

[Report 1968] / Medical Officer of Health and School Medical Officer of Health, Rochdale County Borough.

Contributors

Rochdale (Lancashire, England). County Borough Council.

Publication/Creation

1968

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COUNTY BOROUGH OF ROCHDALE



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year ending 31st December, 1968

R. G. MURRAY, M.B., Ch.B., D.P.H.
Medical Officer of Health
Principal School Medical Officer



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R. G. MURRAY, M.B., Ch.B., D.P.H.
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Principal School Medical Officer

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UPJOHN & BOTTOMLEY (PRINTERS) LTD., BARE HILL STREET,
LITTLEBOROUGH.

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PUBLIC HEALTH OFFICERS

DECEMBER, 1968

Medical Officer of Health, Principal School Medical Officer

R. G. MURRAY, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health:

FRANCIS J. CAUCHI, M.D., B.Sc., D.P.H.

Medical Officers:

ROBERT S. GIBSON, M.B., B.Ch., B.A.O., D.P.H.

CHRIST D.H. MUNZNI, M.B., B.S.

JOYCE NEWMAN, M.B., Ch.B., D.A.

MAY LOIS BLAIR, M.B., Ch.B., (Part-time)

JAMES P. KELLY, M.B., B.Ch., D.P.H., (Part-time)

Lay Administrative Officer:

S. BUTTERWORTH

Chief Public Health Inspector:

A. TURNER, Cert S.I.B., Cert M.I.

Senior District Public Health Inspector:

A. SYMONS, Cert. S.I.B., Cert M.I.

Senior Meat and Foods Inspector:

J. GAWTHORPE, Cert. S.I.B., Certj.M.I.

Smoke Inspector:

W. D. GARTSIDE, Cert. P.H.I.E.B., Dip. M.I.
Dip. Sm. I

Housing Inspector:

K. E. SMITH, Cert. S.I.B., Dip. P.H.H.

Food Hygiene and Shops Inspector:

J. J. DARBY, Cert. P.H.I.E.B., Dip.M.I.,
Dip. Sm. I.

Public Health Inspectors:

P. J. AXTON, Cert.P.H.I.E.B., Dip. M.I.

G. BOOTH, Cert. P.H.I.E.B., Dip. M.I.

A. BUTTERWORTH, Dip. P.H.I.E.B. (*15.8.68)

F. A. DENNY, Dip.P.H.I.E.B., (ϕ 29.12.68)

K. G. KAUFMAN, Dip. P.H.I.E.B. (*15.8.68)
(ϕ 13.9.68)

J. PEARSON, Cert. S.I.B.

Senior Mental Welfare Officer:

S. P. SMITH

Mental Welfare Officers:

D. R. QUICK (ϕ 13.9.68), Cert. Soc. Work

W. P. WAINMAN, Cert. Soc. Work

G. G. WILLIAMS

Innes Combined Training Centre Superintendent:

M. ROSNER

Innes Junior Training Centre Supervisor:

JEAN M. BUCKLEY

Home Help Organiser:

ANNE GAVAGHAN, M.I.H.H.O.

District Nursing Association:

Superintendent – Miss A. M. O'SULLIVAN, S.R.N.
S.C.M., Q.N.

1st Asst. Supt. – Miss M. McGONIGLE, S.R.N.,
Q.N.

Non-medical Supervisor of Midwives:

MISS A. M. O'SULLIVAN, S.R.N. S.C.M., Q.N.

Principal Dental Officer:

H. W. PRITCHARD, L.D.S. (*1.4.68)

Senior Dental Officer:

K. ANDERSON, L.D.S.

Dental Officers:

R. G. WATSON, L.D.S.

SUSAN WEBSTER, B.D.S., (Part-time)

A. ANDERSON, L.D.S., (Part-time)

Dental Anaesthetists:

R. MALLINSON, M.B., Ch.B. (Part-time)

M. G. ROBERTS, B.Sc., M.B., Ch. B.

F.F.A.R.C.S., (Part-time)

Ambulance Officer:

H. DOWN (ϕ 23.6.68)

A. WILSON F.I.C.A.P., (*15.7.68)

Superintendent Health Visitor:

O. BARRETT, S.R.N., S.C.M., H.V.

Health Visitor – Field Work Instructor:

J. REID, S.R.N., S.C.M., H.V.

Health Visitors/School Nurses:

B. ALLEN, S.R.N., C.M.B., Part 1. H.V.

S. H. BARLOW, S.R.N., S.C.M., H.V.

P. V. DARBY, S.R.N., C.M.B., Part 1. H.V.

C. M. DAVIES, S.R.N., S.C.M., Q.N. H.V.
(*3.9.68)

I. GELDARD, S.R.N., S.C.M., H.V.

S. E. HOWARTH, S.R.N., C.M.B., Part 1.

H.V. (ϕ 30.8.68)

E. M. MASSEY, S.R.N., S.C.M., H.V.

Q.N., (ϕ 21.5.68)

D.J.A. MURRAY, S.R.N., S.C.M., H.V.

(*23.9.68)

I. RUSHTON, S.R.N., C.M.B. Part 1, H.V.

N. THORNER, S.R.N., S.C.M., H.V.

Health Visitors /School Nurses (Part-time):

B. ALLETON, S.R.N., S.C.M., H.V. (ϕ 8.3.68)

P. C. JOHNSON, S.R.N., C.M.B., Part 1. H.V.

S. RIGG, S.R.N., S.C.M., H.V. (*27.4.68)

C. WALKER, S.R.N., R.F.N., S.C.M., H.V., Q.N.

Public Health Nurses:

I. BAILEY, S.E.N.

S. HOYLE, S.R.N.

P. WILLIAMS, S.R.N., C.M.B., Part 1.

(*14.10.68)

Public Health Nurses (Part-time):

M. DAVIES, S.R.N.

J. ROOT, S.R.N., R.S.C.N.

I. F. TAYLOR, S.R.N., C.M.B., Part 1, R.S.C.N.

School Nurses:

M. CISEK, S.R.N.

O. SYDENHAM, S.R.N.

A. TONGE, S.R.N.

B. WHITWORTH, S.R.N.

Family Planning Clinic Nurse (Part-time)

G. E. STOCKER, R.S.C.N., S.C.M.

Domiciliary Midwives:

M. ASHWORTH, S.R.N., S.C.M.
W. U. CARR, S.R.N., S.C.M.
B. CREHAN, S.R.N., S.C.M.
M. J. GUNN, S.R.N., S.C.M., H.V.
C. HARGREAVES, S.R.N., S.C.M. (*2.12.68-
S. M. HAMILTON, S.R.N., S.C.M. temp.)
N. HOOK, S.R.N., S.C.M.
V. STOTT, S.R.N., S.C.M. (φ 22.9.68)
P. TOMLINSON, S.R.N., S.C.M., (*10.6.68)

Physiotherapists (Part-time):

EILEEN HAMPSON, M.S.C.P.
MARY C. BEESTON, M.S.C.P.

Moral Welfare Assistants (Part-time):

J. BUTTERY
V. FITTON

Interpreter:

KAUKAB SULTANA KHAN, B.Sc.,
(φ 6.9.68)

Student Health Visitors:

P. CUMMINGS, S.R.N., C.M.B., Part 1
(*23.9.68)
J. G. MURRAY, S.R.N., C.M.B., Part 1
(*4.9.68)
V. STOTT, S.R.N., S.C.M. (*23.9.68)
M. WEETMAN, S.R.N., C.M.B., Part 1
(*4.9.68)

Tuberculosis Visitor:

G. QUINN, S.R.N.

Family Planning Medical Officers (Part-time):

MAY LOIS BLAIR, M.B., Ch.B.
MARGÁRET ELIZ. HOPKINSON, M.B.,
Ch.B., (*3.4.68)

Child Psychiatrist (Part-time)

A. POOL, M.B., Ch.B.

Public Analyst:

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

**CONSULTANT OFFICERS AVAILABLE BY ARRANGEMENT WITH
THE REGIONAL HOSPITAL BOARD :**

Ophthalmic Surgeon:

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

E.N.T. Surgeon:

J. P. FRASER, M.B., Ch.B., F.R.C.S.Glas.

Paediatrician:

MARGARET H. BUSTON, M.D.,
M.R.C.P., D.C.H.

Chest Physician:

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

Psychiatrist:

S. FALK, M.D., D.P.M.

Orthopaedic Surgeon:

M. G. NOTT, M.B., B.S., F.R.C.S.Eng.,
F.R.C.S.Edin.

*Commenced duties φ Ceased duties

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

Gentlemen,

I have the honour and pleasure to present my Annual Report on health conditions in the County Borough of Rochdale and on the work of the Public Health Department for the year 1968.

The Registrar General's estimate of the mid-year population, 86,350, shows a slight drop from the 1967 figure of 86,960. When one looks at the expected natural increase due to the excess of births over deaths, coupled with the known immigration, it is obvious that there is a continuous emigration from the Borough and that the population is more or less static or declining slightly.

The total live births, 1,663, showed a decrease of 47 compared with 1967, with a corresponding fall in the birth rate from 19.7 per 1,000 of the estimated population to 19.3.

Deaths totalled 1,173 with a rate of 13.6 per 1,000 a slight increase over 1967.

There were 41 deaths of infants under one year of age, giving an infant mortality rate of 25 per 1,000 live births, being an improvement on the figures recorded for 1967.

Too much significance must not be attached to these vital statistics, as with a relatively small population such as ours apparently large swings may occur from one year to the next according to chance.

Staff shortages, especially as regards medical officers and health visitors, persisted throughout but in spite of this the volume of work was maintained or even increased whilst its quality remained unimpaired.

Good progress was made in building the new clinic at Smallbridge which was nearly completed at the year's end.

Negotiations with Rochdale Executive Council regarding the provision of health centres were continued throughout the twelve months, but by the 31st December no firm agreement had been reached on the siting of the first project.

On the 3rd July, the Council reaffirmed its decision to fluoridate the public water supplies, but by the end of the year this had not been implemented by the West Pennine Water Board.

Steady progress was made in our efforts to rid Rochdale of slums, a total of 452 houses being represented to the Estates Committee as being unfit for human habitation.

Two new smoke control areas became operative, Falinge and Spotland on the 1st June, and Deeplish and Stoneyfield on the 1st December. Unfortunately, because of financial stringency no smoke control orders were made during 1968 and our goal of a smoke-free town by 1972 has receded until 1975 at the earliest. This means that the inhabitants will be exposed to excessive aerial sewage pollution for a further three years, which can hardly be beneficial to the public health.

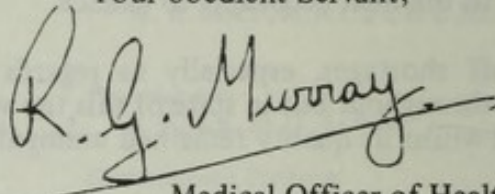
The epidemics of behavioural disorders in our town and in our country, which I have commented on in previous years showed few signs of abating and indeed made advances in a number of directions. I have made these matters the subject of further comment as I feel that they are of the greatest topical concern to all who express interest in the well-being of society. It is surely no coincidence that they have all become prominent during the same period of time, which points to common factors in their aetiology.

We are living in an era of such rapid change that it is possible that some of what I have written may be overtaken by events before it is published, but this is unlikely to alter my basic views and findings.

I should once more like to close by expressing my thanks and paying tribute to all members of the staff of the Department for their excellent and loyal service, to the Council and to the citizens of Rochdale throughout the year. I also wish to thank the Chairman and members of the Health Committee for their unfailing help and support extended to me and the Department, likewise the Chief Officers of the other Departments of the Corporation and their staffs.

I have the honour to be,

Your obedient Servant,

A handwritten signature in dark ink, reading "R. G. Murray". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Medical Officer of Health.

26th September, 1969.

STATISTICS

Year ended 31st December, 1968

Area (in acres)	9,556
Registrar-General's Estimate of Population, mid-year 1968	86,350
Number of inhabited houses	32,515
Number of houses on Corporation Estates at December, 1968	9,745
Number of houses on Corporation Estates at December, 1967	9,535
Estimated sum represented by a Penny Rate	£11,000
Rateable Value	£2,796,380
Estimated expenditure on Health Services provided by Rates	£293,765

	<u>Total</u>	<u>M.</u>	<u>F.</u>
Live Births— Legitimate	1,440 *	718 *	722 *
Illegitimate	223 (13.4%)	124 (14.72%)	99 (12.1%)
	<u>1,663</u>	<u>842</u>	<u>821</u>

*Illegitimate live births per cent. of total live births

Birth rate per 1,000 of estimated population	19.3
Still Births— (31) Rate per 1,000 total (live and still births)	18.2
Total Live and Still Births	1,694

	<u>Total</u>	<u>M.</u>	<u>F.</u>
Deaths	1,173	609	564

Death rate per 1,000 of estimated population 13.6

Deaths from Maternal Causes—(Nil)

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

Death Rate of Infants under one year of age—(41)

All infants per 1,000 live births	25
Legitimate infants per 1,000 legitimate live births	19
Illegitimate infants per 1,000 illegitimate live births	40

Neo-Natal Deaths—(30) Rate per 1,000 total live births 18.0

Early Neo-Natal Deaths—(21) Rate per 1,000 total live births 12.6

	<u>Deaths</u>	<u>Rate per 1,000 population</u>
Cancer (including Leukaemia and Aleukaemia)	210	2.43
Tuberculosis (all forms)	4	0.05
Ischaemic Heart Disease	280	3.24

VITAL STATISTICS

Population

The Registrar General's estimate of the population as at mid-year 1968 is 86,350. This compares with the 1967 mid-year estimate of 86,960 and the 1961 Census figure of 85,785. The estimated drop of 610 in the population poses something of a mystery as the natural increase of births over deaths is 490 and, in addition we received notifications from the Ports of 227 new immigrants coming to Rochdale. It would appear to indicate that some 1,327 people have left the Borough during the year for reasons known only to themselves and not explainable through any existing official statistics.

Live Births

The live births, 1,663, gave a rate of 19.3 per 1,000 of the estimated population, which is slightly less than the rate for 1967, but well above the national figure of 16.9. For the ten years 1958/67 the average birth rate was 17.8 per 1,000.

The proportion of illegitimate births showed a sharp increase over 1967 with 223 this year compared with 196 last year, representing 13.4% and an increase of 1.9%. In the last five years the figure has varied between 9.6% and 11.6%.

Still Births

There were 31 still births recorded as against 24 in 1967 and 37 in 1966.

Infant Mortality Rate

There were 41 deaths registered under one year of age, equal to a mortality rate of 24.65 per 1,000 live births registered, compared with 49 deaths and a mortality rate of 28.65 in 1967.

This is an improvement when compared with the figures for 1967, but as I have said before, in a small population such as ours considerable swings in the infant mortality rate are liable to occur from one year to the next in the normal course of events. Probably a population of at least one million is needed before too much significance can be attached to the various mortality and morbidity rates.

As has been the practice for a number of years, the health visitors and midwives are active in disseminating information regarding the prevention of infant deaths, especially from hypothermia, pneumonia and gastro-enteritis.

Once again it will be seen from Table III Appendix (Page 94) that acute pneumonia is the greatest single cause of infant mortality in children who survive the first week of life. This is a particularly intractable condition in the young infant who may be moribund or even dead before the parent realises that anything is seriously wrong, and transition from apparently perfect health to death may occupy only a few hours.

Premature Births

The following table which sets out the fate of 146 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.

Premature Births during 1968

BIRTH WEIGHT	PLACE OF BIRTH			TOTAL	DEATHS								CHILDREN SURVIVING OVER 3 MONTHS				
	Home	Birch Hill Hospital	Other Hospital		In first 24 hours		24 hours to 7 days		7 days to 28 days		28 days to 3 months		CHILDREN SURVIVING OVER 3 MONTHS			Total	
					B	O	H	B	O	H	B	H	B	H	O		
					H	H	H	H	H	H	H	H	H	H	H		
3 lbs. 4 ozs. or less ..	-	21	1	22	10	1	-	3	-	-	1	-	-	-	7	-	7
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	1	15	1	17	-	-	-	-	-	-	-	-	-	1	15	1	17
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	-	24	2	26	-	-	-	1	-	-	-	-	1	-	22	2	24
5 lbs. to 5 lbs. 8 ozs.	7	72	2	81	-	-	-	1	-	-	-	-	-	7	71	2	80
Totals	8	132	6	146	10	1	-	5	-	-	1	-	1	8	115	5	128

This total of 146 is an increase on that for 1967 of 129 and the percentage of premature births to total live births also shows an increase from 7.6% in 1967 to 8.9% in 1968. These figures again are liable to fluctuation from one year to the next without any obvious reason.

It will be seen that the percentage of premature births under 4 lbs. 6 ozs. shows a further drop from 31.7% to 26.71%.

Although the number of premature births shows an increase over 1967; the survival rate is appreciably better with 87.7% as against 82.2% living more than three months.

The following table sets out Rochdale's experience during the last ten years in respect of perinatal mortality, which represents the total loss of infant life before birth, during birth and during the first week of life.

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
		No. Rate†	No. Rate*	No. Rate*	No. Rate*	No. Rate†
1959	1,349	49 35	39 29	23 17	18 13	67 48
1960	1,364	33 23	42 31	24 17	21 16	54 39
1961	1,466	32 21	30 20	19 13	11 8	43 29
1962	1,608	31 19	35 22	24 15	23 14	54 33
1963	1,565	38 24	28 18	19 12	17 11	55 35
1964	1,592	34 21	36 23	23 14	20 13	54 34
1965	1,608	34 21	57 35	38 24	37 23	71 44
1966	1,620	37 22	26 16	17 10	14 9	51 31
1967	1,710	24 14	49 29	35 20	30 18	54 32
1968	1,663	31 18	41 25	30 18	21 13	52 31

† Rate per 1,000 live and still-births.

* Rate per 1,000 live births.

It will be seen from the above table that the perinatal mortality rate was the same as that for 1966 when the infant mortality rate was the second lowest ever recorded in Rochdale.

Deaths from all Causes

The deaths registered number 1,173 which is a small increase of 16 on the figure of last year – 1,157. This total is made up of 609 male and 564 female deaths.

The general tendency for male deaths to exceed female deaths continues in age groups up to 75. From this point the larger female survival group naturally shows a far greater number of deaths. This is in accordance with the greater expectation of life for females which is approximately 74 years compared with 68 years for males.

The death rate from all causes was 13.58 per 1,000 of the estimated population, as compared with 13.3 in 1967 and an average of 14.6 during the ten years 1958/67.

Table I. Appendix (Page 91) shows comparative mortality rates and birth rates during the past ten years, while Table II. Appendix (Page 92) shows the age and sex distribution, and the causes of deaths in 1968. It will be noticed that several of the causes of death listed have been re-classified by the Registrar General.

Chief Causes of Death

	<u>1968</u>	<u>1967</u>
Cancer	210	220
Cerebro-vascular Disease	156	190
Heart Disease	366	360
Other Circulatory Diseases	63	34
Bronchitis and Emphysema	52	56
Pneumonia (all forms)	113	78
Motor Accidents	17	16
All Other Accidents	25	26
Suicides	10	18

You will notice that I now give no figure for Tuberculosis, as this disease no longer features as a chief cause of death.

Ischaemic Heart Disease (formerly classified as Coronary Disease, including Angina)

This year the greatest single cause of death was ascribed to ischaemic heart disease, with a total of 280 deaths (161 males, 119 females) showing a continuing rise in the figure of attributable deaths, those for 1967 being 264 (157 males, 107 females).

Once again these figures show a greater preponderance of males than females, but the proportionate rise in females is greater. It is significant, however, that the number of deaths ascribed to this condition is much higher in middle age amongst men than women. Between 45 and 65 years there were 57 deaths in men and 15 in women, i.e. almost four times as many fatal attacks.

The exact aetiology of ischaemic heart disease remains unknown, it is probable that there is no single causative factor and that an acute attack is precipitated by a number of contributory elements. The most generally postulated pre-disposing causes are — (a) constitutional; (b) sedentary ways of life with little regular exercise; (c) excessive cigarette smoking, which is becoming increasingly incriminated; (d) diets rich in animal fats; (e) over-eating with resulting over-weight; (f) stress and strain of modern life. It is probably not too far-fetched to assume that the number of deaths from ischaemic heart disease is related to the ever-increasing numbers of motor cars and television sets.

In the light of existing medical knowledge the best advice which can be given regarding prevention, most applicable to men of middle age, is moderation in eating, drinking and smoking, avoid becoming overweight and take regular moderate exercise.

Cerebro-vascular disease, which is the third largest cause of death, may also, at least in part, be attributed to similar origins in so far as the middle-aged are concerned, as the degenerative processes may affect either the vessels of the heart or the brain.

Respiratory Diseases

This group of diseases caused 189 deaths as compared with 153 in 1967 and 212 in 1966. Pneumonia caused 115 deaths (78), bronchitis 52 (56), influenza 5 (8), tuberculosis 3 (3), asthma 2 (-), other respiratory diseases 14 (12). Figures for 1967 in brackets.

No fewer than 87 of the pneumonia deaths took place in persons aged 65 years and over, in many of whom it was a terminal event where the underlying cause was really old age.

There was no widespread influenza epidemic in 1968 and this undoubtedly was a factor in the low death rates from these diseases.

Cancer

Deaths classified to this cause (including leukaemia and aleukaemia) and shown in the age groups below number 210 (males 123, females 87) as against 220 in the previous year.

	Total deaths	Under 15 years	15-44 years	45-64 years	65 years and over
Year 1968	210	-	12	78	120
Year 1967	220	5	11	60	144

These figures show a slight decrease in total deaths due to cancer compared with 1967. Deaths ascribed to cancer of the lung and bronchus, however, remain almost the same with 57 this year and 56 in 1967, no fewer than 53 of these being in males of whom 24 were under 65 years of age.

There was only one death from leukaemia, an adult aged between 35 and 45 years.

The following table shows the tremendous change which has taken place in the expectation of life during the last fifty years. It will be noted that no really significant percentage of deaths now occurs below the age of 45 years and that the percentage of deaths over the age of 65 years is rising steadily. It will also be seen that in 1907 almost one third of the deaths occurred in people under 15 years of age, whereas in 1968 the proportion has been reduced to one twentieth.

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

Age Groups	1907	1917	1927	1937	1947	1957	1967	1968
Under 15 years	32	22	14	6	9	5	5	5
15-45 years	} 45	17	13	13	6	4	4	4
45-65 years		29	33	32	24	23	23	24
65 years and over ..	23	32	40	29	60	68	68	67

Comparative Mortality and Birth Rates

	Death Rate All Causes per 1,000 of population	Live Birth rate per 1,000 of population	Infant Mortality per 1,000 live births
ROCHDALE	13.6	19.3	24.7
Average 12 neighbour- ing manufacturing towns	13.7	18.0	23.3
Administrative County of Lancaster ..	12.3	17.3	19.4

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, 1968 was as follows – men 764, women 129, making a total of 893. The corresponding figures in 1967 were – men 918, women 449, making a total of 1,367. Of these, however, an average of 15 were temporarily unemployed, i.e. on 'short-time'.

I am also informed that in the middle of 1968 there were approximately 48,101 insured persons (29,189 men and 18,912 women) in employment in the area.

MORBIDITY

The Department continues to receive from the Manager of the Local Office of the Department of Health and Social Services a weekly return of the figures of new claims to sickness benefit. There has been no change in the form of records which cover an area including the postal districts of Whitworth and Milnrow, as well as Rochdale itself.

Loss of work due to sickness for 1968 was very similar to that experienced in 1967.

GENERAL PROVISION OF HEALTH SERVICES

Clinic and Treatment Centres

The hours of clinic sessions and the situation of centres are set out below :

	Mon.	Tues.	Wed.	Thurs.	Fri
I.—Child Welfare					
(A) Deeplich Clinic Harefield House ..	10—12 noon 2— 4 p.m.	—	—	—	—
(B) Spotland Clinic, Phoenix Street	—	10—12 noon 2— 4 p.m.	—	—	—
(C) Council Offices, Norden	—	—	—	2—4 p.m.	—
(D) Baillie St. Council School	—	—	2—4 p.m.	2—4 p.m.	10—12 noon
(E) Castleton Clinic Hillcrest Rd., Castleton	—	—	—	—	2nd & 4th in each mth. 10—12 noon 2— 4 p.m. weekly
(F) Matthew Moss Youth Centre Matthew Moss Lane ..	—	—	—	—	1st & 3rd in each month 10—12 noon
(G) Bamford Working- men's Club	—	—	—	1st & 3rd in each month 10—12 noon	—
(H) Kingsway Clinic, Turf Hill Road. . . .	2—4 p.m.	—	—	2—4 p.m.	—
(I) Kirkholt Community Centre ..	—	2—4 p.m.	2—4 p.m.	—	—
II.—Ante-Natal					
(A) Baillie St. Council School	2—4 p.m.	—	—	—	—
(B) Kirkholt Community Centre ..	—	—	—	2—4 p.m.	—
(C) Spotland Clinic, Phoenix Street	—	—	—	—	2—4 p.m.
III.—Relaxation Class					
(A) Baillie St. Council School	7—8 p.m.	—	—	7—9 p.m.	—
(B) Kirkholt Community Centre ..	6-45-8-30p.m. fortnightly	—	—	—	—
(C) Spotland Clinic Phoenix Street	6-45-8-30p.m. fortnightly	—	—	—	—
IV.—Family Planning Clinic (Baillie St. Council School)	—	2—4 p.m.	7—8 p.m.	—	—
V.—Cervical Cytology Clinic (Baillie St. Council School)	—	5—7 p.m. fortnightly	—	—	—
VI.—Clinics Provided by the Education Committee—	See page 100				

Administration and Co-ordination

In general, administration within the Department continued on the lines described in previous Reports.

A good standard of co-operation exists between the Health Services in the town. There is considerable cross-representation in committee membership between the Local Health Authority, the Hospital Management Committee and the

Rochdale Executive Council. In some ways, more important, there is close working between the officers of the various statutory bodies and a growing understanding of the part which each has to play and the problems with which they are faced. There is also a high degree of co-operation between the various Chief Officers and Departments of the Corporation.

The policy of liaison and co-operation with family doctors was maintained during the year with the attachment of a district nurse to each of two partnerships and the attachment of a midwife to one of them, also health visitor liaison with four practices. Further details are given in the relevant sections of the Report.

It would appear logical that the future of the domiciliary health services, whether General Practitioner or Local Health Authority, should lie in the direction of complete integration, both in the field and at administrative level, and this appears to be the policy behind the Minister of Health's Green Paper on the Structure of the Health Services.

1968 – YEAR OF REPORTS

During 1968 local authority thought and action were dominated to an unusual degree by ministerially inspired Reports. Thought and discussion may have been stimulated, but at the 31st December we were still looking for signs of decision or action emerging from the maze of verbiage.

The Green Paper, initiated by the then Minister of Health, and the Report of the Committee on Local Authority and Allied Social Services (Seebohm Committee) were published, by strange coincidence, on the same day in July. At the end of the year local authorities were occupied with a mixture of expectation and apprehension in 'waiting for Maud' – The Report of the Royal Commission on Local Government in England (Chairman – Lord Redcliffe-Maud).

The Minister's Green Paper was issued as a basis for discussion only and not as a firm foundation for legislation. It proposed a unified Health Service administered by 40 to 50 Area Boards, consisting of fifteen or sixteen members appointed by the Minister. These Boards would administer the health services at present provided by Regional Hospital Boards, Boards of Governors and Hospital Management Committees, National Health Service Executive Councils and Local Health Authorities.

The Paper engendered so much opposition from Local Health Authorities, Executive Councils, Hospital Boards and Committees, and from representative professional organisations that the Minister's successor withdrew it and is, I understand at the time of writing, engaged in formulating alternative proposals.

The Report of the Seebohm Committee was, to put it mildly, both specious and tendentious, and pronounced in an uncritical and partisan way in favour of the somewhat nebulous profession of social work.

Although its terms of reference allowed it to investigate and to analyse censoriously much of the work of health departments, it was unbalanced in its constitution for such a task and overwhelmingly weighted in favour of sociology and

hence social work. The membership did not include a single medical officer of health, but this did not prevent unfavourable comment on services administered by medical officers of health. It is easy for those who do not have to bear the heat and burden of the day to be critical of those who do. There is no doubt that an equally distinguished body loaded with advocates of the Medical Officer of Health would have come to many different, but equally valid conclusions.

If the Report were fully implemented it would mean the dismemberment of local authority health departments and the virtual destruction of the Local Health Authority as it at present exists, and under which guise Local Government has achieved a great deal for the people of this country as the most cursory glance at the mortality and morbidity statistics since the turn of the century will reveal. Referring to local authority health departments, the Report states – “Our recommendations would remove half their staff and a substantial part of their budget, contacts and interests”. The remaining rump would be scarcely viable as an independent effective unit and would be ripe for takeover by an Area Board or other form or organisation perhaps more remote and less subject to democratic control.

Implementation would mean, briefly, the removal of the following services from health departments and their incorporation into departments of social work, unless otherwise stated:—

Mental Health

Mental Welfare Officers
Adult Training Centres
Hostels for the Mentally Disordered
Junior Training Centres (to Education Departments)

Maternal and Child Health and Welfare

Day Nurseries
Play Groups
Child Minders
Unmarried Mothers and their Children

Home Help Service

Child Guidance Service

(from Education Department to Social Work Department – at present partly responsible to M.O.H./Principal School Medical Officer).

In particular, I view the sundering of community mental health from the other health services as being especially potentially disastrous.

Since the Report was published positions have been taken up and attitudes have hardened between those who look upon themselves as owing allegiance to ‘Social Work’ on one side and to ‘Health’ on the other. Extravagant claims have been advanced by the one which have been firmly rebutted by the other, followed up by counter-claims.

As it is essentially 'Health' which is under attack by the Committee we would be less than human if we did not defend ourselves, even if sometimes one gets the impression that the new heresy is to criticise the gospel according to Seebohm.

I freely admit that for many of the disorders which I describe I can offer no immediate or easy remedy, but then, if they are honest, neither can the social workers.

The Report admits that in 1967, 43% of all social workers were unqualified and only 22% were considered to be fully professionally qualified, but this has not prevented a leading sociologist from commenting that the decision not to amalgamate social work with health is justified because of "the lack of suitable training and experience on the part of medical officers".

The implication that social workers know more about social conditions than medical officers of health is manifestly false and probably directly opposite to the truth in many cases.

No doubt the health and social services are in need of review and reorganising, but this would be better based on a more objective and representative report than that of the Seebohm Committee.

HEALTH CENTRES

Negotiations continued throughout the year between the Local Health Authority and Rochdale Executive Council regarding the provision of health centres within the County Borough.

Following the decision of Council not to proceed as intended with the Caldershaw Development, it was ultimately agreed, although with extreme reluctance, by the Local Health Authority that the proposed Norden Health Centre should be postponed indefinitely.

At the end of the year the site of the first health centre to be built remained undetermined, although it appeared likely that it might be at Sparthfield, in view of the firm interest shown by general practitioners in the vicinity to practice from a centre in this situation.

A health centre in Baillie Street remains a high priority for the Local Health Authority.

It is very disappointing that these negotiations have extended over such a long period of time, but it is vital to secure unanimous agreement from all parties before a definite decision in respect of a building site is taken.

HOSPITALS

I am grateful to Mr. G. R. Eastwood, Group Secretary to the Rochdale and District Hospital Management Committee for the following comments:—

“The year 1968 has again been one of steady progress for the hospitals in the Rochdale Group, despite the most stringent financial restrictions.

During the year part of a medical ward was converted into a Cardiac Care Unit. This unit is now fully equipped to deal with most cardiac emergencies. It was equipped with money from the ‘Rochdale Observer’ appeal.

The Bateman Centre for Postgraduate Medical Studies was opened during the year. It provides facilities for all grades of medical and dental staff to pursue their studies and has been fully used since the opening in October. Dr Cauchi, Deputy Medical Officer of Health, is a member of the Executive Committee of the Centre.

The extension to the Maternity Unit is moving ahead very well and should be ready for patients in June, 1969. The need for more maternity beds has been for a long time an urgent requirement in Rochdale. We are pleased that at last the extra twenty eight beds which the new wing will provide are soon to be available for the community we serve.

At Birch Hill Hospital a new Physiotherapy Department is being built. This, too, is nearing completion. The facilities in the new department will be of considerable advantage to both patients and staff. It also means that the second part of the operating theatre development will be able to go ahead when the old department is transferred to the new one.

Through the generosity of the Rochdale and District League of Hospital Friends a new sun lounge has been provided at Marland Hospital. This most welcome gift is much appreciated by patients and staff and is yet another example of how our hospitals are constantly being improved by our friends in the Rochdale area.

An urgent requirement in this Group is a new Accident Department and we hope that work will soon start at Rochdale Infirmary on a new building to replace the existing facilities. Other improvements in hand at the Infirmary are a new Physiotherapy Department and a second bed lift.

The Rochdale School of Nursing trains student and pupil nurses for registration and enrolment respectively. The Nurse Training Unit is an important part of the Group and improvements to the Unit will soon commence. Training of staff plays an important part in the work of our hospitals and as well as nurses we train midwives for both parts of the Central Midwives Board examinations at Birch Hill Hospital. The Group has a school for student radiographers, and training

is provided for student cardiographers and laboratory technicians. The Group also participates in the training of student medical social workers.

Through our liaison committees a close link between the Hospital Group, Local Health Authorities and General Practitioners has been maintained.

The fact that the Medical Officer of Health is a member of the Hospital Management Committee is invaluable in the maintenance of close liaison between the Hospital Group and the Local Health Authority.

The Medical Officer of Health acts as part-time lecturer both to the Midwifery Training School and the General Nurse Training School, and is also Chairman of our Nursing Education Sub-committee."

LABORATORY FACILITIES

Throughout the year the bacteriological examination of Milk, Water and Ice-Cream, as well as routine specimens of faeces, urine, etc. obtained by officers of this Department, has been carried out at the Public Health Laboratory at Withington Hospital, Manchester.

Individual specimens from hospital and general practitioners' patients are still referred to the local hospital laboratories, from which information of epidemiological importance is passed to the Medical Officer of Health and to the Public Health Laboratory Service.

The chemical analysis of water, as well as milk and foodstuffs, taken under the Food and Drugs Act, is performed by the Public Analyst. In addition, any casual analyses are also referred to this Officer.

The Keeper of Entomology, Manchester Museum, has also been helpful in the identification of insects and in supplying their life history, and the assistance of the Acoustics Department at Salford University has been sought on occasions during the year.

HOME NURSING

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

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

At the end of the year the staff of the Home consisted of the Superintendent, one Assistant Superintendent, ten trained female District Nurses, one trained male District Nurse, two female student State Registered Nurses, four female State Enrolled Nurses and five female part-time District Nurses.

During the year 90,883 visits were paid to 4,075 patients, compared with 83,406 visits to 3,177 patients in 1967. Of these, 3,276 were new patients, most of whom were referred by General Practitioners, but some were sent by hospitals, clinics and the Public Health Department. This shows an increase of some 7,477 visits and 820 patients over 1967.

Among these 4,075 patients, the following are the main groups of conditions treated:—

	1968	1967
Anaemias	658	646
Post-operative dressings	565	495
Accidents	218	123
Ear, Nose and Throat conditions	172	114
Senility	141	132
Gynaecological conditions	133	125
Respiratory infections	116	162
Arthritis and rheumatism	99	55
Cancer	98	97
Cerebral lesions	91	99
Cardiac Diseases	61	75
Gastro-intestinal disorders	53	265

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

Patients on books 1st January	799	721
New patients during the year	3276	2456
Total nursed	4075	3177
Total discharged	3185	2378
Remaining on books 31st December	890	799

Method of Discharge

Convalescent	...	...	...	...	...	2061	1343
Removed to hospital	...	...	...	...	...	318	361
Relieved	...	...	...	...	...	621	487
Died	...	...	...	...	...	194	187
Total visits paid to 4,075 patients	...	...	...	...	...	90883	
Total visits paid to 3,177 patients	...	...	...	...	...		83406

Included in the above figures are the following patients who suffered from infectious diseases:—

	1968		1967	
	Patients	Visits	Patients	Visits
Tuberculosis	96	7,869	98	7,364
Venereal Disease	19	412	-	-
Others	15	33	32	351
	<u>130</u>	<u>8,314</u>	<u>130</u>	<u>7,715</u>

Of the total visits, 1,848 were paid to 563 children under five years of age.

The figures show a further marked increase in the volume of work done with 820 patients more than in 1967 and 7,477 more visits.

No fewer than 1,580 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. A total of 36,815 such visits were made during the year.

It is also interesting to note that 1,629 of the total patients were over the age of 65 and they absorbed 55,889 visits, or 61.4% of the total visits.

The evening clinic for injections which is held at the Nurses' Home for the benefit of patients who work during the day continues to be well attended and averages 15 patients at each session.

Disposable equipment such as dressings, towels and syringes continue to be used and saves a great deal of the nurses' time.

The Laundry Service also continues to play a very important part in the essential work of domiciliary nursing and from figures given in the section dealing with Prevention, Care and After-care, it will be seen that the demand continues with so many incontinent patients being dealt with in their own homes. In addition, incontinence pads, pants and disposable linings are available. These provisions are very much appreciated and certainly advantageous from the nursing point of view.

The two District Nurse/General Practitioner Attachments which commenced in 1967 continue to work satisfactorily. A considerable number of patients have been attended to by the district nurses in the surgeries for various types of treatment such as injections, dressings etc. These attachments appear to have increased the nurses' case loads, also their travelling time. Nevertheless, it is hoped the patients are receiving a better service.

The following table shows the work carried out at these two group practices:—

	Spotland		Wellfield	
Sessions	196		250	
Patients – New	871		500	
	481	1352	682	1182
Attendances – New	871		500	
	1350	2221	1911	2511
Re-visits				
Injections	1236		1547	
Dressings	639		674	
Others	346		290	

Early in 1968 the Ministry of Health gave approval to the Rochdale County Borough for the continuation of the District Nurses' Home as a training centre for district nurse training for the National Certificate in District Nursing.

The training of District Nurses continued throughout the year and, in addition to the visits mentioned above, 777 teaching and supervisory visits were undertaken. This figure shows a reduction on that for 1967 when 1,659 such visits were undertaken, but this is in compliance with the latest Ministry instructions for district nurse training. Eight candidates completed their training during the year at the Nurses' Home.

A considerable amount of time is taken up by advisory visits to the Local Authority's Homes for the Aged, a total of 246 having been paid by the nurses.

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 of the Superintendent at refresher courses and conferences, keeps the service up-to-date with all modern advances.

The Medical Officer of Health is a member of the Panel of Examiners for District Nurse Training and from time to time is called upon to take part in examinations.

MATERNITY AND CHILD HEALTH SERVICE

Notification of Births – Public Health Act, 1936

There were 1,646 births notified, all by midwives. This figure included 1,355 occurring at Birch Hill Maternity Home and other hospitals, classified to Rochdale.

Health Visiting Service

1968 has been a very active year in which there has been a welcome interest in health visiting. In response to an energetic recruitment drive, four students commenced training in September at the Bradford, Bolton and Manchester Training Centres. This is the highest number of student health visitors ever sponsored by this Authority.

Two newly qualified health visitors were appointed from courses in Aberdeen and Manchester, replacing two health visitors who left the area. This enabled the ratio of 60% of the establishment of health visitors to be maintained.

Public health nurses provided valuable assistance to the health visitors and prospective student health visitors gained insight by working in this capacity before commencing training.

The case loads of health visitors continue to be based on geographical areas, and remain very heavy. It is hoped to attach one health visitor, already working in a very successful liaison scheme, to a group practice during the coming year.

General practitioners are visited regularly by four health visitors and interest in attachment schemes may grow as a result of the experimental scheme. This closer working relationship with general practitioners has enabled them to appreciate the skills of the health visitor which can be used to assist all the families in their practice who require her professional expertise.

It was very encouraging to be invited to take part in a series of three meetings arranged by the Rochdale Division of the British Medical Association to discuss the 'Problem Family' and to be able to explain the function of the health visitor.

A Field Work Instructor has been appointed to undertake practical training of student health visitors. Two students are at present receiving field work training, the first students to train in Rochdale since the new syllabus was introduced by the Health Visitor Training Council. Co-operation with other departments of the Corporation is very much appreciated and has enabled a comprehensive training to be given to the students.

The following table shows the way in which the health visitors have spent their time:—

Visits to ante-natal cases	215
Primary visits to live births	1637
Visits to children born 1968	4270
Visits to children born 1967	4519
Visits to other children under 5	8837
Visits re stillbirths	20
Miscellaneous enquiries (neo-natal and others)	84
Other miscellaneous visits —	
Visits to school children	1300
Visits to persons 65 years and over	54
Visits to mentally disordered	53
Visits to hospital discharges	78
Visits to cases of infectious disease	29
Other cases	104
Unsuccessful visits	2328
Total	<u>23528</u>

Sessions:

Local Authority clinics	939
Hospital units	215
General Practitioners' surgeries	110
School Health Service	521
Total	<u>1785</u>

In addition, the following work was carried out by the tuberculosis visitor:—

Visits	821
Unsuccessful visits	153
Hospital units	311

The reason for the increased number of visits to mentally disordered persons, 53 compared with 7 for 1967, was that during the last three months of the year assistance was given to Mr. Wainman, Mental Welfare Officer, who had to run this section single-handed.

Screening Tests of Hearing

In-service training of recently qualified health visitors was arranged in conjunction with the Audiologist.

Appointments are made for mothers to attend special sessions at the child welfare centres, where screening testing of hearing is carried out on young children between the age of seven and twelve months whose names appear on the 'at risk' register, and older children who are not speaking or for some other reason may have a hearing loss.

Children who fail the test are referred to the Assistant Medical Officer and, if necessary, to the Audiologist for further investigation, and they may eventually be seen by the Consultant Ear, Nose and Throat Surgeon.

From many disciplines students have visited the department and accompanied health visitors. The Superintendent and one health visitor took part in an 'In-Service' Study Course for Residential Care Staff of Rochdale, Oldham and Burnley.

Requests from voluntary organisations for speakers on health topics have been received and are referred to in the relevant section.

Many immigrant mothers and children have joined their husbands, presenting increasing language difficulties. The Interpreter continued to assist in this problem.

Very young parents in the 16 to 18 age group are increasing. Whilst the majority of these young people are intelligent and conscientious, in some instances one or both may be immature, therefore concentrated visiting is required.

Many illegitimate babies are remaining in the family, bringing individual problems both to the family and to the child. Supportive services such as a day nursery or suitably registered day minders to relieve the stress of the family are sadly lacking, and health visitors keep in touch with these families to ensure that help and guidance are available.

The publication of the Seebohm Report has given cause for concern. It is difficult to understand how social problems and health problems, which are so often inseparable within a family, can be divorced from each other.

The health visitor, often the first and only trained person visiting a family, is in a unique position to assess its inherent strength and weakness. It is unfortunate that she is not always able to share the responsibility of supporting families, which she finds require intensive case work, with other colleagues, in order to allow her to continue her surveillance of the whole population at risk. Every effort must continue to be made to improve liaison with other social work agencies through individual discussions, meetings of field workers concerned with a particular problem and case conferences, so as to give supportive help to those in need. The separation of Health and Social Work Departments, with partial dismemberment of the former, would seem likely to segregate the two groups of workers even further.

'At Risk' Register

The register of children 'at risk' continued to be kept throughout the year. In spite of limiting the criteria by which children are included in this register from the 1st January, 1968 the number has increased by 130. This takes into account those children who were considered suitable for removal from the register at the end of 1967.

At the 31st December, there were 688 children on the register and 532 of these were under two years.

Congenital Malformations

The scheme for reporting congenital defects apparent in infants at birth to the Medical Officer of Health, which was brought into operation on the 1st January, 1964, on instructions from the Ministry of Health, was continued.

Particulars of these children, not stillborn, are entered in the 'at risk' register, using a card of different colour from the other cases for easy identification. In addition, a return is made each month to the Registrar General of children notified as suffering from congenital defects at birth. These children are kept under observation by officers of the department and advice is given or action taken as necessary.

During 1968, 31 infants were notified to the Medical Officer of Health as suffering from congenital defects observed at birth. This figure includes both live and still births.

A recent survey carried out by the Registrar General's Office indicates that the system of ascertainment and notification in Rochdale is most efficient, as we were classified in the highest group of local health authorities, with 90% to 100% notifications of a certain major congenital defect during 1966.

Child Health Clinics

Child Health Clinics continued to function at the various Centres throughout the town without any change in the programme.

CLINIC	New Cases admitted during 1968	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		Year of Birth 1968	Year of Birth 1967	Year of Birth 1964-6		
Deeplish * (Monday)	241	1690	1485	725	40	2150
Spotland * (Tuesday)	176	1055	877	911	28	1236
Baillie Street (Wednesday)	251	1249	929	522	54	1081
Baillie Street (Thursday)	150	954	545	395	38	703
Baillie Street (Friday)	126	889	722	426	42	765
Norden (Thursday)	107	626	500	683	36	639
Bamford (Thursday) 1st & 3rd each month	43	277	281	294	36	364
Kirkholt (Tuesday)	44	295	223	415	19	13
Kirkholt (Wednesday)	130	615	601	800	41	948
Kingsway (Monday)	162	867	922	508	47	1056
Kingsway (Thursday)	66	575	348	267	24	-
Castleton * (Friday) 2nd, 4th & 5th each month, all day. 1st & 3rd each mth. p.m.	137	782	924	832	36	1077
Matt.Moss (Friday) 1st & 3rd each mth.a.m.	52	418	506	518	60	446
Totals	1685	10292	8863	7296	-	10478
Totals 1967	1630	10114	9412	6222	-	9960

* Two Sessions

Attendances show a slight increase on those for the previous year, having risen in total from 25,748 to 26,451. The total number of examinations made by the Medical Officers rose from 9,960 in 1967 to 10,478 in 1968.

Care of Premature Infants

There were eight premature babies born at home during 1968. Dr. Buston continued to hold her Premature Baby Clinic in the Health Department, where premature babies born at home have been seen monthly for six months and then at nine and twelve months. Vaccinations and immunisations are also carried out on these children at this clinic.

Young Wives' Club

Fortnightly meetings of the Club continue to be held at Deeplich Clinic. Membership remains steady, the average attendance at meetings being around 25. An interesting programme is planned by the Committee. The Superintendent Health Visitor takes an active interest and is President of the Club.

Bureau of Baby Sitters

The bureau of baby sitters, established in 1964, continued to provide a useful service throughout 1968. For the purpose of operating the scheme the town is divided into five areas and lists of baby sitters in each area are held in the Department. Parents of young children wishing to avail themselves of the services of a baby sitter are advised to apply to the Health Department for a list appropriate to their place of residence and then to make the necessary arrangements themselves. A charge of 1/-d. is made for each list provided, to cover administrative costs.

Payment for service provided is left to mutual agreement between the baby sitter and the couple concerned, but a minimum charge of 2/6d. per hour is recommended.

At the end of the year 29 persons were registered as baby sitters and 549 lists had been issued, including 91 in 1968.

The service was advertised in the local press during the year.

Adoption Agency Case Committee

An Adoption Case Committee was appointed to undertake the adoption agency work through the Children's Department and the Superintendent Health Visitor was appointed to represent the Health Department.

Domiciliary Midwifery Service

Throughout the year Dr. R. S. Gibson continued the duties of Medical Supervisor of Midwives, whilst Miss A. M. O'Sullivan acted as Non-medical Supervisor.

There were several changes in the midwifery staff. Mrs. Gunn had maternity leave commencing in June and Mrs. P. Tomlinson who had previously been on the staff returned to duty with the Authority at that time. Unfortunately, Mrs. Carr went on sick leave in August and had not returned to duty at the end of the year. Miss Stott resigned to take Health Visitor training in September and Mrs. C. Hargreaves was appointed in a temporary capacity early in December.

Pupil midwives have continued to come to us from Birch Hill Hospital for their Part II training on the district. During the year 11 pupils underwent training, of whom six were successful in passing the final examination.

Ante-Natal Clinics

An ante-natal session for domiciliary confinements continued to be held weekly at the Baillie Street clinic on Monday afternoons. Owing to the shortage of medical staff this session was conducted by a medical officer on the staff of the Rochdale Hospitals Group.

After the first visit to the central clinic, patients living in the Kirkholt and Spotland areas have continued to attend Kirkholt clinic on Thursday afternoons and Spotland clinic on Friday afternoons for their re-visits.

All patients attending the ante-natal clinics received blood tests during pregnancy. The tests which are done routinely are for the Rhesus Factor, serology and haemoglobin estimations. Rhesus negative women have their blood tested at 28 and 32 weeks approximately for antibodies. The results of the tests are notified to the patients' general practitioner. Those showing a markedly reduced haemoglobin content are referred for treatment.

At each clinic visit the patient is weighed, her blood pressure taken and her urine tested. Clinic defaulters are followed up and examined at home by the midwives if necessary.

Both infant mortality and perinatal mortality showed a small decrease compared with 1967, but both are above the national figures. This is a constant finding for the industrial conurbations of the North West of the country and there are a number of possible contributing factors—social, medical and climatic. Once more I should like to emphasise to all expectant mothers the extreme importance of early and regular ante-natal supervision throughout their pregnancies, whether this be obtained from their own general practitioner, the hospital ante-natal clinic or the local authority ante-natal clinic. Unfortunately, there is a small minority who fail to place themselves under regular supervision and from time to time a tragic loss of infant life occurs, which might possibly have been avoided had professional supervision been sought. The responsibility for the initial approach to the health services and for regular attendance thereafter rests entirely with the woman herself. If she fails to make full use of what is provided no blame can be attached to the medical or nursing professions.

The Report on Perinatal Mortality, produced by the National Birthday Trust Fund in 1963, showed that rather more than half of the women surveyed failed to book before the sixteenth week and in this group mortality was much higher than in those who had booked earlier. In those who did not book at all the perinatal mortality was five times greater than in the overall population.

Patients to be confined at home, or at Birch Hill Hospital, have the opportunity to attend ante-natal relaxation exercise classes. These classes continue to be held twice weekly at the central clinic and on alternate Monday evenings at the Kirkholt and Spotland clinics. During the year 142 sessions for relaxation exercises were held at which 243 women made a total of 1,073 attendances. At the re-visit a health visitor attends to conduct informal discussions and health education. These classes have become very popular, especially because the patients have time to talk informally about their worries.

The following table shows the visits the midwives have carried out:—

	<u>1968</u>	<u>1967</u>
Cases delivered	289	421
Subsequent visits	4047	4562
Continuation visits to hospital patients	5503	4402
Ante-natal home visits	2524	3257
Ante-natal clinic visits	417	378

The domiciliary deliveries noted above represent 17.6% of the total births in the town.

There were 288 hospital delivered cases discharged home within three days of delivery compared with 277 in 1967.

It will be seen that as the percentage of hospital confinements increases there is naturally a corresponding decrease in home deliveries, but this is balanced by a corresponding increase in continuation visits to patients who have had their babies in hospital.

All midwives have machines for the administration of Trilene analgesia. Trilene was administered in 235 cases and Pethilorfan in 168 cases.

The following cases were reported by the midwives as having been admitted to hospital during confinement, although they had started to look after them in their own homes.

Post Maturity	7	Adhered placenta	3
Delay in first stage	5	Premature labour	3
Premature rupture of membranes	5	Medical reasons	3
Breech	4	Toxaemia	2
Transverse lie	4	Foetal distress	2
Ante-partum haemorrhage	3	Delay in second stage	1

The following cases were reported by the ante-natal clinic as having had their bookings changed from home to hospital during the ante-natal period. These exclude those who came to book for home delivery, but who were advised at the time to have hospital delivery:—

Social circumstances	10	Ante-partum haemorrhage	2
Low haemoglobin	6	Medical reasons	2
Multipara	5	Primigravida	1
Toxaemia	4	Post-maturity	1
Breech	4		
Transverse lie	3		

The following table shows the attendances at the ante-natal clinics:—

	L.A. Clinic	Hospital Clinic
Expectant mothers attending (new cases)	408	1560
Attendances (old and new cases)	2,560	11,601

Unbooked Cases

During 1968 there were only two unbooked cases and both had normal deliveries, one resulting in a live birth and one in a stillbirth.

Post-Natal Clinics

The post-natal clinic continues to be held at the Infirmary Out-patient Department. This clinic is attended by the Consultant Obstetrician and Gynaecologist, and is designed for patients who have had hospital confinements. Mothers who have their babies at home are expected to attend their general practitioner for their post-natal examination.

	Hospital Post-natal Clinic
New cases	928
Attendances	928

Maternal Mortality

There were no deaths recorded by the Registrar General in 1968 as due to maternal causes.

The following table shows the comparative maternal mortality rates:—

AREA	1968	1967	Average 5 yrs. 1963-67
ROCHDALE	NIL	NIL	NIL
Average 12 neighbouring manufacturing towns	0.17	0.32	0.26
Administrative County of Lancaster	0.23	0.16	0.26

The last maternal death recorded in Rochdale was in 1960.

Standard Maternity Record Cards:

These cards, introduced on the 1st January 1964 on the advice of the Ministry of Health, continued to be used throughout the year.

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 catchment area. Six calls were made upon the service to Rochdale patients during the year, four by midwives and two by general practitioners.

Maternity Home

The number of women admitted to the Maternity Home at Birch Hill Hospital for confinement was 1,293, in comparison with 1,213 in 1967.

The number of babies born in hospital and classified to Rochdale was 1,355 live births and 28 still births.

Medical Assistance

Midwives practising in the district requested the service of a medical practitioner in 103 maternity cases and in 25 cases for newly born children. The corresponding figures last year were 113 and 17 respectively.

Maternity Outfits:

Sterilised accouchements outfits continue to be supplied free of charge to expectant mothers when having their confinement at home. These outfits, of the standard prescribed by the Department of Health, are available at the ante-natal clinics or through the domiciliary midwives. During the year 341 outfits have been issued. These outfits are of inestimable benefit in reducing the risk of infection in home confinements.

Puerperal Pyrexia:

This condition ceased to be notifiable from the 1st October, 1968 under the Health Services and Public Health Act, 1968 but from the 1st January to that date one case was notified by a General Practitioner. The District Nursing Service took it over immediately and a satisfactory recovery was made.

Ophthalmia Neonatorum:

No cases were notified during the year.

Distribution of Welfare Foods:

Distribution has continued at the various child welfare clinics during clinic sessions and at the Public Health Offices, Baillie Street during office hours (with the exception of Tuesday afternoon) and on Saturday mornings.

The distribution centres are staffed by three female assistants, two full-time and one part-time.

	Distribution					1968	1967
National Dried Milk	13,137	22,960
Cod Liver Oil	1,527	1,983
Orange Juice	24,263	26,668
Vitamin Tablets	1,018	1,314
Proprietary Brands Milk Foods	19,137	14,547
Rose Hip Syrup	16,960	17,514

The proprietary brands of milk and rose hip syrup are offered through the clinics at concessional prices. A variety of cereal foods, Adexolin etc., is also supplied through the clinics.

As in the previous year there was a considerable decrease in the distribution of National Dried Milk – 9,823 packets. This is undoubtedly due to the continuation of the practice introduced in 1967 for children born in Birch Hill Hospital to be fed on 'Cow and Gate'. This is reflected in the increase of 4,590 in sales of Proprietary Brands, particularly 'Cow and Gate'.

Nurseries and Child Minders Regulation Act, 1948:

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

In this latter category, throughout the year five persons were so registered.

In the former category, three premises were registered at the beginning of the year, two being nurseries attached to cotton mills in the town, the other being a play centre run by the Education Department for the Further Education Centre, having 20 places. In addition, application was made and registration took place for a play centre with ten places at Franciscan House.

The two industrial nurseries were registered for the accommodation of 180 children. During the year 114 children were admitted to them and 104 left, 102 children being in attendance at the end of the year.

The matrons of the factory nurseries submit a quarterly report on the children and the medical officer in charge of child health, together with the Superintendent Health Visitor, pay a visit of inspection to each nursery at three-monthly intervals.

Opportunity is taken at all the visits to enquire regarding the immunisation of the children against diphtheria, whooping cough, tetanus, poliomyelitis and measles, and for those children who are not already immunised arrangements are made for them to attend the child welfare centres to have this completed.

The weekly menu is inspected and discussed.

All new members of the staff are now required to have satisfactory chest X-ray reports and all staff are required to have a repeat chest X-ray examination every three years. This is in accordance with Ministry of Health Circular 18/1967.

One factory nursery has its own visiting medical officer who is the general practitioner associated with the parent mill. He makes regular visits to carry out routine examinations of the children and to see any presenting problems. At the other this work is carried out by a medical officer of the Rochdale Industrial Health Service.

Health Services and Public Health Act, 1968:

Section 60 of this Act amended the Nurseries and Child Minders Regulation Act, 1948 and was brought into operation on the 1st November, 1968.

With effect from that date the scope of the 1948 Act is extended to include premises in which children are received for a total of two hours or more in the day and persons, who, in their own houses and for reward look after one or more children under the age of five to whom they are not related, for similar periods.

Publicity was given to the new amendments in public buildings, offices and local authority establishments, to enable people to make application for registration before the three months' period of grace expires.

This new legislation will inevitably result in additional demands on the time of the staff, but the full implications will not be known until next year.

The Department of Health and Social Services Circulars 36 and 37, 1968, amplify the action to be taken by Local Health Authorities in supervising health and welfare of children as called for in either of the provisions of the Nurseries and Child Minders Regulation Act.

Play Groups

Under the amended legislation mentioned above it will be necessary for all play groups to become registered with the Local Authority and to be subject to regular supervision. A Ministerial statement was made in the House of Commons on the 27th February, 1969 to the following effect:—

“The Nurseries and Child Minders Regulation Act, 1948 places the duty of registering and supervising voluntary and private nursery establishments upon the Local Health Authorities”.

This clarifies the position, as there has been some doubt as to whether or not such supervision is more in the nature of a function of the Education or of the Children's Department.

These groups are undoubtedly of great value in promoting the social adjustment of young children, by enabling them to mix freely and play with others of the same age outside their immediate family. This function of the play groups is greatly enhanced if the mothers themselves play a personal part in their running and do not merely use them as premises where children can be handed over to the care of third parties. Undoubtedly they are of special benefit to only children and to children from broken or deprived homes.

Publicity was given to the new amendments in public buildings, offices and local authority establishments, to enable people to make application for registration before the three months' period of grace expires.

Throughout the year the Rochdale Association of Voluntary Play Groups remained active. Interest continued to grow and play groups developed in various parts of the town. They are held in church halls, community centres and Harefield House. At the end of the year 13 groups were functioning and were subject to informal supervision by the Health Department.

The number of sessions when the groups met varied from two to eight each week and two of the groups were registered within the Nurseries and Child Minders Regulation Act, 1948.

A total of 400 children are being prepared for school, including a small group of deprived children and children in foster homes. All enjoyed the stimulating play which was available and it is hoped that their first days in school will be much happier as a result of their experiences.

Play Leaders are appointed and are usually qualified teachers, nursery nurses and interested parents, who realise the importance of stimulating play.

Courses are organised by the Association to which Play Leaders and voluntary helpers are invited.

Care of Unmarried Mothers and Illegitimate Children:

This work has continued on established lines under the guidance of a Joint Case Committee composed of members of the Domiciliary Services Sub-Committee and the Rochdale Moral Welfare Association, a voluntary organisation under the auspices of the Manchester Diocesan Council. Bi-monthly meetings were held by the Committee throughout the year.

Staffing has remained unchanged with Mrs. J. Buttery and Mrs. V. M. Fitton continuing in their posts as part-time Welfare Assistants.

Cases Dealt with in 1968

Illegitimate maternity cases (incl. 1 post-natal)	75
Matrimonial and family problems	10
Other personal problems	14
	<hr/>
	99
Confinements in 1968 of 1967 referrals	20
1967 cases requiring continued supervision	39
	<hr/>
Total number of cases dealt with	158

From the above figures it will be seen that the overall number of cases has increased slightly on that for 1967 with 149, whilst the number of new illegitimate maternity cases dealt with has decreased by one from 76 to 75. The total number of illegitimate infants born in Rochdale, however, increased from 196 to 223.

Position of babies born up to 31st December, 1968

(1967 and 1968 referrals)

With mother in own home or parents' home	33
With mother married to putative father	3
With mother cohabiting	2
	<hr/>
	38
Placed for adoption	12
	<hr/>
	50

Babies due in 1968 but fate unknown

Cases passed to other Social Workers	8
Help offered but refused, or contact lost	3
	<hr/>
	11

Of the 75 cases referred, 48 were under 21 at the time of referral their individual ages are set out below:—

15 years	...	...	...	...	...	...	...	...	...	...	2
16 years	...	...	...	...	...	...	...	...	...	...	7
17 years	...	...	...	...	...	...	...	...	...	...	7
18 years	...	...	...	...	...	...	...	...	...	...	7
19 years	...	...	...	...	...	...	...	...	...	...	14
20 years	...	...	...	...	...	...	...	...	...	...	11

The remaining 27 were in the following age groups:—

21 to 25 years	...	...	...	...	...	...	...	...	...	...	15
26 to 30 years	...	...	...	...	...	...	...	...	...	...	6
31 to 35 years	...	...	...	...	...	...	...	...	...	...	3
Over 35 years	...	...	...	...	...	...	...	...	...	...	2
Unknown	...	...	...	...	...	...	...	...	...	...	1

There were 11 girls admitted to Mother and Baby Homes and assistance with fees was given by the Health Committee in 10 cases. Financial assistance in lump sums or weekly grants and material help has also been obtained for these girls.

There were 10 illegitimate children born to married women and two to widows. At the end of the year their position was as follows:—

Mother keeping child	...	...	...	...	...	...	...	...	...	3
Placed for adoption	...	...	...	...	...	...	...	...	...	3
Referred to other Social Worker	...	...	...	...	...	...	...	...	...	* 1
Pending adoption	...	...	...	...	...	...	...	...	...	4
Lost trace	...	...	...	...	...	...	...	...	...	* 1

*outcome unknown.

Of the 16 girls referred in 1968 at 17 years and under, six kept their babies; two married the putative fathers, six had their babies adopted and in two all trace was lost. The local hospital admitted 35 for confinement and one was confined at home.

Close liaison is maintained by the welfare assistants and the health visitors to ensure that each case receives any necessary advice and supervision after discharge from either hospital or Mother and Baby Home.

All this work is of a particularly intimate and personal nature and makes great demands on the welfare assistants who require a wide and deep understanding of human behaviour and needs.

Over the years the pattern of the work has changed considerably. Whereas most girls used to seek admission to Mother and Baby Homes and a period away from home surroundings, now the demand is growing for local hospital admission with assistance in fostering and adoption or help in obtaining accommodation for the mother and child on discharge from hospital.

HEALTH EDUCATION

During 1967 an attempt was made to interest members of the public in the work of the Department. To a limited degree success was achieved as members of voluntary organisations and the community at large were attracted to attend the Exhibition held in the Art Gallery. In 1968 the next logical step was taken – an attempt to take our information out to members of the public.

To this end, members of the staff of the Department were invited to join a Speakers' Panel. The response was such that it was possible to form a panel representative of the many sections of the Department.

A letter announcing the existence of the Speakers' Panel was sent out during April to as many voluntary associations, both religious and secular, as could be found. It invited them to consider using the panel when preparing their programmes for the Winter session. A quick response brought in bookings not only for the new session, but also for immediate meetings. The results may be seen in the following table:—

Subject	<u>No. of Talks</u>	<u>Total Audience</u>
Adult Training Centre	4	192
Drugs	6	168
Environmental Health Services	3	77
Family Planning	1	26
Food Hygiene	2	64
Health Visiting	8	150
Home Safety	9	429
Junior Training Centre	1	16
Smoke Control	2	49
Venereal Diseases	1	40
	<hr style="width: 50%; margin: 0 auto;"/> 37	<hr style="width: 50%; margin: 0 auto;"/> 1,211

A number of advance bookings are in hand for 1969 and it is hoped that organisations will continue to make use of the staff of the Department in this way.

Five thousand copies of a leaflet entitled “ ‘V.D. and YOU’—A Message from the Medical Officer of Health”. were printed and distributed through youth organisations after consultation with the Borough Youth Organiser and after a lecture on the subject to the Youth Leaders' Council by the Medical Officer of Health.

A further thousand copies of this leaflet were translated into Urdu for dissemination within the Pakistani community through the kind offices of Mr. Haq, Secretary of the Rochdale and District Council for International Friendship.

Health Visitors have continued to present planned programmes of Health Education in schools from which requests have been received. It is hoped that during 1969 the return of Student Health Visitors at present in training may enable the Department to provide this service in more schools in the Borough.

Manchester Regional Committee on Cancer

I am indebted to Mr. R. L. Davison, Executive Officer of the Educational Project of the above Committee, for the following report:—

“The cancers remain the second largest cause of death, and it is vitally necessary that research into causes and treatment should continue. However, it is still not realised widely enough that, for some of these diseases, the answer has already been found and treatment methods are now available to cure many patients suffering from the so-called ‘accessible’ cancers. Although the medical problems in connection with some forms of cancer have therefore been largely solved, it is a distressing fact that lives are still being lost needlessly because many patients suffering from these potentially-curable cancers do not seek medical advice soon enough for curative treatment to be effective. Moreover, although a modification of one’s smoking habits offers the possibility of preventing much lung cancer, and although a greater willingness among women to have a routine cervical smear test would permit much invasive cancer of the cervix to be prevented, the public is not responding to these measures to prevent cancer in the way one might hope.

These problems — how to persuade more potential cancer patients to see the doctor at an early, curable stage of the disease, and how to encourage more people to take steps to prevent cancer — are socio-medical, rather than purely medical problems and their solution lies in the field of health education of the public.

During the year the Educational Project of the Manchester Regional Committee on Cancer continued its long association with Rochdale. Letters containing some of the hopeful facts about cancer were sent to most groups and societies in the town and seven groups invited one of the cancer specialists on the Committee’s panel of speakers to visit them. Literature on cervical smears, either produced by the Committee or bought by the Committee from other organisations, was used by the Medical Officer of Health in encouraging more women to utilise the service offered by the Health Department. An important part of the Committee’s function lies in the briefing of nurses, who are powerful influencers of mothers, in the problems involved in cancer education and, as well as lecturing to groups of nurses, we also issued to them the handbook ‘Helping to Cure Cancer’

In our efforts to educate the public away from the dangerous habit of smoking tobacco in the form of cigarettes, we would seem to have made little progress over the last three and a half centuries. In the year 1616 King James I. and VI. in his ‘A Counterblast to Tobacco’ put it in a way which can hardly be bettered today, when he wrote — “A custome loathsome to the eye, hatefull to the nose, harmefull to the braine, dangerous to the lungs, and in the black stinking fume thereof, nearest resembling the horrible Stigian smoake of the pit that is bottomless”. Surely evidence at least of the wisdom implied in the appellation “The Wisest Fool in Christendom”, bestowed upon him by his fellow-monarch, Henry IV. of France.

**BEHAVIOURAL DISORDERS OF INDIVIDUALS
AND OF SOCIETY
A STUDY IN SOCIAL PATHOLOGY**

"Every society carries within it the seeds of its own destruction".

Words to the above effect were uttered by a well known political philosopher of the nineteenth century.

In my last two Reports I have drawn attention to evidence which clearly identifies certain grave maladies of a medico-social nature whose aetiology seems to be inherent in our way of life and whose effects bear most heavily and most destructively on the younger age groups. These ills are behavioural in origin and are in a way self-inflicted.

Before proceeding further, I wish to make it clear that it is not my purpose to criticise all young people indiscriminately, or the young simply because they are young, or because they do things out of idealism, enthusiasm, or super-abundant energy, all of which tend to fade as the years advance and personal responsibilities gather. Besides, with four young people of my own I would never get away with it and, in addition, I like to consider myself as being on the side of Youth. I think that the young people of today are, with a few exceptions, a very fine generation and at least as good as any from the past. Some, however, fall victims to various influences and pressures operating within our society, which have every appearance of being actively fostered by malign elements for their own dubious ends with disastrous results so far as the unfortunate victims are concerned. These modern epidemics which I have described before are illegitimacy, drug dependence, gonorrhoea, crime, delinquency and vandalism. Their ravages are unhappily most widespread and disastrous within the younger generation. It should, however, not be overlooked that two of the main epidemic conditions causing ever-increasing mortality and morbidity in the middle aged may also be quoted as examples of physical disease in which behavioural factors are increasingly implicated in the causation — namely coronary thrombosis and lung cancer.

The year 1968 was another in which, with few exceptions, increasing figures were recorded locally and nationally in respect of these disorders. It was also a year in which a further notable advance was made by the 'progressive' forces in our country with the coming into force of the Abortion Act, 1967, on the 27th April. Because abortion in the back streets is a social evil this does not mean that it becomes a virtue when carried out in National Health Service hospitals or private nursing homes. Many sanctimonious, crocodile tears have been shed about the iniquity of abortions carried out for private gain in nursing homes, but I see no moral distinction between these and abortions performed in Health Service hospitals at the taxpayers' expense on other than strictly limited medical grounds.

The constitution of the Act is so elastic that the determined, the dedicated or the unscrupulous may stretch it to cover their own purposes and activities. 'Legal' abortions are running at the rate of about 40,000 a year — truly the 20th Century Massacre of the Innocents (Authorised Version), and even this Act does not go far enough for some. The vast majority of these infants would undoubtedly have been

born perfectly normal. More than half are being performed on unmarried women who, even in these enlightened times, form only a small proportion of those pregnant, and it is nonsense to pretend their health is so much worse than that of married women to justify this. There has been no indication of a resultant decrease in deaths from all forms of abortion – in 1967 these numbered 34 and in 1968 there were 50. I shall be most agreeably surprised, providing the legislation is not amended, if the rate of 40,000 abortions per annum does not exhibit a rising tendency over future years.

In the first eight months of the Act over 1,100 women came to England and Wales from abroad to be aborted, presumably because the laws of their own countries did not allow it to be done with such facility. No wonder London was referred to by a very famous television personality, in a programme I saw, as bearing, according to some, the proud title of 'The Abortion Capital of the Western World'. ~~The fact itself gives no protection to the child, and at least one case has been recorded of a living infant dying because of the absence of attempts at resuscitation in the period immediately after its birth, its subsequent exposure to cold, and premature delivery, and this was in a National Health Service hospital. No term is set to the duration of pregnancy, after which abortion is not allowed, as it permits a form of stillbirth immediately before the Act came into force. I raised this point at a meeting of Medical Officers of Health, at which the Ministry of Health was represented.~~ Widespread ethical confusion and inconsistency seems to exist in the minds of many, manifested by apparently conflicting attitudes to abortion on one hand and to capital punishment on the other.

It is a sad commentary on the maturity of our society that it is accepted that its members need exercise so little responsibility or self-control in their personal relationships that it is necessary to introduce legislation to facilitate the destruction of our unborn young.

One can imagine the public outcry which would arise if the annual number of stillbirths shot up from the current 12,000 to about 40,000, or if outbreaks of epidemic disease killed 40,000 infants a year. The attitude of the medical profession and of the public at large to stillbirths and infant mortality has been undermined and can never be quite the same again, human life has been devalued.

None of what I have said above means that I am opposed to therapeutic abortion carried out within a strictly medical context, for which there may be genuine and justifiable health grounds.

Illegitimate live births

Rochdale County Borough:	1958 – 81 (5.8% of total live births)
	1968 – 223 (13.4% " " ")

No doubt from certain points of view the 1968 figures represent a further improvement on those recorded for 1967 – 196 (11.5%).

England and Wales:	1957 – 34,562
	1967 – 69,928

Here again, considerable 'progress' is indicated with the numbers doubling in a decade.

Drug addiction

Home Office figures of known addicts to dangerous drugs (England and Wales)

1961 -	470
1967 -	1,729
1968 -	2,782

Deaths ascribed to homicide and injury purposely inflicted by other persons
(Registrar General's figures for England and Wales)

1949	-	200
1959	-	245
1964	-	264
1965	-	276 (Capital punishment suspended mid-1965)
1966	-	330
1967	-	332
1968	-	344 * (30% increase over 1964, 72% over 1949)

Not much hint in this trend of the growth of tolerance and reason or of respect for the rights and persons of others. These figures represent perhaps the ultimate in the breakdown of human relations and civilised behaviour.

* Revised Classification introduced in 1968, but this effects only minor changes in totals and does not materially alter the picture.

Most forms of crime are increasing, especially those involving violence, and the whole country, including Rochdale, is experiencing an unprecedented wave of hooliganism and vandalism. This was the subject of a recent article in the local Press entitled 'Law and Disorder'.

New cases of Gonorrhoea

Rochdale County Borough

1963 -	72
1966 -	127
1967 -	265
1968 -	178

England and Wales

1966 -	37,483
1967 -	41,829
	(11.6% increase - highest number re- corded since the post war peak in 1946.)

This figure for Rochdale represents the solitary gain which I am able to record in my endeavours to investigate and perhaps ultimately help to prevent some of the behavioural ailments of society and of our local community. What I have said on this subject in past years and the efforts described under the section on Health Education to spread information and enlightenment through our youth organisations and amongst our immigrant fellow-citizens during 1968 may possibly have had some slight beneficial effect here. At any rate, the downward turn is encouraging, even if the number remains far too high.

The total of all these statistics quoted above may to some be indicative of the liberation of Man from ancient human bondages and the casting off of the fetters of outworn social conventions and restrictive moral codes. To me it represents a great sum of unnecessary and preventable mental and physical sickness, suffering, anguish, misery and destruction of life, which are nurtured by the current moral climate of society.

Whatever the occupation or position of each of us may be we should all remember that every unit in these figures represents an individual who is the product not only of his personal heredity and family circumstances, but also of our health and social services for children and young people, of our educational system, and of the wider environment provided by society as a whole.

I am becoming increasingly convinced that these social ailments or behavioural maladies have their aetiology in our patterns of life and will not be prevented by ever-increasing doses of the causative mixture which is all that some of our most 'progressive' thinkers seem to have to offer.

The foundations of personality are undoubtedly laid in the home and family during the earliest years, but behaviour may also be affected by influences for good or bad, in school and in the community at large, during childhood and especially during the essentially unstable and impressionable years of adolescence.

Many adherents of the social and behavioural sciences make considerable play of the need for social services for the 'under fives'. This is at least in part tenuous, and true only within a relatively limited context. What children need is a home containing two parents, one of either sex, who behave like responsible adults. From the parents a child needs love, example, security and discipline. As he grows older he needs to mix freely with his peers to enable him to develop socially and establish personal relationships outside the family, and I would here warn parents against the fatal mistake which they must avoid of being too possessive of their children and encouraging the family to be an inward-looking, closed group. It is undoubtedly essential that the child should be granted increasing personal freedom as he grows up and matures, but there is no place for permissiveness which really means that one has no standards of behaviour and does not really care.

Social services are only needed for the unfortunate minority of children for whom either normal family life is impossible for one reason or another, or perhaps for those who suffer from mental or physical handicap.

In the midst of the current fashionable pastime of decrying paternalism, it should be remembered that children have a basic need not only for a mother, but also for a father who quits himself like a man. Some may never outgrow this need and others, whilst apparently achieving independence of their natural father, merely transfer their attachments to a father-figure.

I have commented before on influences inherent in the nature of the welfare state which tend to diminish the responsibilities and stature of parents. These may be economically and materially for good, but psychologically and socially not entirely beneficial. The most seriously deprived or disturbed child does not necessarily come from the home which is financially the poorest. A mature, responsible society can never be built on the basis of relieving individuals of their personal responsibilities.

Two particular poisons which are being increasingly and assiduously fed to our nation, both overtly and insidiously, are pornography and permissiveness.

The growth of pornography on the stage, in films, and lately on television has been a marked feature of our 'culture' in the nineteen-sixties. Its purveyors never peddle it honestly as dirt, but always present it hypocritically as art, or realism, or frankness, or as representing adult, emancipated, progressive or revolutionary thought. There is nothing new about it and it betrays a certain immaturity of mind. Its authors may well be persons of the highest intelligence, but part of their intellect has been either warped, or retarded at about the adolescent level of writing rude words on lavatory walls. In their own way they are just as much slaves to their conventions as the most straight-laced of the despised Victorians were to theirs. If, as has been said, Art reflects the mirror of society, then I suggest that we all take a long, hard look in the mirror.

Permissiveness implies unbridled licence to self-indulgence, which is self-destructive and has nothing to do with real freedom. Unfortunate examples of its end results are all too easy to find. In the permissive society, as in every other, it is the weak who go to the wall and whose lives are ruined.

Another influence which may be for anything but good is to be seen in some of the idols which society holds up to teenagers for adulation and emulation. Idols taken from the unsubstantial, make-believe world of entertainment and the 'Pop' scene. To have contracted one or more disastrous marriages, to have fathered or conceived an illegitimate child, to have been caught in the illegal possession of drugs, for example, are by no means contra-indications to being featured prominently by the organs of mass communication, news or entertainment in programmes or items which may be specifically directed at younger groups containing large numbers of impressionable adolescents.

It is a wonder to me that the vast majority of our young people turn out as well as they do, which is very well indeed, but no wonder at all that a by no means insignificant and increasing minority encounter personal disasters in the ways I have illustrated. Most of these disasters are due in large measure to behavioural factors and should, therefore, be preventable. With this minority one should perhaps also associate the growing army of 'hippies', the youngsters without hope from all classes, who find the prospects offered by our way of life so uninspiring and so uninviting that they react in a negative way by opting out.

It is widely accepted today that patterns of behaviour become established in infancy and, to my mind, the most potent influence on behaviour is the example set first and foremost by parents, and then a long way behind that set by other adults and by contemporaries. The most important, responsible and worthwhile task any adult can undertake is the bringing up of a child and this prime responsibility may not be evaded or delegated to a third party or to the state. If the child's life is built on sound foundations in the home early, then he will be able to pass through the inevitable storms of adolescence and adult life unscathed.

In studying our own times and their problems it may be salutary to look back into history to the days of Ancient Rome, to descry that the fall of Rome was due as much to decay from within as to the barbarians from without, and furthermore that her fall was followed not by Utopia, but by the Dark Ages.

AMBULANCE SERVICE

There has been no numerical variation in the number of vehicles in the fleet or personnel employed, compared with the previous year. At the end of the year the fleet comprised five ambulances, three sitting case vehicles and five dual purpose vehicles.

The personnel consisted of the Ambulance Officer, the Controller, four Shift Leaders, 27 drivers, one Clerk/Controller/Telephonist and two Telephonists. During the year Mr. Down, the Ambulance Officer, was successful in obtaining a similar appointment with the Salford Ambulance Service and ceased duty on 28th June. He was succeeded by Mr. A. Wilson, who took up duty on 15th July, having been previously employed as Assistant County Ambulance Officer (Training) in the East Riding Ambulance Service.

In the following table the definition of other persons and patients has the same meaning as in previous years.

	BOROUGH						COUNTY AND OTHERS					
	Ambulances		D.P. Vehicles		S.C. Cars		Ambu- lances	D.P. Vehicles	S.C. Cars			
	1968	1967	1968	1967	1968	1967	1968	1967	1968	1967	1968	1967
PATIENTS:												
Emergency	1854	1854	357	75	184	244	5	9	1	1	-	1
Ordinary Removals	16682	15810	21658	19087	16801	16072	3	9	8	14	3	-
Other Persons ..	4385	5148	3415	3432	1710	2257	2	8	4	3	1	1
Totals	22921	22812	25430	22594	18495	18573	10	26	13	18	4	2
MILEAGE:												
Removals	68126	64822	61126	53040	36845	38987	85	151	67	85	21	6
General Transport	-	-	1596	1782	88	146	-	5	-	-	-	3
Lost Journeys D.D.	1400	1770	400	460	649	662	-	-	-	-	-	-
Midwifery	7	26	200	299	58	167	-	-	-	-	-	-
Totals	69533	66618	63322	55581	37640	39962	85	156	67	85	21	9
CALLS:												
Total Calls	10716	11238	7539	6912	4256	4655	8	20	7	13	2	2
Transmitted by Radio	4734	4437	2101	1548	941	1232	-	-	-	-	-	-

During 1968 there was an overall increase of 4189 on the number of patients removed to and from hospitals, clinics, etc., and a decrease of 1332 in other persons, a total increase in persons carried of 2857.

The number of emergency cases increased by 217 and ordinary removals by 3972. This again reflects the increasing demands placed upon the service as a result of the additional hospital services and development of out-patient facilities.

There was an increase of 8257 in miles covered

The main emergency cases fell into the following categories:

Street accidents and incidents	...	...	...	...	...	...	...	...	...	...	...	805
Home and school accidents	..	...	...	...	...	...	...	...	...	...	...	893
Works accidents and illness	...	...	...	...	...	...	...	...	...	...	...	190
Sudden illness	...	...	...	...	...	...	...	...	...	...	...	246
Sports accidents	...	...	...	...	...	...	...	...	...	...	...	36

It was not possible to enter a team for the National Ambulance Competition this year.

There were 28 Drivers entered for the National Safe Driving Competition and 24 qualified.

Following the publication in 1966/67 of the Millar Report on Ambulance Training and Equipment, two of the more recently appointed members of the service were seconded to the Department of Health and Social Security approved Training Course at the Lancashire County Ambulance Headquarters at Broughton, Preston. Both were successful in obtaining Proficiency Certificates. In addition the Ambulance Officer arranged a series of lectures for the existing members of staff as the forerunner to a more regular form of local training which is to be developed in 1969, in accordance with the recommendations of the Millar Report.

VACCINATION AND IMMUNISATION

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

We continue to use triple antigen – diphtheria/whooping cough/tetanus in our immunisation schedule. The scheme now in operation covers immunisation against poliomyelitis, diphtheria, whooping cough, tetanus, measles and tuberculosis.

Diphtheria Immunisation

During the year 1,267 children under five received a course of immunisation including 334 by general practitioners. In 1967 the number immunised in this group was 1,206. The following table shows immunisation in relation to the child population under five years of age. The numbers immunised include all those who had completed a course of immunisation before 1st January, 1969. The estimated population figure is supplied by the General Register Office.

Age at 31/12/68 i.e. born in Year	Under 1 1968	1 1967	2 1966	3 1965	4 1964	Total
Immunised	476	1060	1020	1043	947	4546
Estimated mid-year child population 1968	Children under five 7,800					

In addition, 369 children between the ages of five and fifteen received primary immunisation as compared with 395 in 1967, and 2,221 children received reinforcing doses, including 228 given by general practitioners, compared with 2,253 and 194 in 1967.

Of the initial doses, 1,203 were of triple vaccine and of the booster doses 727 were of triple vaccine.

Whooping Cough Immunisation

The general arrangements for immunisation against whooping cough remain unchanged, particularly the continuation of immunisation by the use of triple vaccine.

During the year 1,203 children received a full course of injections as compared with 1,088 the previous year. Of this number 333 were immunised by their own doctors. Of the initial doses 1,203 were of triple vaccine and of the booster doses 727 were of triple vaccine.

	1964	1965	1966	1967	1968
GENERAL PRACTITIONERS:					
Poliomyelitis Vaccination ..	329	565	445	273	286
" Reinforcing Doses ..	112	753	147	152	106
Diphtheria Immunisation ..	291	278	319	304	338
" Boosters	161	233	146	194	228
Whoop. Cough Immunisation ..	289	275	316	303	333
" Boosters.. ..	132	164	104	157	156
Smallpox Vaccinations	123	136	291	190	224
" Re-vaccinations	119	174	303	280	437
Tetanus Vaccination	291	278	319	304	338
" Boosters	148	228	146	194	228
Measles Vaccination					165
M.C.W. CLINICS:					
Poliomyelitis Vaccination ..	1,540	7,131	2,760	1,197	1066
" Reinforcing Doses ..	239	5,682	907	738	984
Diphtheria Immunisation ..	891	771	757	890	909
" Boosters	576	548	590	563	646
Whoop. Cough Immunisation ..	875	756	657	785	870
" Boosters	574	529	557	511	571
Smallpox Vaccinations	291	316	428	336	363
" Re-vaccinations	1	95	226	26	3
Tetanus Vaccinations	891	771	757	890	909
" Boosters	576	548	590	563	646
Measles Vaccination					1725
SCHOOL CLINIC:					
Diphtheria Immunisation ..	566	320	488	409	379
" Boosters	1,332	1,616	1,472	1,496	1347
Tetanus vaccinations	566	320	488	409	379
" Boosters	607	1,296	1,440	1,496	1347
TOTALS:					
Poliomyelitis Vaccination ..	1,869	7,696	3,205	1,470	1352
" Reinforcing Doses ..	351	6,435	1,054	890	1090
Diphtheria Immunisation ..	1,748	1,369	1,564	1,603	1626
" Boosters	2,069	2,397	2,208	2,253	2221
Whhop. Cough Immunisation ..	1,164	1,031	973	1,088	1205
" Boosters	706	693	661	668	727
Smallpox Vaccination	414	452	719	526	587
" Re-vaccinations	120	269	529	306	440
Tetanus Vaccination	1,748	1,369	1,564	1,603	1626
" Boosters	1,331	2,072	2,176	2,253	2221
Measles Vaccination					1890

Since the scheme started in September, 1949 there have been 17,184 children immunised. In that period altogether some 1,703 cases of whooping cough have been notified and only 176 of these were amongst immunised children.

Whooping cough protection follows the same course as diphtheria immunisation and the two antigens are almost invariably given combined. With whooping cough, however, there is the continuing stimulus of the presence of disease in young children without, happily, the killing potentiality of diphtheria.

Tetanus Vaccination

Tetanus vaccination also is a direct result of the development of the triple antigen and although it cannot be looked to for the prevention of much illness or many deaths, tetanus, when it does occur, remains a very serious illness with a high mortality rate.

Poliomyelitis Vaccination

The total primarily vaccinated during the year was 1,352 oral. In addition, 1,090 oral reinforcing doses were given.

Oral fourth doses were offered as routine to all children on school entry.

Vaccination against Smallpox

	Under 1 yr.	1 yr.	2-4 yrs.	5-14 yrs.	15 yrs. or over	TOTAL 1968	TOTAL 1967
Vaccinated	12	325	138	21	91	587	526
Re-vaccinated	—	—	10	39	391	440	306

The continued low rate of primary vaccination against smallpox inevitably leads to excessive demands for it when an outbreak occurs in this country, which almost overwhelms the health departments in the areas concerned and seriously disturbs the work of general medical practitioners. Primary vaccination in older people usually causes a severer reaction and there is a greater chance of serious complications than when it is performed early in life.

The table on Page 45 shows the distribution of the general work of immunisation.

B.C.G. Vaccination

B.C.G. vaccination against tuberculosis is available routinely to thirteen years old school children and to contacts of notified cases. This is dealt with more fully in the School section of the Report.

Measles Vaccination

This procedure was introduced in May, 1968 and from then until the end of the year 1,890 children were vaccinated. Of this number, 165 were vaccinated by their own doctor. Vaccination was offered to primary school children up to the age of seven years and pre-school children over the age of one year.

PREVENTION, CARE AND AFTER CARE

Illness Generally

Equipment for the nursing of cases at home is available through the Home Nursing Service or from the Central Store.

In the course of the year 186 articles were loaned from the Central Store. These included not only routine indoor nursing equipment, but such aids as wheel chairs, crutches and other walking aids.

The District Nursing Service has at its disposal a laundry service to deal with dirty linen, usually from a household where there is an incontinent patient, where bed linen is in short supply or where facilities for laundering are inadequate. During 1968 there were 4,227 articles laundered, 3,692 in 1967.

Convalescent Home accommodation is provided for persons who are recommended by local general practitioners, consultants or hospital medical officers. Arrangements were made during the year for the admission of 32 persons to Convalescent Homes, usually for a period of two weeks.

Accommodation was arranged for these 32 cases in the following manner:—

Seabright Home, St. Annes	...	...	...	18
Delton Home, Blackpool	...	...	...	8
Grey Court, Hest Bank	...	...	...	3
Blackburn and District Convalescent Home, St. Annes	...	...	...	3
				<hr/>
				32

The total cost of Convalescent Home accommodation was £541. 18s. 0d., of which £13. 17s. 4d., 2.6% was recovered. The corresponding figures in 1967 were £547. 17s. 0d., and £50. 19s. 10d., 9.3% recovered.

Home Help Service

During the year the Home Help Service assisted in 901 cases (15 maternity cases, 820 cases over 65 years, 66 cases under 65 years) as against 832 cases in 1967. At the 31st December, there remained 623 cases on assistance as against 577 the previous year.

At the end of the year 88 home helps (1 full-time and 87 part-time) were employed, the same as at the end of 1967.

The number of staff is lower than the authorised level and endeavours are being made to recruit more home helps.

The full cost for home help service is 5/-d. per hour. Persons who claim their inability to pay the full charge for the service of a home help are required to state their financial circumstances and are assessed in accordance with an approved scale, which is based on the 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 5.0% of the total cost. No charge was made to 757 householders out of the total to whom this service was rendered.

Of all the cases, 95% came under the category of chronic sick, which covers those who, because of sickness and/or age and infirmity, are no longer able to keep their homes clean or even bring in shopping. These usually become permanent cases requiring care for the remainder of their days.

The Night-Sitter Service, formed in 1965, consists of a small panel of women who will relieve relatives sitting up nightly with patients who are seriously ill awaiting hospital admission, or in cases of terminal illness. The full cost is 30/-d. per night, but this can be reduced to persons claiming inability to pay, by assessment of financial circumstances. During the year there were seven cases involving 16 sessions.

The number of cases receiving home help has again risen this year and this has been the trend since the inception of the service.

The job of the home help calls for qualities of kindness, understanding and adaptability, apart from the necessary experience in domestic tasks of cleaning, cooking and general housewifery. It includes care of the sick, aged, physically handicapped and mentally confused patients and children. Consequently, the work is very demanding and sometimes unpleasant, but to women with a sense of community spirit it provides satisfaction and the feeling of a job well done in providing aid for those in need.

This is a service where the situation changes daily and it is necessary for all cases to be reviewed frequently to ensure that assistance meets the needs of the individual. The Organiser must also keep in close touch with the home helps to give help and guidance when problems arise.

The Assistant Home Help Organiser pays frequent visits to all home help cases to check whether there is any change in circumstances.

Regular visits to households by the home helps often reveal health and social problems which can be referred to the relevant social worker in either the Public Health or Welfare Services Department.

Cervical Cytology

The special clinic for cervical cytology continued to operate throughout the year with Dr. M. Lois Blair in charge.

In addition, smears were taken from women attending the family planning clinic receiving oral contraception.

During 1968, 441 patients were screened at the cervical cytology clinic with four positive cases being discovered. There were 109 cases dealt with at the family planning clinic with no positive results. Appropriate treatment was initiated through the general practitioner in all four cases and follow-up visits were paid by the Superintendent Health Visitor in every case.

Examinations were also carried out on all new patients attending the Gynaecological Out-patient Department at Rochdale Infirmary. At the hospital clinic 1,488 women were screened with positive findings in five Borough cases.

A number of general practitioners also offered this service to their patients and 724 smears were received at the Laboratory from them, none of which were positive.

At the Health Department clinic, in addition to malignant changes, a considerable number of other conditions were discovered by these examinations and appropriate referrals made to the women's general practitioners.

The overall picture remains satisfactory from the point of view of early detection of cancer of the cervix and the incidental discovery of other conditions which should prove amenable to treatment.

As stated in previous Reports, there are still several thousand women over 25 years who have not come forward for this examination and I would strongly urge them to apply for an appointment to the Public Health Department, especially those who have had a number of children.

Family Planning Clinic

The family planning clinic continued to operate for two sessions each week on Tuesday afternoon and Wednesday evening at Baillie Street clinic, and fulfilled a most important and useful social function. Dr. M. Lois Blair undertakes the Tuesday afternoon session, whilst the Wednesday evening session was undertaken by a locum for the first three months of the year, Dr. M. E. Hopkinson taking it over on the 3rd April.

During the year there was a total of 2,149 attendances (Borough – 228 new cases, 1,080 re-visits; County – 113 new cases, 728 re-visits).

National Health Service Family Planning Act, 1967 and Ministry of Health Circular 15/67 of the 31st July, 1967.

The above Act came into force on the 28th June, 1967 and in Circular 15/67 Local Authorities were asked to review their family planning services and report to the Minister by the 31st March, 1968 on action taken or proposed to be taken.

I reported to the Health Committee on the provisions of the Act and Circular at the meeting held on the 15th February, 1968 when it was resolved:—

“In view of the serious economic situation the family planning service be continued on the present lines and the matter be reviewed in twelve months' time”.

MENTAL HEALTH SERVICE

At the beginning of the year this section was staffed by one Senior Mental Welfare Officer and three Mental Welfare Officers. One mental welfare officer resigned to take up a post in another Department of the Corporation, one returned to the Department having successfully completed the Younghusband course for social workers and the third was seconded to a similar course, thus leaving a staff of two. Matters were further complicated by the absence of the Senior Mental Welfare Officer, on sick leave for the last four months of the year following an accident.

As a result the whole burden of the work of the section had to be borne by the remaining Officer and accordingly only essential and emergency visits were made to patients. The work was carried out on a strictly day-to-day basis with little or no preventive and after-care visiting. The officer concerned, Mr. W. P. Wainman, did extremely well in these difficult circumstances, but inevitably a considerable backlog of work had built up by the end of the year.

During the year the Establishment and O. & M. Officer carried out an investigation into the staffing of the section and, following his report, Council agreed to an increase in establishment by one Mental Welfare Officer and to an upgrading of the posts of Senior Mental Welfare Officer and Mental Welfare Officer. It is hoped that this will facilitate recruitment and by the end of the year one appointment had been made. The remaining post was still being advertised.

It will be seen from the above account that the Local Authority Mental Health Service functioned under great difficulties and strain during the year. Nevertheless, a great deal of important and valuable work was accomplished.

The Child Guidance Clinic continued to be held twice weekly on Monday and Wednesday, with one mental welfare officer in attendance and the Consultant Psychiatrist attending on Friday each week. Some difficulties have been experienced in the staffing of this clinic since September, when the Educational Psychologist left, his replacement not being available until February, 1969. We were fortunate in having the services of a psychologist from Lancashire County to deal with the more urgent cases, but a waiting list was steadily built up.

MENTAL SUBNORMALITY

Guardianship

There are no cases under guardianship in the area.

Residential Care

Of the 147 cases in residential care, the majority are accommodated in the Calderstones, Brockhall and Royal Albert Hospitals. There were six admissions to Calderstones during the year – five males and one female. At the end of the year there were 11 names on the Regional Hospital Board's waiting list for permanent hospital care, of these five were classed as 'urgent'.

The Deputy Director of Calderstones Hospital holds an assessment clinic at Oldham Health Department approximately every fortnight, or whenever the need arises. This has proved both helpful and convenient, and has saved time and money by eliminating the need for lengthy journeys to hospital. The relationship between the Local Authority and Calderstones has always been good, and we are indeed fortunate in being allocated beds for both short term and long term care whenever it is humanly possible. Short term care was provided for a total of 19 cases, nine males and six females under 16 years, and two males and two females over 16 years.

As mentioned in the Annual Report for 1967, the economic crisis postponed any hope of a purpose-built hostel for the mentally subnormal in the near future. It was agreed, however, this year to make provision in the 1969 Estimates for the conversion of two adjoining Council houses for use as a hostel for female subnormal adults, under the supervision of a resident warden. This group was given priority as Lisieux Hall, Chorley, a privately administered hostel, provides us with accommodation for nine male adults.

Due to shortage of staff many non-urgent cases, notably subnormals living at home, received only minimal supervision and visiting, particularly over the last few months. This is most regrettable. Wherever possible the health visitors have eased the burden and carried out visits to some cases. The section is indebted to them for their help.

Community Care

The Innes Training Centre provides social and educational training for junior and adult subnormals.

The evening social club held fortnightly maintains its popularity.

Subnormality at 31st December, 1968.

	Subnormal				Severely Subnormal			
	under 16		over 16		under 16		over 16	
	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>	<u>M.</u>	<u>F.</u>
Attending Day								
Training Centres ...	4	5	12	21	8	13	11	10
Resident in Local								
Authority Homes ...	—	—	1	1	—	—	—	—
Resident in other								
Homes ...	—	—	7	1	—	—	—	—
Receiving Home								
Visits ...	—	2	50	44	3	1	3	3
Totals ...	<u>4</u>	<u>7</u>	<u>70</u>	<u>67</u>	<u>11</u>	<u>14</u>	<u>14</u>	<u>13</u>

Cases Reported

Fifteen children (8 male, 7 female) were reported by the Education Committee under the terms of the Mental Health Act, 1959 (Second Schedule) and eight school leavers (4 male, 4 female), informally reported by the Education Committee, were placed on the register for voluntary supervision.

Junior Training Centre

The Junior Training Centre staff consists of a Supervisor, nine Assistant Supervisors (three qualified), one trainee Assistant Supervisor and four Ambulance Guides. Mrs. D. Mengell, Assistant Supervisor, completed the one year training course at Harris College, Preston, and obtained the Diploma for Teachers of Mentally Handicapped Children. On her return from college she was promoted to the position of Senior Assistant Supervisor.

At the end of the year there were 46 children on the register, an increase of seven in twelve months. Seven names were removed from the register during the year – four of these were transferred to the Adult Centre, two left the district and one died. Fourteen children commenced attendance during 1968.

During the year classes visited Manchester Ship Canal and the docks, Belle Vue Zoo, Heaton Park and a performance of 'The Rose and the Ring' at the Curtain Theatre.

The children took part in a 'Market Day' musical activity on the Open Day held during Mental Health Week. Parents were also invited to the Harvest Festival and the Christmas Concert.

With the appointment of a trainee assistant supervisor, it has been possible to arrange for children who have recently transferred from the Junior to the Adult Centre, to return one afternoon per week for social and educational activities.

A scheme of home/school diaries has been established during the year. The teacher writes a note about an activity which has taken place during the day in a small book which is sent home with the child. Parents write about something done at home, e.g. a favourite T.V. programme or an outing. This enables parents to discuss at home what has been done at school and the teacher is able to talk about what has happened at home. Each is then able to reinforce information given by the other. Many parents have appreciated the opportunity to co-operate in this way and it is particularly helpful when a child has little or no speech. For children with physical handicaps, Mrs. Hampson, Physiotherapist, uses the books to record any exercises which can be carried out at home. There have been a few cases, unfortunately, where it has not been possible to gain the co-operation of parents in keeping these records.

In July, 16 children enjoyed a holiday at the Moorland Home, accompanied by members of staff.

Adult Training Centre

The Adult Training Centre staff consists of the Superintendent, four Instructors and one Coach Guide.

During the year 16 more trainees were admitted and 9 were removed from the register. Of those leaving the Centre, two left because of continued ill-health, one was withdrawn to look after an ailing mother, one transferred to Lancaster Spastics Centre for specialised training, and one obtained employment with the Cleansing Department. Four were admitted to Calderstones Hospital, one on the death of her parent, one on a Court Order, one because of progressive epilepsy, and one returned to Calderstones after a trial period at the Centre, because of lack of suitable accommodation at her relatives' home. At the end of the year there were 54 on the register - 22 males and 32 females.

A steady improvement in social behaviour is being observed in most trainees. An increase in assembly work from manufacturers helped to provide simpler work for the trainees of more limited ability. Centre-made articles were in steady demand, classes in laundering, cookery, hairdressing, hygiene and gardening contribute to the social training.

Open Days on the 11th June and the 22nd October promoted and sustained public interest in the work of the Centre.

Excursions during the year were day-trips to St. Annes-on-Sea in May, the Manchester Ship Canal and Heaton Park in August. Expenses were paid by the Rochdale Society for Mentally Handicapped Children continuing its active interest and support in the Centre.

The evening Social Club for trainees over 14 years of age was well attended. In February, trainees and helpers presented a Pantomime to the public and a repeat performance to the Welfare Services Club. A Sunday excursion in August to Southport was paid for out of funds raised by the Social Club.

The Centre was broken into and entered on four occasions, with articles stolen and property damaged. There has also been on two occasions outside damage to windows and sheds.

The hall is made available on Tuesday evenings to the Welfare Services Department for its evening club for the physically handicapped. The Inskip League of Friendship for Disabled Persons has use of the hall on Friday evenings.

Physiotherapy

Two physiotherapy sessions a week for children and adult trainees were undertaken throughout the year and I am indebted to Mrs. Hampson, Physiotherapist, for the following report:-

"At the beginning of the year there were ten children on the register. Five other children commenced treatment and two discontinued during the year leaving 13 on the register at the end of the year.

The adult trainees on the register at the beginning of the year totalled four, one of whom was transferred to Calderstones Hospital and two discontinued treatment during the year, leaving one receiving regular treatment at the end of the year. In addition, one trainee received attention to his feet when necessary.

Of the children six are treated twice weekly and seven once weekly. As powers of concentration are poor for the most part treatment of each child has to be for short periods at a time".

MENTAL ILLNESS

Fortnightly case conferences held at Birch Hill Hospital with the consultant psychiatrists and local authority mental welfare officers from both the Borough and the County, provide the opportunity for discussing problems arising in the care and after-care of the patient already known to the hospital staff. Close co-ordination and co-operation between general practitioners, hospital and local authority services has been maintained.

As in previous years, the amount of work coming into the department has shown a steady increase, partly due to the greater emphasis now placed on community as opposed to hospital care.

A close liaison between all statutory and voluntary services provides a comprehensive coverage, whether the patient is at home or in hospital. However, the fact still remains that the elderly mentally disturbed persons and those of inadequate personality are two groups where supervision is still, of necessity, not up to ideal requirements. A great deal of time must be spent if the constant supportive help needed is to be effective and this, unfortunately, has not always been possible.

During the year new cases referred to the section totalled 24 males and 25 females, making a total of 84 males and 128 females under the care of the local health authority at the end of the year. Of these, 13 males and 14 females attended the day hospital.

INFECTIOUS DISEASES

	<u>1968</u>	<u>1967</u>	<u>Average 1962/66</u>
Scarlet Fever	6	14	23
Diphtheria	—	—	—
Tuberculosis — Non-respiratory	12	6	8
Respiratory	35	50	42
Pneumonia	—	3	8
Whooping Cough	23	44	29
Measles	108	434	740
C. S. Meningitis	1	4	2
Poliomyelitis	—	—	—
Typhoid	—	—	—
Paratyphoid	—	—	—
Dysentery	14	13	19
Infective Jaundice (from 15.6.68)	71	—	—
Other Diseases	9	—	6
	<u>279</u>	<u>575</u>	<u>877</u>

Poliomyelitis

Again there were no cases of poliomyelitis reported during the year. As stated previously, the continuing absence of this disease from our midst must, I feel sure, be attributable to a very great extent to the campaigns for immunisation against this infection carried out over the past several years and, perhaps, above all to the use of live oral vaccine.

Measles

There was no epidemic of measles during the year, the total cases notified being 108 in comparison with 434 in 1967. It is hoped that the programme of measles vaccination introduced in 1968 will lead to a progressive reduction in the incidence of this disease which can have serious complications, especially in very young or ailing children.

Infective Jaundice

Infective jaundice became notifiable from the 15th June under the Public Health (Infective Jaundice) Regulations 1968. It soon emerged that the incidence of this disease was much higher than had been suspected. All causes are followed up by a Public Health Inspector who advises the household on simple measures to try and prevent the spread of infection. Similar advice is given in schools where cases occur, if necessary.

Food Poisoning

The following incident and cases occurred during the year:—

Causative Agent	GENERAL OUTBREAKS		FAMILY OUTBREAKS		SPORADIC CASES	Total of cases
	Separate outbreaks	Cases notified or ascertained	Separate outbreaks	Cases notified or ascertained	notified or ascertained	
Cl.welchii	1	8	—	—	—	8
Salm.Virchow	—	—	—	—	1	1
Total	1	8	—	—	1	9

The small outbreak of food poisoning due to Cl. welchii occurred in one of the Corporation's Old People's Homes and was, fortunately, mild in nature and of short duration.

The suspected source of infection was a veal and ham pie obtained from a large multiple food producer, but unfortunately it had all been disposed of before investigation could take place, so the exact source of infection remained unidentified.

The kitchen at the Home was found to be spotlessly clean and investigation did not indicate in any way that there had been neglect or carelessness on the part of any members of the staff.

Tuberculosis

There were 47 (plus 1 posthumous) case notified as against 56 (plus 2 posthumous) in 1967. The new cases in 1966 totalled 46 and during the five years 1961 – 1965 there was an average of 46 cases notified.

Of the 47 notified cases, 35 were respiratory and 12 non-respiratory. The one case which came to the notice of the Department through the Death Return is not included in the return to the Registrar General.

In addition, the Department was notified of 7 respiratory cases and 2 non-respiratory cases which had come to reside in the town after notification elsewhere, 6 of these being immigrants from Pakistan.

Average 5 year periods	NOTIFICATIONS		
	Respiratory	Non-respiratory	Total
1938 – 42	84	29	113
1943 – 47	71	20	91
1948 – 52	89	15	104
1953 – 57	55	4	59
1958 – 62	31	3	34
1963 – 67	46	8	54
1968	35	12	47

The notifications show a decrease compared with 1967. There is also a decrease in the number of cases notified in immigrants from Pakistan – 16 compared with 21, but the incidence of the disease in these persons remains much higher than in persons native to Great Britain.

Under the scheme for notifying new immigrants from the Indian Sub-continent to the Consultant Chest Physician, 117 persons were referred and reports had been received on 106 by the 31st December.

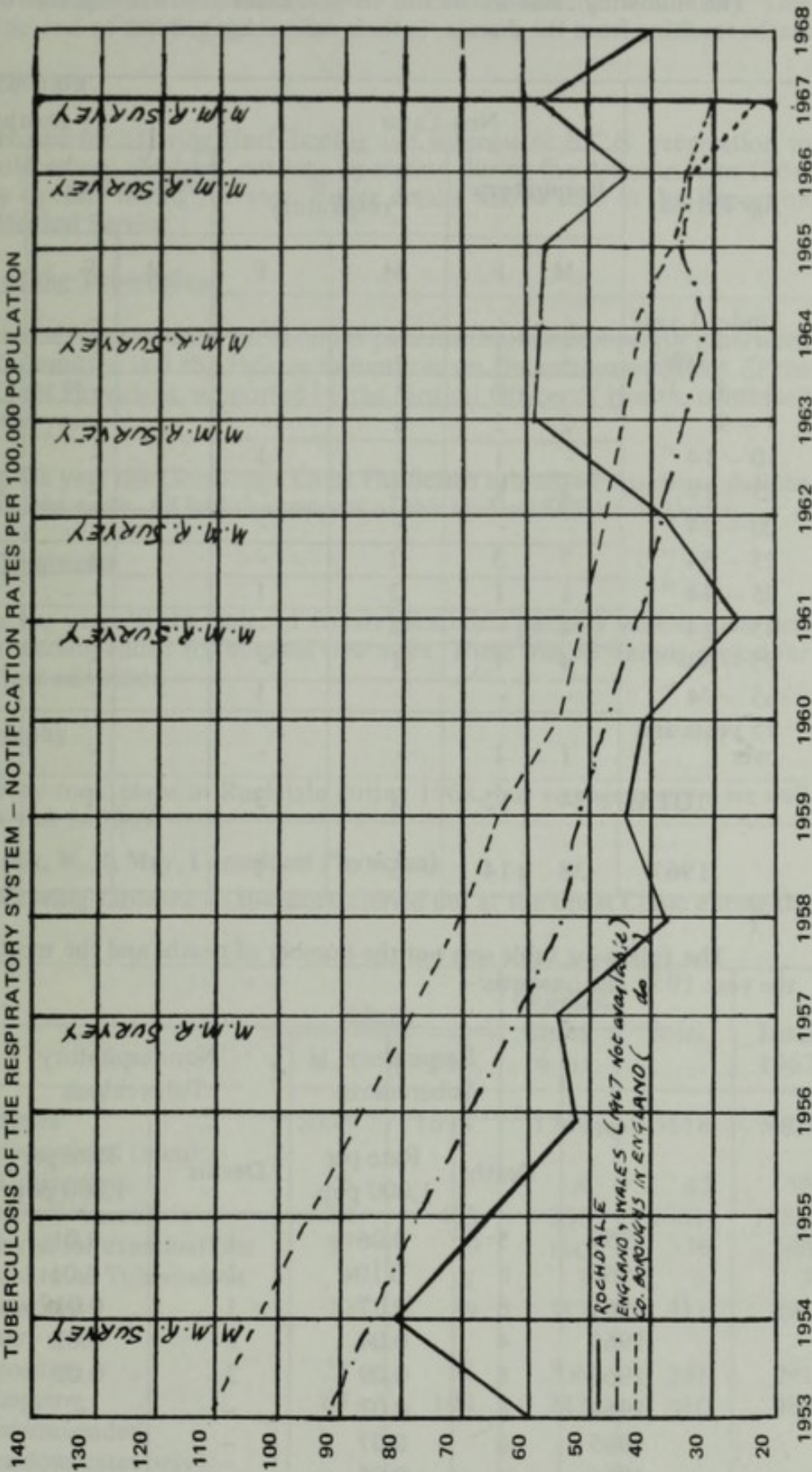
Also, during the year, a total of 167 babies born to Pakistani parents were given B.C.G. vaccination as were 87 children of school age.

The graph on Page 57 shows the notifications of tuberculosis of the respiratory system expressed as rates per 100,000 population compared with England and Wales, and with the County Boroughs of England.

The following is a summary of the known cases of tuberculosis in the Borough at 31st December, 1968:—

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Total</u> <u>1967</u>
Respiratory	287	171	458	497
Non-respiratory	26	23	49	43
	<u>313</u>	<u>194</u>	<u>507</u>	<u>540</u>

TUBERCULOSIS OF THE RESPIRATORY SYSTEM - NOTIFICATION RATES PER 100,000 POPULATION



The following table shows the 48 new cases notified, together with the four deaths resulting from the disease, in their various age groups:-

Age Periods	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respiratory	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	-	-	-	-	-	-	-	-
1 - 2 years	2	1	-	-	-	-	-	-
3 - 4 "	-	1	-	-	-	-	-	-
5 - 9 "	2	2	1	-	-	-	-	-
10 - 14 "	-	1	-	1	-	-	-	-
15 - 19 "	3	1	2	-	-	-	-	-
20 - 24 "	-	-	-	-	-	-	-	-
25 - 34 "	7	3	2	-	-	1	-	-
35 - 44 "	1	1	2	1	-	-	-	-
45 - 54 "	4	-	1	-	-	-	-	-
55 - 64 "	4	1	1	-	1	-	-	-
65 - 74 "	-	-	-	1	-	-	-	-
75 years and over	1	1	-	-	1	-	-	1
TOTAL	24	12	9	3	2	1	-	1
1967	38	14	5	1	3	-	-	1

The following table sets out the number of deaths and the mortality rates for the year 1959 and onwards:-

Year	Respiratory Tuberculosis		Non-respiratory Tuberculosis	
	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.
1959	5	0.06	1	0.01
1960	8	0.10	1	0.01
1961	6	0.07	1	0.01
1962	4	0.04	1	0.01
1963	8	0.09	2	0.02
1964	6	0.07	-	-
1965	6	0.07	-	-
1966	4	0.05	-	-
1967	3	0.04	1	0.01
1968	3	0.04	1	0.01

In 1957 there were 31 cases of open tuberculosis in the community. This number at the end of 1968 stands at five.

B.C.G. Vaccination

The scheme for offering Heaf Testing and subsequent B.C.G. vaccination to all 13 year old school children, put into operation during the Autumn term 1964, continued to operate during the year. Fuller details will be seen in the Report on the School Medical Service.

Re-Housing of the Tuberculous

The scheme for re-housing tuberculous patients through co-operation between the Health Committee and the Estates Committee on the recommendation of the Consultant Chest Physicians, supported by the Medical Officer of Health, continued throughout the year.

During the year the Consultant Chest Physicians submitted recommendations in respect of eight cases. All had the support of the Medical Officer of Health.

Residential Treatment

During the year 30 (19 male, 11 female) Rochdale patients were at their first examination recommended for hospital treatment. There was no waiting period for any cases before admission.

Mass Radiography

No survey took place in Rochdale during 1968, but arrangements were well in hand for a visit in 1969.

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

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

	Adults		Children under 16 yrs.	Total	Total 1967
	M.	F.			
Total attendances	2055	1694	1769	5518	5404
New Patients examined found:—					
(a) Tuberculous	26	9	8	43	58
(b) Non-Tuberculous ..	558	465	338	1361	1181
Contacts referred for examinations	97	79	160	336	546
Contacts found to be Tuberculous	2	1	3	6	3
B.C.G. Vaccinations	20	39	352	411	291
Mantoux Tests					
(a) positive	23	52	206	281	291
(b) negative	63	104	243	410	484
Treatment recommended					
(Tuberculous cases only):—					
(a) Hospital	17	7	6	30	48
(b) Domiciliary ..	9	2	2	13	10
Visits by Nurses (a) Complete	—	—	—	821	851
(b) Unsuccessful				153	

VENEREAL DISEASES

No material changes have been made in the day-to-day arrangements for the investigation and treatment of venereal diseases during the year. The following are the statistics received from Physicians in charge of Treatment Centres dealing with cases from the County Borough of Rochdale:—

	Rochdale Treat- ment Centre	Other Treat- ment Centres	Total	Total 1967
New Cases:—				
(a) Syphilis	12	—	12	6
(b) Gonorrhoea	165	13	178	256
(c) Other conditions	178	5	183	166
Totals	<u>355</u>	<u>18</u>	<u>373</u>	<u>428</u>

The figure for new cases of Gonorrhoea shows a marked drop in comparison with those for 1967 and although it is still far too high, this reduction is encouraging.

Again, over half the new cases of males, i.e. 74 out of 123, occurred in men whose country of origin was outside the United Kingdom, but the total from this source — 74, is also well below that of 107 in 1967.

It is hoped that increasing awareness of the extent of this problem, together with health education measures taken by the Department, are having a beneficial effect.

CREMATIONS

During the year the Medical Officer of Health continued to act as Medical Referee to the Municipal Crematorium, Dr. F. J. Cauchi acted as Deputy and Dr. R. S. Gibson as additional Medical Referee.

A total of 1,572 certificates authorising cremation was issued by the Department during 1968.

WELFARE SERVICES DEPARTMENT

Mr. J. Chambers, Director of Welfare Services, has kindly provided me with the following report on the Chiropody Services during 1968:—

Chiropody — Aged

The Service arranged through the Rochdale Committee for the Welfare of the Elderly for aged persons with limited means provided 3,439 treatments for 821 persons. (domiciliary — 375 persons, 1,493 treatments; surgery — 446 persons, 1,946 treatments).

Chiropody — Handicapped

The service for physically handicapped persons under pensionable age, provided through the Welfare Services Department, involved 95 treatments to 23 persons (domiciliary — 10 persons, 47 treatments; surgery — 13 persons, 47 treatments).

National Assistance Act, 1948, Section 47

It was only necessary to make use of this Section once during 1968 when an elderly lady had to be admitted to hospital under the procedure laid down in the National Assistance Amendment Act, 1951. She died a short while after admission.

SANITARY CIRCUMSTANCES OF THE AREA

I am indebted to the Chief Officers of the various Departments of the Corporation for the information included in this section of the Report, also to the Engineer and Manager of the West Pennine Water Board.

Water Supply

The supply of water to the county borough was taken over from the Waterworks Department by the West Pennine Water Board on 1st April 1968. A report submitted by Mr. H. W. Elton, F.I.C.E., A.M.I.Struct.E., M.I.W.E., Engineer and Manager to the Water Board, together with information concerning samples taken by the Public Health Department, is set out in the manner prescribed by the Ministry of Health.

1	
(a) Whether the water supply of the area and its several parts has been satisfactory:	
(i) in quality	Generally
(ii) in quantity	Yes
(b) The action taken in respect of any form of contamination	Increase of chlorine and lime dose at treatment works.
(c) The number of dwellinghouses and the number of population supplied from public mains.	
(i) Direct to the house – Houses	33,487
Population	86,350
(ii) By means of stand pipe	Nil
(d) Fluoride content	less than 0.3 p.p.m.
2	
(a) Where there is a piped supply whether bacteriological examinations were made:	
(i) of the raw water	Yes – 1 sample
(ii) of the water going into supply	Yes – 362 samples satisfactory, 7 samples unsatisfactory.
(iii) Chemical Analyses	99 samples satisfactory.

(b) Samples of water examined for plumbo solvency

Source of Supply	Result		Total
	Satisfactory	Unsatisfactory	
Samples taken by Water Board ..	59	3	62 (7)
Samples taken by Public Health Department ..	47	2	49 (20)
	156	5	111 (27)

Figures in brackets refer to 1967.

The unsatisfactory samples obtained by the Public Health Department were the subject of investigations and after appropriate action satisfactory samples were obtained. Two follow up samples were taken during these investigations.

The water supplies in the Borough are sampled regularly. The Water Board samples at fortnightly intervals and copies of the reports are supplied to the Public Health Department. The Public Health Department also samples fortnightly, and at times when the Water Board is not sampling. These samples are taken at random in various parts of the Borough. The results are shown in the table below:—

Source of Supply	Result		Total
	Satisfactory	Unsatisfactory	
Samples taken by Water Board ..	218	3	221 (257)
Samples taken by Public Health Department ..	144	4	148 (120)
	362	7	369 (377)

Figures in brackets refer to 1967.

Only samples of water which proved to be sterile on bacteriological examination have been recorded as satisfactory. The unsatisfactory samples taken by the Public Health Department were the subject of repeat samples, all of which produced satisfactory results.

Fluoridation of Water Supplies

No real progress had been achieved towards fluoridation of the water supplies by the end of the year.

Evidence of the need for this measure to protect the teeth of the children of Rochdale is dramatically revealed by the photographs on Page 114 supplied by the Principal School Dental Officer.

On the 30th May, the Health Committee reaffirmed their previous decisions of the 21st January, 1963 and 12th July, 1966 that fluoride be added to the water supplies, and that the West Pennine Water Board be requested to arrange for this to be done. This was confirmed by the Council on the 3rd July.

The Corporation were subsequently informed by the Clerk to the Water Board that at the meeting on the 26th September of his authority it was reported that of the seven local health authorities concerned four had decided in favour of fluoridation and three against, and in view of this determination of policy was deferred. There the matter rested at the 31st December.

Sewerage and Sewage Disposal

The Corporation has continued its policy of encouraging trade effluents to be discharged to the public sewers and, as a consequence, the Roch Mills Sewage Purification Works is badly overloaded. It is anticipated that further discharges of trade effluent and domestic sewage, which are at present inadequately purified, will be connected to the sewerage system draining to Roch Mills in the next few years. These effluents at present discharge to the Rivers Roch and Spodden upstream of the town centre and their connection to the Roch Mills sewerage system will considerably reduce the pollution of these rivers upstream of the Sewage Works. Due to the overloading of the Sewage Works the condition of the River Roch downstream is expected to deteriorate.

The design of the extensions to enable the Roch Mills Sewage Purification Works to produce a high quality effluent, as mentioned in previous Reports, is proceeding within a separate Engineering Department under the direction of Mr. W.H.G. Mercer, B.Sc., A.M.Inst.C.E.

H. B. TENCH, B.Sc., F.R.I.C., M.Inst.W.P.C.,
Sewage Works Manager.

Public Cleansing

No major changes were made in the general organisation of the refuse collection service. The number of 'rounds' remained at twelve with minor adjustments between rounds to accommodate the changes brought about by Clearance Areas and new building. The introduction of bulk refuse containers of 8 to 16 cubic yards capacity at various places, serviced by a specialised vehicle, proved successful and will be extended. The number of British Standard dustbins supplied under the Corporation's scheme for the provision of dustbins as a charge against the rates was 3,860.

Work on the removal and disposal of abandoned cars increased as had been anticipated and some 300 vehicles were dealt with during the year.

There were no changes in the method of disposal of refuse, and the separation and incineration plant continued to give satisfactory service within its working limits. Unfortunately the contractors were not able to make a start during the year on the construction of the additional 100 cubic yards refuse storage hopper, which is designed to relieve the difficulties at present being experienced due to the ever-increasing bulk of house and trade refuse. The quantity of industrial waste disposed of continued at a very high level.

The organisation of street cleansing continued unchanged with mechanical sweeper-collectors picking up heavy debris and litter from the channels of main roads and estate roads, and manual sweepers attending to the removal of litter from footpaths and side streets.

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

Meteorological Notes

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

Year	Mean Temperature Deg. F.	Total Rainfall Inches	Sunshine Total Hrs.	Daily Average
1964	47	40.98	1091.1	2.9
1965	47	50.50	1097.8	3.0
1966	47	53.12	1070.8	2.9
1967	47	52.06	1121.6	3.0
1968	48	53.07	1090.8	2.9

Mean of the five years 1964/68	47	49.95	1094.5	2.9
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The mean temperature for 1968 was slightly higher than the average mean temperature for the last five years. The total rainfall was again higher than the average of the total rainfall for the last five years, whilst the total hours sunshine was less than the average of the total hours sunshine for that period.

The total rainfall was 53.07 inches and the wettest month of the year was September with 10.43 inches. October came second with 6.82 inches. The highest rainfall in any one day was recorded on the 20th September – 2.58 inches falling within 21.8 hours.

December was the driest month with 1.35 inches of rain recorded over 22 days.

The highest temperature of 80° was recorded on the 30th June and the lowest temperature of 17° was recorded on the 10th January.

June had the largest amount of sunshine with 174.8 hours for the month, whilst January had the lowest with 19.5 hours of sunshine. On 150 days in the year less than one hour's sunshine was recorded.

The ground was bare and frozen on 36 days during the year, but there was ice or snow covering on eight days in comparison with six days in 1967.

Fog occurred on twelve days – February and December having three days each, January, March and November having two days each when visibility was less than 235 yards.

Swimming Baths

Entwisle Road — opened May, 1937. Consists of two swimming pools 100 ft. x 36 ft. and 75 ft. x 30 ft., 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 four 10 ft. 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 in 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 the water in each pool and the temperature. The source of water is the town's water supply from Watergrove Reservoir.

Turkish and Russian 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. A well appointed cooling room is available in connection with these baths.

Castleton — opened May, 1910. Consists of a swimming pool 75 ft. x 20 ft., 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 pH value of the water are made three times per day at both baths. The chlorine residual is maintained at between 0.5 p.p.m. and 1.0 p.p.m. The pH 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.

E. BURY, M.Inst., B.M.,
Baths Manager.

PUBLIC HEALTH INSPECTION OF THE AREA

At the beginning of the year the staff of the Public Health Inspectors' Section consisted of the Chief Public Health Inspector, a Senior District Public Health Inspector, a Meat and Foods Inspector, a Smoke Inspector, a Housing Inspector, a Food Hygiene and Shops Inspector, and four District Public Health Inspectors.

During the year two students completed their training and succeeded in obtaining the qualifying diploma. The Health Committee recommended that they should be appointed to supernumerary posts so that it would be possible promptly to fill any vacancies which might occur and which were thought to be inevitable amongst a staff which contained inspectors ambitious for promotion.

It is pleasing to report that the Establishment Committee agreed with this proposal but one of the students obtained another appointment before Council approval of the proposal had been obtained.

For the first time for many years a full staff was maintained for the whole twelve months covered by the Annual Report and, indeed, was one over strength until the last week in December when one of the more senior inspectors secured another appointment.

A Trainee Public Health Inspector was appointed in November and at the end of the year there were, therefore, two trainee public health inspectors in the Section, one of whom completes his training in 1969. The Establishment provides for three trainees but the appointment of a third was deferred so that a proper spacing of the trainees could be achieved.

At the beginning of the year three Technical Assistants were employed in connection with the survey and establishment of smoke control areas. A Council decision to defer the creation of more smoke control areas carried with it the risk that we should lose the services of these men who had acquired very considerable skills in dealing with smoke control problems and in dealing with members of the public who were affected by those problems. It was agreed by the Committee that the services of these officers should be retained and that they should be employed in a Housing investigation with the object of preparing for the impact of the new housing legislation promised by the Government. As this new legislation was intended to be directed to the improvement of older houses rather than to their demolition, a preliminary survey of those properties was thought to be essential.

The third technical assistant reached retirement age early in the year and the Committee agreed to the retention of his services in a part-time capacity; he was thereafter engaged in dealing with records of rodent destruction thus relieving the two rodent operatives of certain duties and making it possible for them to devote more time to their work in the field. It will be recalled that last year it was mentioned that the Department's work in connection with rodent destruction was hampered to some extent because of the illness of one of the three rodent operatives provided for in the establishment. This man's illness continued to the early part of

the year when he reached retirement age. Thereafter the Department operated with two operatives, but with the part-time assistance previously mentioned. As the loss of a full-time rodent operative continued to be felt, arrangements were made for one of the operatives to have the use of a motor van when it was not needed by the Ambulance Service.

There is also an officer who deals with certain enquiries into infectious diseases and who carries out the actual work of disinfestation and disinfection and assists with the keeping of relevant records. His services are available also when it is necessary to deal with adult males at the Cleansing Centre at Harefield House:

The clerical staff of the Section consists of a Senior Clerk, a Senior Shorthand Typist, a Shorthand Typist and a Clerk Typist.

The closer control of intestinal infections which was established in 1964 continued during the year but it was necessary to take only 216 samples of faeces and urine compared with 314 which were obtained and submitted for examination during 1967. It is to be hoped that the continuing reduction in the number of such examinations indicates a lesser morbidity from this cause but it should be remembered that intestinal infections could at any time flare up to very considerable proportions.

The regular sampling of water supplies continued during the year and the more intensive investigation of plumbo-solvency which commenced towards the end of 1967 continued during 1968.

The availability of a full staff made it possible substantially to complete the initial general inspection of premises required by the Offices, Shops and Railway Premises Act.

Once again the Department continued to receive increasing numbers of complaints concerning the presence of foreign bodies in food. As in the past many of the complaints were eventually found to be of a trivial nature but nevertheless each had to be fully investigated and this made serious demands upon the time of the Food Hygiene and Shops Inspector.

Most of the nuisances and defects discovered following complaints were dealt with by informal means, i.e. by the issue of Preliminary Notices which are in fact letters drawing attention to defects and suggesting remedies. During the year 579 such Informal or Preliminary Notices were issued. (727 in 1967).

The Committee authorised the service of 51 Abatement or Statutory Notices to secure the abatement of nuisances and the remedy of sanitary defects in and around dwellings (69 in 1967). In all these cases the informal procedure previously referred to had failed to secure a suitable remedy.

On two occasions it was necessary to obtain warrants from the magistrates to enter premises where such entry had been refused. The houses concerned were suspected of being very dirty and possibly verminous. In each case the suspicion was confirmed and appropriate statutory notices were served.

During the year work in default of the owner had to be carried out on two occasions; reimbursement was subsequently demanded.

The demands made upon the Department in connection with the repair of dwelling houses and outbuildings and in dealing with associated matters continued at about the same level as the previous year.

The following classified summary 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 similar in nature to that done in previous years. Once again the power given by the Rochdale Corporation Act, 1958, to deal with inadequate or defective water supplies continued to be of great use — 75 notices for this kind of defect being issued.

NATURE OF NUISANCES DEALT WITH

HOUSES—

Verminous premises disinfested	163
Dirty houses cleansed	7
Repairs to roofs, floors, walls, eaves troughings, rainwater pipes, chimneys and general repairs to brickwork and stonework (including dampness) and repairs, or renewals of house fittings	762
Inadequate or defective water service pipes	75
Defects and deficiencies at Houses in Multiple Occupation	50

YARDS, PASSAGES, ETC.—

Repairs to yard surfaces, gates, walls, etc.	2
Offensive accumulations and stagnant water removed	91

SANITARY CONVENIENCES—

Closet buildings repaired	46
Closet fittings repaired	66

DRAINS—

Main or branch drains repaired or cleansed	58
--	----

GENERAL

Absence or unsatisfactory condition of sanitary accommodation at factories, workshops, or shops	1
Miscellaneous nuisances remedied	15

HOUSING

During the year a total of 452 dwellinghouses was represented to the Estates Committee as being unfit for human habitation.

Clearance areas accounted for 424 and 28 were classified as individually unfit.

Clearance Areas

REGENT STREET COMPULSORY PURCHASE ORDER

This Area was the subject of representation to the Estates Committee on the 10th September 1968. Objections were received and the Public Inquiry is to take place in 1969. The Area contains 17 houses, but in addition there are 5 owned by the Corporation. Twelve are through houses, 9 are back to back cottages and one is an inset cottage. The Area was occupied by 47 adults and 7 children.

RUMBOLD STREET COMPULSORY PURCHASE ORDER

The Area contains 40 through houses. One of them had to be dealt with as a matter of urgency by the making of a Demolition Order. Four others are not considered to be unfit for human habitation. The remaining 35 are classed as unfit for habitation because of disrepair and instability. The Area was occupied by 71 adults and 17 children.

WARDLEWORTH COMPULSORY PURCHASE ORDER

The Area contains 232 houses, of which 128 are through houses, 76 are back to back houses, 26 are inset cottages and 2 are other kinds of houses lacking through ventilation. Only 15 houses have separate yards and only 83 have separate use of a water closet.

The Area was occupied by 348 adults and 64 children. It is worth noting that 162 houses – very nearly 70% of the total, are occupied by couples or by persons living alone. The Area was represented to the Estates Committee on the 15th October 1968. Objections were received and the Public Inquiry is to take place in 1969.

The following Areas were the subject of representation to the Estates Committee on the 26th November 1968, and at the end of the year they were awaiting submission to the Ministry of Housing and Local Government for confirmation.

MOORLAND STREET CLEARANCE AREA

This Area contains 9 houses, of which 8 are through houses and one is a not through house. The Area was occupied by 7 adults and 1 child.

SHAMROCK PLACE COMPULSORY PURCHASE ORDER

The Area contains 34 houses, of which 2 are through houses, 31 are back to back cottages and one is a not through house. The Area was occupied by 33 adults and 2 children.

JOHN ASHWORTH STREET CLEARANCE AREA

The Area contains 7 houses, all of which have through ventilation and secondary means of access. The Area was occupied by 11 adults and 9 children.

BACK CRAWFORD STREET COMPULSORY PURCHASE ORDER

The Area contains 15 houses, of which 11 are through houses, 2 are through ventilated but have no back doors, and 2 are back to back type cottages. The Area was occupied by 25 adults and 7 children – 3 of the houses were vacant.



MANCHESTER ROAD CLEARANCE AREA



SLADEN STREET CLEARANCE AREA

DEEPLISH STREET COMPULSORY PURCHASE ORDER

The Area contains 18 properties, of which 14 are back to back houses, 3 are through houses and there is a shop with living accommodation. The Area was occupied by 35 adults and 19 children.

PORTLAND STREET COMPULSORY PURCHASE ORDER

The Area contains 48 houses, of which 43 are through houses, 2 are back to back, 2 are not through houses and one is an inset cottage. The Area was occupied by 88 adults and 22 children.

The position regarding the following Clearance Areas, which were the subject of reference in the Annual Report for 1967, was as stated below by the end of the year.

MANCHESTER ROAD CLEARANCE AREAS, Nos. 1, 2, 3, 4 and 5

This was the subject of a Public Local Inquiry which was held on the 7th March 1968. The Order was confirmed without modification on the 16th May.

BAILLIE STREET CLEARANCE AREAS, Nos. 1, 2 and 3.

No objections were received to this Order, which was confirmed without modification by the Minister on the 11th June.

SLADEN STREET CLEARANCE AREA

Objections to this Order were submitted to the Minister and the Public Local Inquiry was to be held in January 1969. The result will be referred to in the next Annual Report.

MOLESWORTH STREET CLEARANCE AREA

This Area was still under consideration at the 31st December.

Individual Unfit Houses

Representations concerning 28 houses were submitted to the Estates Committee and in addition 41 houses represented during the previous year were still under consideration at the beginning of 1968. The Estates Committee dealt with these houses as follows:—

Demolition Orders made	27
Closing Orders made or undertakings not to relet accepted	2
Corporation-owned properties closed or demolished	-
Undertaking to make house fit accepted	-
Representations still awaiting a decision	40

In addition to the foregoing, Demolition Orders were made on two houses which were already the subject of Closing Orders made in earlier years.

Houses in Multiple Occupation

There were 38 visits made to houses in multiple occupation, 5 of these being preliminary visits made in association with a representative of the Chief Fire Officer, Arising from these inspections, 4 preliminary notices were served, each of which covered a considerable number of defects or insanitary conditions.

Applications for Corporation Houses

There were 23 cases in which applicants for Corporation houses applied for support on the grounds that their houses were detrimental to their health. Each of these was the subject of special consideration and a recommendation as to procedure.

Housing Survey

Table I summarises the position at the end of 1968. 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 all the work done throughout the survey, but are related to the state of the houses existing at the end of December, 1968. There are still many major problems facing us associated with older houses.

TABLE I

House Type	Date of Erection					Totals
	Pre-1871	1871-1890	1891-1915	1916-1932	1933-1939	
Through	4,939	3,541	7,400	835	1,858	18,573
Back to back ..	1,021	51	-	-	-	1,072
Inset	272	5	-	-	-	277
Not through ..	517	13	-	-	-	530
Others Inspected — Shops, Hotels, Farms, etc. ..	463	108	112	15	9	707
TOTAL ..	7,212	3,718	7,512	850	1,867	21,159

TABLE II

	Date of Erection					Totals
	Pre-1871	1871-1890	1891-1915	1916-1932	1933-1939	
Total No. in District	7,212	3,718	7,512	850	1,867	21,159
Baths	2,124	2,296	3,728	850	1,867	10,865
W.C.	6,979	3,714	7,370	850	1,867	20,780
W.W.C.	36	-	141	-	-	177
Pail	197	4	1	-	-	202
Food Store Satis.	1,014	1,626	1,688	850	1,743	6,921
Washing facilities—						
Scully	4,948	2,432	4,938	833	1,865	15,016
Kitchen	470	400	1,142	2	1	2,015
L.Rm./K.	523	539	1,068	8	-	2,138
L.Rm.	890	46	81	-	-	1,017
Cellar	299	252	208	-	-	759
Wash House	82	49	75	7	1	214
Standard — Good	1,143	1,637	4,643	850	1,867	10,140
Medium	3,308	1,671	2,789	-	-	7,768
Poor	2,761	410	80	-	-	3,251

TABLE III

	Type Pre-1871					Totals
	Thro'	B.to B.	Not Thro'	Inset	Others	
Total No. in District	4,939	1,021	517	272	463	7,212
Baths	1,828	7	25	-	264	2,124
W.C.	4,783	1,001	464	270	461	6,979
W.W.C.	30	-	4	-	2	36
Pail	126	20	49	2	-	197
Food Storage Satis.	980	1	7	2	24	1,014
Washing facilities—						
Scully	3,636	530	352	69	361	4,948
Kitchen	447	-	9	2	12	470
L.Rm./K.	441	20	34	7	21	523
L.Rm.	87	463	109	194	37	890
Cellar	260	8	8	-	23	299
Wash-house	68	-	5	-	9	82
Standard — Good	1,103	4	3	-	33	1,143
Medium	2,526	299	131	97	255	3,308
Poor	1,310	718	383	175	175	2,761

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

	<u>1968</u>	<u>1967</u>	<u>1966</u>
Through houses in poor condition (Table III)	1,310	1,424	1,523
Back to back houses (Table III)	1,021	1,073	1,143
Not through houses (Table III)	517	531	549
Inset Cottages (Table III)	272	282	287
Houses built 1871-1890—in poor condition (Table II)	410	422	428
Houses built 1891-1931—in poor condition (Table II)	80	88	93
Totals	<u>3,610</u>	<u>3,820</u>	<u>4,023</u>

The figure of 3,610 houses remaining to be dealt with includes houses already condemned or in process of condemnation but from which the tenants have not been rehoused. The actual number of houses remaining to be dealt with is estimated to be in the region of 2,800.

Rent Act, 1957

There was no demand during the year for action under the Rent Act, 1957.

Enquiries Concerning Properties

It has for many years been the practice of the Department to provide information to persons who make enquiries about the future of properties which they are intending to purchase. During the year 422 such enquiries were received — 530 in 1967. In addition to this 344 similar enquiries were received from the Borough Engineer and Surveyor's Department in connection with properties being considered under the Small Dwellings Acquisition Act.

The Town Clerk's Department made 2,335 enquiries under the Land Charges Act. Officially this should involve no more than a search for any outstanding notices, but it is the practice of the Department to scrutinise each enquiry to see if the house is likely to become the subject of Housing Act procedure. If it is, appropriate comments are made. Also it is now customary to state whether a property is in a Smoke Control Area or if it is about to be included in such an Area.

Closet Accommodation

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

Pail Closets	187
Waste Water Closets	177

During the year 43 pail closets were either converted or done away with and 2 waste water closets were converted to the fresh water carriage system. The following table shows that the 187 pail closets which now remain are chiefly those where there is technical difficulty in conversion or where conversion ought to be associated with housing improvement.

		Houses		Other premises	Totals
		Separate accommodation	Joint accommodation		
I	Number of premises involved	116	86	10	212
II	(a) Unsuitability or absence of sewer as primary obstacle ..	110	37	23	170
	(b) Closets associated with properties due for demolition or improvement involving vacation of some houses	6	8	-	14
	(c) Capable of conversion without much technical difficulty ..	-	2	1	3
III	Total Pail Closets at 31st December, 1968	116	47	24	187
IV	Total Pail Closets at 31st December, 1967	142	60	28	230

Conversion of Pail Closets

The table indicates that of the 187 existing pail closets, the conversion of 170 will have to await the extension of existing sewers, the construction of new sewers, or in some cases the installation of small sewage plants. The list of existing pail closets was the subject of revision in August 1967; this was done in association with the Cleansing Department.

Caravans

There are three caravan sites in the Borough, one provided by the Council at Spring Hill and two private sites. One of the private sites is of limited use as it is intended to serve as temporary accommodation for persons who have just bought caravans.

The Public Health Inspectors made 168 visits in connection with caravans on unlicensed sites (243 in 1967). The duty of dealing with such caravans is now the responsibility of an Enforcement Officer in the Borough Engineer and Surveyor's Department.

Common Lodging Houses

There were two common lodging houses registered at the beginning of the year; the Salvation Army providing accommodation for 114 men in a modern hostel and another lodging house providing accommodation for 62 men, making 176 beds available altogether.

During the year 6 visits of inspection were made.

The older common lodging house continued in use but, as commented in previous Annual Reports, it is with difficulty that this house is maintained in the required condition.

Improvement Grants

An officer of the Borough Engineer and Surveyor's Department is responsible for dealing with applications for Improvement Grants under the Housing Acts. This officer consults the Health Department and the views of the Department on the applications are the subject of reports to the Borough Engineer and Surveyor. There were 287 such reports made during 1968 (440 in 1967).

SMOKE ABATEMENT

Industry

The co-operation of industry in smoke abatement continued to be excellent but it was necessary in three cases to institute legal proceedings for breaches of the Clean Air Act at industrial premises. Each of the three firms was fined £10 and ordered to pay £2.2.0d. costs.

In another case extensive smoke had been emitted for some time but as the firm concerned was actively engaged in securing an entirely new type of plant the Health Committee instructed the Town Clerk to issue a letter of warning. The new and somewhat experimental apparatus proved quite satisfactory once the 'teething' trouble had been overcome.

The survey of boiler plants and industrial fuel appliances continued and 27 plants (28 visits) were inspected. Any matters needing attention were brought to the notice of the firms concerned. In one case it was necessary to serve a notice under Section 16 of the Clean Air Act, 1956; this was in connection with the emission of smoke from coal burned in an open brazier.

Prior Approval of New Furnaces

Three applications were made for 'prior approval' of new boiler plants or apparatus. In all cases the plans and specifications justified the granting of 'prior approval' under Section 3 of the Clean Air Act, 1956, and in each case the Council approved the application.

The investigation of these applications requires considerable technical knowledge but once again the officers of the Department were able to deal with the work and it was not necessary to seek consultative advice during the year.

In 14 cases the advice of the Department was sought in connection with industrial installations of which notification had been made as required by the Clean Air Act but where 'prior approval' of the plant was not requested.

Smoke Control Areas

Twenty five contraventions of smoke control orders were observed and reported to the Health Committee. In two cases the Committee issued letters of warning and in the remaining 23 cases legal proceedings were instituted. Convictions were obtained in all cases and fines totalling £93 were imposed by the Magistrate – the fines ranged from £1 to £5. Twenty of the defendants were ordered to pay costs of 10s. 6d. each.

The system of leaving printed post-cards in cases where an emission of coal smoke was detected in smoke control areas continued but was confined to newly established smoke control areas because it was felt that in those areas which have been long established the requirements of the Clean Air Act should by this time be fully understood. Twenty six such warning post-cards were issued during the year, the addresses being recorded and available for reference to the Committee should a further contravention of the Act be detected.

Two smoke control orders came into operation during 1968 – the Falinge and Spotland Smoke Control Order on the 1st June and the Deeplish and Stoneyfield Smoke Control Order on the 1st December. At the end of the year, therefore, as will be seen from the table below 62½% of the acreage of the Borough is covered by operative smoke control orders and this covers almost 59% of the domestic premises and a little over 64% of the estimated population.

In the early part of 1968 the Council, because of the economic situation, decided that the establishment of smoke control areas, whilst desirable, was no longer to be considered as a matter requiring urgent attention. As a result of this decision the remaining six areas of the town which were scheduled to become the subject of operative smoke control orders between 1968 and 1972 will not be freed of domestic smoke until the period 1971 to 1975.

It is a matter for regret that the residents of these areas will be denied the benefits of smoke control which are already apparent in the areas where it has been established, and it is equally a matter for regret that the full benefits of smoke control in the areas where it has been established cannot be achieved until the whole of the town is covered by smoke control orders.

It is generally recognised that smoke abatement is one of the fundamental requirements in promoting urban renewal and also for promoting the rehabilitation of our older industrial areas with declining populations which fail to attract new industry and the technologists and managerial staffs which that industry requires. The popular image of the 'Dark Satanic Mills' still survives and failure to achieve clean air will further prolong its demise.

One result of postponing smoke control is the disruption of the rhythm which had been achieved in the administrative procedures needed to establish smoke control areas. We are fortunate that the Health Committee agreed that the technical staff engaged in smoke control should be diverted to certain forms of housing investigations until such time as the smoke control programme can be resumed. The loss of this skilled staff and the need to recruit and train adequate replacements would have presented the Department with a difficult and frustrating problem.

It is sincerely hoped that the Council will reconsider their smoke control policy at the earliest possible date.

The table below summarises the progress made in the establishment of smoke control areas and gives the best indication of the future programme that can be provided.

SMOKE CONTROL PROGRAMME
AREAS CONFIRMED OR OPERATIVE

Name of Area	Date of Operation	Acreage	PREMISES (Est.)			Estimated Population
			Domestic	Others	Industry	
Central Smokeless Zone ..	5.7.54	67.25	22	314	1	625
Alder Road Estate & Thornham	1.9.60	618.00	463	8	1	1,492
Kirkholt and Dicken Green	1.9.60	420.00	2,458	57	11	8,550
Bamford, Greave & Spotland	1.9.62	845.00	2,376	69	12	8,579
Brotherod & Rooley Moor	1.10.62	430.00	1,294	45	2	3,015
Brimrod & Springfield	1.11.63	450.00	1,695	41	6	4,401
Castleton & Meadway	1.8.65	1,200.00	2,819	130	24	8,129
Buersil & Kingsway	1.7.67	565.00	2,254	49	16	6,744
Healey & Syke	1.10.67	1,020.00	2,012	63	17	5,342
Falinge & Spotland	1.6.68	234.00	2,016	33	11	4,581
Deeplish & Stoneyfield	1.12.68	125.00	1,718	18	7	4,286
		5,974.25	19,127	827	108	55,744
		(62.5%)	(58.99%)	(53.39%)	(68.35%)	(64.24%)

AREAS SCHEDULED

Name of Area	Acreage	PREMISES (Est.)			Estimated Population
		Domestic	Others	Industry	
Freehold & Drake Street	220	2,552	211	6	5,500
Belfield & Milnrow Road	382	3,042	73	12	6,840
Newbold & Halifax Road	405	2,716	41	7	7,400
Heybrook & Entwisle Road	90	1,384	172	5	2,788
Townhead & Whitworth Rd.	135	2,353	137	9	4,873
Norden & Bagslate Moor	2,350	1,244	84	11	2,906
	3,582	13,291	718	50	30,307

Investigation of Atmospheric Pollution

The use of deposit gauges for estimating the extent of atmospheric pollution was discontinued at the end of 1967 after having been in operation since 1927, with a break during the war. As a result of the saving of expenditure it was possible to make arrangements for the purchase of an additional volumetric instrument similar to that which has been in operation for some years but it is not expected that this will come into use until 1969.

The results obtained from the existing volumetric apparatus which is stationed at Castleton are given below and indicate marked improvement over the four years, which can but be beneficial to health.

Smoke and Sulphur Dioxide Results, 1968; Volumetric Method

	PERIOD 1968	Microgrammes/Cubic Metre					
		Smoke			Sulphur Dioxide		
		Max.	Min.	Avg.	Max.	Min.	Avg.
1	2nd Jan. – 29th Jan. ..	333	16	140	406	130	253
2	30th Jan – 26th Feb ..	351	37	136	569	143	250
3	27th Feb – 25th Mar. ..	286	8	81	543	89	211
* 4	26th Mar. – 29th Apr ..	268	17	73	260	69	166
† 5	30th Apl. – 27th May ..	153	17	56	140	56	85
* 6	28th May – 1st July. ..	82	15	39	155	45	76
7	2nd Jul. – 29th July. ..	58	15	31	155	58	105
8	30th July – 26th Aug. ..	78	7	31	162	45	96
* 9	27th Aug. – 30th Sep. ..	172	7	47	209	47	103
10	1st Oct. – 28th Oct. ..	250	20	92	128	40	73
11	29th Oct. – 25th Nov. ..	903	30	109	289	39	84
‡ * 12	26th Nov. – 30th Dec. ..	1109	30	158	432	81	152

† – No result for 9th May – new motor required

‡ – No result for 15th December – disconnected pipe

* – five week period

Year	Averages	
	Smoke	SO ₂
1968	83	138
1967	96	188
1966	92	189
1965	160	207

INSPECTION AND SUPERVISION OF FOOD AND OF FOOD PREMISES

Milk Distribution

Under the Milk (Special Designation) Regulations, 1963, the Local Authority has the duty of controlling the distribution of milk and also has control over the use of various special designations. Licences and Registrations issued under these Regulations were as follows:—

Premises used as a Dairy	5
Persons Licensed as Distributors of Milk	354
Dealer's Licences to sell Pasteurised Milk, Sterilised Milk, Untreated Milk and Ultra Heat Treated Milk ..	353

Cleanliness and Keeping Quality of the Milk Supply

Thirty samples of milk were subjected to the Methylene Blue Test to determine cleanliness and keeping quality, 27 were satisfactory and appropriate action was taken in the remaining 3 cases.

Eighteen samples of milk were submitted to the Phosphatase Test to check the adequacy of the heat treatment. All were satisfactory.

Seven samples were examined for the presence of tuberculous infection. All the results were negative.

Brucellosis

It will be recalled that in November, 1967, the sampling scheme for the discovery of Brucellosis infections had to be temporarily abandoned because of the grave epidemic of Foot and Mouth Disease. It was not possible to resume operations until March 1968. There were 169 group samples taken and of these 3 were found to be positive, which led to further investigations at three farms. These investigations involved taking 107 samples from individual cows, and as a result 4 infected animals were disposed of.

2 farms were group sampled on 4 occasions during the year.

18 farms were group sampled on 3 occasions during the year.

1 farm was group sampled on 2 occasions during the year.

Fourteen samples were taken from individual cows at Borough farms at the request of Lancashire County Council whose officers had obtained evidence of infection in samples taken in the course of delivery to consumers in their area. Two of the samples taken at the farm concerned were found to be positive, and the infected animals were disposed of.

One sample was taken from a cow at the request of a farmer; this sample was negative.

It is felt that this sampling scheme continues to produce very useful results, and to be well worth the time spent upon it by the officers. Once again it is a pleasure to pay a sincere tribute to the wholehearted co-operation which the Department received from all the farmers whose premises were included in the scheme of investigation. Their co-operation is the more appreciated because the discovery of

infection involves them in considerable loss and a great deal of serious inconvenience. This helpfulness has been a feature of the scheme ever since its inception.

During the year it was not necessary to serve any notices requiring compulsory pasteurisation of the infected milk, because on each occasion the farmer concerned voluntarily made the necessary arrangements to prevent the spread of infection from the milk he produced.

In my last Annual Report I offered my congratulations to these farmers for the public spirit they displayed in dealing with the problem of Brucellosis and in this respect I would again express my thanks and those of my Department.

The control of Brucellosis infection in the milk supplies to the Borough is an aspect of the Department's work which receives little publicity and the people of Rochdale should be grateful to the farming community for their active support of this scheme.

Meat and Food Supply

The following table gives a detailed report on the examination of carcasses inspected at the slaughterhouse.

	Cattle exclu- ding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	1,405	2,446	146	16,434	1,155
Number inspected ..	1,405	2,446	146	16,434	1,155
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS					
Whole carcasses condemned	9	62	29	142	18
Carcasses of which some part or organ was condemned	488	1,542	7	2,600	97
Percentage of the number in- spected affected with disease other than Tuberculosis ..	35.37%	65.58%	24.65%	16.68%	10%
TUBERCULOSIS ONLY:					
Whole carcasses condemned	—	—	—	—	—
Carcasses of which some part of organ was condemned	—	—	—	—	—
Percentage of the number in- spected affected with Tuberculosis ..	—	—	—	—	—
CYSTICERCOSIS ONLY					
Carcasses of which some part or organ was condemned	1	1	—	—	—
Carcasses submitted to treat- ment by refrigeration	1	—	—	—	—
Generalisation and totally condemned ..	—	—	—	—	—

There has been regular inspection of meat and nearly 41 tons were condemned as unfit for human consumption and were disposed of for salvage purposes. This work involved 1004 visits to the slaughterhouse during the year.

The percentage of affected carcasses is somewhat higher than last year and once again this fact points to the value of the services rendered to the community by the Meat Inspectors who often have to work in conditions, which, although much improved, are still inconvenient and to some extent unpleasant.

The Food Inspectors during the year condemned over 7 tons of foodstuffs other than the amount resulting from inspections at the slaughterhouse. The greater part consisted of canned foods, but many other foodstuffs were involved as is shown by the table below.

Description	Total Condemned
Tinned Meats	4,425 lbs.
Miscellaneous—Tins	3,316
Sago	14 lbs.
Imported Offal	116 lbs.
Imported Meat	300 lbs.
Meat Pies ('fridge breakdown)	300
Home killed Meat ('fridge breakdown)	348 lbs.
Canteen Meat	648 lbs.
Potatoes	3,932 lbs.
Rice Pudding — tins	1,457
Frozen Food stuffs — packets	1,640
Dried Fruits	81 lbs.
Bacon	55 lbs.
Fish	70 lbs.
Poultry	188 lbs.
Cakes	61
Miscellaneous Groceries	30 lbs.
Yogurt — cartons	30
Apples (Imported)	120 lbs.

It will be seen that a total of some 48 tons of food, including meat, were condemned by the Department during 1968, which represents the removal of a sizeable potential health hazard to the citizens of the Borough.

Manufacture and sale of Ice Cream

There were eight premises newly registered during the year making a total of 534 premises registered for the sale and storage of ice cream. 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.

There were 63 visits of inspection to these premises during 1968 (171 in 1967).

Slaughterhouse

There is now only one private slaughterhouse in Rochdale, it is occupied by a firm of wholesale butchers.

The carcasses of all animals slaughtered in the local slaughterhouse are inspected by officers of the Department, and if they are fit for human consumption the carcasses are stamped as required by the Meat Inspection Regulations. This duty involves the meat inspectors working every Sunday and occasionally on Saturdays and Public Holidays.

Knacker Yard

The Knacker Yard continued to operate under licence during the year. Fifty-nine visits of inspection were paid to the premises.

Both the slaughterhouse and the knacker yard are the subject of careful inspection by the Meat and Foods Inspector and by other public health inspectors who periodically attend them. They are, of course, also subject to inspection by the Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. Only minor infringements of the Regulations were observed during the year and these were corrected immediately.

Food and Drugs Act, 1955

During the year 213 samples, 36 formal and 177 informal, were analysed or otherwise examined by the Public Analyst. There were 43 samples of milk, and the remaining 170 samples consisted of 59 different foodstuffs.

The Public Analyst reports that the milk samples were genuine and free from preservatives and colouring matter, and his report also shows that of the 43 samples, 22 of them contained more than 3.5% milk fat which indicates that in general, the quality of milk supplied in the Borough is very good indeed. Fifteen of the samples were examined for traces of the antibiotic penicillin and all were satisfactory.

There were 28 samples of foodstuffs (from 24 complaints) dealt with as being sub-standard or because of the presence of foreign bodies or of their unsatisfactory condition. The food in 16 of these cases was examined by the Public Analyst, but in the other 12 cases it was not necessary to seek his opinion.

In 13 cases the Committee authorised the sending of letters of warning to the persons concerned; in 7 cases no action was taken and in 4 cases legal proceedings were authorised by the Committee subject to the Town Clerk being satisfied with

the evidence. The legal proceedings which were instituted resulted as follows:—

Steak Pie containing Hide and Hair

Fined £20.0s.0d., and ordered to pay £3.3s.0d., costs

Mineral Water Containing Debris, Sand and Mould

Fined £25.0s.0d., and ordered to pay £3.3s.0d., costs

Meat Pie, sour due to reheating and improper storage (2 samples from the same source).

Fined £40.0s.0d., and ordered to pay the fees of the Public Analyst, the Advocate and Witnesses — (£9.8.0d.)

Sour meat submitted by a customer at a Restaurant

This complaint led to the discovery of several contraventions of the Food Hygiene Regulations and the prosecution was based upon these contraventions and not upon the sale of the sour meat — see below.

Food Preparing Premises (Food Hygiene (General) Regulations, 1960)

The following table indicates the various types of businesses operated in food premises and shows the number which have wash hand basins as required by Regulation 16, and shows also those premises which require a sink for the cleaning of equipment as required by Regulation 19, together with the number of sinks actually in use.

Class of Trade	No.	No. of wash hand basins	No. of sinks Required	No. of sinks Provided
Bakehouses	68	67	68	68
Butchers	76	76	76	76
Cafes and restaurants ..	31	31	31	31
Canteens	76	76	76	76
Fish and chip friers	67	67	67	67
Grocers and greengrocers ..	515	364	515	515
*Off licences	91	91	—	—
Public houses	163	163	163	163
Licensed clubs	50	50	50	50
Sweet shops	79	60	—	—
Misc. food premises	30	25	30	30

* These premises are used solely as off-licences or are premises whose uses are not subject to control by the Department, e. g. Pharmacists.

The inspection of food premises continued during the year and 1,499 visits were made (1,095 in 1967, 1,070 in 1966). Written notices were sent dealing with the following types of defects and faults.

Unsuitable premises (Reg. 5)	10
Dirty equipment (Reg. 6)	21
Foodstuffs exposed to contamination (Reg. 8)	7
Personal cleanliness, spitting or smoking (Reg. 9)	15
Carriage and wrapping of open food (Reg. 10)	-
Unsuitable drainage (Reg. 12)	-
Absence of notice re hand washing (Reg. 14)	7
Unsuitable sanitary accommodation (Reg. 14)	61
Inadequate water supply (Reg. 15)	1
Absence of wash hand basin (Reg. 16)	23
Absence of hot water supply (Reg. 16)	43
Absence of soap, nail brush, towel (Reg. 16)	48
Absence of First Aid Equipment (Reg. 17)	10
Absence of accommodation for outdoor clothing (Reg. 18)	2
Inadequate facilities for washing food/equipment (Reg. 19)	7
Inadequate lighting of food rooms (Reg. 20)	14
Inadequate ventilation of food rooms (Reg. 21)	10
Food room not to be used for sleeping (Reg. 22)	-
Cleanliness and repair of food rooms (Reg. 23)	107
Accumulations of refuse or inadequate storage of refuse (Reg. 24)	13
Temperature control of certain foodstuffs (Reg. 25)	2
	401

The Food Hygiene Inspector was able to devote much more time to this work during the year as will be seen from the increase in the number of visits he made.

The recommendations of the Food Hygiene Inspector once again elicited a quick response by the proprietors of food preparing establishments, but in one case it was necessary to institute legal proceedings in respect of 15 contraventions of the Regulations. The defendant was fined £10 on each of ten counts, making a total fine of £100; he was also ordered to pay £10 costs. The summonses in respect of the other 5 contraventions were dismissed.

The Food Hygiene Inspector, during the course of his duties spends much time in what could be called health education. He stresses the need to observe thoroughly the principles of hygiene in the handling of food and in the conduct of food premises. In addition, as mentioned in another part of the report, his services have been in demand for talks given to various bodies, on the subject of Food Hygiene. The results of these activities are not immediately apparent, but nevertheless, they must be fostering an increased awareness of the necessity for the hygienic handling of food.

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 and fish is as follows:—

Fish Friers	67
Meat Preparing Premises	46
Cafes, Restaurants, Canteens, Kitchens, etc.	107
Visits of inspection made to these premises during the year totalled	255

The Liquid Egg (Pasteurisation) Regulations, 1963

These Regulations require the pasteurisation of liquid egg to be used in food intended for sale for human consumption. There are no egg pasteurisation plants in the district.

Prevention of Damage by Pests Act, 1949

A total of 1659 properties were inspected by the rodent operatives; of these 1232 were the subject of complaints by members of the public and others; 494 were found to have rat infestation and 481 to be mouse infested; 427 properties were found to be infested following searches by the operatives; of these 370 were infested 3 by rats and the remaining 57 by mice.

The senior rodent operative retired at the end of March, 1968 but as he had been ailing for some months the work had to be carried out by two operatives. It was felt that with assistance from another source the service could be maintained if the vacancy was not filled, but unfortunately there was an increased number of complaints which to some extent nullified the efforts which had been made to reduce the burden of work. These efforts consisted of endeavouring to deal with complaints of mouse infestation in a manner more economical of rodent operative time. As most of such complaints were of a trivial nature this new procedure was helpful and was reasonably successful. It consists of distribution of packeted mouse bait which is delivered by the rodent operatives to the complainant's house; he also supplements, where necessary, the advice printed on the packet and asks the complainant to report if the infestation continues.

Towards the end of the year arrangements were made for the use of a small motor vehicle on four half days and one full day per week. The arrangement did not become fully operative until 1969 but its value has been conclusively demonstrated.

The increased incidence of Warfarin resistance noted last year in one area of the town has intensified somewhat and, whilst zinc phosphide had to be used in some cases, it was found that Alphachloralose could be used most successfully even at times or in places where the temperature was somewhat high. It is often found that complainants have been using Warfarin and in some cases Alphachloralose, before complaining to the Department and this may have given an impression of resistance to Warfarin.

Treatment of the sewers took place towards the end of the year.

The first treatment involved the placing of unpoisoned bait in 2855 manholes. 1285 manholes showed evidence of rat infestation and all these were poison-baited.

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 manufacturing of bedding, toys, baby carriages and other upholstered articles, 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 controlled. Two such premises are registered.

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 1968 two exemptions were extended and 12 licences renewed.

Offices, Shops and Railway Premises Act 1963

For the first time in many years, a full staff was available and, accordingly, it was possible to devote much more time to the work of inspection under the Offices, Shops and Railway Premises Act 1963.

During the year 340 premises were inspected generally, and this substantially completed the initial inspections.

These general inspections involved 1,299 visits which resulted in the discovery at 232 premises of 1,243 defects of various kinds. The nature of these defects and deficiencies is indicated in the following table.

Summary of Defects

Sec.		
4	Dirty premises, furniture, fittings. etc.	150
5(2)	Overcrowding	3
6	Inadequate heating or lack of thermometer	122
7	Ventilation	34
8	Inadequate lighting	114
9	Insufficient, unsuitable or dirty sanitary conveniences	175
10	Insufficient or unsuitable washing facilities	99
11	Inadequate supply of drinking water	2
12	Inadequate accommodation for storage of outdoor clothing	6
13	Inadequate seating arrangements	6
14	Unsuitable seating arrangements	10
15	Inadequate seating facilities	19
16	Defective or obstructed floors, passages, stairs, absence of handrails, etc.	201
17	Unfenced dangerous machinery	18
18	Notices not displayed near machines concerning young persons	1
19	Unsuitable sink	1
24	Absence of First Aid Box	52
50	No provision of information for employees re Act	130

1,143

Once again, the owners or occupiers of offices and shops which had been visited asked for advice on the manner in which they could meet the requirements of the Act, or for assistance in deciding the best way of correcting the deficiencies of which they had been notified. In addition many owners or occupiers asked for official inspection on completion of the necessary work.

In previous years inadequate artificial lighting was the most frequent cause of comment and suggestion in notices which were served, but this year it was found less frequently. In the last Annual Report comment was made upon the number of cases of defective or obstructed passages and staircases, and to the absence of hand rails. This condition was met even more frequently during 1968.

In general, the Department received the co-operation of owners and occupiers who made no really serious objection to any of the Department's requirements, although as in previous years the inspectors have often been invited to return to the premises to explain the requirements in detail.

Investigation of Accidents

Eighteen accidents were reported compared with 28 during the previous year and all were the subject of investigation.

Many owners and occupiers of offices and shops still appear to be unaware of the need to report accidents because almost all the accidents reported occurred at branches of firms whose headquarters had circularised them concerning the requirements of the Act. In the last Annual Report it was mentioned that quite a large number of the accidents reported had occurred at the main depot of a large multiple firm. This firm has done everything possible by notices, by exhortation and by disciplinary action to reduce accidents on the premises; it seems possible that their efforts made some impression, as the number of accidents on their premises in 1968 was considerably reduced despite a large increase in the staffing of the establishment.

Most of the accidents reported were of a minor nature and many of them were due to the disregard of rules laid down by the management concerned. In one case it was difficult to obtain a credible explanation of the accident and in some other cases it is possible that the accidents were the result of 'horse-play'.

Pet Animals Act, 1961

This Act regulates the sale of pet animals by providing that pet shops shall be licensed and inspected by the Local Authority. Nine such premises were licensed; all appeared to be conducted in a satisfactory manner.

Animal Boarding Establishments Act, 1963

This Act provides for the licensing of premises which are used for boarding animals. Eight such establishments were operated under licence during the year and all appeared to be conducted in a satisfactory manner.

Diseases of Animals (Waste Foods) Order, 1957

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. Twenty premises are licensed; no new licences were granted 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
Rag and Bone Dealers	4

The Knacker Yard is visited regularly, 59 visits being made during the year. Visits are made at intervals to the other offensive trades.

Disinfestation of Premises

The Disinfestation Officer who, incidentally, is responsible for the treatment of adult males at the Cleansing Station and the disinfestation of premises and clothing, carried out the following work during the year.

Destruction of wasps' nests	47
Cockroach infestations	88
Bug infestations	10
Flea infestations	14
Miscellaneous forms of vermin dealt with	59

The miscellaneous infestations included spider beetles, flies, bluebottles, crickets, slugs, silverfish, plaster beetles and earwigs.

Cleansing Station

The station at Harefield House is open from Monday morning until Friday evening, but treatment is available by appointment outside normal working hours.

The following table shows the number of persons cleansed at this Station.

	1968	1967	1966	1965	1964
Scabies	352	270	132	58	57
Head Lice and Other Verminous Conditions	94	119	152	100	102
	<u>446</u>	<u>389</u>	<u>284</u>	<u>158</u>	<u>159</u>

The increase in scabies, noted in 1967, has continued and is part of a general increase in this condition nationally, in respect of which no exact scientific explanation has been forthcoming.

I am pleased to see a decrease in verminous infestations which reflects favourably on the work of nurses in the school health service and is commented upon elsewhere in this Report.

The best defence against both scabies and vermin remains the regular application of soap and water.

The Construction (Health and Welfare) Regulations 1966

These regulations apply to certain building operations and work of engineering and construction; in general they are enforced by H.M. Inspector of Factories but the Local Authority is required to inform contractors of the steps which they must take to deal quickly with accidents or illness occurring on building sites. The Regulations also require the provision of adequate sanitary accommodation.

Four notifications under the Regulations were received from builders and others.

Outworkers

Thirty notifications under the Factories Act were received from other Local Authorities concerning outwork carried on in the Borough. Twenty-six concerned the making of cosaques, christmas crackers etc. (Class 29), one concerned work on household linen (Class 2) and three referred to the manufacture of wearing apparel (Class 1). All the premises satisfied the requirements of the Act.

FACTORIES ACT 1961

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

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	70	32	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	467	316	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (Excluding out-workers Premises)	49	4	—	—
TOTAL:	586	352	—	—

2. CASES IN WHICH DEFECTS WERE FOUND

NIL

TABLE 1. — Vital Statistics of Whole District during 1968,
and previous years.

Year	Population estimated to Middle of each Year	LIVE BIRTHS		Net Deaths belonging to the District			
		Net		Under 1 year of age		At All Ages	
		Number	Rate per 1,000 of est. population	Number	Rate per 1,000 Net Live Births	Number	Rate per 1,000 of est. population
1958	84,890	1400	16.5	32	23	1293	15.2
1959	84,690	1349	15.9	39	29	1330	15.7
1960	84,210	1364	16.2	42	31	1197	14.2
1961	85,890	1466	17.1	30	20	1343	15.6
1962	86,130	1608	18.7	35	22	1272	14.8
1963	86,300	1565	18.1	28	18	1262	14.6
1964	86,180	1592	18.5	36	23	1218	14.1
1965	86,490	1608	18.6	57	35	1232	14.2
1966	86,970	1620	18.6	26	16	1257	14.5
1967	86,960	1710	19.7	49	29	1157	13.3
Average for years 1958/1967	85,871	1528	17.8	37	25	1256	14.6
1968	86,350	1663	19.3	41	25	1173	13.6

TABLE II.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968
IN THE COUNTY BOROUGH OF ROCHDALE

CAUSE OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks and under 1 year	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over
B4. Enteritis and other Diarrhoeal Diseases	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	4	2	1	1	-	-	-	-	-	-	-	-
B5. Tuberculosis of Respiratory system	M	2	-	-	-	-	-	-	-	-	1	-	1
	F	1	-	-	-	-	-	1	-	-	-	-	-
B6. Other Tuberculosis, incl. late effects	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	-	1
B17. Syphilis and its Sequelae	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	-	-	-
B19(1). Malignant Neoplasm - Stomach	M	12	-	-	-	-	-	-	-	-	5	5	2
	F	17	-	-	-	-	-	1	1	2	5	8	
B19(2). Malignant Neoplasm - Lung, Bronchus ..	M	53	-	-	-	-	-	-	7	17	20	9	
	F	4	-	-	-	-	-	1	-	1	1	1	
B19(3). Malignant Neoplasm - Breast	M	1	-	-	-	-	-	-	1	-	-	-	
	F	16	-	-	-	-	-	1	4	5	3	3	
B19(4). Malignant Neoplasm - Uterus	M	-	-	-	-	-	-	-	-	-	-	-	
	F	6	-	-	-	-	-	-	-	2	3	1	
B19(5). Leukaemia	M	1	-	-	-	-	-	1	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	
B19(6). Other Malignant Neoplasms, etc. ..	M	56	-	-	-	-	-	5	6	10	19	16	
	F	44	-	-	-	-	1	2	4	13	13	11	
B20. Benign and unspecified Neoplasms ..	M	3	-	-	-	-	-	-	-	2	1	-	
	F	1	-	-	-	-	-	1	-	-	-	-	
B21. Diabetes Mellitus	M	4	-	-	-	-	-	-	-	-	-	4	
	F	6	-	-	-	-	-	-	-	1	-	5	
B22. Avitaminoses, etc.	M	2	-	-	-	-	-	-	-	-	-	2	
	F	1	-	-	-	-	-	-	-	-	-	1	
B46(1). Other Endocrine, etc., Diseases	M	1	-	-	-	-	-	-	-	1	-	-	
	F	2	-	-	-	-	-	-	-	1	-	1	
B23. Anaemias	M	2	-	-	-	-	-	-	-	-	-	2	
	F	2	-	-	-	-	-	-	-	-	1	1	
B46(3). Mental Disorders ..	M	1	-	-	-	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	
B. 24. Meningitis	M	2	-	-	1	-	-	-	-	-	-	1	
	F	-	-	-	-	-	-	-	-	-	-	-	
B46(4). Other Diseases of Nervous System, etc.	M	6	-	-	-	-	-	-	-	2	3	1	
	F	9	-	-	-	-	-	-	1	1	3	4	
B26. Chronic Rheumatic Heart Disease ..	M	11	-	-	-	-	-	1	4	4	2	-	
	F	11	-	-	-	-	-	2	-	4	5	-	
B27. Hypertensive Disease ..	M	6	-	-	-	-	-	-	-	2	3	1	
	F	8	-	-	-	-	-	-	-	2	3	3	
B28. Ischaemic Heart Disease	M	161	-	-	-	-	-	4	9	48	52	48	
	F	119	-	-	-	-	-	-	2	13	41	63	
B29. Other Forms of Heart Disease	M	21	-	-	-	-	-	-	2	4	5	10	
	F	43	-	-	-	-	-	-	1	3	5	34	

TABLE II.
(continuation)

CAUSE OF DEATH	Sex	Total all Ages	Under 4 weeks	AGE IN YEARS									
				4 weeks and under 1 year	1-	5-	15-	25-	35-	45-	55-	66-	75 & over
B30.Cerebrovascular Disease	M	81	-	-	-	-	-	-	-	5	21	23	32
	F	75	-	-	-	-	-	-	-	2	10	24	39
B46(5).Other Diseases of Circulatory System	M	24	-	-	-	-	-	-	-	1	6	4	13
	F	25	-	-	-	-	-	-	-	1	1	3	20
B31.Influenza	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	4	-	-	-	-	-	-	-	-	-	1	3
B32.Pneumonia	M	49	2	5	1	-	-	-	-	1	5	13	22
	F	64	2	2	3	-	1	-	-	-	4	7	45
B33(11).Bronchitis and Emphysema ..	M	35	-	-	-	-	-	-	-	1	8	16	10
	F	17	-	-	-	-	-	-	4	1	1	4	10
B33(2).Asthma	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	1	-	-	-	-	-	-	1	-	-	-	-
B46(6).Other Diseases of Respiratory System	M	11	-	1	-	-	-	-	2	1	2	2	3
	F	3	-	-	-	-	-	-	-	-	1	-	2
B34.Peptic Ulcer	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	-	-	-	2
B36.Intestinal Obstruction and Hernia	M	2	1	-	-	-	-	-	-	-	-	1	-
	F	1	-	-	-	-	-	-	1	-	-	-	-
B37.Cirrhosis of Liver	M	4	-	-	-	-	-	-	-	1	2	1	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B46(7).Other Diseases of Digestive System	M	3	-	-	-	-	-	-	-	-	-	3	-
	F	11	-	-	-	-	-	-	-	-	3	3	5
B38.Nephritis and Nephrosis	M	2	-	-	-	-	-	-	-	1	-	1	-
	F	3	-	-	-	-	-	-	-	2	-	1	-
B39..Hyperplasia of Prostate	M	4	-	-	-	-	-	-	-	-	-	1	3
B46(8).Other Diseases, Genito-Urinary System	M	1	1	-	-	-	-	-	-	-	-	-	-
	F	7	-	-	-	-	-	-	1	1	1	-	4
B46(10).Diseases of Musculo-Skeletal System	M	1	-	-	-	-	-	-	-	-	-	-	1
	F	5	-	-	-	-	-	-	-	-	-	2	3
B42.Congenital Anomalies	M	5	4	-	-	-	1	-	-	-	-	-	-
	F	4	1	2	-	1	-	-	-	-	-	-	-
B43.Birth Injury, Difficult Labour etc.	M	1	1	-	-	-	-	-	-	-	-	-	-
	F	3	3	-	-	-	-	-	-	-	-	-	-
B44.Other Causes of Perinatal Mortality	M	4	4	-	-	-	-	-	-	-	-	-	-
	F	9	9	-	-	-	-	-	-	-	-	-	-
B44.Symptoms and Ill-defined Conditions	M	3	-	-	-	-	-	-	-	-	-	-	3
	F	7	-	-	-	-	-	-	-	-	-	-	7
BE47.Motor Vehicle Accidents	M	9	-	-	2	1	4	1	-	-	-	1	-
	F	8	-	-	1	-	2	1	-	-	-	4	-
BE48.All Other Accidents	M	10	-	-	-	2	2	-	1	-	1	2	2
	F	15	-	-	-	2	-	-	-	-	1	-	12
BE49.Suicide and Self-inflicted Injuries	M	6	-	-	-	-	2	1	1	1	-	-	1
	F	4	-	-	-	-	-	-	1	-	2	1	-
BE50.All Other external Causes	M	5	-	-	-	-	1	-	1	2	-	-	1
	F	1	-	-	1	-	-	-	-	-	-	-	-
Total All Causes ..	M	609	13	6	4	3	10	2	16	44	141	179	191
	F	564	17	5	6	3	3	3	13	20	72	133	289

TABLE III.

INFANT MORTALITY.—Net Deaths from stated causes at various Ages under one year of age—Year 1968.

CLASSIFIED CAUSES OF DEATH	AGE AT DEATH								Total Deaths under 1 year	
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	4 weeks to 3 months	3-6 months	6-9 months	9-12 months	1968	1967
	Prematurity	13	1	-	-	-	-	-	-	14	16
Pneumonia	1	2	2	-	3	1	2	-	11	11
Congenital Malformations	2	1	-	1	1	3	-	-	8	8
Acute Bronchitis	-	-	-	-	-	-	1	-	1	-
Atelectasis	3	-	-	-	-	-	-	-	3	-
Intracranial Haemorrhage	1	-	-	-	-	-	-	-	1	3
Bowel Obstruction ..	1	-	-	-	-	-	-	-	1	-
Bowel Perforation ..	1	-	-	-	-	-	-	-	1	-
Gastro-enteritis	-	-	1	-	-	-	-	-	1	1
All Other Accidents ..	-	-	-	-	-	-	-	-	-	3
Homicide	-	-	-	-	-	-	-	-	-	1
Other Causes	-	-	-	-	-	-	-	-	-	6
ALL CAUSES	22	4	3	1	4	4	3	-	41	49

Net Live Births in the year:—Legitimate 1,440; Illegitimate 223

Net Deaths in the year:—Legitimate infants 32; Illegitimate infants 9.

ANNUAL REPORT

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

For the Year ended 31st December, 1968

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SCHOOL HEALTH SERVICE

Principal School Medical Officer and Medical Officer of Health	ROBERT G. MURRAY, M.B., Ch.B., D.P.H.
Deputy Principal School Medical Officer and Deputy Medical Officer of Health	FRANCIS J. CAUCHI, M.D., B.Sc., D.P.H. JOYCE NEWMAN, M.B., Ch.B., D.A. ROBERT S. GIBSON, M.B., B.Ch., B.A.O., D.P.H.
School Medical Officers	CHRIST D. H. MUNZNI, M.B., B.S. H. W. PRITCHARD, L.D.S. (*1.4.68) K. ANDERSON, L.D.S. R. G. WATSON, L.D.S. SUSAN WEBSTER, B.D.S. (Part-time) A. ANDERSON, L.D.S. (Part-time) R. MALLINSON, M.B., Ch.B. (Part-time) M.G. ROBERTS, B.Sc., M.B., Ch.B., F.F.A.R.C.S. (Part-time) (*17.9.68) S. F. MAWDSLEY (†31.12.68) M. J. O'NEILL, Man.Cert.T.D., Dip.Aud.(Man). (Part-time) B. O'NEILL, (Part-time) (*9.9.68) O. BARRETT, S.R.N., S.C.M., H.V. B. ALLEN, S.R.N., C.M.B.Part 1, H.V. S.H. BARLOW, S.R.N., S.C.M., H.V. P. V. DARBY, S.R.N., C.M.B.Part 1, H.V. C. M. DAVIES, S.R.N., S.C.M., Q.N., H.V. (*3.9.68) I. GELDARD, S.R.N., S.C.M., H.V. S.E.HOWARTH, S.R.N., C.M.B.Part 1, H.V. (†30.8.68) E.M.MASSEY, S.R.N., S.C.M., H.V., Q.N. (†21.5.68) D.J.A. MURRAY, S.R.N., S.C.M., H.V. (*23.9.68) J. REID, S.R.N., S.C.M., H.V. I. RUSHTON, S.R.N., C.M.B.Part 1, H.V. N. THORNBER, S.R.N., S.C.M., H.V. P.C. JOHNSON, S.R.N., C.M.B.Part 1, H.V. (Part-time) C. WALKER, S.R.N., R.F.N., S.C.M., H.V., Q.N. (Part-time)
Principal School Dental Officer	M. CISEK, S.R.N.
Senior School Dental Officer	E. MAXIM, S.R.N., Q.N. (†3.9.68) O. SYDENHAM, S.R.N. (Part-time)
School Dental Officers	A. TONGE, S.R.N. B. WHITWORTH, S.R.N.
Dental Anaesthetists	I. BAILEY, S.E.N. S. HOYLE, S.R.N. P. WILLIAMS, S.R.N., C.M.B.Part 1, (*14.10.68) M. DAVIES, S.R.N. (Part-time) J. ROOT, S.R.N., R.S.C.N. (Part-time)
Speech Therapist	D. R. BARNISH
Audiologist/Teacher of Deaf	C. M. DAVIES J. SMITH A. E. APPLETON (Part-time) (*7.5.68) I. STONE (Part-time) (†31.3.68)
Assistant (Audiometry)	E. COUPE (†31.5.68) V. EVANS J. LEACH (†31.12.68) S. LEES (*3.6.68) B. MASNEY (†8.3.68) D. SANDIFORD (*11.3.68)
Superintendent Health Visitor/School Nurse	G. M. WILLIAMS, M.A., D.P.A., Dip.Ed.Psych. (†31.8.68)
School Nurses/Health Visitors	
School Nurses	
Public Health Nurses	
Clerks	
Dental Surgery Assistants	
Educational Psychologist	

Consultants

Ophthalmic Surgeon	..	..	..	..	A. STEWART SCOTT, M.B., Ch.B., F.R.C.S.Ed., D.O.M.S.
Child Psychiatrist	..	..	..	..	A. POOL, M.B., M.R.C.P., D.P.M.

Available for Consultation by arrangement with the Regional Hospital Board:

Aurist	..	..	..	..	J. P. FRASER, M.B., Ch.B., F.R.C.S.Glasg.
Paediatrician	..	..	..	..	M. H. BUSTON, M.B., Ch.B., M.R.C.P., D.C.H.
Orthopaedic Surgeon	..	..	..	..	M. G. NOTT, M.B., F.R.C.S., F.R.C.S.(Ed.)
Chest Physician	..	..	..	..	W. R. MAY, M.B., B.S., M.R.C.P., D.C.H.

*Commenced duties

†Ceased duties

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

LADIES AND GENTLEMEN,

It gives me great pleasure to submit my Annual Report for 1968 on the School Health Service of the County Borough of Rochdale, being the sixtieth of the series.

Staff shortages once more presented us with major problems throughout the twelve months. However, as in previous years, these were largely overcome by devoted work and service from all concerned. It will be seen that in many aspects the volume of work exceeded that accomplished in the past.

The situation regarding medical officers was worse than in 1967, for the part-time post remained unfilled and Dr. Newman was absent for the whole of the period from mid-July onward.

The complement of health visitors remained well below establishment with two resignations and two new recruits. However, the prospects for the future improved considerably as we were able to recruit four student health visitors who commenced training during September and should prove most welcome additions to our hard-pressed staff when they return to us qualified in the late summer of 1969.

The post of Principal School Dental Officer remained unfilled from the 31st October, 1967 when Mr. Gledsdale resigned, until Mr. Pritchard took up employment on the 1st April, 1968. By the end of the year he had already effected a number of improvements in the service, notably the recruitment of Dr. M. G. Roberts, Consultant Anaesthetist, to give an additional regular weekly gas session at Penn Street clinic.

The appointment of an assistant audiologist (part-time) should enable us greatly to expand the screening of school children for often unsuspected defects of hearing.

For the second year in succession I am pleased to be able to record a further small reduction in the incidence of head infestations. Unfortunately, this is counter-balanced by an increase in scabies and impetigo. These three conditions may with some justification be termed 'dirt diseases', due in large measure to defective personal hygiene. The best, cheapest and easiest preventive measure is the frequent and regular application of soap and water, for which parents bear the prime responsibility. As I have said before, I am only too well aware that many houses in Rochdale still lack modern sanitary amenities, but by no means all the affected children come from such homes. I also well know that children from clean homes with conscientious, caring parents may from time to time become affected. However, these conditions are likely to remain with us as long as a relatively small minority of parents do not exercise their full and proper responsibility towards the cleanliness of their children. The health visitors and nursing staff are always willing to advise and help any parents who seek their assistance in such matters.

The school building programme proceeded with unabated momentum, continuing the improvement in the physical environment of education.

Facilities for games and recreational activities expanded in line with more academic and conventional provisions.

A particularly praiseworthy innovation is the English Teaching Centre, developed for the purpose of teaching immigrant children to speak and read English. This should do much to speed the assimilation and integration of these young persons into our society at an age when their minds are still malleable and before their ideas become fixed, and should go far to promote the health of our community in its wider aspects.

The Diagnostic Unit at High Birch School is proving of increasing value in assessing the educational capabilities and needs of apparently backward children.

Once more on behalf of the Service I wish to express sincere thanks to our colleagues in General Practice and in the Hospital Service for their help and advice so freely given.

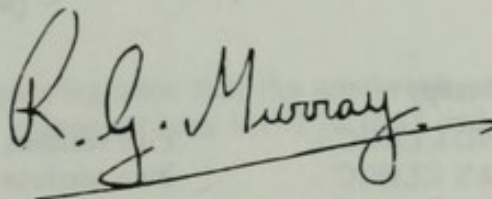
I wish to express my personal gratitude to all members of the staff for their most efficient and loyal service throughout the period of time under review, often rendered under conditions of considerable difficulty. In this connection I should like to extend a special word of thanks to Dr. Cauchi who undertakes the major burden of administering the Service and who plays a leading part in assembling this Report.

I should like to acknowledge the unfailing support and encouragement given to the officers of the Service by the Chairman and Members of the Schools Sub-Committee.

Finally, I wish to pay tribute to the Chief Education Officer, and the administrative and teaching staffs of his Department for their willing co-operation at all levels in our joint purpose to promote health and education in their widest meanings amongst the children and young people of our town.

I have the honour to be,

Your obedient Servant,

A handwritten signature in dark ink, reading "R. G. Murray". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Medical Officer of Health and
Principal School Medical Officer.

27th May, 1969.

CLINIC SERVICES

Central Clinic, Penn Street :

Open daily from 8-30 a.m. to 5-0 p.m. (5-30 p.m. on Mondays)

Minor Ailment Clinic – daily 8-30 a.m. to 12 noon.

Dental – Routine, Special, General Anaesthetic Sessions.

Ophthalmic – Three sessions per week.

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

Other Premises :

Minor Ailment Clinics –

KINGSWAY CLINIC – Tuesday and Thursday 8-45 to 9-30 a.m.

KIRKHOLT CLINIC – Monday and Thursday 8-45 to 9-30 a.m.

SPOTLAND CLINIC – Monday and Friday 8-45 to 9-30 a.m.

Dental –

SPOTLAND CLINIC – }
KIRKHOLT CLINIC – } Routine, Special, Treatment
KINGSWAY CLINIC – } and X-ray Examinations.

Audiology –

SPARTHFIELD CLINIC – Five sessions per week.

Orthopaedic –

ROCHDALE INFIRMARY – One session per week (Wednesday a.m.)

Paediatric –

ROCHDALE INFIRMARY – Two sessions per week
(Monday a.m. and Wednesday p.m.)

Speech Therapy –

SPOTLAND CLINIC – Five sessions per week.

KINGSWAY CLINIC – Two sessions per week.

KIRKHOLT CLINIC – Two sessions per week.

HIGH BIRCH E.S.N. SCHOOL – One session per week.

SCHOOL MEDICAL REPORT

The estimated population for Rochdale for mid-year was 86,350.

SCHOOL POPULATION

	Schools	Children
Senior High Schools	3	1,746
High Schools	8	4,092
Primary Schools	30	9,067
Special Schools	3	256
Nursery Schools	4	330
	48	15,491

Staff

The medical staff remained below establishment during the year.

Dr. Ginever's post as part-time Medical Officer remained unfilled. Dr. Newman went on Maternity Leave in mid-July and at the end of the year she was still on sick leave.

Two School Nurses/Health Visitors resigned during the year, but luckily their posts were filled by two new appointments soon afterwards.

One School Nurse retired in September, 1968.

Several Health Visitor/School Nurses attended short courses and conferences, usually lasting one day and held in nearby towns.

As in other years Student Nurses and other students have visited the Clinics and Special Schools as part of their training.

Work of the School Nurses and at the School Clinics

Minor Ailment Clinics :

It will be seen from the accompanying table that the numbers have gone up again - a total attendance of 7,051 compared with 6,193 in 1967 and 5,027 in 1966.

The following table gives a classification of the conditions dealt with at the Minor Ailment Clinics:—

	Penn St.		Kingsway		Kirkholt		Spotland		Total	
	1968	1967	1968	1967	1968	1967	1968	1967	1968	1967
New Cases—Doctors ..	331	341	5	6	50	19	—	1	386	367
New Cases—Nurses ..	1,061	980	598	469	200	150	143	93	2,002	1,692
Summary of New Cases:										
Ringworm (a) Scalp ..	—	—	—	—	—	—	—	—	—	—
(b) Body ..	3	1	1	—	2	—	—	—	6	1
Scabies ..	79	30	8	7	8	4	1	—	96	41
Impetigo ..	80	44	26	11	1	—	3	3	110	58
Other Skin Diseases ..	246	184	53	1	84	45	56	19	439	249
External Eye Diseases	56	55	6	2	8	2	4	—	74	59
E.N.T. Conditions ..	92	121	20	16	12	2	1	—	125	139
Other Defects ..	555	610	351	347	37	39	7	27	950	1,023
Septic wounds ..	133	131	62	44	53	21	20	11	268	207
Plantar Warts ..	148	145	76	47	45	56	51	34	320	282
Re-examination—Doctors	393	501	—	—	10	9	1	—	404	510
Re-examination—Nurses	2,160	1,781	1,068	844	441	562	590	437	4,259	3,624
Nurses Treatments ..	3,546	3,097	1,431	1,237	658	641	646	443	6,281	5,418
Total Attendances ..	3,945	3,603	1,671	1,319	701	740	734	531	7,051	6,193

School Nurses' Work:

					<u>1968</u>	<u>1967</u>
Hygiene—Inspections	..	..	..	..	36,851	35,330
Re-inspections	..	..	..	..	5,075	5,663
Brownhill Special School—(a) Dressings	358	..	..	..
(b) Specials	393	..	..	..	751	715
Eye Clinic cases	..	..	..	..	833	894
Home Visits	..	..	..	..	1,248	1,127
					<u>44,758</u>	<u>43,729</u>

Medical Inspections in Schools :

					<u>1968</u>	<u>1967</u>
Periodic Medical Inspections	..	..	..	..	3,167	3,401
Special Inspections	..	..	..	..	179	153
Re-inspections	..	..	..	..	4,211	5,005
Brownhill Inspections	..	..	..	..	166	203
					<u>7,723</u>	<u>8,762</u>
Parents interviewed	..	..	..	..	1,076	1,140

Owing to the shortage of medical staff, the inspection of eight schools was postponed until next year.

As in previous years, first place in number of defects requiring observation or treatment is occupied by defects of vision, followed by defects of nose and throat.

The standard of general physical condition, however, remains very high; only 2 pupils out of 3,167 examined were found in an unsatisfactory condition.

Infestation with Vermin

The battle against infested heads was continued and a very slight improvement can be recorded. While the total number of inspections went up by 933, the number of children infested dropped by 15. Obviously this is no spectacular improvement, but rather a spur towards further vigilance.

			<u>1968</u>	<u>1967</u>	<u>1966</u>
School population	..	..	15,161	14,562	13,879
Head inspections	..	..	41,926	40,993	36,262
Children with nits or vermin			1,179	1,194	1,401
Expressed as a percentage of head inspections	..	..	2.8	2.9	3.9

Children Treated at the Cleansing Centre

	<u>1968</u>	<u>1967</u>	<u>1966</u>
Verminous heads—			
Referred by School Health Service	50	64	106
Referred by Family Doctor ..	1	1	—
Scabies			
Referred by School Health Service	114	42	30
Referred by Family Doctor ..	69	86	22

It is obvious that the 'epidemic' of scabies has not yet shown any signs of improvement, and this finding is nation-wide.

Eye Clinic

Mr. A. Stewart Scott continued to hold three sessions a week at the School Clinic, Penn Street.

The following is a classified table :

Seen	833
Refractions	833
Glasses prescribed	194
Squints	21
Squints referred from Infant Welfare Clinics	8

Conditions seen were as follows :

	<u>Old Cases</u>	<u>New Cases</u>
Nystagmus	6	5
Cataracts	1	2
Ptosis	3	—
Coloboma	2	—
Vitreous opacity	—	1
Melanoma	—	1

This last case was a schoolgirl of 12 years of age. She was admitted to Manchester Royal Eye Hospital as an emergency and had her right eye removed.

Direct Referrals to Consultants at Hospitals

Ophthalmology is now the only specialty having Consultant Sessions at the School Clinic.

The large majority of children considered by the School Medical Officers to need a further opinion are usually referred to the family physician, but a few are still referred direct to Consultants.

During 1968 about 40 children were so referred.

Paediatrician : 8 cases: 3 enuresis, 2 asthma and bronchitis, 2 functional conditions and 1 gross overweight. This last was recommended and accepted for admission to the Children's Hospital, Norden, for a strictly supervised diet.

Orthopaedic Surgeon : a case of flat foot, he was seen and recommended for physical treatment.

Dermatologist : 2 cases of warts of hands; 1 child did not attend when sent for, the other was given x-ray treatment.

E.N.T. Surgeon : Mr. Fraser had the largest number of referrals (29) mostly follow-ups after unsatisfactory tests by the Audiologist.

Of these cases 7 were admitted to hospital for removal of Tonsils and Adenoids, 3 had removal of Adenoids only; others had non-operative treatment.

Other school children who received operative treatment in Hospitals :

(a)	For diseases of the ear	..	..	..	..	..	..	3
(b)	For Chronic Tonsillitis and Adenoids	..	..	..	..	..	..	277
(c)	For other nose and throat conditions	..	..	..	..	..	..	44

Here we wish to record our thanks to all Consultants for their prompt help and advice, and to the General Practitioners for their freely given co-operation in respect of children referred to them by the School Medical Officers.

Audiology Unit

Following is the report from Miss M. J. O'Neill:

1. Hearing Aid Wearers

	No. of Chdn
(a) Pre-school	6 (+ 1)

N.B. Of these 6 pre-school hearing aid wearers,
3 children had new issues.

This year

1 child has left Rochdale.

1 child has been placed in School for Deaf

2 children attend Innes Training Centre

1 child attends Nursery

1 child attends Play Group.

1 other child found to require aid is returning
to Italy with family (No aid issued)

(b) School Children	15
(i) 7 – 11 yrs	2
(ii) 11 – 14 yrs	13
2. School Visits made by Audiologist	23
3. Nursery Visits made by Audiologist	9
4. Home Visits to children of Pre-school age	5
5. Diagnostic Tests of Hearing (session attendances)	147
6. Auditory Training/Speech Training/Parent Guidance Sessions ..	99
7. Total number of attendances at Audiology Clinic	246

Pre-School Hearing Aid Wearers

Any pre-school partially hearing or deaf child who is issued with an aid is immediately commenced on a programme of Auditory/Speech Training, and parent guidance is given concurrent with the training sessions. Children who fall into this category attend the Audiology Clinic for one 45 minute session per week, during which training is carried out by the Audiologist.

The only exception to this rule is that children who attend the Innes Training Centre attend the training sessions less frequently since their rate of assimilation of training and subsequent progress is much slower than that of the child of a higher ability range.

Screening Tests of Hearing in Schools

Since September 1968, an Audiology Assistant (Audiometry) has been employed, part-time; her main duties are screening of schoolchildren.

Following is a classified table :

Schools visited	6
Children screened	338
Children re-examined	58

Speech Clinic

Mrs. Mawdsley's report follows :

During the year 135 children attended for speech therapy 1,742 times. 33 children were put on supervision and 51 were discharged.

The following table shows the distribution of speech defects :

Simple dyslalia	33
Multiple dyslalia	25
General dyslalia	15
Cleft palate	4
Hearing loss	3
Stammering	24
Stammer/dyslalia	2
Retarded development of speech and language	20
Dysphonia/dyslalia	6
Speech difficulties arising from emotional causes	3

An interesting category included in the speech distribution table this year is the one showing emotional problems as the main cause of speech trouble. These three children have entirely individual problems causing their speech difficulties. It is their inability to cope with them that links them together and produces three entirely different speech defects. Naturally, an improvement in speech cannot be properly effected until its cause is either removed or relieved.

The following are the reasons why 51 children were discharged :

Simple dyslalia.. .. .	10 satisfactory
	3 continually failed to attend
Multiple dyslalia	6 satisfactory
General dyslalia	6 satisfactory
	1 failed to attend
Hearing loss	1 as satisfactory as possible
Stammering	7 satisfactory
	2 left school
	2 failed to attend
Stammer/dyslalia	1 failed to attend
Retarded development of speech/language	2 satisfactory
	1 to residential school
	1 failed to attend
Dysphonia/dyslalia	1 satisfactory
Discharged at interview	2 satisfactory
Discharged for failing all appointments..	5

Once again the problem of parental co-operation is raised. Many parents feel that their responsibility towards helping their children ends with bringing them to the clinic for treatment. There is a marked difference in those children whose parents take an interest in treatment and continue with it at home. I have several cases where children with very poor speech and co-operative parents have responded quickly to treatment and improved sufficiently to be discharged. Yet many children with only relatively minor defects respond very slowly to treatment when parents show little or no interest in their progress.

Brownhill School (Headmaster – Mr. D. G. Price)

At the end of the year there were 104 pupils: 60 boys and 44 girls, classified as follows :

	<u>Boys</u>	<u>Girls</u>
Debility/unsatisfactory nutrition	10	12
Asthma/bronchitis	15	5
Heart defects	4	1
Epilepsy – major and/or minor	4	2
Emotionally disturbed	15	18
Physically handicapped	3	1
Others	9	5

During the year 27 pupils (14 boys, 13 girls) left the school : 2 boys were transferred to a residential school for maladjusted boys; 5 boys and 11 girls were of school leaving age and of these 1 boy and 2 girls are continuing their education at Rochdale College; 5 boys and 1 girl were re-transferred to ordinary schools at parents' requests; 1 boy emigrated to Australia; 1 girl was admitted to hospital for 'long-stay' treatment and a 10 year-old girl with severe congenital heart defect died in hospital after a heart operation.

During the same period there were 27 admissions :

	<u>Boys</u>	<u>Girls</u>
Asthma/bronchitis	5	0
Emotionally disturbed	1	6
Debility	4	4
Physically handicapped	2	2
Others	1	2

The school is visited regularly by a School Medical Officer and a School Nurse, and all pupils are kept under constant review in consultation with the teaching staff.

Mentally Handicapped Children

The number of school children tested by School Medical Officers according to an intelligence scale is limited to certain school leavers and some pre-school children unlikely to be suitable for education at school. Other children are seen in the first instance by the School Psychological Service, and those recommended for special educational treatment are referred to the School Medical Officers for assessment and the completion of the necessary documents.

During the year 59 children were examined at the School Clinic. Of the 18 leavers from High Birch School, 8 pupils were informally notified to the Local Health Authority for voluntary supervision by the Mental Welfare Service.

Action under Section 57 (4) of the Education Act 1944 was taken in respect of 13 children (7 boys and 6 girls) : ascertained as unsuitable for education at school.

Child Guidance Clinic

As Mr. Williams resigned at the end of August, 1968, we are indebted to Mrs. Griffin for the following report :

With the departure in August 1968 of Mr. Williams, Educational Psychologist, to a lectureship at the Didsbury College of Education, Manchester, the Borough was without an educational psychologist for the rest of the year. However, Dr. Pool, the Consultant Child Psychiatrist, continued to give his one session a week to the Child Guidance Service, supported by Mr. Quick and Mr. Wainman, Mental Welfare Officers, who included home visits, parental guidance and the taking of social histories in their work.

The absence of an educational psychologist has inevitably meant a reduction in the number of attendances at the clinic, but it is hoped to restore it to full functioning in the New Year. The continued smooth running of the Service during the later part of the year has been largely due to the capable assistance given by the clinic clerk, Mrs. Stone, to whom we are particularly grateful.

Mr. Pennington, one of Lancashire's educational psychologists, continued his association with the Spotland Clinic, and as in the previous year has referred to the Borough's Child Guidance Service psychiatric cases arising in the County area surrounding Rochdale.

The following are the statistics for the period 1st January, 1968 to 31st December, 1968 :

Cases on waiting list at 31st December, 1967	..	..	..	8
Cases referred during 1968	..	..	..	48
Sources of referrals		<u>Borough</u>	<u>County</u>	<u>Total</u>
School Medical Officer	..	9	5	14
School Psychological Service	..	17	8	25
General Practitioners	..	2	1	3
Others	..	6	—	6
Totals		<u>34</u>	<u>14</u>	<u>48</u>
Cases seen during 1968 :		26	15	41
Attendances at the Child Guidance Clinic				
Children	..	124	91	215
Parents or Guardians	..	103	67	170
Cases removed from waiting list	..			8
Cases on waiting list for initial interview at 31st December, 1968	..			7

Nursery Schools

During the year four medical inspections were carried out and 147 children were examined at the four nursery schools.

There were less inspections and fewer children examined because the medical staff were occupied with extra school inspections following the departure of Dr. Ginever and the absence of Dr. Newman.

Mothers are requested to be present at the first examination. They are also asked to attend when their children are seen at 'special' examinations.

Postural defects, flat feet, enlarged tonsils, squints and other abnormalities are kept under observation and the children are referred to consultants or their general practitioner when necessary.

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

Eyes	14
Ear, nose and throat	31
Speech	15
Skin	9
Orthopaedic	22
Others	60

Cleanliness Inspections	1968	1967	1966	1965
School population	342			
Head inspections	998	1,153	681	1,119
Children with nits or vermin	33	40	22	33
Expressed as a percentage of head inspections	3.3	3.5	3.2	2.9

Constant vigilance is required if the incidence of verminous infestation is to be kept within reasonable proportion. In spite of the efforts of staff to educate parents, and provision of free treatment where indicated, the numbers remain relatively high.

During the past four years the number of individual children found infested has fluctuated and this year shows a percentage of 9.7 of the total nursery school population.

Immunisations

During the year 389 children (425 in 1967) of school age received a full course of primary immunisation against diphtheria and tetanus, and 1,428 children (1,559 in 1967) who had previously been immunised received re-inforcing (booster) injections.

In addition, 1,271 children (1,343 in 1967) received a full course of primary poliomyelitis vaccination and of these 20 were of school age. Also 1,066 children (834 in 1967) who had a primary course received a re-inforcing dose. B.C.G. vaccination was received by 96 children (69 in 1967) of school age at the Chest Clinic under the contact scheme.

B.C.G. Vaccination

Routine B.C.G. vaccination for 13 year old children was carried out during the year. Eight schools were visited for this purpose. The following table shows the results obtained :

Children involved	..	..	..	..	..	..	..	1,209
Consents obtained	..	..	..	..	..	..	..	895
Percentage of acceptance (80 in 1967)	..	..	..	..	..	..	..	74
Skin tested	..	..	..	..	..	..	..	850
Heaf positive	..	..	..	..	..	..	..	53
Percentage positive	..	..	..	..	..	..	..	6
Negative and vaccinated (705 in 1967)	..	..	..	..	..	..	..	758

Of the 53 positive reactors, 20 with strongly positive results were submitted for full examination at the Chest Clinic.

Infectious Diseases

During the year there were 87 notifications of infectious diseases in school children. These were as follows :

	1968	1967
Scarlet fever	5	13
Measles	26	121
Whooping cough	6	17
Dysentery	3	4
Tuberculosis (respiratory)	5	2
Tuberculosis (non-respiratory)	2	1
Food poisoning	1	—
Infective Jaundice	39	—

No figures for Infective Jaundice are given for 1967 as the disease was not notifiable until 15th June, 1968.

Convalescent and Holiday Homes

The Moorland Home gave holidays to 124 children, all of whom were examined at the School Clinic beforehand. These children were selected on the recommendation of the teaching staff or the school nurse, because they have no other chance of a holiday. They gain a lot in health and happiness from their fortnight's stay in the Home.

Other Medical Examinations :

The medical examination of adults at the School Clinic, Penn Street, during 1968 are classified as follows :—

	<u>1968</u>	<u>1967</u>
Corporation Superannuation Scheme, etc.	86	74
School Meals Service Staff	208	224
Home Helps	21	29
Candidates for Teacher Training Colleges	63	89

The following special examinations were made of children. These figures cannot be included in the Statistical Tables :—

	<u>1968</u>	<u>1967</u>
Children undertaking part-time employment	305	297
Children going to camp, holidays abroad, returning to special schools, etc.	287	280

Health Education

Owing to the shortage of staff the hoped for expansion of Health Education as a discipline of its own had to be limited. Nevertheless, opportunities to undertake projects in schools have been developed. The programme in the Infants and Junior School, begun last year, continued and one of the most important features of its success was the improved image of the health visitor in school, also in the homes of the children. The staff and parents see the health visitor as part of the team responsible for the education of the family and not as a person who visits when some health problem is already presenting.

Children with particular language difficulties attend the English Teaching Centre and the opportunity has been taken by the health visitor to undertake group and individual teaching. Liaison with teaching staff is excellent and many health problems of children attending here have been relieved by co-operation between the health visitor and the teaching staff.

Other programmes were undertaken in five senior schools and included the Work of the Health Visitor, Home Safety, Local Authority Services, Mothercraft and other health topics. It is gratifying to note the amount of information which is absorbed and understood, and the interest shown in examinations for the Duke of Edinburgh Award Scheme and Child Care Certificates at these lectures.

Apart from these activities, School Medical Officers, Health Visitors and School Nurses include Health Education as part of their routine duties.

National Society for the Prevention of Cruelty to Children

During the year no school children were reported direct to the Society by the School Health Service.

SCHOOL DENTAL SERVICE

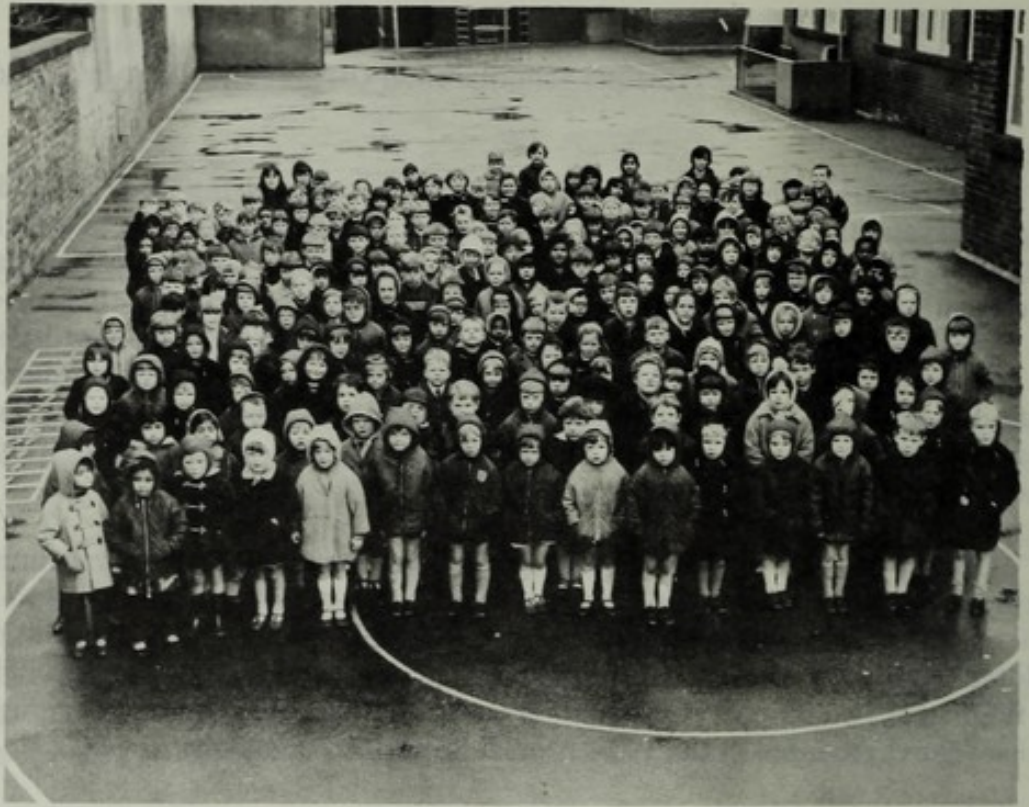
I am indebted to the Principal School Dental Officer, Mr. H. W. Pritchard for the following report :—

“Staff changes have again been numerous throughout the year. Three dental surgery assistants out of an establishment of four left the employ of the Local Authority, the last at the end of December. A further two dental surgery assistants have been appointed to replace them. Other appointments during the year were Dr. M. G. Roberts, B.Sc., M.B., Ch.B., F.F.A., R.C.S., Consultant Anaesthetist, to the part-time post of Dental Anaesthetist who, by taking up this appointment, has made it possible to increase the number of general anaesthetic extraction sessions from one to two a week, and the appointment of myself to the post of Principal School Dental Officer.

During the year a total of 9,815 pupils were inspected for the first time, and of these 334 were re-inspected. Inspecting officers were of the opinion that some 58% of these children could benefit from dental treatment. The distribution of children requiring treatment was found not to be even throughout the Borough and the findings at two schools in different areas of the town are given below along with similar figures recorded in the 1914 Annual Report for comparison.

Six and seven year old children	1914		1968		1968	
	Boys	Girls	School A		School B	
			Boys	Girls	Boys	Girls
Temporary Teeth						
Extractions required ..	19.1%	20.8%	24.3%	14.8%	5.4%	8.7%
Fillings required ..	15.1%	16.8%	78.4%	83.8%	37.8%	26.0%
Permanent Teeth						
Extractions required ..	0.0%	0.2%	5.4%	1.5%	0.0%	0.0%
Fillings required ..	18.8%	14.8%	35.1%	29.6%	0.0%	0.0%
Showing some evidence of regular treatment	—	—	4.1%	4.4%	25.1%	26.0%

If the evidence of dental treatment is taken as a guide to the degree of dental awareness in these two areas, the above figures would seem to indicate a possible relationship between active dental awareness and dental decay. Acting on this possible relationship a small project to instruct children in oral hygiene was started at Derby Street Primary School, where out of 224 children examined only nine were found to have a naturally sound set of teeth in healthy gums. This project was made possible by the generosity of Macleans, but its continuation and extension is in the hands of the Local Authority.



The photographs on this page show all the pupils attending a County Primary School and below those children found not to require dental treatment following inspection.

Dental treatment carried out during 1968 shows a welcome increase in quantity over that carried out during 1967, but it is still far below the 'National Averages' standard and although the ratios of teeth filled per tooth extracted has improved slightly from 1.5/2.0 to one in the case of permanent teeth and from 0.1/0.3 to one in the case of deciduous teeth over the last twelve months, the balance between teeth filled and teeth extracted still reflects an attitude to dentistry which belongs to a bygone era.

**The following Reports have been submitted by
the Chief Education Officer**

School Buildings

Early in 1968 the major scheme of alterations and extensions to Redbrook High School was completed. During the year a major scheme of alterations and extensions was started at Balderstone Senior High School which will accommodate approximately 1,300 pupils. In May work commenced on the erection of Stage III at the Rochdale College. This project will provide accommodation and better facilities not only for students attending this College, but also those attending the College of Art and the Further Education Centre who will be transferred to the new premises on completion. The Youth Employment Bureau will also be rehoused in these premises.

Minor works projects were commenced at Heybrook County Primary School involving the remodelling of the existing school premises to provide better facilities, including the provision of indoor toilets, at Newbold School to provide a Remedial Centre, and at Spotland County Primary School involving the extension of the existing school buildings. The latter project will provide accommodation for many of the pupils at present attending Townhead County Primary School. During the year work was completed on the provision of indoor toilets at Greenbank Infants School, improvements to teaching facilities at Castleton County Primary School, Hill Top Infants, Kirkholt Junior and Kirkholt Infants School, and the establishment of a nursery class at St. Alban's C.E. Infants School by adapting existing accommodation. Adaptations were also completed to part of the premises of the former Parish Church School in order to establish an English Teaching Centre for immigrant children.

Improvements to the heating systems at Castleton County Primary, Norden County Primary, Castlemere and St. Edward's C.E. Primary schools, and Greenbank Kitchen and Dining Room, were completed.

Schemes carried out by the Managers or Governors of Voluntary Schools included the provision of a temporary classroom at Holy Family R.C. Primary School, the transfer of two temporary classrooms from another authority in the Salford Diocese to Sacred Heart R.C. Primary School, improvements to the sanitary accommodation at Balderstone C.E. Primary School, external repairs at St. Patrick's R.C. Primary School, and improvements to the existing accommodation at St. John's R.C. Primary School.

Work continued during the year on the erection of Knowl View School, a residential school for maladjusted boys, and Bishop Henshaw Memorial R.C. Senior High School. Both of these schools should be completed in the first quarter of 1969. Projects scheduled to be started in this period are major extensions to Greenhill Senior High School, the erection of St. Vincent's R.C. Primary School, extensions to Bamford County Primary School, provision of a Remedial Centre at Meanwood, and replacement of the existing St. Gabriel's R.C. Primary School.

Remedial Education Service

The Remedial Service continued its policy of phased expansion during the year. A third Remedial Centre opened at Hartley Lane in January with Mr. E. Hadley appointed as Centre Teacher. 1968, therefore, began with three Remedial Centres in operation. In addition, Mrs. H. R. Stott joined the staff as a peripatetic teacher on 1st May. Consequently, it became possible for many more children to receive specialist remedial teaching.

During the year 526 children have been seen individually either for initial or review testing. A profile is built up and the relative needs of these children are assessed or reassessed. Advice, special help in school or remedial placing are arranged where possible. All the children 'at risk' are kept under observation to see that reasonable progress is being maintained and that the necessary help can be given when available.

290 selected children attended for remedial teaching during the year - 175 received Centre teaching and 115 were taught by peripatetic staff in the children's own Primary schools. Of the Centre children 45 were discharged during the year. While these children are withdrawn for extra help from the Remedial Service, class teachers are able to give more concentrated help to others in their classes, and thus the benefits are shared by many more children. Head Teachers and class teachers are increasingly taking advantage of the Centres to help them in their selection of appropriate materials for school use, and the Remedial Staff are frequently consulted to help with specific or general problems related to retardation and backwardness.

Plans are well advanced for the opening of a fourth Centre at Newbold, and a teacher has been appointed to open it early in the New Year.

Early in the year the problem of absorbing non-English speaking children particularly in the 13+ age group, in the High Schools resulted in a plan to establish for them a special teaching centre. Premises were adapted at the Parish Church School and annexe, and the "English Teaching Centre" opened in September, 1968 as part of the Remedial Service, with Mr. G. Watt-Wyness appointed as Teacher in Charge. The children are selected on the basis of language attainment, and attend for full time education. The course is planned to provide intensive language teaching and social training to prepare non-English speaking children of 11 to 15 years to integrate as quickly as possible into the High Schools and Senior High Schools or, alternatively, to be more prepared to enter suitable employment.

In June, 47 immigrant children already in the High Schools, and 26 due to transfer from Primary schools were interviewed and tested, and selected children — 30 from High Schools and 21 from Primary Schools — attended the Centre in September. They were joined by 6 new arrivals, and the school started early in the term with 57 pupils. The group includes West and East Pakistanis and children from India, Hong Kong, Kenya and Italy. English has to become their common language. By December the number enrolled had increased to 76 although 3 of these left the district during the term.

It is the intention to transfer the boys and girls to their neighbourhood school as soon as they have sufficient command of the language. Already the Centre is developing its own identity, and it is hoped that all children in the borough will benefit by this early language help given to non-English speakers so lack of communication will not be a bar to integration.

High Birch School (Mr. R. A. Watson, Headmaster)

High Birch School now provides places for 132 slow-learning children between the ages of 5 and 16, divided into 8 classes each covering a wide range of age and ability. During the period under review, we have had a full complement of teaching and ancillary staff for the first time for a number of years, and this has led to greater stability. We have also had regular visits from the Educational Psychologist, Speech Therapist, Audiologist, School Doctors and Health Visitors. Since February, we have had the services of the Physiotherapist for one session weekly and this has been most beneficial, especially to the young children in the Nursery Unit.

The Diagnostic Unit

The Nursery Unit has been full during the whole period, and has worked in close co-operation with all the specialist agencies concerned. 4 children have transferred to other special schools, 4 children to the Innes Junior Training Centre and 5 children have been admitted to the Reception Class in our own school. A regular pattern of parent-teacher consultation has been established, all parents responding well to these invitations. As mentioned in previous reports, it is felt that close liaison between parent and school is very important, especially for these young handicapped children. The Unit has established close contacts with Manchester University and with Didsbury College of Education where a special research programme in Compensatory Education is being conducted. The provision will be improved when it is possible to complete the outdoor play space.

Primary Classes

With the growth of the School Psychological Service, admissions are now generally taking place between 7 and 8½ years of age, early admission being clearly recognised as of benefit to the slow-learning child. Again, there is close consultation between parents, schools and specialist advisers. With the rise in the school population during the next decade, it is clear that additional classes will be necessary here very soon, if we are to maintain an appropriate level of provision.

Especially encouraging this year has been the extension of swimming lessons to the younger children who are all tremendously keen. At the moment, all classes take part except the two infant classes and about two thirds of the children are able to swim.

Secondary Classes

All the various activities mentioned in previous reports have continued to develop. The Senior Boys are at present engaged on a fairly ambitious building project — a brick-built Cycle Shed for the school, and the Senior girls continue with their work on the school cottage and are renovating and reupholstering furniture. This 'Cottage' project is clearly providing excellent training in household management at a realistic and practical level.

The First Aid Club was successful in gaining 6 St. John's Certificates in First Aid and a new after-school club was started for the 12 to 14 age-group. A full programme of sports activities was maintained, the Cross Country team being particularly successful this year.

Youth Club and After-Care Service

The Youth Club has had another active year with a membership of about 60. Certificates were gained in the Pennine and Rochdale walks. The majority of our school-leavers have been able to find employment and to maintain good work records. Again we are very grateful to our friends in the Youth Employment Service and to the small group of interested employers with whom we have been able to establish good co-operative arrangements over the years. It is, however, becoming increasingly difficult to place the less able school-leavers in employment and the future may well present problems.

Over the years, there has been a steady trend towards the admission of more and more children with multiple handicaps into special schools. This has led to a growing interest in diagnosis and in the development of special techniques and provision for specific groups. There are various lines of development for the future which seem now to warrant serious and urgent consideration.

(a) Our level of provision has traditionally been about 1% of the school population. This is generally agreed to be a desirable, indeed necessary, level. The school population in Rochdale is rising rapidly, and to maintain this level it will be necessary to provide more places quite soon.

(b) Recent reports like the Elfed Thomas Report and the Carnegie Report have emphasised the need for support and advice for parents of handicapped children. The appointment of an additional member of staff as Teacher-Counsellor would be of considerable advantage in fostering really effective home-school relationships with all parents.

(c) Provision of residential facilities for some of the maladjusted and multiply handicapped children from hard-core problem families would be valuable. These are children who do not benefit fully from the facilities we offer on a daily attendance basis. Often, their attendance is spasmodic and irregular. They are children whom it is difficult to place in residential schools or foster homes, and who very often subsequently need expensive supervision or custodial care of various kinds at a later stage in their lives. A small residential block attached to the school would have a valuable preventive and rehabilitatory function.

The co-operation we have received from many quarters has once again been highly valued, and has contributed greatly to another year of steady progress.

Physical Education

Bishop Henshaw R.C. Senior High School was opened during 1969. The Physical Education facilities at present consist of a Sports Hall measuring 90' x 54' and a series of four tennis courts. A full range of activities is possible in the Hall including cricket, golf practice, netball, five-a-side soccer, basketball, badminton (four courts) tennis and various small games. Playing fields are yet to be provided.

Knowl View School was nearing completion at the end of the year and is built to cater for the needs of fifty pupils. Physical Education activities will take place in the Assembly Hall which is equipped with rope-trackways, basketball backboards and a trampoline. A separate, windowless room is provided for recreational activity during the evening, and playing fields, not yet fully developed, are adjacent to the school.

The intensive swimming scheme in junior schools has continued to produce excellent results. The following schools have won National Awards under the Dolphin Trophy Award Scheme :

Castleton Primary School are National Winners having all their school leavers able to swim 100 yards.

St. Edward's C. of E. Primary School, All Saints' C. of E. Primary School and Derby Street Primary School have received awards of distinction as all their leavers could swim at least 25 yards.

Derby Street Primary School have also received a consistent achievement award for maintaining an average of 75% or more 25 yard swimmers over the past three years.

Two new schemes to provide additional incentives to swimmers are being introduced. The Trident Trophy is a competition designed to encourage Secondary Schools and the A.S.A. have now produced a series of awards for Speed Swimming.

Courses for teachers included Movement Gymnastics, Rugby League Football, Basketball and Athletics. A very successful experiment was a course on "The Creative Arts in Education" led by a team of specialist H.M.I. Teacher/Advisers and the P.E. Organiser. The courses were well attended and many teachers attended courses organised by other bodies.

During the year Rochdale has had the honour of staging the English Schools Girls' Cross Country Championships at Springfield Park and has also staged an International Schools Basketball Match between England and Ireland at the Greenhill Sports Hall.

Mr. Cox has left Rochdale to take up a post as Organiser of P.E. for the Lindsey area of Lincolnshire. His successor is Mr. R. Lunn, formerly Head of P.E. Department, Guthlaxton School, Leicester.

School Meals Service

The number of dinners produced by the School Meals Service during the year 1968 was 1,914,611.

A comparison of figures for three years shows how much the number of meals served and the number of kitchens opened have enlarged the service :

	No. of meals	No. of kitchens	Average daily output	No. of staff employed
1957-58	1,132,927	18	6,115	260
1966-67	1,667,605	33	8,717	350
1967-68	1,914,611	36	10,149	464

Cost of Medical and Dental Inspections, and Treatment

Year Ending 31st March, 1968

	£
Salaries of Medical, Dental and other Staff	30,636
Local Government Superannuation —	
Equivalent Contribution	1,601
Equal Annual Charge	250
Additional Allowance	114
National Insurance	934
Graduated Pensions Contributions	98
Repair and Maintenance Buildings	690
Maintenance of Grounds	88
Fuel, Light, Cleaning and Materials	2,681
Rents, Rates and Insurance	1,047
Furniture, Equipment, Drugs & Medical Requisites ..	1,537
Uniforms	125
Laundry	76
Conveyance of Children	464
Printing, Stationery and Advertising	579
Travelling and Subsistence	250
Postages and Telephones	379
Cleansing of Pupils	211
Other Expenses	10
	£ 41,770

Number of Special Inspections	401	201	100
Number of Examinations	1,041	541	270
	1,442	742	370
	1,442	742	370
	1,442	742	370
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	1,442	742	370
	1,442	742	

MEDICAL INSPECTION AND TREATMENT

YEAR ENDED 31st DECEMBER, 1968

TABLE 1.

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

A.—Periodic Medical Inspections

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected	
		SATISFACTORY	UNSATISFACTORY
		No.	No.
		(3)	(4)
1 964 and later	239	239	—
1963	523	523	—
1962	773	773	—
1961	117	117	—
1960	69	69	—
1959	57	57	—
1958	65	65	—
1957	55	55	—
1956	108	108	—
1955	92	91	1
1954	1,042	1,041	1
1953 and earlier	138	138	—
TOTAL	3,278	3,276	2

Satisfactory—99.94%

Unsatisfactory—0.06%

B.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspections 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)
1964 and later	3	32	30
1963	18	74	77
1962	27	126	126
1961	3	17	18
1960	4	18	20
1959	3	22	18
1958	5	20	17
1957	7	19	21
1956	17	32	33
1955	11	29	27
1954	137	137	232
1953 and earlier	10	25	24
TOTAL	245	551	643

C.—OTHER INSPECTIONS

Number of Special Inspections	179
Number of Re-inspections	4,247
Total	<u>4,426</u>

D.—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	42,924
(b) Total number of individual pupils found to be infested	1,189
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE II

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTIONS

A.—PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		ENTRANTS		LEAVERS		OTHERS		TOTAL	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4	Skin	44	90	21	46	11	22	76	158
5	Eyes—								
	a. Vision ..	48	163	147	94	50	40	245	297
	b. Squint ..	43	95	29	13	20	8	92	116
	c. Other ..	5	24	5	17	3	3	13	44
6	Ears—								
	a. Hearing ..	13	33	7	7	3	14	23	54
	b. Otitis Media	11	65	5	7	6	10	22	82
	c. Other ..	3	101	1	15	1	18	5	134
7	Nose and Throat ..	16	304	3	22	4	57	23	383
8	Speech	10	112	6	1	5	22	21	135
9	Lymphatic Glands	3	256	1	23	—	38	4	317
10	Heart	2	62	6	21	—	17	8	100
11	Lungs	27	33	7	7	2	10	36	50
12	Developmental—								
	a. Hernia ..	3	11	—	—	2	2	5	13
	b. Other ..	4	134	1	1	5	21	10	156
13	Orthopaedic—								
	a. Posture ..	2	16	—	2	—	4	2	22
	b. Feet	12	105	9	8	8	20	29	133
	c. Other ..	5	122	12	24	6	14	23	160
14	Nervous System—								
	a. Epilepsy ..	2	1	5	—	8	—	15	1
	b. Other ..	1	6	4	5	2	3	7	14
15	Psychological—								
	a. Development	2	47	14	14	67	22	83	83
	b. Stability ..	2	167	4	13	5	18	11	198
16	Abdomen	10	9	5	8	—	9	15	26
17	Other	12	18	15	22	1	10	28	50

(T)—Treatment

(O)—Observation

TABLE II—(continued)

B.—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin	7	3
5	Eyes—		
	a. Vision	45	29
	b. Squint	7	1
	c. Other	2	3
6	Ears—		
	a. Hearing	6	1
	b. Otitis Media	—	5
	c. Other	2	1
7	Nose and Throat	—	6
8	Speech	1	6
9	Lymphatic Glands	1	10
10	Heart	—	1
11	Lungs	1	1
12	Developmental—		
	a. Hernia	—	—
	b. Other	—	1
13	Orthopaedic—		
	a. Posture	—	1
	b. Feet	2	—
	c. Other	2	2
14	Nervous System—		
	a. Epilepsy	—	—
	b. Other	—	4
15	Psychological—		
	a. Development	4	14
	b. Stability	1	6
16	Abdomen	1	3
17	Other	3	2

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							
External and other, excluding errors of refraction and squint	..	..	..	..	..	..	74
Errors of refraction (including squint)	..	..	..	..	..	..	<u>833</u>
Total	..	..	..	..	..	..	<u>907</u>
Number of pupils for whom spectacles were prescribed	..	..	..	..	..	..	194
GROUP 2.—Diseases and Defects of Ear, Nose and Throat							
Received operative treatment—							
(a) for diseases of the ear	..	..	..	..	..	..	3
(b) for adenoids and chronic tonsillitis	..	..	..	..	..	..	277
(c) for other nose and throat conditions	..	..	..	..	..	..	44
Received other forms of treatment	..	..	..	..	..	..	<u>125</u>
Total	..	..	..	..	..	..	<u>449</u>
Total number of pupils still on the register of schools at 31st December, 1968 known to have been provided with hearing aids—							
(a) during the calendar year 1968	..	..	..	..	..	..	6
(b) in previous years	..	..	..	..	..	..	20
GROUP 3.—Orthopaedic and Postural Defects							
(a) Pupils treated at clinics or out-patients departments	..	..	..	..	..	..	55
(b) Pupils treated at school for postural defects	..	..	..	..	..	..	—
Total	..	..	..	..	..	..	<u>55</u>

GROUP 4.—Diseases of the Skin

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

Ringworm—												
(a) Scalp .. .. .	..	..	..	..	..	..	..	..	..	..	..	—
(b) Body .. .. .	..	..	..	..	..	..	..	..	..	..	..	6
Scabies .. .. .	..	..	..	..	..	..	..	..	..	..	..	96
Impetigo .. .. .	..	..	..	..	..	..	..	..	..	..	..	110
Other skin diseases .. .. .	..	..	..	..	..	..	..	..	..	..	..	439
												<u>651</u>

GROUP 5.—Child Guidance Treatment

Pupils treated at Child Guidance Clinics	50
--	----	----	----	----	----	----	----	----	----	----	----	----

GROUP 6.—Speech Therapy

Pupils treated by Speech Therapists	135
---	----	----	----	----	----	----	----	----	----	----	----	-----

GROUP 7.—Other Treatment Given

(a) Pupils with minor ailments .. .. .	..	..	..	..	..	..	..	..	..	..	..	950
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	..	..	..	..	..	..	..	..	..	..	..	—
(c) Pupils who received B.C.G. vaccination .. .. .	..	..	..	..	..	..	..	..	..	..	..	854
(d) Septic wounds .. .. .	..	..	..	..	..	..	..	..	..	..	..	268
(e) Plantar warts .. .. .	..	..	..	..	..	..	..	..	..	..	..	320
												<u>2,392</u>

TABLE IV

Dental Inspection and Treatment
Year ended 31st December, 1968

1. Attendances and Treatment :

First visit	4,365
Subsequent visits	3,727
Total visits	<u>8,092</u>
Additional courses of treatment commenced	503
Fillings in permanent teeth	2,902
Fillings in deciduous teeth	1,009
Permanent teeth filled	2,617
Deciduous teeth filled	976
Permanent teeth extracted	1,288
Deciduous teeth extracted	2,930
General anaesthetics	601
Emergencies	546
Number of Pupils X-rayed	219
Prophylaxis	400
Teeth otherwise conserved	327
Number of teeth root filled	12
Inlays	1
Crowns	16
Courses of treatment completed	3,398

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

2. Orthodontics:						
Cases remaining from previous year	..	..	..	..	..	44
New cases commenced during year	..	..	..	..	..	39
Cases completed during year	..	..	..	..	..	7
Cases discontinued during year	..	..	..	..	..	1
Number of removable appliances fitted	..	..	..	..	..	14
Number of fixed appliances fitted	..	..	..	..	..	—
Pupils referred to Hospital Consultant	..	..	..	..	..	7
3. Prosthetics:						
Pupils supplied with F.U. or F.L. (first time)	..	..	..	..	..	2
Pupils supplied with other dentures (first time)	..	..	..	..	..	7
Number of dentures supplied	..	..	..	..	..	10
4. Anaesthetics:						
General Anaesthetics administered by Dental Officers	..	..	..	..	..	—
5. Inspections:						
(a) First inspection at school. Number of Pupils	..	..	..	..	..	9,112
(b) First inspection at clinic. Number of Pupils	..	..	..	..	..	703
Number of (a) + (b) found to require treatment	..	..	..	..	..	5,620
Number of (a) + (b) offered treatment	..	..	..	..	..	4,992
(c) Pupils re-inspected at school or clinic	..	..	..	..	..	334
Number of (c) found to require treatment	..	..	..	..	..	294
6. Sessions:						
Sessions devoted to treatment	..	..	..	..	..	1,334
Sessions devoted to inspection	..	..	..	..	..	81
Sessions devoted to Dental Health Education	..	..	..	..	..	2

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

	(1) Blind		(3) Deaf		(5) Physi- cally Handi- capped Delicate		(7) Malad- justed		(9) Epi- leptic		Total Cols. 1-10
	(2) Par- tially sighted	(4) Par- tially Deaf	(6) (5) (6)	(8) E.S.N.	(10) Speech Defects	(11)					
A. Handicapped pupils newly assessed as needing education at special schools or in boarding homes	-	-	2	-	6	11	11	18	-	-	48
B. (i) Children newly placed in special schools or boarding homes assessed during 1968	-	-	1	-	6	12	9	18	1	-	47
(ii) Children newly placed in special schools or boarding homes assessed prior to 1968	-	-	-	-	-	2	1	1	-	-	4
Total (B(i) and B(ii))	-	-	1	-	6	14	10	19	1	-	51
C. On 23rd January, 1969:-											
Number of handicapped pupils from the area-											
(i) requiring places in special schools											
(a) day	-	-	-	-	-	-	1	-	-	-	1
(b) boarding	-	-	1	-	1	-	1	-	-	-	3
(ii) included at (i) who had not reached the age of 5 and were awaiting											
(a) day places	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places	-	-	-	-	-	-	1	-	-	-	1
(iii) included at (i) who had been awaiting admission to special schools for more than one year.											
(a) day places	-	-	-	-	-	-	-	-	-	-	-
(b) boarding places	-	-	-	-	1	-	-	-	-	-	1
D. On 23rd January, 1969:-											
(i) Number of handicapped pupils who were on the registers of:-											
(1) maintained special schools as											
(a) day pupils	-	2	1	-	14	49	45	127	5	1	244
(b) boarding pupils	-	-	-	-	3	-	-	1	-	-	4
(2) non-maintained special schools as											
(a) day pupils	-	-	-	-	-	-	-	-	-	-	-
(b) boarding pupils	8	2	5	5	4	2	-	2	4	-	32
(3) who were on the registers of independent schools under arrangements made by the Authority	-	-	-	-	1	1	4	3	-	-	8
(ii) were boarded in homes and not already included under (i)	-	-	-	-	-	-	-	-	-	-	-
Total (D)	8	4	6	5	22	51	49	133	9	1	288
E. On 18th January, 1969:-											
Handicapped pupils (irrespective of area to which they belong) being educated under arrangements made by the Authority in accordance with Section 56-											
(i) in hospitals	-	-	-	-	-	-	-	-	-	-	-
(ii) in other groups or units	-	-	-	-	-	-	-	-	-	-	-
(iii) at home	-	-	-	-	2	1	-	-	-	-	3

Children Found Unsuitable for Education at School

During the year ended 31st December, 1968:-

(i) Children the subject of new decisions recorded under Section 57(4) of the Education Act, 1944.	13
(ii) Reviews carried out under the provisions of Section 57A, of the Education Act, 1944	-
(iii) Decisions cancelled under Section 57 A(2), of the Education Act, 1944	-

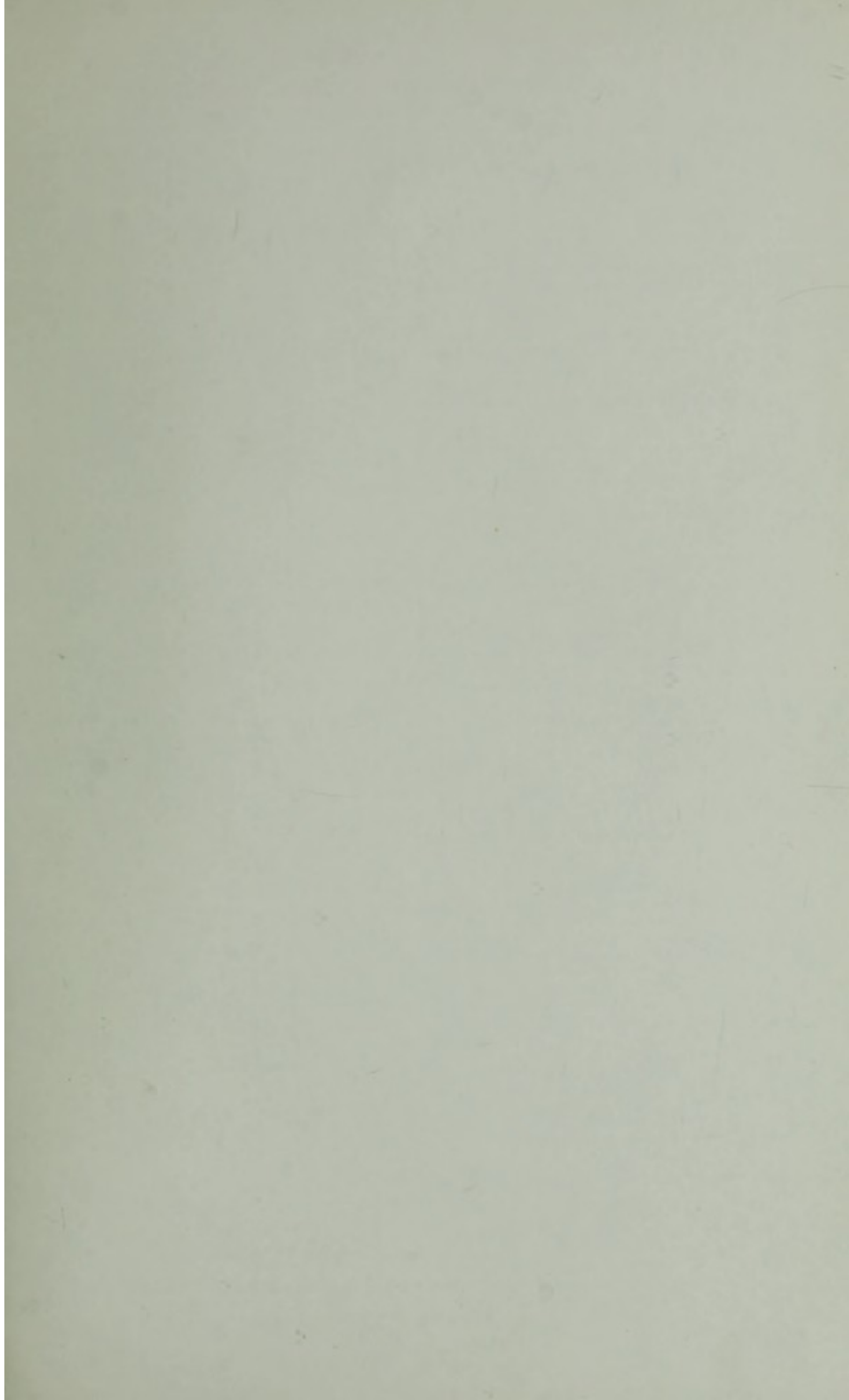


TABLE V
HANDICAPPED PUPILS RECEIVING EDUCATION AT SPECIAL
SCHOOLS OR BOARDING IN BOARDING HOUSES

	1939-40		1940-41		1941-42		1942-43		1943-44	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
A. Handicapped pupils newly received as boarding scholars at special schools or in boarding houses			2	—	8	11	11	14		
B. (1) Children newly placed in special schools or boarding houses between 1941 and 1944			2	—	6	14	9	15	5	
(2) Children newly placed in special schools or boarding houses between 1945 and 1949			—	—	2	1	2	—	—	
Total (B1 and B2)			2	—	8	15	10	15	5	
C. On 21st January, 1944										
(1) Number of handicapped pupils from the year										
(a) receiving places in special schools										
(b) boarding					2		1			
(2) included in (1) who had not attained the age of 5 and were waiting										
(a) in special schools										
(b) boarding places										
(3) included in (1) who had been a waiting scholar in special schools for more than one year										
(a) in special schools										
(b) boarding places					2					
D. On 22nd January, 1944										
(1) Number of handicapped pupils who were in the possession of										
(a) maintained special schools or boarding places		2	2		14	20	20	17	5	
(b) boarding places					2			1		
(2) who were in the possession of boarding places										
(a) in special schools		2	2		2			2	2	
(b) boarding places										
(3) who were in the possession of boarding places although waiting places were made in the category								2		
(4) who were in the possession of boarding places but who were already included under (1)										
Total (D1)		2	2		16	20	20	19	7	
E. On 14th January, 1944										
Number of pupils (irrespective of sex) to which the following being educated under arrangements made by the Authority in accordance with Section 26—										
(1) in hospitals										
(2) in other groups of pupils										
(3) in homes										

Children Found Unfit for Education at School

From the year ended 31st December, 1943

(a) shown the subject of new orders recorded under Section 27(a) of the Education Act, 1944

(b) having lapsed into order the provisions of Section 27(a) of the Education Act, 1944

(c) lapsed owing to the failure of the Authority to make orders



