), Glaucoma (1), detached retina (1-										
new case) .						6				
Blocked lachrym	al ducts					6				
Conjunctivitis (1), ptosis (1) dermoid cyst (1), foreign										
body (1) .						4				

Two blind and four partially sighted Rochdale children were in residential special schools at the end of the year.

#### **Orthoptic Clinic**

Miss Peak, our New Orthoptist, began work at the Clinic on the 5th January.

The total attendances during the year numbered 1,965, of which 240 were new cases and 357 were from outside the Borough area. 498 children failed to attend when sent for, a second appointment was given and those cases who again failed to reply were followed up by a School Nurse who, in turn, did a home visit and investigated the circumstances, and usually the child eventually turned up for treatment. In actual fact, although about one in five children failed to keep the first appointment, very few remained without treatment.

At Birch Hill Hospital 120 refractions were done and 50 operations for squint were carried out, with the effect that there is now virtually no waiting list for refractions or operations.

During the year 209 children were discharged from the Clinic.

#### Ear, Nose and Throat Clinic

The consultant work was continued by Mr. Smith and Dr. Basu. The latter was away in January, February and March, and his work was done by Dr. Hasain.

New cases examined	 	 	 144
Re-examinations	 	 	 80

Operations for removal of tonsils and adenoids number 89 and 88 other (non-operative) forms of treatment were given. At the end of the year the number of children on the waiting list was 62.

The number of children attending special residential schools at the end of the year was 15, six deaf and nine partially deaf. One was discharged during the year and was attending a secondary modern school.

#### Audiometric Testing

The routine testing in schools of all school entrants was suspended during the year. Selected special cases were examined in the Clinic and these totalled 15. Two were referred to the Consultant Otologist and six were re-examinations.

Three cases were referred to the Department for the Education of the Deaf at Manchester University. Once again we wish to record our appreciation to Professor Ewing and his staff for their invaluable help.

#### Speech Clinic. (Table III, Part 6, Page 111)

Since Miss Hartley left this Authority's service in June, 1958 we have remained without a Speech Therapist. In spite of repeated advertisements no candidates have come forward.

During the year 89 children were found at the School Medical Inspections to require observation and treatment. Of these, only two very severe cases have been receiving treatment, by arrangement, with a neighbouring Authority.

### Foot Clinic

The Foot Clinic has been held on Friday afternoons as before, and the numbers have again contracted in comparison with 1958.

During the year 68 individual children were seen. There were eighteen new cases and 78 re-examinations. 31 children were discharged as needing no further treatment and thirteen were crossed off the list because of repeated failure to attend when sent for.

As in previous years, awkward or difficult cases were referred to the Orthopaedic Consultant for his advice.

#### Orthopaedic and Postural Defects. (Table III, Part 3, Page 110)

Thirty cases were referred by the School Medical Officers to Mr. Gracie during 1959:--

Toe deformiti	ies				 	 	3
Flat feet and	valgoi	d ankles			 	 	6
Knock-knee					 	 	4
Postural scoli	iosis				 	 	2
Torticollis					 	 	4
Ganglion					 	 	2
Others					 	 	9
							10011-
			To	otal	 	 	30

Of these, two children were admitted to hospital for operative treatment, 14 were kept under observation and treatment at Smith Street Orthopaedic Clinic, six had their footwear adjusted, six were found to require no treatment at the time of examination and two failed to attend.

Again we record our thanks to Mr. Gracie for his assistance and advice.

#### **Consulting Paediatrician's Clinic**

During 1959 27 cases were referred to Dr. Wolman by the School Medical Officers:—

Heart murm	nurs		····		 	 	8
Debility					 	 	5
Respiratory	conditio	ns			 	 	4
Enuresis					 	 	3
Others					 	 	7
			To	otal	 	 	27

Of these children 7 were admitted to Lake View Continuation Hospital, 1 case of traumatic epilepsy was sent to a residential special school, 6 were kept under observation and the remainder did not need any active treatment.

As in previous reports we wish to record our appreciation and thanks to Dr. Wolman, for his advice, co-operation and helpful reports.

#### **Brownhill School**

Because of the new buildings being erected at Brownhill, the school was temporarily moved to Brookfield House on the 1st June 1959, with reduced numbers of children. The number of pupils in January was 67, and at the end of the year the number was 62.

When the new buildings at Brownhill are completed, probably by mid-1960, they will provide between 120 and 130 places.

During the year 25 children left, and 22 were admitted.

Of the leavers, one girl, an epileptic was admitted to Maghull Residential School, and a boy, with asthma and eczema went to the Industrial Rehabilitation Centre at Egham, Surrey.

The reasons for the new admissions were as follows:

					Boys	Girls
Subnormal nutrition	and de	ebility		 	2	5
Asthma				 	5	1
Nervous conditions				 	1	2
Bronchitis				 	-	2
Other conditions and	l obser	vation		 	2	2
		То	tal	 	10	12

Of the 22 admissions, 1 girl was recommended by the Chest Physician, 1 boy and 2 girls by the family doctors, and the remaining 9 boys and 9 girls by the School Medical Officers.

#### Examination of Educationally Sub-normal Children

This work has been done by Dr. Mills, Dr. McKenzie and later in the year by Dr. Cauchi. Of 126 children tested 25 were recommended for admission to High Birch Special (E.S.N.) School.

We still meet with some difficulty at times in convincing parents that their children need special education in a special school. Apart from the apparent stigma, the parents tend to resent the extra year which children have to do when they are registered in a special school.

#### High Birch Special (E.S.N.) School—School Organiser's Report

Mr. R. A. Watson was appointed Headmaster in succession to Mr. L. N. Spencer in September, 1959.

Efforts are now being made to emphasise and develop practical activities, particularly for senior children, and good progress has been made in quite a short time in Woodwork by the boys and in Cookery by the girls. On two occasions, girls have volunteered to prepare and serve tea and cakes for Parents' meetings an experience which provides good social training for the senior girls.

It is hoped to develop Gardening as an additional skill for the children to acquire and to this end a plot of ground has been prepared during the Winter ready for cultivation in the Spring. This plot will be used as a definite teaching plot where simple gardening will be taught, such for instance as might be necessary in maintaining a Council house garden.

The Youth Employment Officer continues to co-operate fully when pupils leave school and all of them have been placed in suitable jobs.

In January 1960 an extra class will be opened and the school will then have provision for 120 children.

One of the problems confronting the school at the present time is the attitude of negativism shown by some children who have entered the school at a late age and come from homes where little support or encouragement is given. They are inclined to be resentful of school and are 'in', but not 'of' the school. In these circumstances, it is difficult to establish the right kind of relationship with school, at any rate with certain of the senior children. This is, no doubt, a temporary situation which presents a challenge to the skill and devotion of the teaching staff and which time will mend, particularly if late entry admissions are avoided as much as possible.

#### **Remedial Education**—School Organiser's Report

Some children present a problem which is specially wearing to teachers and parents. They are the children who from the beginning to the end of their school days find many and varied difficulties in learning what the normal child learns. It is not merely that they are somewhat slower than the others in reaching stages which most eventually reach—it is that their approach seems feebler, or that it is frustrated for physical reasons or it is part of their general immaturity as persons. In some cases the cause of their difficulties, whether in reading or writing, can be discovered by observation and investigation and a remedy found. Then help given in the child's own class may enable him to make up lost ground, recover his confidence and develop as if he had not had a setback. This is the general experience with children who have become backward through absence. Only if this backwardness is neglected will it become serious. Others are retarded because their environment is too narrow or the people in their lives exercise an adverse influence. Still others, unfortunately a large group, make little progress because they have little capacity. Even to enable them to work to capacity makes great demands on a teacher. How best to help all these children while they remain in ordinary classes with children who are much more able, without giving less than a fair share of time to any group, is one of the inescapable problems of class teaching. Fortunately, the present ways of

teaching children seem to offer much to the dull as well as to the bright, and the emphasis upon working with groups or individuals cannot fail to benefit those who are handicapped.

Even so, most schools have a problem of educating children whose meagre mental endowment makes it unlikely that they will ever make normal progress, and for whom the hope of 'catching up' is a delusion to teacher, parent and child. No child can thrive or progress if he is bewildered or disheartened, but those who are hopeful and confident may use even meagre talents to reach unexpected levels of achievement. Perhaps the most important thing is to keep them hopeful and to make them welcome and respected in the school community.

It will become obvious from this that the key to the problem is with the teachers who have a full understanding of children, of their difficulties, their needs and their interests, and who have both the sympathetic approach to and knowledge of teaching techniques, as well as the time to give full individual attention to the backward child. There is an increasing interest in the problem of the dull and backward child, as indeed there ought to be, because he is not a unique feature of any school. He is entitled to his full share of teaching attention, but because of his natural handicaps he needs to be taken along at a much slower pace. However, the challenge is being accepted. There is an increasing provision by the Universities of long term courses for teachers who wish to specialise in remedial education. Teachers are giving freely of their time to attend local courses in their desire to help the retarded, the dull and the backward pupil, and to obtain a fuller understanding of his problems. These problems will always be in our schools, in greater or less degree dependent upon the quality and number of those most actively concerned—the teachers.

#### Children Notified to the Local Authority for Mental Deficiency

During 1959 seventeen children were recommended to the Education Committee as suitable for notification to the Local Authority for Mental Deficiency. Eleven had attended High Birch Special School and were notified under Subsection 5, Section 57 of the Education Act, as being in need of statutory supervision. The other six were notified under Sub-section 3, Section 57, as being incapable of receiving education in school.

### Immunisations

During the year 319 children of school age received a full course of primary diphtheria immunisation and 772 children who had been previously immunised received reinforcing injections.

In addition, 4,098 children received a full course of primary poliomyelitis immunisation and of these 2,472 were children of school age.

Poliomyelitis sessions were held at the Carlton Dance Hall during 'jive' sessions. Many teenagers were immunised here who would never come to any Clinic, however conveniently sited or timed, partly from laziness or apathy, and partly because they prefer to do things with a crowd of their contemporaries rather than take any individual action. They have also a great reluctance to take time off from work or play.

The noise at these sessions made by seven hundred or more teenagers plus dance music and 'pop' records amplified to the maximum, has to be heard to be believed. The noise is daunting even to School Medical Officers, accustomed as they are to work in a continual racket.

No skin testing for tuberculosis was carried out during the year, but sixteen children of school age were given B.C.G. vaccination at the Chest Clinic under the contact scheme.

#### **Infectious Diseases**

During the year the infectious diseases notified in school children were as follows:—

					1959	1958
Scarlet Fever				 	 43	11
Measles				 	 348	83
Whooping Con	ugh			 	 29	15
Chicken Pox				 	 11	16
Dysentery				 	 23	45
Erysipelas				 	 -	1
Poliomyelitis				 	 ·	1
Food Poisonin	ng			 	 	1
Tuberculosis-	Y	onary		 	 100000000000000000000000000000000000000	2
	Non-p	oulmon	arv	 	 admonth of a	1
Pneumonia				 ·····	 7	- pean
					461	176

#### 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. On every occasion she has either been able to supply useful information to assist the Committee in its decisions, or has given background information about cases already being dealt with by the Department.

Of the six new cases dealt with, three were referred from the School Medical Department.

The first of these involved two children and the mother was employed on night work. There was no father at home, and consequently the children were left on their own each night. Eventually the problem was solved by a change of address and the mother transferring to day work.

The second case involved two children who with their mother and stepfather had gone to live at the house of their own father under very unsatisfactory conditions. Re-housing of the step-father and mother, together with the children solved the problem here.

The third case involved one child. The mother had left her own house and had gone with the child to live at a very unsatisfactory house nearby where there was another family with a bad history. This latter family were to be re-housed almost immediately and the mother was informed that she would have to find alternative accommodation. Eventually she obtained rooms and was joined by an older daughter who was working.

#### **Other Medical Examinations**

The medical examinations of adults at the School Clinic during 1959, are classified as follows: Corporation Superannuation Scheme... 171 ... 70 Full time workers in School Meals Service ... 61 Candidates for Teachers Training College ... ... ... The following special examinations were made of children, figures which cannot be included in the Statistical Tables: Children undertaking part-time employment 280Children going to camp, holidays abroad, boarded-out, acting in pantomime, returning to Special Schools 231 ... 150 Special Survey of children prematurely born ...

The 150 children prematurely born, consisted of 61 six-year olds, 42 eightyear olds, and 47 ten-year olds. Inspector Budd reports that during 1959, 147 cases were investigated. Of these, 5 cases involving 13 children, 8 boys and 5 girls, were reported by the Rochdale Education Department, while 3 cases involving 8 children reported in 1958 were still being supervised during 1959. All these cases were satisfactorily dealt with, without any court action.

#### **Convalescent and Holiday Homes**

The Moorland Home gave holidays to 179 children, all of whom were examined at the School Clinic beforehand. There is no doubt that these children receive considerable benefit to their health and happiness by the time spent in cleaner air, with better routine and more regular hours of sleep.

Pearson's Fresh Air Fund again provided a holiday for 74 Rochdale girls at Squires Gate, Blackpool, and seven of these were chosen for a Christmas holiday also.

#### SCHOOL MEALS SERVICE—ORGANISER'S REPORT

During 1959 the number of meals produced in the twenty-one kitchens in this Authority was 1,185,224, compared with 1,100,000 in 1958.

A new kitchen was opened in February at Heybrook School with a capacity of 250 meals and serving the Infant, Junior and Secondary Departments of the School. The Cook-Supervisor at this kitchen was one of the Authority's first, cadet-cooks to complete the course under the training scheme and be appointed to take charge of a kitchen.

The number of meals being produced at Brownhill Central Kitchen has increased temporarily due to the Authority's agreement to serve the Convent Grammar School until its new kitchen is built. The actual number of meals being sent from this kitchen to schools belonging to this Authority is decreasing as each new kitchen is opened, in accordance with the policy to provide every school with its own kitchen. The number of meals produced daily at Brownhill in December 1959 was 720 compared with 750 the previous year, but only 500 of these were for Local Authority schools.

All full-time employees in the School Meals Service have been medically examined during 1959, and the health and hygiene of the kitchen staff has been reported to be very satisfactory.

#### Physical Education—Organiser's Report

In the past ten years apparatus has been installed in our primary schools. The cost has been small, but the increment in physical exercise on the part of these children has been quite remarkable. As well as agility and physical development it has encouraged initiative and daring—commendable moral attributes in this age. It is illuminating to compare a class photograph of forty years ago with a class of children of a similar age today. The contrasts speak for themselves.

The opening of St. Joseph's Secondary School will relieve the conditions now existing in the Catholic schools. The pupils moving from overcrowded premises will enjoy having a fully-equipped gymnasium, changing rooms, showers and fourteen acres of playing fields.

Bingley Turf Research Institute was responsible for the scheme of preparation of the new Heybrook playing fields and the site will meet the need for a ground in that area. Fixed gymnastic apparatus has been put in the hall of Heybrook Secondary School and their gymnastic facilities are now very good.

The staff and pupils of Brownhill Special School have removed temporarily to Brookfield House while alterations are taking place at the school. When they return to Brownhill they will find that they have a hall which will be used for dining and rest periods but the inclusion of some fixed apparatus for gymnastic and remedial periods will help to give a wider scope to their physical activities.

The intensive swimming scheme for junior schools continues to show excellent results with good co-operation from the teachers. A course held for the teachers in the scheme was well attended and on the course the most modern aids to the teaching of swimming were demonstrated. These aids are polystyrene floats and frogman's flippers which give the learner immediate confidence in the water. A good supply of these aids is available at both of the Corporation baths.

There is a nation-wide shortage of specialist teachers in physical education and in some cases teachers of general subjects have accepted responsibility for the subject in secondary schools. These teachers have done some excellent work and readily give their time at local and residential courses to advance their knowledge of the subject.

### SCHOOL DENTAL SERVICE

All schools, including Nursery and Special Schools have been visited for Routine Dental Inspection during the year, the number seen showing a small increase over 1958. The percentage, 60% with dental defects of some kind or other, is the same as the previous year and, with the national tendency for Dental Caries to increase, is unlikely to improve without adequate staff to provide inspection and treatment on a bi-annual rather than an annual basis.

In 1957, after a period of acute staffing difficulties, the percentage found with tooth defects was 75. The war and post war years up to 1949, with restrictions on sweets and luxury foods, showed percentages of 50 or less, but pre-war with age groups up to 14 only being inspected, the percentage with dental defects was 65. There is today an increased interest in dental care, but no reduction in tooth decay. A reduction in sweet consumption between meals, regular tooth cleaning after meals, and fewer soft and preponderantly carbohydrate diets would probably improve matters.

The staff operative during the year has been, with the exception of the Principal Dental Officer, on a part-time basis and, with ups and downs, some 75% of the establishment. This is slightly better than last year and has enabled some 800 more fillings to be done as well as an increased number of orthodontic and denture cases to be undertaken. A reduction in the number of children with dental defects is only likely to be achieved by adequate and more permanent staff, together with a better understanding of the factors which cause dental decay.

As recommended in the report from the Ministry of Education which followed the visit of its Dental Adviser in September 1958, modernisation and improvement of Clinic premises has been carried out. New and up-to-date equipment has been installed in the Norden, Penn Street and Brimrod Clinics, thus providing excellent surgeries with better operating conditions. Penn Street and Norden have been attractively decorated and given modern lighting which has improved the premises considerably. It is expected that similar treatment will do the same for Brimrod. Building of the new Clinic in the Kingsway area is to start next year as well as the Health Authority Clinic at Hill Top, Kirkholt and these, when completed and staffed, will provide excellent coverage for that part of the Borough.

Approval has been given for another new Clinic in the Spotland area and these with several interesting new features should provide attractive modern surgeries.

It is hoped that further implementation of the Minister's report in the shape of a new central multi-surgery clinic which is badly needed to provide the co-ordination of specialist and administrative services which are now dispersed amongst the existing clinics, will effect still greater improvement.

#### Nursery Schools-Report by Dr. K. W. Thakre

During the year 41 medical inspections have been carried out and 497 children examined at the four nurseries.

The general health of most of the children is quite good, a few have minor defects and complaints. Most of the children were examined every three months. The number examined at each visit was between twelve and sixteen, of whom more than half had no complaints. This number of examinations left little time to interview mothers. To economise on time and effort a new system was evolved at the end of the year which is:—

- 1. To examine all entrants and leavers;
- 2. To see any children with complaints;
- 3. To see children with defects more often;
- To see children put forward by the Head Mistress with any complaints or for reasons of prolonged absence.

All this reduced the number of children examined at each medical inspection and more time to interview mothers and discuss the children with the teachers was made available.

The types of defects which have been reported are as follows:--

Teeth	 	78	Heart and Circulation	8
Eyes-			Lungs	6
Vision	 	6	Deformity	54
Other	 	33	Posture	27
Ears—			Flat Foot, etc	24
Hearing	 	8	Poor Mental Development	5
Other	 	10	Other Diseases	5
Tonsils	 	93	Speech	13
Cervical Glands	 	104		

The above are numbers of defects found and not numbers of children.

Postural defects, knock-knees and flat feet are treated with advice, exercises and raising of shoes. The difficult ones are referred to Mr. Gracie, the Orthopaedic Surgeon. Tonsils and Squints are referred to their respective specialists.

There are a few partially deaf and a few with speech defects who would have benefited by Speech Therapy. Unfortunately, the post is still vacant and class teachers have to do their best to help. **Cleanliness Inspections** 

	No. 1958		Clean 1958	Nits 1958	Vermin 1958
	4,651		4,460	 181	 10
	1959		1959	1959	1959
January—March	800	8.41	747	 45	 8
April—July	1,119		1,049	 58	 12
August—December	1,001	••••	967	 32	 2
	2,920	(9.1.	2,763	 135	 22

Out of 2,920 inspections, 157 showed actual vermin or nits. The number of head inspections is less than last year as the Department was short of Health Visitors and more time could not be spared.

Teachers and staff of all the Nurseries have been most helpful and co-operative and I would like to thank them for all their help.

### Cost of Medical and Dental Inspection, and Treatment Year Ending 31st March 1959.

Salaries of Medical, Dental a	nd of	ther staff				£ 16,566
				 	1.051	10,000
Local Government Superann		on—				000
Equivalent Contribution	۱			 		832
Equal Annual Charge				 		521
Additional Allowance				 		10
National Insurance				 		423
Printing, Stationery and Adv	vertis	ing		 		237
Postages and Telephones				 		271
Drugs, Medical Requisites an	nd Ap	oparatus		 		2,554
Uniforms and Clothing				 		225
Rents, Rates and Insurance				 		438
Travelling and Subsistence				 		181
Upkeep of Buildings-Repai	r and	l Mainter	nance	 		953
Fuel, Light and Cleaning				 		1,417
Medical Examinations				 		89
Cleansing of Pupils and Cloth	hing			 		128
Conveyance of Children				 		310
Other Expenses				 		43

£25,198

# MEDICAL INSPECTION AND TREATMENT

YEAR ENDED 31ST DECEMBER, 1959.

### TABLE 1.

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

Age Groups	No. of Pupils	Physical Condition of Pupils Inspected							
Inspected (By year of	Inspected	SATI	SFACTORY	UNSA	TISFACTORY				
birth)		No.	% of Col. 2	No.	% of Col. 2				
(1)	(2)	(3)	(4)	(5)	(6)				
1955 and later	296	296	100.00	-	-				
1954	745	740	99.33	5	.67				
1953	656	651	99.24	5	.76				
1952	89	88	98.88	1	1.12				
1951	486	481	98.97	5	1.03				
1950	429	424	98.83	5	1.17				
1949	79	79	100.00	-	a construction of the second				
1948	445	441	99.10	4	.90				
1947	646	643	99.53	3	.47				
1946	134	131	97.75	3	2.25				
1945	534	532	99.62	2	.38				
1944 and earlier	722	719	99.58	3	.42				
TOTAL	5261	5225	99.31	36	.69				

A.—PERIODIC MEDICAL INSPECTIONS.

## B .- 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 (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1955 and later		16	16
1954	13	93	93
1953	14	95	93
1952	1	18	17
1951	36	74	98
1950	40	52	80
1949	7	13	17
1948	60	52	103
1947	71	72	124
1946	11	8	17
1945	66	47	101
1944 and earlier	114	62	162
TOTAL	433	602	921

### C.—OTHER INSPECTIONS

Number of Special Inspection Number of Re-inspections	ons 		 	 	166 2,118
RA GE PEC PHILM OI	То	tal			2,284

# D.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by	
	school nurses or other authorised persons	30,387
(b)	Total number of individual pupils found to be infested	710
(c)	Number of individual pupils in respect of whom cleansing notices	
	were issued (Section 54(2), Education Act, 1944)	50
(d)	Number of individual pupils in respect of whom cleansing orders	
	were issued (Section 54(3), Education Act, 1944)	10

# TABLE II

# RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Defect	Filip of the Total and	100	PI	ERIO	DIC I	NSPE	стіо	NS	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		Defect or Disease	ENTH	RANTS	LEA	VERS	Отн	IERS	То	TAL
4       Skin        9       10       7       1       16       11       32       2         5       Eyes—       a. Vision        27       9       135       60       271       194       433       26         b. Squint        69       39       35       2       110       21       214       66         c. Other        3       5       4       -       2       8       9       11         b. Otitis Media       4       9       7       3       9       9       20       2         c. Other        1       2       1       -       3       4       5         7       Nose and Throat        48       226       6       3       37       157       91       38       8       Speech        8       55       2       1       5       18       15       7         9       Lymphatic Glands        9       27       1       13       9       28       19       66         11       Lungs         9       31	No.	Planation of Million	(T)	(O)	(T)	(O)	(T)	(0)	(T)	(O)
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
a. Vision        27       9       135       60       271       194       433       26         b. Squint        69       39       35       2       110       21       214       66         c. Other        3       5       4        2       8       9       1         6       Ears			9	10	7	1	16	11	32	22
c. Other        3       5       4        2       8       9       1         6       Ears       a. Hearing         8       3        4       4       7       1         b. Otitis Media       4       9       7       3       9       9       20       2         c. Other        1       2       1        3       4       5         7       Nose and Throat        48       226       6       3       37       157       91       38         8       Speech         8       55       2       1       5       18       15       7         9       Lymphatic Glands         9       27       1       13       9       28       19       6         11       Lungs         9       31       9       7       24       14       42       5         12       Developmental        1       3        2       1       8       25       11       6	5		27	9	135	60	271	194	433	263
c. Other        3       5       4        2       8       9       1         6       Ears         8       3        4       4       7       1         b. Otitis Media       4       9       7       3       9       9       20       22         c. Other        1       2       1        3       4       5         7       Nose and Throat        48       226       6       3       37       157       91       38         8       Speech         8       55       2       1       5       18       15       7         9       Lymphatic Glands        -       122       -       -       2       48       2       17         10       Heart         9       31       9       7       24       14       42       5         12       Developmental        1       3       -       -       2       1       3       6         13       Orthopaedic		b. Squint	69	39	35	2	110	21	214	62
a. Hearing         8       3        4       4       7       1         b. Otitis Media       4       9       7       3       9       9       20       22         c. Other        1       2       1        3       4       5         7       Nose and Throat        48       226       6       3       37       157       91       38         8       Speech          8       55       2       1       5       18       15       7         9       Lymphatic Glands         122         2       48       2       17         10       Heart         9       31       9       7       24       14       42       5         12       Developmental—        1       3        -2       1       3          a. Hernia        1       34       2       1       8       25       11       6         13       Orthopaedic—	195%	0.1	3	5	4	-	2	8	9	13
b. Otitis Media       4       9       7       3       9       9       20       22         c. Other        1       2       1        3       4       5         7       Nose and Throat        48       226       6       3       37       157       91       38         8       Speech         8       55       2       1       5       18       15       7         9       Lymphatic Glands         122       -       -       2       48       2       17         10       Heart         9       31       9       7       24       14       42       5         12       Developmental—         9       31       9       7       24       14       42       5         12       Developmental—        1       34       2       1       8       25       11       6         13       Orthopaedic—         1       34       2       1       8       23       42       48       13 <td>6</td> <td>Ears-</td> <td></td> <td>1154</td> <td></td> <td></td> <td>10.00</td> <td>1200</td> <td>PACT</td> <td>OWS</td>	6	Ears-		1154			10.00	1200	PACT	OWS
c. Other        1       2       1        3       4       5         7       Nose and Throat        48       226       6       3       37       157       91       38         8       Speech         8       55       2       1       5       18       15       7         9       Lymphatic Glands         122       -       -       2       48       2       17         10       Heart         9       27       1       13       9       28       19       6         11       Lungs         9       31       9       7       24       14       42       5         12       Developmental—        1       34       2       1       8       25       11       6         13       Orthopaedic—        1       34       2       1       8       25       11       6         13       Orthopaedic—         10       2        3       24       5       3	any.	a. Hearing	-	8	3	-	4	4	7	12
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		b. Otitis Media	4	9	7	3	9	9	20	21
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		c. Other	1	2	1	-	3	4	5	6
9       Lymphatic Glands        -       122       -       -       2       48       2       17         10       Heart         9       27       1       13       9       28       19       66         11       Lungs         9       31       9       7       24       14       42       55         12       Developmental—         9       31       9       7       24       14       42       55         12       Developmental—         1       34       2       1       8       25       11       66         13       Orthopaedic—         10       2        3       24       5       33         b. Feet         17       92       8       3       23       42       48       13         14       Nervous System—        1        1       1       1        3       2       7         b. Other        1        1       2	7	Nose and Throat	48	226		3	37	157	91	386
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	8	Speech	8	55	2	1		18	15	74
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	9	Lymphatic Glands	-	2007	-13	-				170
12       Developmental—       1       3       -       -       2       1       3         12       Developmental—        1       3       -       -       2       1       3         a.       Hernia        1       34       2       1       8       25       11       6         13       Orthopaedic—        1       34       2       1       8       25       11       6         13       Orthopaedic—         10       2       -       3       24       5       3         b.       Feet        .6       35       10       6       29       39       45       8         c.       Other        17       92       8       3       23       42       48       13         14       Nervous System—        1       -       1       1       1       -       3       2       7          b.       Other        1       -       1       1       1       -       3       2       7          b.	10	Heart			100.00			and the second s		68 .
a. Hernia13213b. Other1342182511613Orthopaedic102-32453a. Posture102-32458b. Feet6351062939458c. Other1792832342481314Nervous System1-111-315Psychological1-111-315Psychological7-1-11-1b. Stability531669116Abdomen222-519	100		9	31	9	7	24	14	42	52
b. Other1342182511613Orthopaedic— $-$ 102 $-$ 32453a. Posture $-$ 102 $-$ 32453b. Feet6351062939458c. Other1792832342481314Nervous System—12—327b. Other1-111—315Psychological—1-111—1b. Stability531669116Abdomen222-519	12	-	-				-		10	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			3.0	- 10 C		-				4
a. Posture102-32453b. Feet6351062939458c. Other1792832342481314Nervous System1792832342481314Nervous System212-327b. Other1-111-315Psychological1-111-1b. Stability531669116Abdomen222-519			1	34	2	1	8	25	п	60
b. Feet6351062939458c. Other1792832342481314Nervous System—1212327a. Epilepsy212327b. Other1111315Psychological—71111b. Stability71669116Abdomen222519	13					Sec.	-			~
c. Other1792832342481314Nervous System—	STATE !!		-	1 (Call)		-		1333.28		34
14       Nervous System—       2       1       2       -       3       2       7         a. Epilepsy        2       1       2       -       3       2       7         b. Other        1       -       1       1       1       -       3         15       Psychological—        1       -       7       -       1       -       11       -       1         b. Stability        -       5       3       1       6       6       9       1         16       Abdomen        2       2       2       -       5       1       9	marin			2015		1000		and the second sec		80
a. Epilepsy        2       1       2        3       2       7         b. Other        1        1       1       1        3         15       Psychological        7        1        11        1         a. Development        7        1        11        1         b. Stability         5       3       1       6       6       9       1         16       Abdomen        2       2       2        5       1       9			17	92	8	3	23	42	48	137
b. Other       1       -       1       1       1       -       3         15       Psychological—       -       7       -       1       -       1       -       1         a. Development       -       7       -       1       -       11       -       1         b. Stability        -       5       3       1       6       6       9       1         16       Abdomen        2       2       2       -       5       1       9	14		0		0		0		7	3
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				1		_		Z		1
a. Development-7-1-11-1b. Stability531669116Abdomen222-519	15		1	-	1	1	1		3	-
b. Stability531669116Abdomen222-519	15			7		1		11	Fotol	19
16 Abdomen 2 2 2 - 5 1 9			N.D.C.	2.0	3		G	A CONTRACTOR		12
	16		0	-		Tirrita			1.000	3
17 Other 1 1 1 2 4 1 6	17	Other	1	1	1	2	4	1	6	4
	17	Ottlei	half in	(it)	Nat d	112	sitos?	hear	i man	

### A.—PERIODIC INSPECTIONS.

# TABLE II-(continued).

# **B.**—Special Inspections

De- fect	Defect or Disease	100	Special In	spections
Code	Delect of Disease		Requiring	Requiring
No.		100	Treatment	Observation
(1)	(2)		(3)	(4)
4	Skin		4	1
5	Eyes- a. Vision		24	6
812	b. Squint		8	. Number of papils to
	c. Other		1	-
6	Ears— a. Hearing		1	1
	b. Otitis Media		3	—
	c. Other		District District Contraction	1-2 and -
7	Nose and Throat		6	4
8	Speech		1	8
9	Lymphatic Glands		of the ext	2
10	Heart		1	2 2
11 12	Lungs		15	Z
12	Developmental— a. Hernia			a second the second
	b. Other		2	3
13	Orthopaedic—		-	0
10	a. Posture			_
	b. Feet		1	1
	c. Other		1	2
14	Nervous system—		STREAM A STOOTESE IN ST	
	a. Epilepsy		2	_
	b. Other		2	2
15	Psychological—		The man and the states	
	a. Development		-	3
	b. Stability		-	5
16	Abdomen		aller and and	
17	Other		2	6
and an	A second s		1 million and	and the state of the

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# TABLE III

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

GROUP 1.—Eye Diseases, Defective Vision and Squint.	
GROOT I. Dy't Discusco, Derective vision and Squint	
External and other, excluding errors of refraction and squint	83
Errors of refraction (including squint)	997
Total	1,080
Iotal	1,000
Number of pupils for whom spectacles were prescribed	333
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	89
(c) For other nose and throat conditions	-
Received other forms of treatment	224
Total	313
Total number of pupils in schools who are known to have been provided	
with hearing aids—	
(a) in 1959	5
(b) in previous years	11
to be Development / provide the second	
GROUP 3.—Orthopaedic and Postural Defects	
(a) Pupils treated at clinics or out-patients departments	361
(b) Pupils treated at school for postural defects	-
Total	361

# GROUP 4.-Diseases of the Skin.

(excluding uncleanliness, for which see Part D of Table I)

Ringworm—						
(a) Scalp	 	 	 			
(b) Body	 	 	 		(.1,	3
Scabies	 	 	 			12
Impetigo	 	 	 			37
Other skin diseases	 	 	 			159
		Fotal	 	tint <u>in</u> )	eed aan V	211

## **GROUP 5.—Child Guidance Treatment**

...

Pupils treated at Child Guidance Clinics

# GROUP 6.—Speech Therapy

Pupils treated by speech therapists						2
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# GROUP 7.—Other Treatment Given

(a)	Pupils with mine	or ailme	ents				 	781
1.000	Pupils who rec						chool	
Hea	alth Service arran	gements	5				 	-
(c)	Pupils who recei	ved B.C	C.G. va	accinat	ion	( ) 	 	16
(d)	Septic wounds					T	 	139
(e)	Plantar Warts					d	 	94
			То	otal			 	1,030

# TABLE IV

# Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers:-	
(a) At Periodic Inspections	13,023
(b) As Specials	1,274
Total (1)	14,297
Steven of every strategic and a franches in the second state of th	
(2) Number found to require treatment	8,670
(3) Number offered treatment	6,256
(4) Number actually treated	5,370
Number of attendances made by pupils for treatment, including	
those recorded at heading 11(h)	7,515
(6) Half days devoted to:—	
(a) Periodic School Inspection	80
	1,126
(b) Treatment	
Total (6)	1,206
(7) Fillings:—	
(a) Permanent Teeth	5,319
(b) Temporary Teeth	296
Total (7)	5,615
(8) Number of teeth filled:—	
(a) Permanent Teeth	4,548
(b) Temporary Teeth	276
Total (8)	4,824

		113				
	(9) Ex	tractions:				
	(a)	Permanent Teeth			 	784
	(b)	Temporary Teeth		•	 	3,073
		Total (9)			 -	3,857
					 -	
	(10) Ad	ministration of general anaesthetics for $\epsilon$	extracti	ion	 	704
<ul> <li>(10) Administration of general anaesthetics for extraction 704</li> <li>(11) Orthodontics:— <ul> <li>(a) Cases commenced during the year 31</li> </ul> </li> </ul>						
						- 21
	(b)	Cases carried forward from previous ye	ear		 	33
	(c)	Cases completed during the year			 	25
	(d)	Cases discontinued during the year			 	5
	(e)	Pupils treated with appliances			 	19
	(f)	Removable appliances fitted			 	17
	(g)	Fixed appliances fitted			 	2
	(h)	Total attendances			 	192
	(12) Nu	mber of pupils supplied with artificial te	eth		 	24
	(13) Otl	ner operations:				
	(a)	Permanent Teeth	🧹		 	1,385
	(b)	Temporary Teeth			 	67
		Total (13)			 	1,452
					Sister T	ATT SA

### TABLE V.

## HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

SCHOOLS OR BOA	ARDI	NG	IN	BOA	RDI	NG	HOM	IES	lin	
STORE					(6) Pl ca H	te hysi- lly	sul ma (8) M	nally bnor-		Total 1—9
In the calendar year ended 31st December, 1959 :	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
(A) Handicapped Pupils newly placed in Special Schools		Entley	(Trible)	tos be	Surg.		diari	almio	BRA	23.
(B) Handicapped pupils newly assessed as requiring Education at Special Schoo or Boarding Homes	. –	1	1	2	22 41	3	14 25	1	1	44 70
On or about January 31st, 1960 :- (C) Number of Handicapped Pupils from the area—		Service Service	1.000	armit a bit	, becai	Malt	100 100		(4)	
(i) attending Special School (a) as Day Pupils		1	-	2	53	6	111	-	1	174
<ul><li>(b) as Boarding Pupils</li><li>(ii) attending independent schools under Authority</li></ul>		3	6	8	1	7	4	1	4	36
arrangem nts (iii) boarded in Homes	: -	-				2		2	(T)	4
Total (C)	2	4	6	10	54	15	115	3	5	214
<ul> <li>(D) Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—         <ol> <li>(i) in hospitals</li> <li>(ii) elsewhere</li> <li>(ii)</li> </ol> </li> </ul>		Pup —	ils w	ere e	duca 2	ted	1958	-59)	1 - S - S	2
(E) Number of Handicapped Pupils from the area re- quiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)	1		-	1	30	1	9	100 M	10 C	42
(F) Were on the registers of he	ospital	spec	cial so	hools	3 12	Tie	progra	ng.	1-1-1	
<ul> <li>(G) Number of children report (a) under Section 57 (3)</li> <li>(b) ,, ,, ,, 57 (5)-</li> <li>(c) ,, ,, 57 (5)-</li> <li>of the Education Act, 1944</li> </ul>	(exclu relying	ding	any r	eturn			(b))—	-6	1011	-

