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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, 1970

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



COUNTY BOROUGH OF ROCHDALE



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For the Year ending 31st December, 1970

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

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II - SCHOOL MEDICAL REPORT

PUBLIC HEALTH OFFICERS

YEAR ENDING 31st DECEMBER, 1970

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, B.Sc., M.D., 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)

(£6.8.70)

MARGARET ELIZ. HOPKINSON, M.B., Ch.B.,

(Part-time)

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

RITA B. RAHMAN, L.R.C.P., M.R.C.S.

(Part-time) (£31.8.70)

MARGARET H. OGDEN, M.B., Ch.B., (Part-time)

(*28.9.70)

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., Cert.M.I.

Smoke

Inspector:

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

Dip. Sm.I.

Housing Inspector:

A.H. LORD, Dip. P.H.I.E.B., A.R.C.A.T.S.,

Dip. Sm.I.

Food Hygiene and Shops Inspector:

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

Dip. Sm.I.

Public Health Inspectors:

A. BUTTERWORTH, Dip. P.H.I.E.B.

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

R.T. PETERS, Dip. P.H.I.E.B., A.R.C.A.T.S.

Public Health Inspector (Trainee):

H.R. VAUGHAN

M.R. CHAUDRY (*15.6.70)

Senior Mental Welfare Officer:

S.P. SMITH

Mental Welfare Officers:

J.M. MACKENZIE (*28.9.70)

F. PILKINGTON

A. TAYLOR, Cert. Soc. Work.

W.P. WAINMAN, Cert. Soc. Work (£17.8.70)

G.G. WILLIAMS, Cert. Soc. Work.

Innes Combined Training Centre Superintendent:

M. ROSNER

Innes Junior Training Centre Supervisor:

JEAN M. BUCKLEY

Principal Dental Officer:

H.W. PRITCHARD, L.D.S.

Senior Dental Officer:

K. ANDERSON, L.D.S.

Dental Officers:

R.G. WATSON, L.D.S. (£31.8.70)

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

BARBARA M. HEY, L.D.S. (Part-time)

BRIDGET M. HAINES, B.D.S. (£17.7.70)

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)

Superintendent Health Visitor:

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

Deputy Superintendent Health Visitor:

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

(*5.1.70)

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.

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

C.M. DAVIES, S.R.N., S.C.M., Q.N., H.V.

(£25.9.70)

J.G. MURRAY, S.R.N., C.M.B. Part 1, H.V.

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

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

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

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

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

(*7.9.70)

J.A. YOUSIF, S.R.N., Obst. Cert. H.V.

(*7.9.70)

Health Visitors/School Nurses (Part-time)

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

R.L. MURRAY, S.R.N., S.C.M., H.V.

(*8.6.70)

Tuberculosis Visitor:

G. QUINN, S.R.N.

Public Health Nurses:

I. BAILEY, S.E.N.

M. HILL, S.R.N.

P. KERRY, S.R.N., C.M.B. Part 1, N.N.E.B.

(*14.9.70)

Q.U.Z. KASHMIRI, S.E.N., (*5.2.70)

S.L. PEARSON, S.E.N.

C. HARGREAVES, S.R.N., S.C.M. (£28.12.70)

Public Health Nurses (Part-time)

M. DAVIES, S.R.N.

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

School Nurses:

M. CISEK, S.R.N.

A. TONGE, S.R.N.

District Nursing Association:

Superintendent — A.M. O'SULLIVAN,
S.R.N., S.C.M., Q.N.
1st Asst. Superintendent — M. McGONIGLE,
S.R.N., Q.N.

Non-Medical Supervisor of Midwives:

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

Domiciliary Midwives:

M. ASHWORTH, 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.
S.M. HAMILTON, S.R.N., S.C.M.
N. HOOK, S.R.N., S.C.M.
P. TOMLINSON, S.R.N., S.C.M.
A. WRIGHT, S.C.M.

Family Planning Medical Officers (Part-time)

MAY LOIS BLAIR, M.B., Ch.B.
MARGARET E. HOPKINSON, M.B., Ch.B.

Family Planning Clinic Nurse (Part-time)

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

School Nurses (Part-time)

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

Home Help Organiser:

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

Moral Welfare Assistants (Part-time)

J. BUTTERY (ø 31.3.70)
V. FITTON

Physiotherapists (Part-time)

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

Ambulance Officer:

C.J. PURVES

Interpreter:

Q.U.Z. KASHMIRI (ø 4.2.70)

Public Analyst:

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

Consultant Child Psychiatrist (Part-time):

A. POOL, M.B., Ch.B., M.R.C.P., D.P.M. (ø 31.7.70)

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

Chest Physician:

W.R. MAY, M.B., B.S., 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

ø 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 appertaining to the County Borough of Rochdale, and on the work of the Public Health Department, for the year 1970. I trust that you will find it interesting, informative and useful.

In a way this report marks the beginning of the end of an era which commenced with the great Public Health Act of 1875. The dismantling of the Public Health Department began with the coming into effect of the Local Government Social Services Act, 1970 during the first half of 1971, and the process is at present scheduled to continue until the 1st April, 1974 when the Local Health Authority, the Medical Officer of Health and the Health Department finally disappear into history. We are going through a period when it is increasingly difficult to attract and retain staff, and to sustain the morale and enthusiasm of those who remain. Nevertheless, the job will be done and the services carried on.

The uncertainty about the future which I referred to in my report for 1969 still remains to be dispelled and the need for an authoritative clarification of policy becomes increasingly urgent. If I survive I shall be the last Medical Officer of Health of Rochdale, a unique distinction which I scarcely expected when I took up office in 1963. I shall be, as it were 'The Last of the MOHicans'.

In spite of the difficult times through which we are passing I think that I can justly claim that the Health Department served the people of Rochdale and the Council well during 1970 and that the high standards of previous years were maintained.

A mobile clinic was purchased and brought into use in August, but disappointingly some unexpected deficiencies came to light in use and these had not been fully remedied by the end of the year and its employment had to be curtailed within our original intentions.

Our expectations regarding health centres, which seemed much brighter as 1969 drew to a close, rose steadily during 1970 and by December the final plans for a centre at Sparthfield had been completed. Unfortunately, our hopes were soon to be completely shattered by the events of January, 1971.

On the 1st April, 1970 I became a member of Calderstones Hospital Management Committee, and I have found the work there very interesting and worthwhile as we are on the threshold of a period of unprecedented change and expansion of services for the severely mentally handicapped, in which I am glad of the opportunity to play a greater part.

The year 1970 was a good one for me personally. My wife and I celebrated our Silver Wedding in April, four days after our first grandchild was born, and in October our younger daughter was married. My own first-hand experiences of life

have made me an uncompromising champion of marriage and the family, with all their human weaknesses and faults, as the basis of society and for the upbringing of children. In this age of iconoclasm for its own sake, however, it is not perhaps surprising to find even the family under attack by a minority of those too clever by half, but yet not half clever enough.

Throughout the country the behavioural disorders, to which I have referred in previous years, continued their uncontrolled expansion with new peaks being reached in such as abortion, venereal disease, violent crime and vandalism. It would be strange indeed if there were no common factors in the causation of these maladies.

Our modern way of life no doubt may exert a weakening influence on the family, especially in its extended form, rendering less stable and adjusted individuals rootless and shifting, subject to every persuasive influence which they encounter. I do not counsel a return to the rigid Victorian form of patriarchy exemplified by Mr. Barrett of Wimpole Street, but I do say that there are very few who go through life and never feel the need of a father-figure, even if they will hardly admit it to themselves.

As I write there are signs that a spectre from the past is reassuming corporeal form to menace the health, happiness and prosperity of individuals, families and communities. I refer to unemployment. In a dynamic society we must all accept redeployment of work and workers from time to time as old industries decline and new ones arise in their place. I earnestly hope that what we are experiencing will be a passing phase for there can be nothing potentially more destructive of a man's self-respect and personality generally than a prolonged period of enforced idleness, not to mention the effects on his family of psychological and physical deprivation. As has been said – "No-work is a dangerous occupation" !

However I do foresee increasing problems in the future for both sides of industry and for politicians of every shade of opinion in maintaining a high level of employment as technology, mechanisation and computers lessen the need for pairs of hands at the same time as the population is increasing steadily and our country is subject to rapid and unprecedented changes in its position in the world.

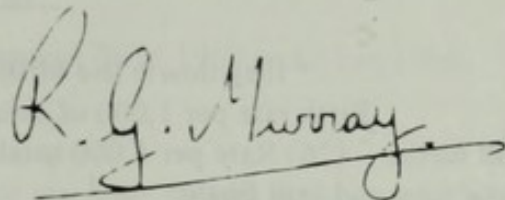
In the field of housing, of particular note were the Merefield and Freehold Compulsory Purchase Orders which embraced a total of 233 houses unfit for human habitation. Each of these Orders constituted part of an Improvement Area where the aim is to improve the environment and the physical quality of life for the householders who remain. It is most regrettable but the inhabitants will perforce have to endure a lengthy period of upset and temporary deterioration of their surroundings before all the procedures to secure the demolition of the unfit houses, the clearance of the sites and the upgrading of the vacant areas can be accomplished. However, steps are being taken in an effort to reduce the discomfort, inconvenience and dangers to a minimum. Outsiders can only join with the local inhabitants in the hope and belief that what they have to put up with will be well worth it in the end. If we fail in our efforts to improve and preserve existing stocks of the better older houses then the problems of urban renewal and slum clearance will be greatly intensified and the achievement of our objective to provide every family with a decent home could be indefinitely delayed. Much depends on the success of our first two ventures.

The Authority's clean air policy which has been languishing for a number of years received a further severe setback in 1970. Because of the rapid expansion of the use of natural gas (North Sea) a severe shortage of coke-based smokeless fuels developed and as a result the Council felt compelled to suspend smoke control completely throughout the winter months until the 30th April, 1971. There is perhaps no single action which the Local Authority could take which would be of greater benefit to all the people in the long term than the completion of smoke control for the whole borough. It would benefit personal health, amenity and the environment, in fact it is an essential part of urban renewal in all our older industrial areas and I am only surprised that successive Ministers of Health have not thought fit to make it mandatory at least in the designated 'Black Areas'.

It now remains for me in closing to express tribute and thanks to all members of the staff of the Health Department for their loyal and excellent service rendered under often difficult circumstances, to the Chairman and Members of the Health Committee for their constant interest and support, likewise to my fellow Chief Officers and their staffs.

I have the honour to be,

Your obedient Servant,

A handwritten signature in dark ink, appearing to read 'R. G. Murray'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Medical Officer of Health

12th October, 1971.

STATISTICS

Year ended 31st December, 1970

Area (in acres)	9,556
Registrar General's Estimate of Population, mid-year 1970	87,720
Number of inhabited houses	33,889
Number of houses on Corporation Estates at December, 1970	11,079
Number of houses on Corporation Estates at December, 1969	10,202
Estimated sum represented by a Penny Rate	£11,540
Rateable value	£2,920,741
Estimated expenditure on Health Services provided by Rates	£356,610

	<u>Total</u>	<u>M.</u>	<u>F.</u>
Live Births — Legitimate	1,471	575	714
Illegitimate	207 12.5% *	102 11.9% *	105 12.8%*
	<u>1,678</u>	<u>859</u>	<u>819</u>

* Illegitimate live births per cent. of total live births

Birth rate per 1,000 of estimated population	19.1
Still Births — (26) Rate per 1,000 total (live and still births)	15.3
Total Live and Still Births	1,704

	<u>Total</u>	<u>M.</u>	<u>F.</u>
Deaths	1,230	617	613
Death rate per 1,000 of estimated population			14.0

Deaths from Maternal Causes — (Nil)

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

Death Rate of Infants under one year of age — 46

All infants per 1,000 live births	27
Legitimate infants per 1,000 legitimate live births	24
Illegitimate infants per 1,000 illegitimate live births	48

Neo-Natal Deaths — (33) — Rate per 1,000 total live births 20

Early Neo-Natal Deaths — (31) — Rate per 1,000 total live births 18

	<u>Deaths</u>	<u>Rate per</u> <u>1,000 population</u>
Cancer (including Leukaemia and Aleukaemia)	191	2.17
Tuberculosis (all forms)	8	0.09
Ischaemic Heart Disease	332	3.77

VITAL STATISTICS

Population

The Registrar General's estimate of the population at mid-year 1970 is 87,720 and is an increase of 1,120 on that of 1969, and of 1,935 on the 1961 Census figure of 85,785.

Live Births

The live births, 1,678, gave a rate of 19.1 per 1,000 of the estimated population and an increase on the rate for 1969, which was 18.2 per 1,000. The figure is now well above the national one of 16.0. For the ten years 1960/69 the average birth rate was 18.3 per 1,000. This increase may be associated with the badly presented publicity regarding oral contraceptives which appeared on television just before Christmas, 1969.

Unfortunately, the number of illegitimate children showed an increase from 199 to 207, though the rate fell from 12.6% to 12.5%.

Stillbirths

There were 26 stillbirths recorded as against 26 in 1969 and 31 in 1968.

Infant Mortality Rate

There were 46 deaths registered under one year of age, equal to a mortality rate of 27.41 per 1,000 live births registered, showing an increase on the figures for 1969 of 42 deaths and a mortality rate of 26.64.

The main cause of death was prematurity from which 18 infants died under the age of one week. Pneumonia remains the greatest single cause of death in infants who survive the first week of life. In infants pneumonia is often of insidious onset and sudden death may occur before the parents may realise anything is seriously wrong. Any respiratory disease or infection is likely to be worsened by a cold damp climate such as ours, to which is added atmospheric pollution from industry and domestic fires. What is needed is the establishment of smoke control, not only for the whole of Rochdale, but for the entire Manchester conurbation.

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.

Premature Births

The following table which sets out the fate of 138 Rochdale children who were prematurely born during the year is of continuing interest.

Premature Births during 1970

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					
					B. H. H.	H.	O. H.	B. H. H.	O. H.	H.	B. H. H.	H.	B. H. H.	H.	B. H. H.	H.	B. H. H.	O. H.	Total
3 lbs. 4 ozs. or less	-	22	1	23	13	-	1	4	-	-	-	-	-	-	5	-	5
3 lbs. 5 ozs. to 4 lbs. 6 ozs.	1	16	-	17	1	-	-	2	-	-	-	-	-	1	13	-	14
4 lbs. 7 ozs. to 4 lbs. 15 ozs.	1	31	-	32	-	-	-	1	1	-	-	-	-	-	30	-	30
5 lbs. to 5 lbs. 8 ozs.	7	58	1	66	-	1	-	1	-	-	-	-	-	6	57	1	64
Totals	9	127	2	138	14	1	1	8	1	-	-	-	-	7	105	1	113

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.

This total of 138 is a decrease of four on that for 1969, 142, and the percentage of premature births to total live births shows a decrease from 9.01% in 1969 to 8.25% in 1970.

The survival rate shows a decrease with 81.88% in 1970 as against 86.6% in 1969 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 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 †
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
1969	1,576	26 16	42 27	22 14	19 12	45 28
1970	1,678	26 15	46 27	33 20	31 18	57 33

† Rate per 1,000 live and still-births

* Rate per 1,000 live births

Deaths from All Causes

The deaths registered number 1,230 which is a decrease of 16 on the figure of last year – 1,346. This total is made up of 617 male and 613 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.

The death rate from all causes was 14.00 per 1,000 of the estimated population, as compared with 14.39 in 1969 and an average of 14.3 during the ten years 1960/69.

Table I Appendix (Page 92) shows comparative mortality rates and birth rates during the past ten years, while Table II Appendix (Pages 93/4) shows the age and sex distribution, and the causes of deaths in 1969. It will be noticed that several of the causes of death listed have been re-classified by the Registrar General.

Chief Causes of Death

	1970	1969
Cancer	191	224
Cerebro-vascular Disease	157	162
Heart Disease	437	409
Other Circulatory Diseases	47	50
Bronchitis and Emphysema	62	72
Pneumonia (all forms)	131	145
Motor Accidents	21	14
All other Accidents	12	22
Suicides	10	14

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

Again this year the greatest single cause of death was ascribed to ischaemic heart disease with a total of 332 deaths (185 males, 147 females) showing a continuing rise in the figure of attributable deaths, those for 1969 being 290 (165 males, 125 females).

Once again these figures show a greater preponderance of males than females. 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 55 deaths in men and 23 in women, two and a half times as many fatal attacks.

Respiratory Diseases

This group of diseases caused 237 deaths compared with 243 in 1969 and 189 in 1968. Pneumonia caused 131 deaths (145), bronchitis 62 (72), influenza 17 (6), tuberculosis 8 (3), asthma 1 (1), other respiratory diseases 18 (16). Figures for 1969 in brackets.

No fewer than 106 of the pneumonia deaths took place in persons aged 65 years and over, in many of whom it is a terminal event where the underlying cause is really old age.

Cancer

Deaths classified to this cause (including leukaemia and aleukaemia) and shown in the age groups below number 191 (males 87, females 104) as against 224 in the previous year.

	Total deaths	Under 15 years	15 - 44 years	45 - 64 years	65 years and over
Year 1970	191	-	8	71	112
Year 1969	224	1	7	73	143

These figures show a decrease in total deaths due to cancer compared with 1969. Deaths ascribed to cancer of the lung and bronchus, however, remain almost the same with 53 this year and 54 in 1969, no fewer than 41 of these being in males of whom 24 were under 65 years of age. There was a relatively sharp rise in deaths from this cause in females in 1969 – from 4 to 12, and the figure for 1970 remained the same as for 1969.

There were three deaths from leukaemia, all women, one aged between 45 and 54 years, and two between 65 and 74 years.

No children of compulsory school age, under 15 years, died of malignant disease during 1970.

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. It will also be seen that in 1907 almost one third of the deaths occurred in people under 15 years of age, whereas in 1970 the proportion has been reduced to one twenty-fifth.

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

Age Groups	1907	1917	1927	1937	1947	1957	1967	1970
Under 15 years	32	22	14	6	9	5	5	4
15 – 45 years	45	17	13	13	6	4	4	4
45 – 65 years		29	33	32	24	23	23	23
65 years and over		32	40	49	61	68	68	69

Comparative Mortality and Birth Rates

	Death Rate All Causes per 1,000 of population	Live Birth Rate per 1,000 of population	Infant Mortality per 1,000 live births
ROCHDALE	14.0	19.1	27.4
Average 12 neighbouring manufacturing towns	13.8	17.7	25.5
Administrative County of Lancaster	12.5	16.9	19.8
England and Wales	11.7	16.0	18.0

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, Milnrow and Littleborough.

The average number of unemployed persons on the register during the year ended 31st December, 1970 was as follows:— men 781, women 110, making a total of 891. The figures for 1969 were — men 674, women 111, making a total of 785.

I am also informed that in the middle of 1970 there were approximately 52,103 insured persons (31,208 men and 20,895 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 Security 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.

The high incidence of new claims mentioned in December, 1969 as due to influenza, quickly subsided during January and was back to normal by the end of the month.

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. - <i>CHILD HEALTH</i>					
(A) Deeplish 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 mth. 10-12 noon
(G) Bamford Working- men's Club	—	—	—	1st & 3rd in each mth. 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.	—	—
(J) Ralph Williams Clinic, Stevenson Sq., Smallbridge	2- 4 p.m.	—	—	2- 4 p.m.	—
II. - <i>ANTE-NATAL</i>					
(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. - <i>RELAXATION CLASS</i>					
(A) Baillie St. Council School	7- 8 p.m.	—	—	7- 9 p.m.	—
(B) Kirkholt Community Centre	6.45-8.30 pm fortnightly	—	—	—	—
(C) Spotland Clinic Phoenix Street	6.45-8.30 pm fortnightly	—	—	—	—
IV. - <i>FAMILY PLANNING CLINIC</i> (Baillie St. Council School)	—	2- 4 pm.	7-8 p.m.	10-12 noon monthly	—
V. - <i>CERVICAL CYTOL- OGY CLINIC</i> (Baillie St. Council School)	—	5- 7 p.m. weekly	—	—	—
VI. - <i>CLINICS PROVIDED BY THE EDUCATION COMMITTEE -</i>	See Page 101				

Administration and Co-ordination

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, and this appears to be the policy advocated by successive Secretaries of State for Health and Social Services.

The policy of liaison and co-operation with family doctors was maintained during the year with the attachment of a district nurse increased to three partnerships and the attachment of a midwife to two. Health Visitor attachment was also increased to two practices and health visitor liaison reduced to two practices. Further details are given in the relevant sections of the Report.

HEALTH CENTRES

A great deal of work was carried out during the year on planning the proposed health centre at Sparthfield and a number of meetings took place between the various parties concerned.

It was hoped that a start could be made on building early in the financial year 1971/72. Most regrettably, early in January, 1971 events occurred which ultimately led to the abandonment of this project on which so much time and effort had been expended.

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 1970 has been one of steady progress in the Rochdale Group of Hospitals.

The medical and dental staff of Rochdale and District have continued to make use of the Bateman Centre for post-graduate medical studies. Various conferences and symposiums have taken place and in November the Manchester Regional Association of Surgeons held its Annual Meeting.

In April the extension to the Nurse Training School at Birch Hill Hospital was opened by Mrs. B. Young, J.P., B.Sc., Chairman of the Area Nurse Training Committee. This addition to the School of Nursing has proved to be a most valuable asset in the training of our student and pupil nurses. The hospital has continued to train pupil midwives for both parts of the Central Midwives Board examinations.

A Personnel/Training Officer was appointed in February and progress is now being made to establish a training service for the ancillary workers in the Rochdale Group of Hospitals.

We have continued to train student radiographers, student cardiographers, medical laboratory technicians and apprentices in the catering, electrical and building trades. The Group continues to participate in the training of hospital administrators and medical social workers.

During the year work progressed steadily on the preparation for incentive bonus schemes for ancillary and manual workers. The first of these schemes became operative for our workers in the electrical and building trades on the 4th January, 1971.

During 1970 Mr. T.H. Jones, Chief Nursing Officer to the Group, made tremendous progress in the implementation of the new senior nursing staff structure, placing the Rochdale Group of Hospitals as one of the forerunners in the Manchester Region of hospitals engaged in the planning and developing of this new structure of nursing management. It is with deep regret that we record his sudden death on the 5th January, 1971.

We are pleased to record that during 1970 the Manchester Regional Hospital Board approved a £500,000 development programme for Birch Hill Hospital, this will include a new 60 bedded surgical block, a geriatric day hospital, psychiatric day centre, premature baby unit and additions to the accommodation for our medical and nursing staff. A formidable but welcome programme in the continued development of Birch Hill Hospital as a district general hospital.

Meetings of the various liaison committees have continued to be held to maintain the close links which exist between the Rochdale County Borough, family practitioners and the Hospital Group. An important factor in this link is the valuable contribution made by Dr. Murray, Medical Officer of Health, who, in addition to being a member of our Hospital Management Committee and the hospitals' Medical Advisory Committee, is a member of our Nursing Education Sub-committee and a lecturer at the Rochdale School of Nursing."

HOME NURSING

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

The Local Health Authority is represented by 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, one senior nurse, 11 trained female district nurses, two trained male district nurses, four female state enrolled nurses, one female nursing auxiliary, seven female part-time district nurses.

During the year 94,232 visits were paid to 4,012 patients, compared with 93,229 visits to 4,141 patients in 1969. Of these, 3,096 were new patients, most of whom were referred by general practitioners, but some were sent by hospitals, clinics and the Public Health Department. These figures show an increase of 903 visits with a decrease of 129 patients.

Among these 4,012 patients, the following are the main groups of conditions treated:—

	1970	1969
Anaemias	636	636
Post-operative dressings	624	589
Other dressings	428	473
Accidents	231	227
Ear, nose and throat conditions	236	214
Senility	124	160
Midwifery and gynaecological conditions	128	125
Respiratory infections	106	141
Arthritis and rheumatism	40	57
Cancer	104	108
Cerebral lesions	123	112
Cardiac diseases	72	65
Gastro-intestinal disorders	82	94

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

Patients on books 1st January	916	890
New patients during the year	3,096	3,251
Total nursed	4,012	4,141
Total discharged	3,061	3,225
Remaining on books 31st December	951	916

Method of Discharge

Convalescent	1,791	1,935
Removed to hospital	279	352
Relieved	762	749
Died	229	189
Total visits paid to 4,012 patients	94,232	
Total visits paid to 4,141 patients		93,229

Of the total visits, 1,184 were paid to 607 children under five years of age.

No fewer than 1,452 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 34,611 such visits were made during the year.

It is also interesting to note that 1,568 of the total patients were over the age of 65 and they absorbed 59,575 visits or 62.3% 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 22 patients at each session. The number of late evening visits to patients requiring night sedatives etc. totals 488.

Disposable equipment such as dressings, towels and syringes continues to be used and saves a great deal of the nurses' time. The central stores for sterile supplies continued to be a great time-saving factor.

The laundry service plays a very important part in the essential work of domiciliary nursing and from the 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.

There are now three district nurse/general practitioner attachments in operation, the third commencing in March. As will be seen by the following table which shows the work carried out at these group practices, 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. As was stated last year, the nurses' case loads have increased, also their travelling time, but the result should be a much better service for the patients.

	<u>Spotland</u>		<u>Wellfield</u>		<u>Vicar's Drive</u>	
Sessions		200		248		44
Patients – New	723	1,220	396	899	26	196
Patients – Old	497		503		170	
Attendances – New	723	1,860	396	1,992	26	305
Attendances – Re-visits	1,137		1,596		279	
Injections		955		950		253
Dressings		497		894		29
Others		408		152		7

The training of district nurses continued throughout the year and, in addition to the visits mentioned above, 250 teaching and supervisory visits were undertaken. This figure shows a reduction on that for 1969 when 348 such visits were undertaken, but this is in compliance with Ministry instructions for district nursing training. Two 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 252 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.

REGISTRATION OF NURSING HOMES

Public Health Act, 1936 and Nursing Homes Act, 1963:

Highfield Nursing Home registered with the Local Authority as a Private Nursing Home for eighteen patients in 1969, had its registration approved in February for an increase to twenty-two patients.

Regular visits of inspection have been carried out by the superintendent health visitor and a member of the public health inspector staff.

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, 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.

MATERNAL AND CHILD HEALTH SERVICE

Notification of Births – Public Health Act, 1936

There were 1,663 births notified, all by midwives. This figure included 1,476 occurring at Birch Hill Maternity Home and other hospitals, classified to Rochdale.

Health Visiting Service

It is encouraging to be able to report a slight improvement in the staffing situation during the year. Two student health visitors qualified, one health visitor was appointed for part-time duties and there was only one resignation from the health visiting staff.

It was unfortunate that the only student health visitor sponsored by the Department to train at Manchester Polytechnic on the course September, 1970 – September 1971, was involved in a road accident and her training had to be deferred for a period of twelve months. However, she was appointed by the Department as a public health nurse.

A large volume of work continued to be carried out despite the continuing shortage of staff and the effective liaison with general practitioners and hospital units has led to an early referral of patients to the health visitor with consequent growth in the content of her work.

Programmes of visits have been organised for student nurses, student nursery nurses and students involved in other post-graduate courses, to attend child health clinics, schools and home visits with health visitors. In the case of hospital students these visits were preceded by a talk from a health visitor to explain her role in the public health team.

School nurses and public health nurses continue to give valuable assistance to health visitors. Work with Asian families in clinics and at home would be increasingly difficult without help from the interpreter who was appointed as a public health nurse during this year.

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

Visits to ante-natal cases	92
Primary visits to live births	1596
Visits to children born 1970	4137
Visits to children born 1969	4465
Visits to other children under five years	7225
Visits re stillbirths	11
Miscellaneous enquiries (neo-natal and others)	211
Other miscellaneous visits:	
Visits to school children	1527
Visits to persons 65 years and over	92
Visits to mentally disordered	16
Visits to hospital discharges	77
Visits to cases of infectious disease	25
Other cases	340
Unsuccessful visits	3250
Total	<u>23064</u>

Sessions:	
Local Authority clinics	1055
Hospital units	131
General Practitioners' surgeries	168
School Health Service	475
Total	<u>1829</u>

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

Visits	993
Unsuccessful visits	248
Hospital units	316

General Practice Attachment

Development within this field continues. Three health visitors are now working in full attachment involving nine doctors. In one case, the health visitor has office accommodation on the surgery premises, a situation which encourages good working relationships and offers opportunity for each to appreciate the contribution and skills of the other, with ultimate benefit to every family. In each attachment ante-natal clinics are held weekly with the health visitor in attendance. One practice is showing a keen interest in developmental paediatrics which will no doubt proceed further during 1971.

Two liaison schemes continue as previously and interest in attachment has been expressed by one other group of three doctors.

Conferences and Courses

Throughout this period of change nine members of staff were able to attend the following courses and conferences.

A course for chief nursing officers organised by the Health Visitors' Training Council was attended by the superintendent health visitor.

The deputy superintendent health visitor and two health visitors took part in a one day Home Safety Training Course organised by ROSPA in conjunction with the Home Safety Committee.

Two health visitors attended a residential refresher course at York organised by the Health Visitors' Association.

Two health visitors attended the annual refresher course for health visitors held at Manchester.

One health visitor attended a non-residential course at Manchester University Department of Audiology on the aspects of hearing tests and screening tests of hearing.

Young Wives' Clubs

The clubs at Deeplish and Smallbridge continue to operate fortnightly. The Deeplish Club is a very stable group with a stimulating atmosphere. At Smallbridge, the health visitor continues to offer support and encouragement to this comparatively new group.

Bureau of Baby Sitters

The bureau of baby sitters, established in 1964, continued to provide a useful service throughout 1970. 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 5p 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 25p per hour is recommended.

At the end of the year 31 persons were registered as baby sitters and 729 lists had been issued, including 84 in 1970.

'At Risk' Register

The register of children 'at risk' continued to be kept throughout the year. At the 31st December, there were 449 children on the register and 326 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.

During 1970, 20 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.

Child Health Clinics

Child Health Clinics continued to function at the various Centres throughout the town.

CLINIC	New Cases admitted during 1970	Total Attendances of Children			Average Attendance per Clinic Session	No. of Medical examinations by M.O.
		Year of Birth 1970	Year of Birth 1969	Year of Birth 1966-8		
Deeplish * (Monday)	245	1812	1310	1524	49	1727
Ralph Williams Clinic Smallbridge (Monday)	86	584	803	588	42	653
Ralph Williams Clinic Smallbridge (Thursday)	52	252	386	320	19	-
Spotland * (Tuesday)	188	1044	976	992	30	929
Baillie St. (Wednesday)	253	993	1169	1169	65	1006
Baillie St. (Thursday)	145	419	641	425	29	349
Baillie St. (Friday)	148	849	684	821	48	794
Norden (Thursday)	86	536	662	621	36	476
Bamford (Thursday) 1st & 3rd each month	45	209	225	255	31	193
Kirkholt (Tuesday)	51	369	276	328	19	-
Kirkholt (Wednesday)	127	561	503	614	33	666
Kingsway (Monday)	125	753	690	512	42	849
Kingsway (Thursday)	59	528	380	252	23	-
Castleton * (Friday) 2nd, 4th & 5th each month, all day. 1st & 3rd each month - p.m.	130	800	709	755	30	733
Matt. Moss (Friday) 1st & 3rd each month - a.m.	82	442	244	289	42	358
Totals	1822	10151	9658	9465	-	8733
Totals 1969	<u>1969</u> 1795	<u>1969</u> 9750	<u>1968</u> 9657	<u>1965-7</u> 7250	-	8676

* Two Sessions

An increase is shown in the total attendances on those for the previous year — from 26,657 to 29,274. The total number of examinations made by the Medical Officers increased from 8,676 in 1969 to 8,733 in 1970.

Mobile Clinic

Early in the year the Health Committee was informed that the Education Committee wished to expand teaching facilities at Castleton Primary School and that as a result the Health Department would have to vacate the clinic facilities by September.

On the 19th March it was resolved by the Health Committee that a mobile clinic should be provided. Orders were placed and the vehicle was delivered at the end of September.

Unfortunately, when used a number of teething problems were discovered and these were in the process of being remedied at the end of the year.

Domiciliary Midwifery Service.

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

Pupil midwives have continued to come to us from Birch Hill Hospital for their Part II training on the district. During the year nine pupils underwent training.

Ante-Natal Clinics

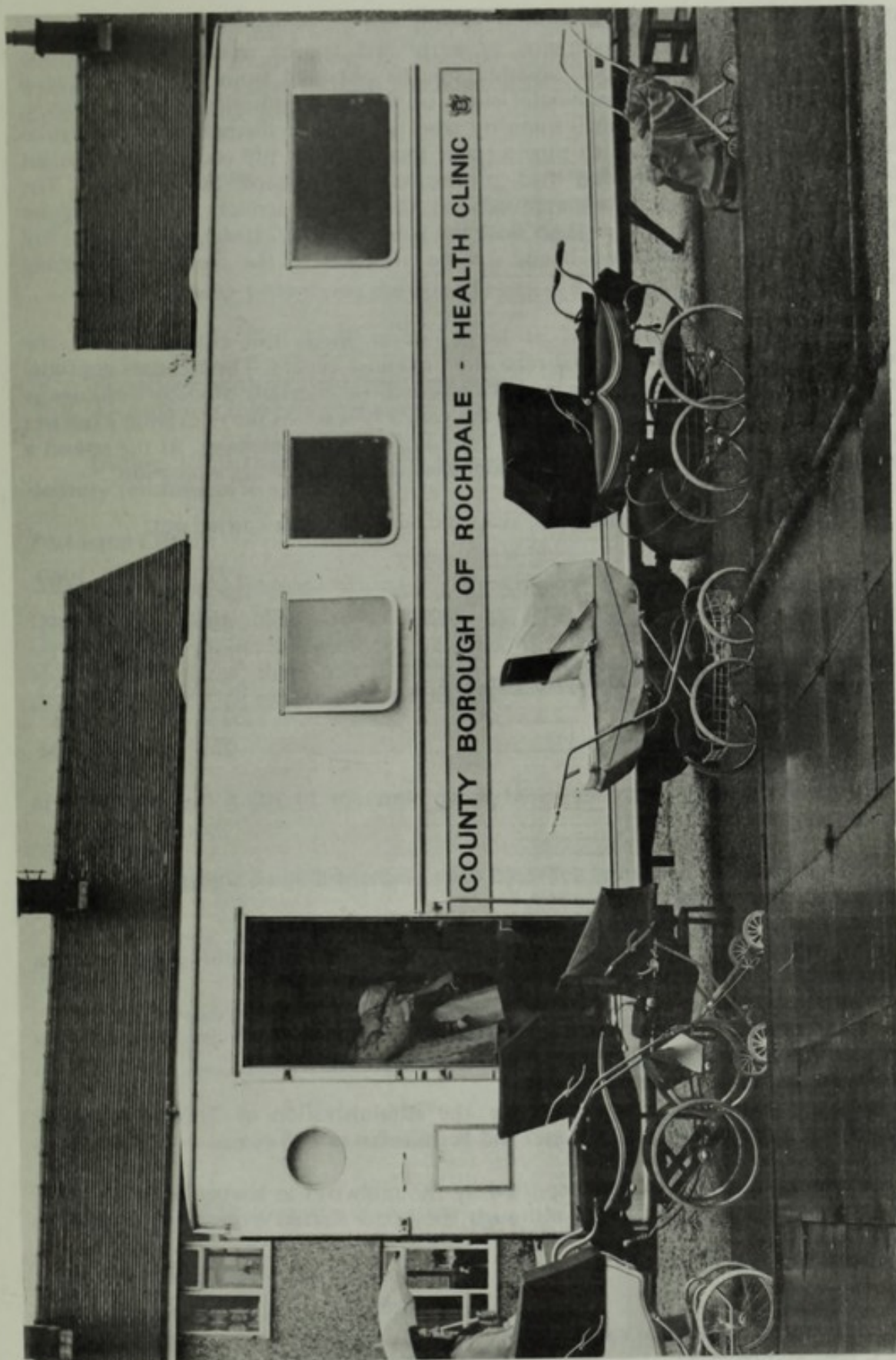
An ante-natal session for domiciliary confinements continued to be held weekly at the Baillie Street clinic on Monday afternoons, conducted by a lady medical officer employed on a sessional basis.

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 patient's 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.

As will be seen elsewhere, infant mortality and perinatal mortality shows a slight increase compared with 1969 and both remain well 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,



MOBILE CLINIC

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.

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 Kirkholt and Spotland Clinics. During the year 139 sessions for relaxation exercises were held, at which 301 women made a total of 1,246 attendances. At the re-visit a health visitor attends to conduct informal discussions and health education.

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

	<u>1970</u>	<u>1969</u>
Cases delivered	191	231
Subsequent visits	2664	3232
Continuation visits to hospital patients	6830	5855
Ante-natal home visits	2074	1985
Ante-natal clinic visits	253	304

The domiciliary deliveries noted above represent 11.5% of the total births in the town.

There were 357 hospital delivered cases discharged home within three days of delivery compared with 280 in 1969.

It will be seen that as the percentage of hospital confinements increases there is naturally a corresponding decrease in home deliveries.

The overall burden of work is maintained by an 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 132 cases and Pethilorfan in 138 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.

Medical reasons	10	Breech	2
Premature rupture of membranes	7	Toxaemia	1
Post maturity	6	Transverse lie	1
Ante-partum haemorrhage	4	Premature labour	1
Delay in first stage	3		

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:

Medical reasons	17	Social circumstances	3
Toxaemia	5	Breech	1
Low haemoglobin	4	Twins	1

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

	<u>L.A. Clinic</u>	<u>Hospital Clinic</u>
Expectant mothers attending (new cases) . . .	278	1432
Attendances (old and new cases)	2674	10617

During 1970 there were only two unbooked cases and each had normal delivery resulting in live births.

Post-natal Clinic

The post-natal clinic continued 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.

	<u>Hospital Post-natal Clinic</u>
New cases	791
Attendances	791

Maternal Mortality

There were no deaths recorded by the Registrar General in 1970 as due to maternal causes.

The following table shows the comparative maternal mortality rates:—

AREA	1970	1969	Average 5 yrs. 1965/69
ROCHDALE	-	-	-
Average 12 neighbouring manufacturing towns	0.14	0.13	0.21
Administrative County of Lancaster . . .	0.14	0.17	0.23
England and Wales	0.14	0.15	0.17

The last maternal death recorded in Rochdale was in 1960. This is one of the few mortality figures where Rochdale persistently shows a better result than elsewhere in the country.

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.

Medical Assistance.

Midwives practising in the district requested the service of a medical practitioner in 72 maternity cases and in 14 for newly born children. The corresponding figures last year were 93 and 21 respectively.

Maternity Outfits.

Sterilised accouchement 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 202 outfits have been issued. These outfits are of inestimable benefit in reducing the risk of infection in home confinements.

Ophthalmia Neonatorum

No cases were notified during the year.

Attachments.

Two midwife/general practitioner attachments have been established and appear to be functioning well.

The midwife attends a weekly ante-natal session at the surgery for hospital and home confinements and attendances range from 25 to 40 patients per session. These sessions are most useful both from the patient's and the midwife's angle, as they give the midwife an opportunity to see the hospital patient with whom previously she had no contact except at the time of early discharge from hospital.

Distribution of Welfare Foods

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

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

<u>Distribution</u>	<u>1969</u>	<u>1970</u>
National Dried Milk	13,137	5,810
Cod Liver Oil	1,527	1,216
Orange Juice	24,263	26,124
Vitamin Tablets	1,018	1,134
Proprietary Brands Milk Foods	19,137	20,401
Rose Hip Syrup	16,960	14,432

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.

The take-up of National Dried Milk has again fallen but is partly compensated for by the increase in sales of proprietary milk foods.

Nurseries and Child Minders Regulation Act, 1948, Health Services and Public Health Act, 1968

During the year 26 persons were registered as child minders and 14 registered persons discontinued child minding. One premises was registered as a play group and one registered group discontinued.

Particulars of premises and child minders on the register at the 31st December are shown in the following table.

	<u>1970</u>	<u>1969</u>	<u>1968</u>
Registered premises	15	15	4
Places	383	357	210
Registered child minders	66	54	5
Places	100	87	18

Thorough initial investigations of persons and premises to ensure a high standard of care have been made by the superintendent and deputy superintendent health visitor. In addition, requests have been made to the health visitor, public health inspector, mental welfare officer, children's officer, probation officer, housing department and to the police for information which would indicate that an applicant was unsuitable for registration. The department has maintained the policy that any person involved in the care of children should submit a satisfactory report of a chest X-ray examination within the past twelve months, to be repeated every three years. Co-operation in this respect has been encouraging.

All registered persons and premises were inspected at regular intervals depending on the number of children involved and the standard of care given.

Rochdale Voluntary Pre-school Play Groups Association, in conjunction with Rochdale College, organised a series of lectures for those persons involved in the care of children. These were very well attended and information was received with enthusiasm.

Two industrial nurseries registered for the accommodation of 180 children continue to provide day care for children of their employees, and quarterly inspections by a medical officer and the superintendent health visitor were made.

Care of Unmarried Mothers and Their Children

This work continued throughout the year under the guidance of bi-monthly meetings of the 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.

Mrs. J. Buttery left her post as part-time welfare assistant in March and Mrs. V.M. Fitton continued as welfare assistant in a full-time capacity.

Cases Dealt with in 1970

	<u>1970</u>	<u>1969</u>
Illegitimate maternity cases (incl. 3 post-natal)	34	45
Matrimonial and family problems	2	1
Prospective adopters	-	3
Other personal problems	7	1
	<u>43</u>	<u>50</u>
Confinements in 1970 of 1969 referrals	9	15
1969 cases requiring continued supervision	13	30
	<u>65</u>	<u>95</u>

From the above figures it will be seen that the overall number of cases has declined from 95 to 65 as has the new illegitimate maternity cases – from 45 to 34.

Position of babies born during 1970 (1969 and 1970 referrals)

With mother in own home or parents' home	22
With mother married to putative father	1
With mother cohabiting	1
Died or stillborn	1
	<u>25</u>
Placed for adoption	3
	<u>28</u>

Babies due in 1970 but fate unknown

Cases passed to other Social Workers	3
Help offered but refused, or contact lost	2
	<u>5</u>

Of the 34 cases referred, 20 were under 21 at the time of referral. Their individual ages are set out below:—

14 years	1
16 years	3
17 years	6
18 years	3
19 years	6
20 years	1

The remaining 14 were in the following age groups:—

21 to 25 years	10
26 to 30 years	4

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

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

Mother keeping child	4
Placed for adoption	5

Of the 10 girls referred in 1970 at 17 years and under, seven kept their babies, three had their babies adopted.

The local hospital admitted 27 for confinement and one was confined at home.

As has been stated previously, over the years the pattern of work has changed considerably and instead of seeking admission to mother and baby homes, the demand is for local hospital admission and assistance in fostering and adoption, or help in obtaining accommodation for the mother and child on discharge from hospital.

Battered Babies

Following receipt of letter CMO 2/70 from the Department of Health and Social Security, joint consideration was given to the problem of 'The Battered Baby' by the Medical Officer of Health and the Children's Officer.

Eventually meetings were held in my office of a group consisting of senior officers of the Health Department, the Children's Department, the Local Medical Committee, the Paediatric and Accident/Casualty Departments of the Rochdale Hospital Group, the Police and the N.S.P.C.C.

It was decided to take steps to make professional workers in all fields of child health and welfare more aware of this condition and of its incidence and serious nature.

It was also agreed that the Medical Officer of Health would maintain a confidential register of actual or suspected cases of battering and that cases would be notified to him by workers in the various agencies concerned.

All children whose names are entered on the register are kept under surveillance by members of the health visiting staff or appropriate officers of other agencies with inter-disciplinary case discussions as necessary.

A report on the action taken was submitted to the Chief Medical Officer, Department of Health and Social Security, on the 23rd November.

HEALTH EDUCATION

Members of staff of the Department have continued to give talks to organised groups on a variety of subjects. Early in the year a training film on Emergency Resuscitation was purchased and the extensive use of this film is demonstrated in the list below. The Ambulance Officer hopes to continue the wide coverage of this subject during the next year. The following table gives the details:—

Subject	<u>No. of Talks</u>	<u>Total Audience</u>
Adult Training Centre	1	40
Ambulance Service	4	170
Burns and First Aid	1	20
Child Care	2	48
Drugs	4	116
Emergency Childbirth	1	50
Family Planning	2	42
Food Hygiene	5	131
Home Safety	3	54
Mouth-to-mouth Resuscitation	26	1096
Pest Extermination	1	40
Sex Education (series)	5	255
Venereal Diseases	1	60
Work of Health Visitor	5	166
Work of Public Health Department	1	26
Work of Public Health Inspector	1	35
	<u>63</u>	<u>2349</u>

A limited programme of health education has been carried out in schools in response to requests from teaching staff, but until the health visiting staff can be increased a general approach is not possible. However, work on the acquisition of an adequate supply of material and equipment is proceeding, providing a greater range of information and facilities for use by the Department.

Home Safety

Once again efforts to improve the practical application of home safety material have continued. Members of the Home Safety Committee and of Corporation Departments have been conscious of their limitations in this field and the arrangement of a one day training course in home safety was welcomed. Twenty students were given a day of intensive training in many aspects of the subject by Mr. K. Shaw, who is the Northern Liaison Officer of the Royal Society for the Prevention of Accidents. It was unanimously agreed that this was a valuable day's experience and the project is to be repeated in 1971.

Following upon the success of the first Poster Contest, the venture was repeated in Autumn this year. Health visiting staff spoke to pupils aged 8 to 13

years in 24 schools on the theme 'Accidental Poisoning' and over 550 entries resulted. After judging by a panel of experts, the prizewinners received their awards at a presentation by the Mayor in the Town Hall.

The Home Safety Committee co-operated with the Fire Service in mounting an exhibition in the Fire Station Hall, highlighting 'Fire Hazards in the Home'. Careful use of display equipment and materials now held by the Health Department made a bright, colourful display and it was possible to incorporate two automatic slide projectors. One, owned by the Department, featured 'Safety with Oil Heaters' and 'Safety for Children', whilst the other, the property of the Area Home Safety Council, supported a display by the Ambulance Service.

The Committee is now looking for new ways to take the Home Safety message to the public, since it is still necessary to drive home the fact that many of these accidents can be avoided by commonsense and care.

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:—

"For many forms of cancer, medical research has done its work either in providing the means of cure, or in showing the road to prevention. That people still die of potentially-curable cancer, or of cancers that could have been prevented, is a fact that arouses concern in all those who are aware of it. Many feel that only full collaboration between every worker who has influence with the public in matters of health is likely to affect what is one of the most pressing socio-medical problems of our time.

Such collaboration was fostered during 1970 by Rochdale's continued association with the Manchester Regional Committee on Cancer. Through the work of this organisation the Corporation seeks to set at rest needless fears about cancer, to gain earlier diagnosis of the disease and to promote a greater knowledge of and participation in such preventive measures as having a cytostest taken and modifying smoking habits. The close association of the Manchester Regional Committee with the Christie Hospital and its expertise in the difficult subject of health education about cancer was exploited by the Medical Officer of Health in arranging for the committee to conduct in-service training courses for nurses and health visitors in the Borough, as well as for other employees in the Health Department. Such courses are essential if, among other important duties, Health Department personnel are to be kept aware of the need for appropriate health education of a public who regard them as sources of authoritative information.

The committee itself carried out a programme of direct education of the public to complement the work of the Health Department. Its speakers, most of whom are medical specialists dealing with cancer, visited 20 groups to give short, reassuring talks and to answer questions. Among these were groups of young people, women's organisations and workers in industry.

In support of this direct education of individuals the committee also supplied the Health Department with free issues of leaflets and posters on cervical cytology. The highly successful schools broadcast on Granada Television was repeated in the Spring and, towards the end of the year, the committee obtained time for a broadcast over Radio Manchester."

AMBULANCE SERVICE

The composition of the fleet remained unchanged and, at the end of the year, comprised five ambulances, six dual purpose vehicles and two sitting case vehicles. During the year one ambulance was replaced – 1070DK Dennis diesel, purchased in May, 1961 by ODK 985 H, a Bedford JI petrol fuelled ambulance.

The establishment was reduced by one driver and at the end of the year the personnel consisted of the Ambulance Officer, the Controller, four Station Officers, 26 Drivers, one Clerk/Controller/Telephonist and two Telephonists. During the year two drivers left the service on retirement.

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		Ambulances		D.P. Vehicles		S.C. Cars	
	1970	1969	1970	1969	1970	1969	1970	1969	1970	1969	1970	1969
PATIENTS:												
Emergency	2084	2069	308	333	112	136	1	5	-	2	-	1
Ordinary Removals	15614	16102	30397	24996	9697	13475	3	22	4	14	1	-
Other Persons	4756	4433	1149	3952	1365	1392	1	10	3	3	-	1
Totals	22454	22604	31854	29281	11174	15003	5	37	7	19	1	2
MILEAGE:												
Removals	70047	69081	75972	76897	24220	29594	41	274	45	214	22	11
General Transport	7	48	1966	1885	236	57	-	-	-	-	-	-
Lost Journeys												
D.D.	1530	1624	693	662	226	436	-	-	-	-	-	-
Midwifery	14	37	84	347	6	186	-	-	-	-	-	-
Totals	71598	70790	78715	79791	24688	30273	41	274	45	214	22	11
CALLS:												
Total Calls	11486	11239	10327	9091	3081	3425	5	25	4	15	1	1
Transmitted by Radio	5614	4924	5198	3225	1267	850	-	-	-	-	-	-

During the year there was an overall decrease in the number of persons carried of 1,451. Removals increased by 1,107 whilst emergencies and others decreased by 41 and 2,517 respectively. Vehicle mileage totalled 175,109 miles, a decrease of 6,244 on the previous year. The main emergency cases fell into the following categories.

Street accidents and incidents	347
Works accidents and incidents	187
Schools and public places, accidents and illnesses	477
Home Accidents	542
Sudden illness	126

The National Union of Public Employees has been very active during the year in working in the interests of the ambulance personnel. At the end of the year negotiations were proceeding regarding a request for a review of wage rate and re-designation of post. Consequent on some administrative re-organisation of duties and the non-replacement of one of the members retiring during the year, the drivers took action through their Union to seek to air certain complaints and secure their amelioration. Meetings were held between representatives of the men and appointed representatives of the Health Committee, at which the difficulties were overcome after full and frank exchanges. Arising from discussions it was also agreed to form a working party to consider a productivity agreement on the lines recommended in the McCarthy Report. This has been done and deliberations are now proceeding.

A team competed in the regional eliminating round of the National Ambulance Service Competition held at the headquarters of the Liverpool City Ambulance Service on the 27th June, 1970 and were successful in winning through to the final eliminating round. This was held at the Lancashire County Council Ambulance Headquarters, Broughton House, Preston, on the 4th July, but the team was unable to gain further success.

Thirty drivers entered for the National Safe Driving Competition and 25 qualified.

The policy of improving the standard of training of ambulance personnel has again been continued and four drivers attended six week courses at the Lancashire County Council Training School at Broughton, Preston. All completed the courses with satisfactory results.

The ambulance officer, Mr. Purves, attended an instructors' course during the year and was awarded an Instructor's Certificate. Mr. Purves was very active during the year in giving instruction to various bodies and gave 26 talks, mainly at schools, on emergency mouth-to-mouth resuscitation. These have proved to be very popular and it is hoped they will become part of the regular schools programme.

Following discussions with the principal nursing officer and the tutor of the Rochdale School of Nursing, Birch Hill Hospital, students in their third year of training were accepted for observation visits, spending one day in the control room and another day actually travelling on one of the ambulance vehicles. The staff of the hospital have expressed much appreciation of the experience so gained. It is understood that Rochdale is amongst the foremost in this sphere of co-operation in nurse training.

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 smallpox, poliomyelitis, diphtheria, whooping cough, tetanus, measles and tuberculosis.

Diphtheria Immunisation

During the year 1,083 children under five received a course of immunisation including 159 by general practitioners. In 1969 the number immunised in this group was 602. 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, 1971. The estimated population figure is supplied by the General Register Office.

Age at 31.12.70 i.e. born in Year	Under 1 1970	1969	1968	1967	1966	Total
Immunised	14	817	1047	1100	1317	4295
Estimated mid-year child population 1970	7800					

In addition, 314 children between the ages of five and fifteen received primary immunisation as compared with 331 in 1969, and 2,016 children received reinforcing doses, including 176 given by general practitioners, compared with 1,963 and 183 in 1969.

Of the initial doses, 1,040 were of triple vaccine and of the booster doses 374 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 1,040 children received a full course of injections as compared with 566 the previous year. Of this number 159 were immunised by their own doctors. Of the initial doses 1,040 were of triple vaccine and of the booster doses 347 were of triple vaccine.

Since the scheme started in September, 1949 there have been 18,790 children immunised. In that period altogether some 1,753 cases of whooping cough have been notified and only 191 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.

Measles Vaccination

This procedure was introduced in May, 1968 and was offered to primary school children and pre-school children over the age of one year. At the Local Authority clinics immunisation was carried out on 411 children whilst general practitioners dealt with 99 children.

The following table shows the distribution of the general work of immunisation.

	1966	1967	1968	1969	1970
GENERAL PRACTITIONERS:					
Poliomyelitis Vaccination	445	273	286	160	163
" Reinforcing Doses	147	152	106	121	168
Diphtheria Immunisation	319	304	338	169	160
" Boosters	146	194	228	183	176
Whoop.Cough Immunisation	316	303	333	168	159
" Boosters	104	157	156	112	113
Smallpox Vaccinations	291	190	224	241	297
" Re-vaccinations	303	280	437	564	1,061
Tetanus Vaccination	319	304	338	169	160
" Boosters	146	194	228	183	176
Measles Vaccination			165	94	99
M.C.H. CLINICS:					
Poliomyelitis Vaccination	2,760	1,197	1,066	720	977
" Reinforcing Doses	907	738	984	1,109	1,240
Diphtheria Immunisation	757	890	909	414	930
" Boosters	590	563	646	594	260
Whoop.Cough Immunisation	657	785	870	398	881
" Boosters	557	511	571	547	234
Smallpox Vaccinations	428	336	363	193	194
" Re-vaccinations	226	26	3	100	21
Tetanus Vaccination	757	890	909	414	930
" Boosters	590	563	646	594	260
Measles Vaccination			1,725	922	411
SCHOOL CLINIC:					
Diphtheria Immunisation	488	409	379	350	307
" Boosters	1,472	1,496	1,347	1,186	1,580
Tetanus vaccinations	488	409	379	350	307
" Boosters	1,440	1,496	1,347	1,186	1,580
TOTALS:					
Poliomyelitis Vaccination	3,205	1,470	1,352	880	1,140
" Reinforcing Doses	1,054	890	1,090	1,230	1,408
Diphtheria Immunisation	1,564	1,603	1,626	933	1,397
" Boosters	2,208	2,253	2,221	1,963	2,016
Whoop.Cough Immunisation	973	1,088	1,205	566	1,040
" Boosters	661	668	727	659	347
Smallpox Vaccination	719	526	587	434	191
" Re-vaccinations	529	306	440	664	1,082
Tetanus Vaccination	1,564	1,603	1,626	933	1,397
" Boosters	2,176	2,253	2,221	1,963	2,016
Measles Vaccination			1,890	1,016	510

B.C.G. Vaccination

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

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 1,140 oral (880 in 1969). In addition, 1,408 oral reinforcing doses were given (1,230 in 1969).

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

It will be noted that, as expected, there was a considerable increase in the numbers receiving immunisation against diphtheria and poliomyelitis. This is because the changes in the schedules of immunisation, introduced in 1969, were fully operative during 1970.

I would, once again, appeal to parents of young children to ensure that they are fully protected against these diseases, either through their own doctor or the clinic services of the Local Health Authority.

Vaccination against Smallpox

	Under 1 yr.	1 yr.	2 - 4 yrs.	5 - 14 yrs.	15 yrs. or over	Total 1970	Total 1969
Vaccinated	5	123	158	65	140	491	434
Re-vaccinated	-	1	11	239	831	1,082	664

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. However, the risk of serious complications or even death is much greater from vaccination than from smallpox in the United Kingdom, so perhaps the time is approaching for national policy of vaccination to be reviewed.

Vaccination against Rubella

Circular 11/70 from the Department of Health, dated 29th July, recommended vaccination against rubella for all girls aged 13 years in an endeavour to prevent the incidence of congenital rubella in any infants which they may subsequently have. This infection when contracted by the foetus in early pregnancy may lead to serious physical, or mental, or multiple, permanent defects.

It is hoped that over the years congenital handicaps due to rubella will be greatly reduced if not entirely eliminated. At the 31st December arrangements were well in hand for all girls born in 1957 to be given the vaccine.

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 240 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 1970 there were 4,752 articles laundered, 4,742 in 1969.

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 39 persons to convalescent homes, usually for a period of two weeks.

Accommodation was arranged for these 39 cases in the following manner:—

Seabright Home, St. Annes-on-Sea	22
Delton Home, Blackpool	6
Blackburn and District Home, St. Annes-on-Sea	11
	<hr/>
	39

The total cost of convalescent home accommodation was £716.20 of which £84.14, 11.7% was recovered. The corresponding figures in 1969 were £752.00 and £40.35, 5.3% recovered in respect of 45 patients.

Home Help Service

During the year the Home Help Service assisted in 1,009 cases (12 maternity cases, 922 cases over 65 years, 75 cases under 65 years) compared with 995 in 1969. At the 31st December, there remained 709 cases on assistance as against 653 in the previous year.

At the end of the year 93 part time home helps were in employment, against 1 full time and 94 part time at the end of 1969.

The full cost for home help service is 30p 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% of the total cost. No charge was made to 873 householders out of the total to whom this service was rendered.

Of all the cases 96% 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 consists of a small panel of women who relieve relatives sitting up nightly with patients seriously ill awaiting hospital admission, or in cases of terminal illness. The full cost is £2.00 per night, but this can be reduced to persons claiming inability to pay, by assessment of financial circumstances. During 1970 there were six cases involving 72 sessions.

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

The job of 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, 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 keep in close touch with the home helps to give help and guidance when problems arise. There were 2,088 such visits paid.

The assistant home help organiser pays regular routine visits to all home help cases to check whether there is any change in circumstances. These totalled 2,144.

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 and from July onwards it functioned on a weekly instead of fortnightly basis.

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

During 1970, 519 patients were screened at the cervical cytology clinic, no positive cases being discovered. There were, however, six suspicious results obtained which were the subject of follow-up investigation by the superintendent health visitor. At the family planning clinic 550 cases were dealt with again with no positive results, but with eight suspicious cases which again were followed up.

Examinations were also carried out on all new patients attending the Gynaecological Out-patient Department and the Post-natal Clinic at the Rochdale Infirmary and 2,892 women were screened with positive findings in 16 Borough cases.

A number of general practitioners also offered this service to their patients and 689 smears were received at the laboratory from them, five of which were positive. At the Health Department clinics, 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 figure of 519 attenders at the Local Authority Clinic includes routine recalls of women who were screened five years ago, which started in July and will now be a continuous process.

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. There remain, however, many women over the age of 25 years who have not yet come forward for examination and I would strongly urge them to do so by applying for an appointment at the Public Health Department.

Home Haemodialysis (Artificial Kidney)

This service was commenced during the year 1969 for the installation of artificial kidney machines in patients' homes, the cost of any necessary adaptations being borne by the Local Authority and the kidney machine and other technical equipment being provided by the Regional Hospital Board.

There were two such installations at the beginning of the year, but unfortunately both patients died before the end of the year and there were no further requests for this service.

Family Planning Clinic

The family planning clinic continues to operate at Baillie Street Clinic with two sessions each week on Tuesday afternoon and Wednesday evening, and an additional session monthly on Thursday morning. These clinics which fulfill a most important and useful function are undertaken by Dr. M.L. Blair and Dr. M.E. Hopkinson.

During the year there was a total of 2,588 attendances (Borough – 245 new cases, 1,480 re-visits, County – 113 new cases, 750 re-visits). These figures show an increase over those recorded in 1969.

MENTAL HEALTH SERVICE

At the beginning of the year the section was staffed by one senior mental welfare officer and four mental welfare officers. One officer successfully completed the two year Younghusband Course in Social Work and returned to the Department in mid-summer, making the full complement of five mental welfare officers. Application was made for a further officer to commence the course, but he was not accepted.

Consideration was given to the attachment of mental welfare officers to general practitioners' surgeries and was accepted in principle by the general practitioners. It was hoped that closer contact with practices would result in earlier referral of the patient before the problems became acute. Currently, in a large proportion of cases, the mental welfare officer becomes involved when the need for admission is all too apparent. However, in view of the detailed re-organisation of the Social Services Departments, as envisaged in the Seeborn Report, it was generally felt that attachment to the surgeries would be impracticable at the present time. The concept of a generic social worker is good in principle and will, no doubt, provide a very real economy of effort as at the present time the workings of the various sections tend to overlap in some situations. Initially, of course, there will be difficulties until social workers, specialists in their own field, have received a more comprehensive training. Particularly vulnerable are the mentally ill, as cases where the symptoms are not grossly apparent may go unrecognised and it would be tragic if patients needing help were overlooked through no fault of the officer concerned, but merely through lack of experience.

Once more throughout the year students from various colleges attended the Department to gain some insight into the work of the mental health section. An arrangement was also made with the nursing tutor at Birch Hill Hospital for nurses in training to spend some time in this section. They accompanied an officer on his rounds and were given a brief outline of the more common applications of the Mental Health Act and the difficulties which may arise prior and subsequent to admission to hospital.

The social work functions of the Child Guidance Clinic continued to be provided by a mental welfare officer who attends on two half days weekly. Due to staffing problems and changes this has been a rather difficult year. A new educational psychologist took up his duties in October following the resignation of the previous psychologist. The consultant psychiatrist who was employed on a sessional basis retired in July and to date has not been replaced.

MENTAL SUBNORMALITY

Guardianship

There are no cases under guardianship in the area.

Residential Care

Of the 146 cases in residential care, the majority are accommodated in Calderstones, Brockhall and Royal Albert Hospitals.

At the end of the year there were 13 names on the Regional Hospital Board's waiting list for permanent hospital care, of which nine were classed as 'urgent'.

The Deputy Medical Director of Calderstones Hospital continues to hold an assessment clinic at the Oldham Health Department fortnightly, or whenever the need arises. This has been helpful and convenient, saving time and money by eliminating 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 humanly possible. Short term care was provided for a total of 33 cases, 14 males and 11 females under 16 years, and two males and six females over 16 years.

Unfortunately, we are still unable to provide a much needed hostel for the mentally subnormal and are dependent largely on Lancashire County Council for accommodation where it is specifically indicated as recommended by the consultant psychiatrists at Calderstones, or by a local approved medical officer, and Lisieux Hall, Chorley, a privately administered hostel, which provides us with accommodation for nine male adults.

The bed situation would be considerably relieved were a hostel available in Rochdale and perhaps, more important, a more normal social and working life, coupled with a stable background and a degree of supervision would be provided for those who would benefit most. At the end of the year a purpose-built hostel was in the Ten Year Building Programme to be started in the year 1972/73. Early in 1971 the hostel was brought forward to 1971/72 by the Department of Health and Social Security. This is intended to provide 25 places for approximately 11 males and 14 females.

Community Care

The Innes Training Centre provides a wide range of social and educational training for junior and adult subnormal persons.

Close relations are maintained with the Rochdale and District Society for Mentally Handicapped, which is of much benefit to the mentally handicapped.

The evening social club is referred to elsewhere.

Subnormality at 31st December, 1970

	Subnormal				Severely Subnormal			
	Under 16		Over 16		Under 16		Over 16	
	M.	F.	M.	F.	M.	F.	M.	F.
Attending Day								
Training Centres	7	8	14	21	18	20	12	9
Resident in Local								
Authority Homes	-	-	1	-	-	-	-	-
Resident in other Homes	1	-	8	1	-	-	-	-
Receiving home visits	-	-	17	19	-	1	2	4
	<u>8</u>	<u>8</u>	<u>40</u>	<u>41</u>	<u>18</u>	<u>21</u>	<u>14</u>	<u>13</u>

Accommodation for the Mentally Subnormal

Increasing emphasis is being laid on the desirability of dispersing large numbers of persons with varying degrees of mental and sometimes physical handicap from the existing large mental hospitals into much smaller units scattered through the community at large.

Unfortunately, the reputation of all subnormality hospitals has been sullied by the maladministration and maltreatment of helpless patients which has occurred in a few and their collective image has been tarnished in the eyes of the public.

Undoubtedly this policy is of great benefit to numbers of the less seriously afflicted, but I would utter a word of warning against swinging too far in the other direction.

In my opinion there is, and will remain for the foreseeable future, a need for a sheltered environment for a considerable number of these unfortunate people, either because of their mental state, their physical condition, or both.

The aim should be initially to carry out a full assessment of the patient and his potentialities and then to combine custody, therapy and education according to the needs of each individual.

A large unit offers facilities for better service on many counts, such as an adequate staffing structure, full utilisation of scarce and expensive resources of manpower and equipment, group therapy, social activities, opportunities for research and so on.

If managed with efficiency and compassion there is no reason why it should become inward looking, impersonal and static.

Cases Reported

There were 13 children (9 male and 4 female) reported by the Education Committee under the terms of the Mental Health Act, 1959 (Second Schedule) and three school leavers (1 male and 2 female) informally reported by the Education Committee and placed on the register for voluntary supervision.

Junior Training Centre

The Junior Training staff consists of a supervisor, eleven assistant supervisors (four qualified), one trainee assistant supervisor and five ambulance guides. Miss A. Wild, the trainee assistant supervisor, has been attending the Harris College course for teachers of the mentally handicapped and will complete her training in July, 1971.

In September an extra class was formed, as the number of children attending the centre had increased, and an additional member of staff was appointed.

At the end of the year there were 67 children on the register, an increase of nine in one year. Eight names were removed from the register — four were transferred to other schools, one was transferred to the adult centre, one was admitted to Calderstones Hospital, and two left the district. Seventeen children commenced attendance during 1970.

In July ten children spent a week at the Moorland Home, accompanied by two members of staff. Another group of ten children had five days holiday at Southport in October.

Open days held during the year have been well supported by parents. The Rochdale Society for Mentally Handicapped Children has continued to finance excursions. Places visited include the Railway Museum at York, Belle Vue Zoo and Blackpool.

Adult Training Centre

The Adult Training Centre staff consists of the superintendent, five instructors and one coach guide.

During the year nine trainees were admitted and eight were removed from the register. Of those leaving the centre, two had not attended over a long period, one had obtained an outside job, two are now working with the Welfare Department's Supervised Work Team, one had removed from the Borough and two were admitted to Calderstones. At the end of the year there were 54 on the register – 25 males and 29 females, compared with 53 in 1969.

Steady progress has been maintained. With the return of the senior instructor from a year's staff training course, development classes in depth have been added to the other activities. The second half of the year saw the opening of an additional workshop. This workshop now houses a team of trainees making incontinence pads, a project initiated and supported by the Public Health Department. Craft work, out-work and social training classes continue as before in this very full programme.

For the second successive year, a week's holiday in May for trainees accompanied by staff was organised and a holiday camp at Rhyl was chosen. Expenses were borne jointly by the Rochdale Health Committee and the Rochdale Society for Mentally Handicapped Children.

Open Days on the 9th June and 13th October were successful in interesting and informing the public.

The fortnightly evening Social Club for trainees over 14 years of age continues to draw good attendances and support from the parents, friends and the Churches' Responsibility Project.

Physiotherapy

Mrs. Hampson, physiotherapist, has submitted the following report: –

"During 1970 treatment has been given to 18 children and four trainees. The walking and balance of one child progressed sufficiently for him to be transferred to a school for spastics. Another child is now mobile with the aid of crutches.

In September a hydrotherapy session was started in the heated pool at the Rochdale Children's Hospital. This has proved to be source of great enjoyment to the children, several of whom are making good progress as a result. We are very grateful to the voluntary helpers who assist with the undressing and dressing of the children at this session."

Mental illness

Arrangements for the care of the mentally ill, as a general rule, prove more complex than those for the mentally subnormal. The main emphasis is, as always, on preventive care, or the early recognition of symptoms so that whenever possible patients can be treated without hospital admission, avoiding the upset of the family which inevitably results, and lessening the pressure on hospital services. Care of the elderly mentally ill, particularly the confused person, has for many years given cause for concern, both locally and nationally. However, a few elderly patients, following discharge from psychiatric wards, have been attending hostels for the aged as day patients. This ensures that they receive regular medication, if prescribed, with balanced meals, a measure of supervision and, equally important, social contact with persons of similar age and interests. This has eased the situation in a minority of cases.

The industrial unit at Birch Hill Hospital also plays a vital role in the scheme of things by providing facilities similar to that of the old persons' hostels, coupled with a work schedule graded to meet the individual requirements and capabilities of the patient.

As reported last year, the Salvation Army co-operated most willingly and successfully in a worthwhile social project, by providing accommodation for a number of chronic mentally ill persons. There are to date four patients in the Salvation Army Hostel. With one exception, all settled down happily, enjoying a measure of supervision and, as predicted, gaining sufficient confidence to use public transport to the local hospital where the majority attend the industrial unit.

Liaison between the section, the county mental welfare officers and Birch Hill Hospital is maintained by fortnightly case conferences with the consultant psychiatrist providing the opportunity for discussion of problems arising in the care and after care of patients known to the hospital staff. Close co-operation between general practitioner, the hospital and local authority services has been maintained.

This will, no doubt, be my last report on the mental health service as such, as this section will be absorbed in the new Social Services Department under its own Director.

WELFARE SERVICES DEPARTMENT

The Welfare Services Department has kindly provided me with the following report on the Chiropody Services during 1970:—

Chiropody – Aged

The service arranged through the Rochdale Committee for the Welfare of the Elderly, for aged persons with limited means provided 3,993 treatments for 889 persons. (Domiciliary – 393 persons, 1,743 treatments; Surgery – 496 persons, 2,250 treatments).

Chiropody – Handicapped

The service for physically handicapped persons under pensionable age, provided through the Welfare Services Department, involved 128 treatments to 21 persons. (Domiciliary – 7 persons, 58 treatments; Surgery – 14 persons, 70 treatments).

National Assistance Act, 1948 – Section 47

It was only necessary to make use of this Section once during 1970, when a woman was admitted to a Home for the Aged, on a Magistrate's Order.

INFECTIOUS DISEASES

	1970	1969	Average 1964/68
Scarlet Fever	9	8	19
Diphtheria	-	-	-
Tuberculosis – Non-respiratory	15	12	9
– Respiratory	24	30	42
Whooping Cough	44	7	26
Measles	386	402	601
Acute Meningitis	4	-	2
Poliomyelitis	-	-	-
Typhoid	3	-	-
Paratyphoid	-	-	-
Dysentery	3	11	21
Infective Jaundice (Notifiable from 15.6.68)	42	108	-
Other Diseases	2	12	5

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.

It is to be hoped that the absence of this crippling disease from the community is not causing complacency amongst parents as regards ensuring that their children are fully protected by immunisation.

Measles

The figure of 386 is a decrease on that of 1969 of 402, which year was classed as an epidemic one, although well below the figures for previous epidemics.

Infective Jaundice

As will be seen from the table this disease has only been notifiable since mid-1968. There is a considerable decrease in the number of cases in 1970. All notified cases continue to be followed up by a Public Health Inspector who gives simple advice to patient and relatives on measures designed to prevent the spread of infection.

Food Poisoning

The following 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	
Other Salmonella	-	-	-	-	2	2

Typhoid

Three cases were notified during the year, with one death.

- I. A female child, aged three years, born in England of Pakistani parents, who had recently returned from a visit to Pakistan extending over a period of some twelve months.

She left Karachi by air on the 25th May and arrived in Rochdale on the 26th. On first enquiry her illness appeared to have commenced about the 27th June and she was admitted to a general hospital on the 4th July in a severely toxic state with a temperature of over 105° F. Blood cultured soon after admission was positive for Sal. typhi and she was transferred to the infectious diseases hospital on the 7th July where her condition deteriorated and she died on the 16th July. She had never received T.A.B. vaccine.

Subsequent more searching enquiry revealed that she had been seen by her general practitioner on the 2nd June, with mild symptoms of diarrhoea and cough, for which she received a five day course of antibiotic. It is assumed that this treatment delayed the progress of her illness and masked the signs and symptoms, and accounts for what was at first thought to be an unduly long incubation period.

The responsible organism was identified by the Central Public Health Laboratory as Sal. typhi, Phage Type Vi B2, which is common amongst the Muslim inhabitants of Pakistan, further corroborating my opinion that the little girl contracted her fatal illness while on holiday in that country.

- II. A Pakistani youth, aged 18 years, who originally came to Rochdale in 1964 and who returned to England from an eight months holiday in Pakistan on the 26th July. He sickened on the 30th July, complaining of feverishness, and was admitted to a general hospital on the same day as a suspected case of malaria. Blood films showed no malarial parasites, but a blood culture was positive for Sal. typhi and he was transferred to the infectious diseases hospital where he subsequently recovered.

He had not been vaccinated with T.A.B.

The organism proved to be of Phage Type Vi K1. There is no doubt that he contracted his infection in Pakistan.

- III. A female Italian child, aged 10 years, resident in Rochdale, was on holiday in Naples from the 9th August to 19th September. She sickened on the 16th September while still in Italy with symptoms suggestive of an influenza-like illness. She flew back to England on the 19th September and proceeded straight to Rochdale.

On the 20th September, she started with diarrhoea for which she was prescribed treatment by her general practitioner. She did not improve and was admitted to a general hospital on the 28th as a case of pyrexia of unknown origin. Typhoid was suspected and she was transferred to the infectious diseases hospital where cultures of blood and faeces were reported as positive for *Sal. typhi*. She eventually made a good recovery.

She had never had T.A.B. vaccine.

The organism was identified as Phage Type Vi B2.

I understand that there was a number of other cases of typhoid fever in the Naples area at this time, some of them in holiday makers.

These cases illustrate the danger to persons going on holiday to Mediterranean and sub-tropical countries without full prior protection against enteric fevers by T.A.B. vaccine, also the potential danger to persons in the United Kingdom who have not been abroad, but who may be in direct contact with returned infected travellers or with their excreta at a distance from its source.

Luckily none of these individual victims caused any secondary infections.

Tuberculosis

There were 39 cases notified as against 42 in 1969. The new cases in 1968 totalled 47 (plus 1 posthumous) and during the five years 1963-67 there was an average of 54 cases notified.

Of the 39 notified cases, 25 were respiratory and 14 non-respiratory.

In addition, the Department was notified of 9 respiratory cases and 1 non-respiratory case which had come to reside in the town after notification elsewhere, 4 of these being immigrants from Pakistan.

NOTIFICATIONS

Average 5 year periods	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
1969	30	12	42
1970	25	14	39

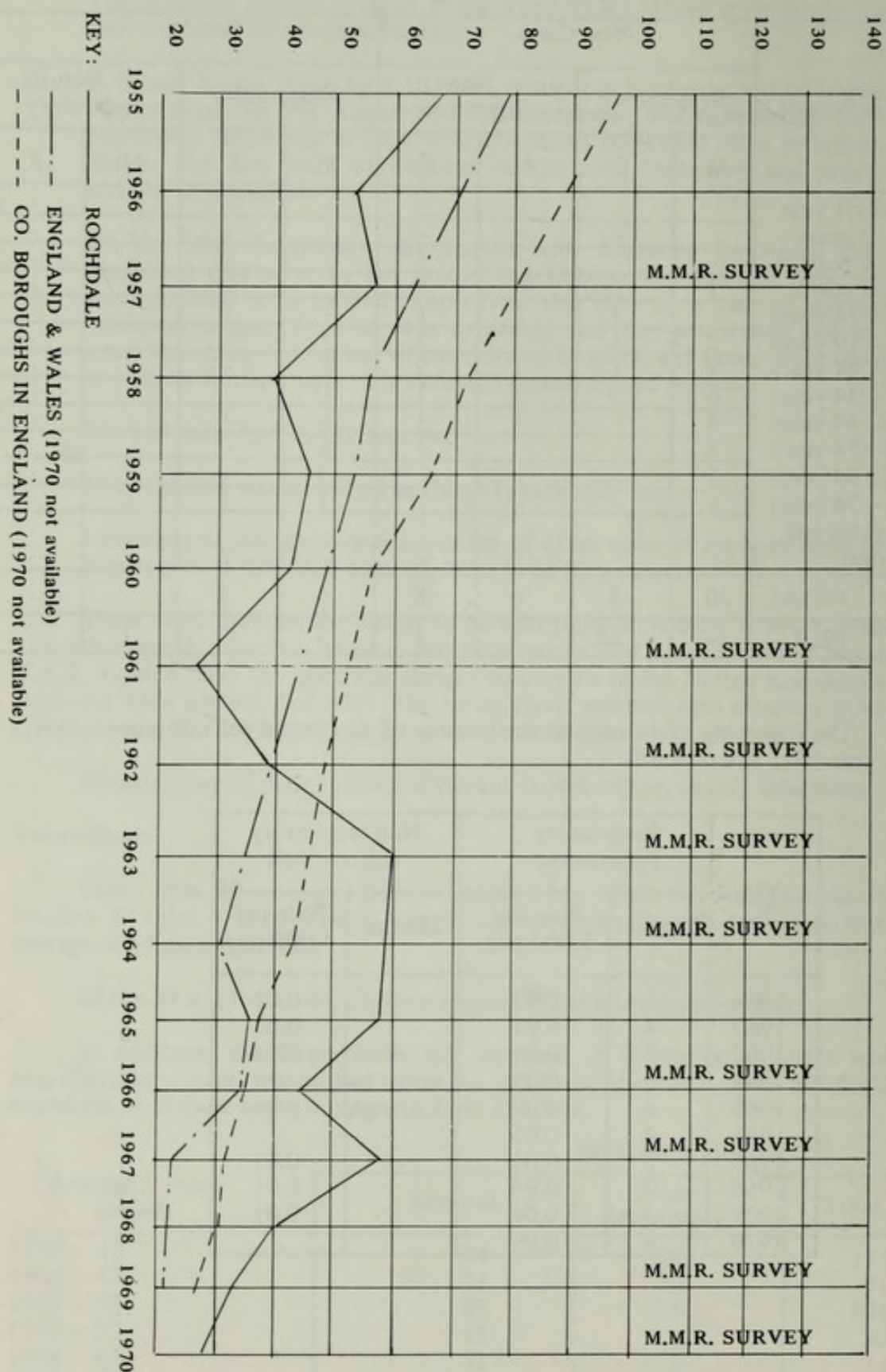
The following table shows the 39 new cases notified, together with the eight deaths resulting from the disease, in their various age groups:—

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	-	-	-	-	-	-	-	-
3 - 4 years	-	-	-	1	-	-	-	-
5 - 9 years	1	-	-	-	-	-	-	-
10 - 14 years	-	1	-	1	-	-	-	-
15 - 19 years	2	1	3	1	-	-	-	-
20 - 24 years	1	1	1	2	-	-	-	-
25 - 34 years	6	2	1	1	-	-	-	-
35 - 44 years	4	-	1	1	-	-	-	-
45 - 54 years	5	-	-	1	1	-	-	-
55 - 64 years	1	-	-	-	3	-	-	-
65 - 74 years	-	-	-	-	1	1	-	-
75 years and over	-	-	-	-	-	2	-	-
TOTAL	20	5	6	8	5	3	-	-
1969	24	6	7	5	3	-	1	-

The following table sets out the number of deaths and the mortality rates for the year 1961 and onwards:—

Year	Respiratory Tuberculosis		Non-respiratory Tuberculosis	
	Deaths	Rate per 1,000 pop.	Deaths	Rate per 1,000 pop.
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
1969	3	0.04	1	0.01
1970	8	0.09	—	—

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



Residential Treatment

During the year 20 (16 male, 4 female) Rochdale patients were at their first examination recommended for hospital treatment. There was no waiting period for any cases before admission.

Mass Radiography

I am indebted to Dr. J.L. Capper, Medical Director of Mass Radiography Unit No. 1, for the following report:—

“A visit was paid to Rochdale by the Unit in May and July, when industrial premises and offices, also the Detention Centre, were visited, and open sessions held at Milton Street Congregational School for the general public.

The number of examinations made was 4,776 (2,007 males and 2,769 females). Only four new cases of active tuberculosis were discovered (3 males — 1.49 per thousand examined, 1 female — 0.36 per thousand examined), three requiring treatment and one requiring supervision. Also discovered were three cases of bronchial carcinoma.”

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 1969
	M.	F.			
Total Attendances	2035	2212	2741	6988	5304
New Patients examined found:—					
(a) Tuberculous	17	6	-	23	17
(b) Non-Tuberculous	582	662	406	1650	1287
Contacts referred for examinations	172	102	161	435	285
Contacts found to be Tuberculous	1	1	-	2	-
B.C.G. Vaccinations	24	75	496	595	399
Mantoux Tests					
(a) positive	42	96	288	426	503
(b) negative	117	224	534	875	257
Treatment recommended (Tuberculous cases only):—					
(a) Hospital	15	4	1	20	15
(b) Domiciliary	3	2	-	5	5
Visits by Nurses (a) Complete				993	1017
Visits by Nurses (b) Unsuccessful				253	232

The notifications show a decrease compared with 1969. There is, however, an increase in the number of cases notified in immigrants from Pakistan – 23 compared with 21, and 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, 339 persons were referred and reports had been received on 375 by the 31st December, compared with 282 referred and 175 reports in 1969.

Also, during the year, a total of 261 babies born to Pakistani parents were given B.C.G. vaccination as were 90 children of school age.

The graph on Page 52 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 known cases of tuberculosis in the Borough at the 31st December, 1970:—

	<u>Males</u>	<u>Females</u>	<u>Total</u>	<u>Total 1969</u>
Respiratory	236	143	379	433
Non-respiratory	31	26	57	52
	<u>267</u>	<u>169</u>	<u>436</u>	<u>485</u>

In 1957 there were 31 cases of open tuberculosis in the community. This number at the end of 1970 stood at two.

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 1964, continued to operate during the year. Fuller details will be seen in the Report on the School Medical Service.

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:—

	<u>Rochdale Treat- ment Centre</u>	<u>Other Treat- ment Centres</u>	<u>Total</u>	<u>Total 1969</u>
New Cases:—				
(a) Syphilis	14	-	14	10
(b) Gonorrhoea	160	14	174	202
(c) Other conditions	183	18	201	212
Totals	<u>357</u>	<u>32</u>	<u>389</u>	<u>424</u>

The method of follow-up of contacts of cases was reviewed by the Consultant Venereologist and myself during 1969, following Ministry of Health Circular 38/68, and the changes became fully operative during 1970.

Use was also made of leaflets in English and Urdu prepared in the Department.

Contact tracing in respect of County Borough residents is shown in the following table:—

	Gonorrhoea		Early Inf. Syphilis	
	M.	F.	M.	F.
Contact slips issued to patients	46	2	-	-
Contacts attending with contact slips	2	39	-	-
Staff visits made to contacts (inc. more than one visit to same contact)	-	12	1	1
Patients attending as a result of staff visits	-	6	1	1
Infected contacts	2	37	-	1
Non-infected contacts	1	13	-	-

Gonorrhoea

The total of new cases, 174, while still far too high, is the lowest recorded in Rochdale since 1966 and is 82 below the peak of 256 reached in 1967. Perhaps what I have written in previous years on this subject, the health education efforts made by the Department and the work of the clinic social worker have had some little effect.

Experience in Rochdale during 1970 in respect of this ailment at least is contrary to that in England and Wales as a whole, where the record achieved in 1969 was comfortably exceeded by some 3,500 cases.

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 1,741 certificates authorising cremation was issued by the Department during 1970.

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

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 West Pennine Water Board, together with information concerning samples taken by the Public Health Department, is set out in the manner prescribed by the Department of Health and Social Security.

1

- (a) Whether the water supply of the area and its several parts has been satisfactory:
- (i) in quality Yes
 - (ii) in quantity Yes
- (b) The Action taken in respect of any form of contamination Use of chlorine and lime and coagulants at treatment works
- (c) The number of dwellings and the number of population supplied from public mains.
- (i) direct to the house — houses 34,389
 - population 87,720
 - (ii) by means of stand pipe Nil
- (d) Fluoride content * less than 0.3 p.p.m.

* the average fluoride content derived from 8 detailed analyses supplied by the Board is under 0.21 p.p.m.

Samples of Water examined for plumbo-solvency

Source of Supply	Result		Total
	Satisfactory	Unsatisfactory	
Samples taken by Water Board	79	1	80(67)
Samples taken by Public Health Department . .	23	2	25(32)
	102	3	105(99)

Figures in brackets refer to 1969.

The unsatisfactory samples taken by the Department each showed that the water was somewhat acid; the attention of the Board was drawn to this and appropriate treatment was applied.

Bacteriological Sampling

Source of Supply	Result		Total
	Satisfactory	Unsatisfactory	
Samples taken by Water Board	246	2	248(199)
Samples taken by Public Health Department . .	121	11	132(156)
	367	13	380(355)

Figures in brackets refer to 1969.

The unsatisfactory samples obtained by the Department were referred to the Water Board for appropriate action and follow up samples were taken.

In addition to the samples reported above, the Department had 17 unsatisfactory samples from 5 private supplies. In these cases the consumers were immediately warned to boil all drinking water and water used for the washing of crockery and for the preparation of foodstuffs. In one case arrangements were in hand at the end of the year for the provision of a public water supply; in two cases the owners of the properties concerned were taking advice on the provision of a small purification plant. In another case the property was condemned.

The recommendations which I made in 1966 for the modernisation of the filtration and chlorination plants at two reservoirs had not been implemented at the end of 1970. It will be appreciated, of course, that the scheme involved very large capital expenditure and no doubt the West Pennine Water Board will have had to assess its priority in relation to capital expenditure in other parts of its area.

Fluoridation of Water Supplies

The policy of the Council regarding fluoridation of the water supply was not implemented by the Water Board largely because of inability to obtain the agreement of all the local health authorities in the Board's area.

Radioactivity

The Engineer and Manager of the Water Board reports that 9 samples of water were examined during the year to determine the amount of radioactivity, with satisfactory results.

Sewerage and Sewage Disposal

The Roch Mills Sewage Purification Works is grossly overloaded, but the plant is being operated to give the maximum possible treatment to as much of the sewage as possible. 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 Works in the next few years. This will have the effect of reducing the pollution load on the River Spodden and River Roch upstream from the Roch Mills Works, but until the proposed extensions to the Roch Mills Works are completed this will probably result in an increase in the pollution load on the River Roch from this works.

The sewage from the Castleton area is at present being adequately treated at the Trub Sewage Works.

The design of the extensions to enable Roch Mills Sewage Purification Works to produce a high quality effluent, as mentioned in previous Reports, is being carried out by a separate engineering section under the direction of Mr. W.H.G. Mercer, B.Sc., M.I.C.E.

R.L. Bolton, A.M.C.T., L.R.I.C., M.Inst.W.P.C. (Dip), M.I.P.H.E., F.R.S.H.
Manager, Sewage Purification Department

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 buildings. The introduction of bulk refuse containers of 8 to 16 cubic yards capacity at various places, serviced by a specialised vehicle, continues to prove successful and has been 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 3,505.

Work on the removal and disposal of abandoned cars has been carried out and some 45 vehicles were dealt with during the year.

In June the Refuse Disposal Plant was destroyed by fire and since that time all refuse has had to be disposed of by controlled tipping at Waithlands. This tip has a very limited life and consideration is being given to the construction of a new direct incineration plant at the Entwisle Road Depot, capable of dealing with all the domestic and trade refuse arising in the Borough. The quantity of industrial waste disposed of continues to increase each year.

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.

R.C. Biddulph, 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
1966	47	53.12	1070.8	2.9
1967	47	52.06	1121.6	3.0
1968	48	53.07	1090.8	2.9
1969	47	42.00	1216.5	3.3
1970	48	49.52	1312.5	3.5
Mean of the five years 1966/70	47	49.95	1162.4	3.1

The mean temperature for 1970 was similar to the average mean temperature for the last five years. The total rainfall was also similar to that for the average of the total rainfall for the last five years, whilst again the total hours sunshine was much higher than the average of the total hours sunshine for that period.

The total rainfall was 49.52 inches and the wettest month of the year was November with 7.52 inches. February came second with 5.80 inches. The highest rainfall in any one day was recorded on the 11th June with 1.39 inches in 2.5 hours.

May was the driest month with seven rainy days and no wet days, producing 0.14 inches of rain.

The highest temperature of 83° was recorded on the 10th June and the lowest temperature of 10° was recorded on the 7th January.

June again had the largest amount of sunshine with 179.80 hours for the month, whilst January had the lowest with 13.9 hours of sunshine.

The ground was bare and frozen on 24 days during the year, but there was ice or snow covering on nine days in comparison with 35 and 14 days respectively in 1969.

Fog occurred on 7 days – January having three days, March, October, November and December having one day 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.

One district public health inspector who had been appointed only about twelve months earlier, left the service of the Council in June and it was not possible to secure a replacement. The vacancy thus created still existed at the end of the year.

There are two technical assistants in the department whose services are used in connection with housing surveys and in preparation for the submission of smoke control orders. There are two rodent operatives in the service of the department. One rodent operative was ill for much of the year and died in the autumn; it was not possible to secure a suitable replacement until very late in the year. For several months the work had to be done by the remaining rodent operative assisted by the disinfection officer who normally deals with some aspects of infectious diseases and who carries out works of disinfestation and disinfection; he also assists with the keeping of certain records. This staff shortage meant that other arrangements had to be made for the destruction of rats in sewers and this is referred to later in the Report.

The clerical section of the staff consists of a Senior Clerk, a Shorthand Typist, an Audio Typist and a Clerk-Typist. For some years there was also a part time Clerical Assistant; he left in November and he had not been replaced at the end of the year.

The closer control of intestinal infections established in 1964 continued during the year. 298 samples of faeces and urine were taken compared with 292 obtained and submitted for examination during 1969.

Regular sampling of water supplies was maintained; information concerning this will be found in another part of the Report.

The department received a large number of complaints concerning the presence of foreign bodies in food. As in the past, many of the complaints were 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 479 such informal or preliminary notices were issued (509 in 1969).

The Committee authorised service of 39 Abatement or Statutory Notices to secure the abatement of nuisances and the remedy of sanitary defects in and around dwellings (101 in 1969). In all these cases the informal procedure previously referred to had failed to secure a suitable remedy.

During the year work in default of the owners had to be carried out on two occasions; 4 houses were affected and reimbursement was subsequently demanded.

The demands made upon the department in connection with the repair of dwelling houses and other buildings and indeed with associated matters continued at the same level as in previous years.

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 etc., following the service of preliminary notices but excludes work done under the Housing Acts, the Offices, Shops and Railway Premises Act and the Food Hygiene Regulations.

The provisions of the Rochdale Corporation Act, 1958 dealing with inadequate or defective water supplies were again found useful – 56 notices of this kind of defect being issued compared with 117 during 1969.

A number of complaints were received during the year about the conditions existing at a cinema which was used by a cinema club. These complaints related, amongst other things, to matters which were the concern of the department and despite certain difficulties, the department was successful in securing an improvement in the general condition of the premises by the end of the year. Much, however, remains to be done if the premises are to achieve the standard which is expected in modern cinemas.

NATURE OF NUISANCES DEALT WITH

HOUSING:

Verminous premises disinfected	42
Dirty houses cleaned	23
Repairs to roofs, floors, walls, eavestroughings, rainwater pipes, chimneys and general repairs to brickwork and stonework (including dampness) and repair to house fittings	480
Inadequate or defective service water pipes	56

YARDS, PASSAGES, ETC:

Repairs to yard surfaces, gates, walls etc.	13
Offensive accumulations and stagnant water removed	87

SANITARY CONVENIENCES:

Closet buildings repaired	31
Closet fittings repaired	68

DRAINS:

Main or branch drains repaired or cleansed	67
--	----

GENERAL:

Absence of or unsatisfactory condition of sanitary accommodation at factories	10
Miscellaneous nuisances remedied	13

Noise Nuisance

During the year the Department received 17 complaints of alleged noise nuisance:

Barking dogs	7
Noisy machinery	5
Noise from clubs	1
Noise from dairy	1
Noise from scrap yard	1
Noise from vehicles parking	1
Noise from Speedway	1

All these cases had to be investigated, usually at times well outside office hours and in the early hours of the morning; repeated visits are usually necessary to establish the existence of a noise nuisance. Wherever necessary a sound level meter is used to assist in the investigations. The Department possesses a simple sound level meter and on one occasion the noise from the Rochdale Speedway – it was necessary to borrow a sophisticated and expensive instrument to measure not only sound levels but frequencies. In some cases a good deal of work was required to secure the abatement of the nuisance, e.g. the screening of an electricity sub-station.

The most difficult case to deal with was the noise from the Speedway. Complaints came in very soon after the company commenced its operations and on the first occasion that stock cars were raced, not only was there noise but also there were complaints of dust nuisance because of inadequate watering of the track. The investigations were protracted and eventually the Health Committee visited the racing, which took place on Sunday afternoons, so that they might themselves assess its effect on residents in the neighbourhood. By this time, however, the season was approaching its close, and public support, which never seemed to have been very strong, was diminishing.

The problem was a difficult one because screening of noise from such a source is impossible and it may be thought that noise is part of the excitement which is sought by those who attend "dirt-track" racing. One point of view was that the entertainment of large numbers of people ought to outweigh the inconvenience suffered by neighbouring residents during limited periods – this was not a view which commended itself to those residents.

The season closed at the end of the year and at that time there was considerable doubt as to whether racing would or would not resume in 1971.

In the later part of the year complaints were received about noise from civil engineering operations at two sites. As a result of these, representations were made to the Borough Engineer, the North Western Electricity Board, the North Western

Gas Board and the West Pennine Water Board concerning the noise created by road drills, compressors and similar forms of equipment. In each case the department received a favourable reply indicating that every effort would be made to ensure that wherever possible silenced equipment would be used in future.

HOUSING

During the year 628 dwellinghouses were represented to the Estates Committee as being unfit for human habitation; of these 613 were in Clearance Areas or in Compulsory Purchase Order Areas and 15 were dealt with as Individual Unfit Houses. The total includes 169 houses in the Molesworth Street Area which was re-represented during the year having been represented in a previous year. The net total represented, therefore, was 459 which is somewhat short of the target of 500 which would have been reached or indeed exceeded had it not been for the need to re-inspect the houses in the Molesworth Street Clearance Area.

Clearance Areas

CAXTON STREET CLEARANCE AREA

This Area contained 6 houses. The representation was necessary because of the dangerous instability which had developed. No objections were received and the Order was confirmed later during the year.

SHAWCLOUGH CLEARANCE AREA

The Area contained 6 houses of which 5 were vacant. The remaining house was occupied by 2 adults. The Order was still awaiting confirmation at the end of the year.

MOLESWORTH STREET CLEARANCE AREA

This Area which contained 169 houses was represented on 17th February 1970. It had previously been represented on 12th December 1967, but because of certain difficulties which had arisen, a new representation had to be submitted to the Estates Committee. Full details of the area were given in the Annual Report for 1967. The Clearance Order was still awaiting confirmation at the end of the year.

MEREFIELD COMPULSORY PURCHASE ORDER

This Clearance and Compulsory Purchase Area was represented to the Estates Committee on 17th February, 1970. It deals with those houses in the Merefild Area which are unfit for habitation and which have to be removed as a part of the Merefild General Improvement Area. The Area contained 103 houses of which 97 were 'through' and 6 were 'not through' houses; all of the houses exhibited disrepair, dampness and in some cases instability. In 100 of the houses the sanitary accommodation was inconvenient and in some cases it was a considerable distance from the house of the user. Twenty of the houses were vacant and the remaining 83 houses were occupied by 151 adults and 41 children. A Public Inquiry is to be held on 16th February, 1971.

SUDDEN COMPULSORY PURCHASE ORDER

The Area contained 28 houses. All of them suffered from dampness, disrepair, and in some of them there was instability. Eight of the houses were vacant and the remaining 20 houses were occupied by 54 persons. No objections were received and the Order was confirmed without modification on 27th November, 1970.

DANE STREET COMPULSORY PURCHASE ORDER

This area was represented to the Estates Committee on 19th May, 1970, it contained 11 houses. Three of the houses were vacant and the remaining 8 dwellings were occupied by 28 adults and 3 children. All the properties were unfit for human habitation by reason of disrepair. No objections were received but the Order still awaited confirmation at the end of the year.

FREEHOLD COMPULSORY PURCHASE ORDER

This Order was the subject of a representation to the Estates Committee on 19th May, 1970. The Order was made to secure the removal of unfit properties in the Freehold General Improvement Area. The Area contained 130 houses of which 104 were 'through', 24 were 'not through', and there were 2 'inset' cottages. All the houses were in disrepair, a large proportion had serious dampness and many of the houses had poor natural lighting. Only 27 of the houses had separate yards and the common yards which served the remainder were all uneven and poorly drained. There were 24 vacant houses in the area and the remaining 106 houses were occupied by 209 adults and 74 children. Objections were received and a Public Inquiry was arranged for 2nd March, 1971.

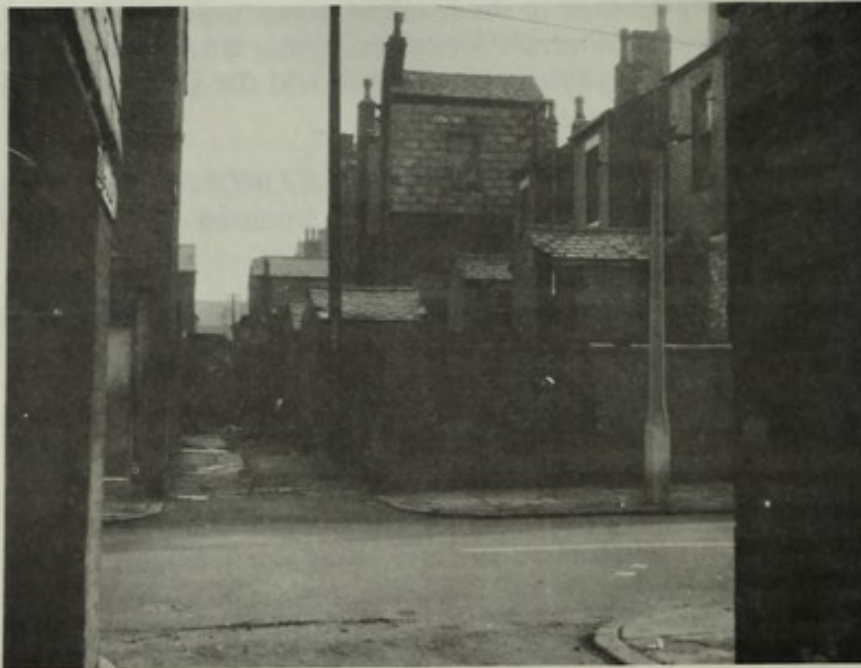
CHURCH ROAD COMPULSORY PURCHASE ORDER

This Area was represented to the Estates Committee on 19th May, 1970. The block contained 14 houses of which 5 were occupied, the remaining 9 houses were vacant and derelict. No objections were received and the Order was confirmed on 21st October, 1970.

CINNAMON STREET COMPULSORY PURCHASE ORDER

This Area was represented to the Estates Committee on 12th October, 1970.

SHAMROCK PLACE CLEARANCE AREA
The Area contained 7 houses — part of one of the houses was used as a lock-up shop. Three of the houses were of the 'through' type, 1 was a back to back house and the others were of the 'not through' type. All the houses were affected with dampness and were in disrepair. There were 10 adults and 4 children occupying the houses. The Order was awaiting confirmation at the end of the year.



FREEHOLD CLEARANCE AREA

CHURCH STREET COMPULSORY PURCHASE ORDER

This Area was the subject of representation to the Estates Committee on 12th October, 1970. The area contained 24 houses, all of the 'through' type. Only one house was considered fit for human habitation, the remaining 23 being unfit by reason of disrepair, dampness and in some cases, instability. Five of the houses were vacant and derelict. The unfit houses were occupied by 49 adults and 22 children. The house that was regarded as fit for habitation was occupied by one adult. The Order was still awaiting confirmation at the end of the year.

VAVASOUR STREET COMPULSORY PURCHASE ORDER

This Area was represented to the Committee on 23rd November, 1970. The Area contained 116 houses of which 92 were of the 'through' type, 15 were 'inset' cottages, 2 were back to back houses and 4 were 'not through' houses; 3 of the houses in the area were already the subject of Closing Orders - 2 of these being 'through' houses and 1 being an 'inset' cottage. All the houses were unfit by reason of disrepair and dampness, and there was a considerable amount of instability in the area. Many of the houses had impeded natural lighting. Within the area there were 13 vacant premises and the remaining dwellings were occupied by 158 adults and 44 children. The Order was still awaiting confirmation at the end of the year.

WARDLEWORTH COMPULSORY PURCHASE ORDER

This Area which contained 232 houses was represented in 1968; it was confirmed on 18th May, 1970. The only modification made in confirming the Order was to transfer three house/shops from the unfit category to the fit category. The three houses were certainly unfit for human habitation but because of the existence of a second floor warehouse above them the Department of the Environment for technical reasons had to take them from the unfit category; it was therefore necessary to acquire them in order to facilitate the redevelopment of the area as a whole.

JOHN ASHWORTH STREET AREA

This Area which contained 7 houses and which had been represented in 1968 was confirmed without modification on 6th April, 1970.

SHAMROCK PLACE CLEARANCE AREA

This Order which was the subject of representation during 1968 was still awaiting confirmation at the end of 1970.

At the time of the representation the Area was occupied by 10 adults and 4 children.

WARDLEWORTH (NORTH) COMPULSORY PURCHASE ORDER

The Area was the subject of representation to the Estates Committee on 25th November, 1969. Objections were received and a Public Inquiry was held on 2nd September, 1970; the Order was confirmed on 1st December, 1970.

PROCKTOR STREET COMPULSORY PURCHASE ORDER

This Area was the subject of representation to the Estates Committee on 25th November, 1969; there were no objections and the Order was confirmed on 27th July, 1970.

Housing Act, 1969

In the last Annual Report reference was made to the formation of Residents Committees in the Freehold and Merefield areas which were intended to foster public interest in the Improvement Area schemes and to promote public participation. The Merefield Committee has met regularly during the year and many aspects of the improvement scheme have been discussed in considerable detail. One of the matters which has aroused interest and indeed some irritation is the length of time which must elapse before the preliminary steps have been completed i.e. the time which is necessary for securing demolition and clearance of unfit properties within the area so that other improvements can proceed, but these delays seem to be inevitable; for example, the Merefield Clearance and Compulsory Purchase Order was made by the Council in February, 1970 but was not confirmed until mid-1971; the Freehold Order which was made in May 1970 is still awaiting confirmation. In the meantime properties and conditions generally tend to deteriorate and the public notices not progress but retrogression. These circumstances prevent the officers who attend these meetings from directing attention to the responsibilities which will fall upon the residents in the area whose houses are to remain in being and where improvements will be required. Nor is it possible to begin the environmental improvements which are the responsibility of the Corporation and which undoubtedly will stimulate or reinvigorate public interest in the improvement schemes as a whole.

Individual Unfit Houses

Forty-three houses represented during previous years were still under consideration at the beginning of 1970 and during that year 15 new representations were made to the Estates Committee. That Committee dealt with these houses as follows:

Demolition Orders made	27
Closing Orders made or undertakings accepted	9
Representations still awaiting a decision	22

Houses in Multiple Occupation

One hundred and nine visits were made to houses in multiple occupation. This was a considerable increase on the figure for the previous year but it is still a matter for regret that the shortage of staff referred to elsewhere in this Report makes it necessary to reduce the work carried out in respect of houses of this kind.

Applications for Corporation Houses.

Fifteen applications for corporation houses were referred to the section on the grounds that the present houses were detrimental to their health. Each of these applications was the subject of special consideration and a recommendation as to procedure.

Housing Survey

Table I summarises the position at the end of 1970. The totals are nett 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 throughout the survey but are related to the state of the houses existing at the end of December 1970. There are still major problems associated with old houses.

TABLE I.

House Type	Date of Erection					
	Pre-1871	1871-1890	1891-1915	1916-1932	1933-1939	Totals
Through	4,717	3,519	7,358	835	1,858	18,287
Back to Back	909	51	-	-	-	960
Inset	251	5	-	-	-	256
Not Through	486	13	-	-	-	499
Others inspected – Shops, Hotels, Farms etc. . . .	463	108	112	15	9	707
TOTAL	6,826	3,696	7,470	850	1,867	20,709

TABLE II.

	Date of Erection					
	Pre-1871	1871-1890	1891-1915	1916-1931	1932	Totals
Total No. in District	6,826	3,696	7,470	850	1,867	20,709
Baths	2,270	2,456	4,074	850	1,867	11,517
W.C.	6,633	3,693	7,328	850	1,867	20,371
W.W.C.	34	-	141	-	-	175
Pail	159	3	1	-	-	163
Washing facilities:						
Scullery	4,696	2,418	4,932	833	1,865	14,744
Kitchen	454	393	1,107	2	1	1,957
L.Rm./K	505	539	1,067	8	-	2,119
L.Rm	798	46	81	-	-	925
Cellar	292	251	208	-	-	751
Wash House	81	49	75	7	1	213
Standard – Good . .	1,298	1,792	4,879	850	1,867	10,686
– Medium	3,071	1,505	2,514	-	-	7,090
– Poor	2,457	399	77	-	-	2,933

TABLE III

	Type Pre-1871					
	Thro'	B. to B.	Not Thro'	Inset	Others	Totals
Total No. in District	4,717	909	486	251	463	6,826
Baths	1,974	7	25	-	264	2,270
W.C.	4,593	890	440	249	461	6,633
W.W.C.	28	-	4	-	2	34
Pail	96	19	42	2	-	159
Washing Facilities:						
Scullery	3,457	478	334	66	361	4,696
Kitchen	432	-	8	2	12	454
L.Rm./K	426	19	32	7	21	505
L.Rm.	79	407	99	176	37	798
Cellar	256	5	8	-	23	292
Wash House	67	-	5	-	9	81
Standard - Good .	1,258	4	3	-	33	1,298
- Medium	2,320	282	124	90	255	3,071
- Poor	1,139	623	359	161	175	2,457

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

	<u>1970</u>	<u>1969</u>	<u>1968</u>
Through houses in poor condition (Table III)	1,139	1,224	1,310
Back to back houses (Table III)	909	977	1,021
Not through houses (Table III)	486	507	517
Inset Cottages (Table III)	251	267	272
Houses built 1871-1890 - in poor condition (Table II) .	399	402	410
Houses built 1891-1931 - in poor condition (Table II) .	77	78	80
Totals	<u>3,261</u>	<u>3,455</u>	<u>3,610</u>

These tables may be used to get an estimate of the housing problem in Rochdale, but it will be realised that because of the difficulty of keeping the information fully up to date, the Tables can only provide an indication of the extent of slum clearance needed.

The figure of 3,261 includes houses already condemned or in process of condemnation but from which the tenants have not been rehoused.

Rent Act, 1957

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

Enquiries Concerning Properties

It has been for many years the practice of the department to provide information to persons making enquiries about the future of properties in which they are interested. During the year 427 such enquiries were received (331 in 1969). In addition to this 422 similar enquiries were received from the Borough Engineer and Surveyor's Department in connection with properties being considered under the Small Dwellings Acquisition Act (345 in 1969).

The Town Clerk's Department made 2,719 enquiries under the Land Charges Act (2,685 in 1969). 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

During the year 14 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 150 pail closets that now remain are chiefly those where there is technical difficulty in conversion, or where conversion ought to be associated with housing improvement. It can also be seen from the table that of the 150 existing pail closets, the conversion of 134 will have to await the extension of existing sewers, construction of new sewers, or in some cases the installation of small sewage plants.

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

Pail Closets	150
Waste Water Closets	170

		Houses		Other Premises	Totals
		Separate Accommodation	Joint Accommodation		
I	Number of premises involved	90	73	9	172
Closets					
II	(a) Unsuitability or absence of sewer as primary obstacle	85	28	21	134
	(b) Closets associated with properties due for demolition or improvement involving vacation of some houses .	5	8	-	13
	(c) Capable of conversion without much technical difficulty	-	2	1	3
III	Total Pail Closets at 31st December, 1970	90	38	22	150
IV	Total Pail Closets at 31st December, 1969	99	41	24	164

Common Lodging Houses

There were 2 common lodging houses registered at the beginning of the year; one provides accommodation for 114 men in a modern hostel, and the other for 62 men, making 176 beds available altogether.

During the year 7 visits of inspection were made.

It is with difficulty that the older common lodging house is maintained to the required standards.

Caravans

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

Public Health Inspectors made 126 visits in connection with caravans on unlicensed sites (63 in 1969). The duty of dealing with such caravans is now the responsibility of an Enforcement Officer in the Borough Engineer and Surveyor's Department. The unauthorised presence of caravans on unlicensed sites continued to present a problem to the Council and its officers. These sites are always without any form of sanitation whatsoever and, inevitably, nuisance and annoyance is caused to residents in nearby houses.

Improvement Grants.

An officer of the Borough Architect's Department now deals with applications for Standard Grants and for Improvement Grants which are available under the provisions of the Housing Acts for the improvement of older properties; this officer consults the Health Department and the views of the department on the applications are the subjects of reports to the Borough Architect and to the Estates Committee. During the year reports were made upon 566 applications for Standard Grants and in addition detailed reports were made on 57 applications for Improvement Grants. This work now involves not merely checking the records in this department but always involves a visit to the house concerned to ascertain to what extent repair is needed. It is of the utmost importance that essential repairs should be carried out whilst improvement is going on. It is the contention of the department that essential repairs must be carried out if a house is to have the life expected of one which is the subject of a request for assisted improvements. It is perhaps somewhat unfortunate that the emphasis in the legislation is placed upon the provision of standard amenities and improvements rather than upon repairs; repairs can and do extend the life of a house but it is by no means so certain that improvements alone will do so.

Qualification Certificates – Housing Act, 1969

The issue of Qualification Certificates under the Housing Act, 1969, is now a function of the department. Certificates are required by owners who wish to have a fair rent assessed by the Rent Officer. The fair rent can only be assessed if the house possesses the standard amenities prescribed by the Housing Acts and if also it is in good repair and condition having regard to the age, character and locality of the property. Any house, therefore which is the subject of an application for such a certificate must be given a very careful inspection and the result of that inspection is supplied to the applicant before the matter is considered by the Estates Committee. The object of this is to enable him to put the house into good repair if repair is needed.

During the year 31 applications for Qualification Certificates were received. Twenty six of the applications were refused because of disrepair or because the standard amenities did not exist. One Certificate was granted and four others were under consideration at the end of the year.

SMOKE ABATEMENT

Industry

Fifteen formal smoke observations were undertaken during the year. As a result it was necessary in one case to institute legal proceedings for a breach of the Clean Air Act 1968 – this concerned the burning of waste matter on open ground. The firm concerned was fined £10 and was ordered to pay £2 costs. In the other cases the results of the observations showed either that the emissions were within the limits prescribed by the Dark Smoke (Permitted Periods) Regulations 1958, or were border line cases; the required improvement in these cases was achieved by informal visits or by warnings.

The Smoke Inspector made 50 survey visits in connection with industrial fuel plants and offered advice in appropriate cases.

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. In some cases the department had to suggest modification of the plans; these modifications were usually directed to securing increased chimney height. 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 23 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.

Dust and Grit Emissions

During the year a considerable amount of time was spent investigating the emission of metal dust from certain premises. Complaints had been received from a neighbouring urban district and had also been received from residents in the vicinity of the firm's premises. Two deposit gauges were operated in an endeavour to identify the nature of the emission and to estimate the quantity; a similar gauge was operated by the urban district council referred to. Unfortunately the results obtained from the gauges were not conclusive but approaches were made to the firm concerned and as a result new dust arrester plant was ordered and was expected to come into operation early in 1971. It remains to be seen whether this new plant will prove effective. The premises are being kept under observation. In this case the advice of the Alkali Inspector was sought because part of the plant was under his jurisdiction.

In another case complaints were received of the emission of large quantities of cotton dust and fly. The quantities emitted were alleged to have been sufficient to interfere with air conditioning plant in nearby premises. Representations were made to the firm concerned and as a result an elaborate dust control system costing many thousands of pounds was being installed at the end of the year.

Smoke Control Areas

In the early part of the year fears were expressed by the fuel merchants association and indeed by many other bodies that the supplies of solid smokeless fuels would not be sufficient to permit the continued operation of Smoke Control Orders. The department made very full enquiries into all aspects of the situation and as a result the Health Committee on 28th May, 1970 accepted a recommendation that smoke control orders should be suspended. The Council approved the Committee's resolution and an application was made to the Minister for the suspension of all smoke control orders in Rochdale until 30th April, 1971. The Minister agreed to this in a letter dated 20th July, 1970.

A similar situation arose in many other areas of the country and applications for the suspension of smoke control orders became very general in the latter part of the year. It is, to say the least, deplorable that such steps should have become necessary apparently because of the inability of the fuel industry to produce adequate supplies of solid smokeless fuel. This suspension of existing smoke control orders, together with the continued inability of the department, because of financial restrictions, to proceed with the smoke control programme was frustrating in the extreme. The benefits of smoke control were rapidly becoming noticeable in the Borough and it must have followed that it would not be long before the benefits to the health of the community became apparent. I would once again express the hope that before long we shall be in a position to promote further smoke control orders so that the whole town shall become a smoke controlled area and everyone will receive the benefits of what is the most important piece of public health legislation for very many years.

In the period before smoke control was suspended, 13 contraventions of the Acts had been observed and written warnings were issued by the officers of the department. The addresses were recorded and are available for reference to the Committee should future contraventions occur.

Castleton and Meadway (Completion) Smoke Control Order

In the last Annual Report this smoke control order, which covers a very small area, was mentioned. The order was confirmed by the Minister to come into operation on 1st July, 1971.

Investigation of Atmospheric Pollution

Two sets of volumetric apparatus for the estimation of smoke and sulphur dioxide were operated during the year – one at the Townhead Offices and one in Falinge Park. I would again express the thanks of the Department to the Parks Committee and to the Welfare Services Committee for the facilities which have been afforded.

The results obtained from the gauges are shown in the following Table. It is not possible after such a limited period of operation to derive any valid conclusions from the figures but when the results of 1971 are available it may be that they will begin to show the trend of atmospheric pollution in the areas served by the gauges.

Smoke and Sulphur Dioxide Results, 1970

Volumetric Method

PERIOD 1970	Microgramme/Cubic Metre					
	Smoke			Sulphur Dioxide		
	Max.	Min.	Avg.	Max.	Min.	Avg.
Townhead						
*1 30th Dec. - 2nd Feb. . . .	548	86	198	436	103	243 ○
2 3rd Feb. - 2nd Mar. . . .	611	14	147	860	66	230
*3 3rd Mar. - 6th Apl. . . .	501	10	119	797	90	234 X
4 7th Apl. - 4th May	305	19	94	278	80	167
5 5th May - 1st Jun. . . .	129	10	48	260	57	116
6 2nd Jun. - 29th Jun. . . .	115	11	43	149	30	88
*7 30th Jun. - 3rd Aug. . . .	85	10	33	117	30	78
8 4th Aug. - 31st Aug. . . .	163	11	54	237	46	113
9 1st Sep. - 28th Sep. . . .	326	24	96	204	34	104
*10 29th Sep. - 2nd Nov. . . .	527	20	133	402	13	163
11 3rd Nov. - 30th Nov. . . .	601	35	170	460	72	237
12 1st Dec. - 28th Dec. . . .	949	72	255	599	154	289
Averages for 12 months at Townhead			<u>116</u>			<u>172</u>
Falinge						
1 30th Dec. - 2nd Feb. . . .	260	75	142	552	113	269 +
2 3rd Feb. - 2nd Mar. . . .	469	8	91	576	58	169
*3 3rd Mar. - 6th Apl. . . .	288	8	102	580	66	195
4 7th Apl. - 4th May	175	12	52	276	70	164
5 5th May - 1st Jun. . . .	101	8	34	265	57	138
6 2nd Jun. - 29th Jun. . . .	50	4	28	233	58	136 =
*7 30th Jun. - 3rd Aug. . . .	65	4	23	183	43	97 ⊕
8 4th Aug. - 31st Aug. . . .	132	8	38	222	58	117
9 1st Sep. - 28th Sep. . . .	185	17	69	186	30	96
*10 29th Sep. - 2nd Nov. . . .	199	8	96	385	8	151
11 3rd Nov. - 30th Nov. . . .	352	4	141	344	75	190
12 1st Dec. - 28th Dec. . . .	611	52	195	493	120	260
Averages for 12 months at Falinge			<u>84</u>			<u>161</u>

KEY:

Townhead	○	1st Jan. - 7th Jan. — faulty valve
	X	15th Mar. - 16th Mar. — faulty valve
Falinge	+	1st Jan. - 7th Jan. — obstructed inlet tube
	**	29th Jan. — 4th Feb. — obstructed inlet tube
	=	18th Jun. - 24th Jun. — machine switched off
	⊕	25th Jun. - 1st Jul. — insufficient volume of air sampled

* five week period

ENVIRONMENTAL POLLUTION

The year 1970 was designated 'European Conservation Year' with the aim of fostering and spreading interest, knowledge and concern regarding Man's physical and biological environment. With the prospect of world population doubling by about the year 2,000 to a total of some 6,000,000,000 there are pressing reasons for us to take stock of the state of the environment and to take steps to prevent further irreparable and irreversible damage.

The effects of our exploitation and prodigal consumption of Earth's natural resources are perhaps seen at their worst in our older industrial areas such as South-east Lancashire where the despoilation is ugly and obvious, but our atmosphere is polluted with industrial and military fall-out in every corner of the planet, the remotest oceans contain traces of D.D.T. and the nearer seas are increasingly contaminated and poisoned by sewage, crude oil, and metals such as mercury and lead, whilst many rivers are little better than open drains, devoid of life.

In the major conurbations during the autumn and winter months urban fog or smog may be so lethal as to act like a poisonous gas, killing the aged, the very young, sufferers from diseases of the lungs and heart, and domestic animals alike.

The processes which I have outlined above are already well advanced. If we do nothing then progressively more and more plants will die, and fish, and birds, and animals. At the end of the life-chain stands Man and he too is not invulnerable.

If this country is to maintain a population of 70,000,000 by the turn of the century, and life is to remain reasonably pleasant and tolerable, it will be necessary for every citizen to act as an anti-pollution vigilante.

As with many features of modern life which we do not like, it is more acceptable if each individual can lay the blame on amorphous, anonymous 'them' and not on specific and personal 'us' and 'me'. So it is with pollution and we like to blame industry, commerce, big business, international oil companies, governments and municipal corporations for the harm which we know is being done. But it is not international cartels nor local authorities who contaminate the air we breathe, with household smoke, who festoon the verges and lay-bys of our highways with garbage and waste paper, our beaches with broken bottles and plastic containers, our mountain tops with tins and orange peel, our woods with rotting mattresses and broken-down motor cars. These things are all done by ordinary people, and their responsibility and guilt are just as real as that of major industrial organisations, governments and municipalities. Every adult who smokes at an indoor public gathering, every teenager who carries a blaring transistor radio out of doors, every child who drops an empty ice cream carton in the street is polluting the environment in his or her small individual way and damaging the amenity of others.

Pollution could perhaps be classified as a product of faulty behaviour by groups or individuals and, as for many other behavioural disorders which afflict modern society, its abatement will only be secured when personal responsibility is allied to collective action.

INSPECTION AND SUPERVISION OF FOOD AND OF FOOD PREMISES

Milk Distribution

Under the Milk (Special Designation) Regulations, 1963, the Local Authority have the duty of controlling the distribution of milk and control also the use of various special designations.

For these purposes licences and registrations were issued as follows:

Premises used as dairies	5
Persons licensed as distributors of milk	231
Dealers licences to sell Pasteurised Milk, Sterilised Milk, Untreated milk and Ultra-Heat Treated milk	240

There is a marked reduction in these figures from the totals published in the last Report. This is because all the licences had to be renewed at the close of the five year interval which applies in relation to this kind of licence. As a result it was found that many people had ceased to sell milk but had omitted to notify the department.

Cleanliness and Keeping Quality of the Milk Supplied

Twenty-four samples of milk were subjected to the methylene blue test to determine cleanliness and keeping quality; 21 were satisfactory and 3 were unsatisfactory; appropriate action was taken to deal with the unsatisfactory samples. The laboratory, for technical reasons, was not able to apply the methylene blue test to one sample which had been taken.

Nine samples were examined by the phosphatase test to check the adequacy of heat treatment; all were satisfactory. Five samples of sterilised milk were subjected to the turbidity test; all were satisfactory.

Seventeen samples were examined for the presence of tuberculous infection; all the results were negative.

Brucellosis

During 1970, 211 group samples were taken at farms and of these three were found to be positive — two from the same farm. These led to further investigations at the two farms involving the taking of 37 samples from individual cows; as a result, two infected animals — one from each farm — were disposed of. At the farm where two positive samples were obtained, two of the cows had ceased lactation; these two cows were sampled before being returned to the herd — both proved free from infection.

- 1 farm was group sampled on 5 occasions during the year
- 16 farms were group sampled on 4 occasions during the year
- 3 farms were group sampled on 3 occasions during the year
- 1 farm was group sampled on 2 occasions during the year
- 6 samples were taken from individual cows at a Borough farm at the request of Lancashire County Council; all the samples proved negative

- 11 samples were taken from cows at the request of farmers; 1 proved positive and the cow was disposed of.
- 18 samples were taken during course of delivery in the streets of the town; two of these samples – both from “out of Borough” farms – were positive; the matter was referred to the appropriate Local Authority for action.

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

I would once again offer my congratulations to the farmers concerned for the public spirit they displayed in helping the department to deal with the problem of Brucellosis.

Meat and Food Supply

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

	Cattle excluding Cows	Cows	Calves	Sheep & Lambs	Pigs
Number killed	1,272	3,128	72	13,337	1,200
Number inspected	1,272	3,128	72	13,337	1,200
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS					
Whole carcasses condemned . .	8	66	12	86	9
Carcasses of which some part or organ was condemned	361	2,066	4	1400	101
Percentage of the number in- spected affected with disease other than Tuberculosis	29.01%	68.16%	22.22%	11.14%	9.17%
TUBERCULOSIS ONLY					
Whole carcasses condemned . .	-	-	-	-	-
Carcasses of which some part or organ was condemned	-	-	-	-	-
Percentage of the number in- spected affected with Tuberculosis	-	-	-	-	-
CYSTICERCOSIS ONLY					
Carcasses of which some part or organ was condemned	4	-	-	-	-
Carcasses submitted to treatment by refrigeration	-	-	-	-	-
Generalisation and totally condemned	-	-	-	-	-

These percentages of affected carcasses may be looked upon as an index of the vigilance of our inspectors.

There has been regular inspection of meat and over 29 tons were condemned as unfit for human consumption and were disposed of for salvage purposes; this work involved 867 visits to the slaughterhouse during the year.

The Food Inspectors during the year condemned over 8 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 shown by the Table below.

Description	Total Condemned (lbs.)
Tinned Meats	1,361
Miscellaneous Tins	1,555
Imported Meat Offal	260
Frozen Foodstuffs	2,978
Poultry	61
Canteen Meat	396
* Milk Powder	8,536
Miscellaneous Groceries	990
Imported Meat	291
Rice	100
Melons	448
Imported Carrots	1,980
Cheese	50
Butchers's 'fridge breakdown	892

* The large quantity of milk powder shown in the table was condemned at the premises of a large distributor because it was "out of date".

In all, therefore, a total of some 37 tons of food including meat was condemned by the Department during 1970.

Slaughterhouse

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

The carcasses of all animals killed 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.

In the last Annual Report reference was made to the possibility of extension and improvement of the slaughterhouse; the necessary works were about to commence at the end of the year.

Knacker's Yard

The Knacker's Yard continued to operate under licence during the year; 101 visits of inspection were paid to the premises (74 during 1969).

Both the Slaughterhouse and the Knacker's 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 also subject to inspection by the Veterinary Officer of the Ministry of Agriculture, Fisheries and Food. Only minor infringements of regulations were observed during the year and these were corrected immediately.

Imported Meat and Other Foodstuffs

With the growth of the 'container' traffic it is no longer possible for the port health authorities to carry out inspection of imported foodstuffs to the extent which was once the practice. Port health authorities nowadays notify local authorities of the departure of containers from the port and it has become the duty of the local authority to inspect the contents of the containers on arrival at their destination. During the year 49 such notifications were received and were given attention. It is quite usual for these containers to arrive in the very early hours of the morning and sometimes they off-load a part of their contents before proceeding elsewhere; this has presented difficulties in practice but means have to be found to overcome them.

Manufacture and Sale of Ice Cream

Fourteen premises were newly registered during the year making a total of 555 premises registered for the sale and storage of ice cream. In almost all cases the ice cream sold is wrapped or in containers as received from the wholesalers or manufacturers.

Two premises are registered for the manufacture of ice-cream. In both cases a cold mix process is used.

Food and Drugs Act, 1955

During the year 280 samples (31 formal and 249 informal) were analysed or otherwise examined by the Public Analyst. There were 56 samples of milk and the remaining 224 samples consisted of 78 different foodstuffs.

In his report for the year the Public Analyst comments that of the 53 milk samples which he examined (excluding those which were the subject of complaint) 37 contained more than 3.5% milk fat which once again indicates that in general the quality of milk supplied in the Borough is very good indeed. 33 of the milk samples were examined for the antibiotic penicillin; of these one sample contained a very small amount of antibiotic other than, or possibly as well as, penicillin.

There were 25 samples of foodstuffs (from 23 complaints) dealt with as being substandard or because of the presence of foreign bodies or because of the alleged unsatisfactory condition. In 16 of these cases the food was examined by the Public Analyst but in the remaining cases it was not necessary to seek his opinion. In 11

cases the Committee authorised the sending of warning letters to the persons concerned; in 11 cases no action was taken; in the remaining case, which concerned a mouldy malt loaf, legal proceedings resulted in the vendor being fined £20 and ordered to pay costs of £3.15.

Food Preparing Premises – Food Hygiene (General) Regulations 1960

The following table indicates the various kinds of businesses operated in food premises.

Bakehouses	47
Butchers	81
Cafes and Restaurants	40
Canteens	65
Fish and chip friers	58
Grocers and greengrocers	450
* Off Licences	90
Public Houses	159
Licensed clubs	52
Sweet Shops	66
Miscellaneous food premises	28

* 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 variations from the figures given in the Annual Report for 1969 are largely the result of the need to visit all premises registered for the sale of milk in connection with the five yearly renewal of licences and registrations. As, in general, there is no requirement to register many kinds of food premises, the statistics regarding the number of such premises can never be absolutely correct.

The inspection of food premises continued during the year and 2,567 visits were made (1,395 in 1969, 1,499 in 1968). Written notices were sent dealing with the following types of defects and faults.

Unsuitable premises (Reg. 5)	7
Dirty equipment (Reg. 6)	21
Foodstuffs exposed to contamination (Reg. 8)	16
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)	1
Unsuitable sanitary accommodation (Reg. 14)	11
Inadequate water supply (Reg. 15)	1
Absence of wash hand basin (Reg. 16)	17
Absence of hot water supply (Reg. 16)	16
Absence of soap, nail brush, towel (Reg. 16)	19
Absence of First Aid Equipment (Reg. 17)	7
Absence of accommodation for outdoor clothing (Reg. 18)	5
Inadequate facilities for washing food/equipment (Reg. 19)	4
Inadequate lighting of food rooms (Reg. 20)	3
Inadequate ventilation of food rooms (Reg. 21)	5
Food room not to be used for sleeping (Reg. 22)	-
Cleanliness and repair of food room (Reg. 23)	59
Accumulations of refuse or inadequate storage of refuse (Reg. 24)	9
Temperature control of certain foodstuffs (Reg. 25)	2
Total	218

Inspections of this kind are important not only in that they expose defects of the structure or of the conduct of the premises, but perhaps more importantly, that they afford an opportunity to the Food Hygiene Inspector to call attention to the need for the practice of the principles of food hygiene. This duty requires him to spend at least as much time on this aspect of the matter as he spends in his physical inspection of the premises.

The Food Hygiene Inspector's services have again been in demand for talks given to various bodies and this is referred to in another part of this report. The interest displayed by so many people is gratifying and it is hoped that this interest reflects an increased awareness on the part of the general public of the importance of food hygiene. The growth of this awareness must indirectly exert pressure upon those food traders whose conduct of their businesses may leave much to be desired.

It was necessary during the year, after repeated warnings, to institute legal proceedings against an individual in respect of fifteen contraventions of the Food Hygiene (General) Regulations, 1960. At the Court proceedings it was decided to proceed only on eight of these charges and the Magistrates imposed a fine of £200.

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 meat and fish. Reference has been made in a previous paragraph to premises at which ice cream is prepared or sold. The number of premises registered for the cooking of meat and fish is as follows:—

Fish Friers	58
Meat preparing premises	48
Cafes, restaurants, canteens, kitchens, etc.	101
Visits of inspection made to these premises during the year	392

Prevention of Damage by Pests Act, 1949

	Type of Property	
	Non-Agricultural	Agricultural
1. Number of properties in district	42,755	71
2. (a) Total number of properties (including nearby premises) inspected following notification	1,525	31
(b) Number infested by		
(i) Rats	422	5
(ii) Mice	641	2
3. (a) Total number of properties inspected for rats and/or mice for reasons other than notification	219	-
(b) Number infested by		
(i) Rats	186	-
(ii) Mice	33	-

Warfarin resistance in mice continued during 1970 and it has become necessary to increase the use of substitute poisons, some of which have their limitations in dealing with mice, and others are dangerous.

It was mentioned in the last Annual Report that one of the rodent operatives was absent from duty because of ill health. He was not able to return to duty and it was not possible to replace him until very late in the year. The remaining rodent

operative who was very ably assisted by the disinfection officer, supported the workload in very difficult circumstances. Inevitably delay occurred in treatment, but both these men deserve credit for the efforts which they exerted over a very long period in dealing with the problems of rodent infestation.

Because of this staff shortage, it was not possible to continue the old practice of employing one of the rodent operatives to supervise squads of temporary employees engaged to deal with the destruction of rats in the sewers. Arrangements were made for this work to be carried out by a private firm and for the first time the sewers were treated with Fluoroacetamide, an acute poison which has been in widespread use all over the country and which is reported to be remarkably effective, but it will not be possible to assess the effectiveness for some time. All the manholes on the main sewers in the town were baited with this poison.

Rag Flock and Other Filling Materials Act, 1951

This Act provides for the registration of premises where filling of certain types is used in the manufacture of bedding, toys, baby carriages and other upholstered articles, and also for the licensing of premises where rag flock is manufactured or stored. Regulations made under the Act apply a standard 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 1970 two exemptions were extended and eleven licences renewed; one new licence was issued.

Diseases of Animals Act, 1950

At mid-year most of the functions of the Police under the Diseases of Animals Act were transferred to the Public Health Department.

With one exception, all the public health inspectors were appointed Inspectors under this Act and a 'stand-by' rota was formed to provide cover during weekends and at times outside office hours. Each inspector in turn undertakes stand-by duty for one week; his name, address and telephone number are supplied to the Ministry of Agriculture, Fisheries and Food and to the Lancashire Constabulary. During that week, therefore, he is expected to be on immediate call for duty under the Act.

The department was required to act in two outbreaks of Fowl Pest. The first involved a large poultry rearing establishment in which Fowl Pest had made its appearance. The department had to supervise the disposal of several thousands of carcasses and the disinfection of foodstuffs and manure on the premises. The Ministry authorised the removal of 48,000 birds to uninfected premises and subsequently the establishment was disinfected.

The second case concerned a much smaller establishment where about 800 hens were kept in batteries and similar action to that outlined above was necessary.

In addition to this the duties under the Act entailed the investigation of eleven licences permitting the transport of swine into the Borough (56 pigs).

Offices, Shops and Railway Premises Act, 1963

Staffing shortages again impeded the enforcement of the requirements of the Offices, Shops and Railway Premises Act, 1963. During the year 225 visits of inspection were made and included in this figure were 135 general inspections. Because of the staffing shortages, the hopes expressed in the Annual Report for 1969, that the rate of inspections achieved in that year would continue, has not been fulfilled.

The number of defects or contraventions which were discovered and which are shown in the following table, is very considerably reduced. It would be pleasing to infer from this that there has been a great improvement in the degree of compliance with the requirements of the Offices, Shops and Railway Premises Act. Unfortunately the limited number of inspections carried out in 1970 may not give a true picture, but it does convey the impression that the requirements of the Act are more fully understood and that the work carried out in previous years has produced an impact.

Summary of Contraventions

Sectn.

4	Dirty premises, furniture, fittings etc.	15
6	Inadequate heating or lack of thermometer	9
7	Ventilation	2
8	Inadequate lighting	3
9	Insufficient, unsuitable or dirty sanitary conveniences	11
10	Insufficient or unsuitable washing facilities	6
12	Inadequate accommodation for storage of outdoor clothing	1
14	Unsuitable seating arrangements	1
15	Inadequate eating facilities	-
16	Defective or obstructed floors, passages, stairs. Absence of handrails, etc.	8
17	Unfenced dangerous machinery	1
24	Absence of first aid box	1
50	No provision of information re Act for employees	7
Total		65

Investigation of Accidents

Twenty-five accidents were reported in 1970 compared with 16 in 1969, 18 in 1968 and 28 in 1967. All the accidents were investigated and reported to the Health Committee. A common factor in several of the accidents was carelessness in the use of hand trucks at a large distributing warehouse. None of the accidents was particularly serious, but taken together were sufficient to make it necessary to write to the firm concerned and to suggest that some form of 'highway code' should be formulated, adopted and enforced.

The number of accidents occurring at the main depot of a large multiple firm have been commented upon in previous Annual Reports and continued to hold the attention of the Department during 1970, but it must be stated that these tend, in the main, to be of a very trivial nature. At least the firm reports its accidents and it is quite apparent that many people are not aware of the need to report accidents in offices and shops. Means will have to be found to publicise this duty in 1971.

Pet Animals Act, 1961

This Act regulates the sale of pet animals by providing that pet shops should be licensed and inspected by the local authority. Eleven such premises were licensed and on inspection 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. Seven such establishments were operated under licence during the year and all appear 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 plants 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's Yard is visited regularly as detailed earlier. Visits were made at intervals during the year to the other offensive trades.

Disinfestation of Premises

The Disinfestation Officer carried out the following work during the year:

Destruction of wasps' nests	47
Cockroach infestations	57
Bug infestations	13
Flea infestations	42
Miscellaneous species of vermin dealt with	132

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

At about the middle of the year numerous complaints were received in the department concerning the infestation of cockroaches on an estate of newly built houses. The infestation was extensive as insects were found in street gulleys, in gaps between the kerb stones and were also found in and around a large number of houses. The treatment was prolonged and difficult and required a great deal of supervision by the district public health inspector. Eventually the infestation was very substantially reduced but it will not be possible for some time to say that it has been eliminated.

Cleansing Station

The Cleansing Station is open from Monday morning until Friday evening but treatment is available outside normal working hours by appointment.

The following Table shows the number of persons cleansed at this station:

Description	<u>1970</u>	<u>1969</u>	<u>1968</u>	<u>1967</u>	<u>1966</u>
Scabies	253	366	352	270	132
Head Lice and Other Verminous Conditions	71	62	94	119	152
Total	324	428	446	389	284

In the Annual Report for 1969 the hope was expressed that perhaps the peak of the incidence of Scabies had been reached. The number of persons cleansed in 1970 seems to indicate that this hope may have been justified. The incidence of head lice, although somewhat above the total for 1969, is still very considerably below the number of cases met with in earlier years. Both these conditions entail difficult and sometimes unpleasant work by officers of this and the health visitors' section in treating and following up cases and their intimate contacts.

The Construction (Health and Welfare) Regulations, 1966

These Regulations apply to certain building operations and works of engineering 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.

One notification was received during the year.

Outworkers.

Twenty-four notifications under the Factories Act were received from other local authorities concerning work carried on in the borough. All of them concerned the making of cosaques, Christmas crackers, etc. (class 29). 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		
		Inspec- tions	Written notices	Occu- piers Prosecu- ted
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	68	30	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	461	310	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (Excluding outworkers' Premises)	44	4	—	—
Total	573	344	—	—

2. CASES IN WHICH DEFECTS WERE FOUND

PARTICULARS	No. of cases in which defects were found				No. of cases in which Pros. were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) .	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient	1	2	—	1	—
(b) unsuitable or defective	3	4	—	3	—
(c) not separate for sexes .	—	1	—	—	—
Other Offences against the Act (not including offences relating to outwork)	—	—	—	—	—
Total	4	7*	—	4	—

* Includes cases outstanding from 1969

**TABLE I. – Vital Statistics of Whole District during 1970,
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
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
1968	86,350	1663	19.3	41	25	1173	13.6
1969	86,600	1576	18.2	42	27	1246	14.4
Average for years 1960/1969	86,208	1,577	18.3	38	25	1236	14.3
1970	87,720	1678	19.1	46	27	1230	14.0

TABLE II.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1970
IN THE COUNTY BOROUGH OF ROCHDALE

CAUSE OF DEATH	S e x	Total all Ages	Under 4 weeks	4 weeks & under 1 yr.	AGE IN YEARS								
					1-5	5-15	15-25	25-35	35-45	45-55	55-65	65-75	75 & over
B2. Typhoid Fever	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	1	-	-	-	-	-	-	-	-
B5. Tuberculosis of Respiratory System	M	6	-	-	-	-	-	-	1	3	2	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
B6(1). Late Effects of Respiratory T.B.	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	-	-	1	-
B17. Syphilis & its Sequelae . .	M	1	-	-	-	-	-	-	1	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B19(1). Malignant Neoplasm, Buccal Cavity etc.	M	1	-	-	-	-	-	-	-	-	-	1	-
	F	4	-	-	-	-	-	-	-	1	2	1	-
B19(2). Malignant Neoplasm, Oesophagus	M	4	-	-	-	-	-	-	-	-	2	2	-
	F	5	-	-	-	-	-	-	-	1	2	2	-
B19(3). Malignant Neoplasm, Stomach	M	10	-	-	-	-	-	-	3	2	4	1	-
	F	13	-	-	-	-	-	-	-	1	6	6	-
B19(4). Malignant Neoplasm, Intestine	M	9	-	-	-	-	-	-	-	2	6	1	-
	F	18	-	-	-	-	-	-	3	1	3	11	-
B19(6). Malignant Neoplasm, Lung, Bronchus	M	41	-	-	-	-	-	-	3	14	20	4	-
	F	12	-	-	-	-	-	-	1	6	5	-	-
B19(7). Malignant Neoplasm, Breast	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	19	-	-	-	-	-	1	4	9	5	-	-
B19(8). Malignant Neoplasm Uterus	F	4	-	-	-	-	-	1	-	2	-	1	-
B19(9). Malignant Neoplasm Prostate	M	5	-	-	-	-	-	-	-	1	2	2	-
B19(10). Leukaemia	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	1	-	2	-	-
B19(11). Other Malignant Neoplasms	M	17	-	-	-	4	-	-	2	4	7	-	-
	F	23	-	-	-	-	2	-	5	5	9	2	-
B20. Benign and Unspecified Neoplasms	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	1	2	-
B21. Diabetes Mellitus	M	3	-	-	-	-	-	2	1	-	-	-	-
	F	3	-	-	-	-	-	-	-	-	1	2	-
B46(1). Other Endocrine etc. Diseases	M	2	1	-	-	-	-	-	-	-	1	-	-
	F	3	-	-	-	-	-	-	2	-	1	-	-
B23. Anaemias	M	2	-	-	-	-	-	-	-	-	1	1	-
	F	3	-	-	-	-	-	-	-	1	-	2	-
B46(2). Other Diseases of Blood, etc.	M	1	-	-	-	1	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B24. Meningitis	M	1	-	-	-	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
B46(5). Other Diseases of Nervous System	M	1	-	-	-	-	-	-	-	1	-	-	-
	F	1	-	-	-	-	-	-	-	-	1	-	-
B26. Chronic Rheumatic Heart Disease	M	4	-	-	-	-	-	-	1	1	1	1	-
	F	12	-	-	-	-	-	2	1	1	3	5	-
B27. Hypertensive Disease . . .	M	9	-	-	-	-	-	-	1	3	3	2	-
	F	8	-	-	-	-	-	-	-	1	4	3	-
B28. Ischaemic Heart Disease . .	M	185	-	-	-	-	-	5	17	38	79	46	-
	F	147	-	-	-	-	1	5	4	19	42	76	-
B29. Other Forms of Heart Disease	M	29	-	-	-	-	-	-	1	4	7	17	-
	F	43	-	1	-	-	-	-	-	2	9	31	-

/Continued

TABLE II.
(continuation)

CAUSE OF DEATH	S e x	Total all Ages	Under 4 weeks	4 weeks & under 1 yr.	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 & over	
B30. Cerebrovascular Disease	M	62	-	-	-	-	-	-	3	5	9	19	26	
	F	95	-	-	-	-	-	1	1	3	9	18	63	
B46(6). Other Diseases of Circulatory System	M	19	-	-	-	-	-	-	-	1	4	4	10	
	F	28	-	-	-	-	-	-	-	-	2	5	21	
B31. Influenza	M	9	-	-	-	-	-	-	-	-	1	4	4	
	F	8	-	-	-	-	-	-	-	1	2	1	4	
B32. Pneumonia	M	68	3	5	1	-	-	-	-	4	4	20	31	
	F	63	1	2	-	-	-	-	-	1	4	10	45	
B33(1). Bronchitis and Emphysema	M	43	-	-	-	-	-	-	-	3	10	18	12	
	F	19	-	-	-	-	-	-	-	1	5	5	8	
B33(2). Asthma	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	1	-	-	-	-	-	-	-	-	1	-	-	
B46(7). Other Diseases of Respiratory System	M	12	-	-	-	-	-	-	-	-	2	4	6	
	F	6	-	-	-	-	-	-	-	-	1	5	-	
B34. Peptic Ulcer	M	6	-	-	-	-	-	-	1	-	3	1	1	
	F	3	-	-	-	-	-	-	-	1	-	1	1	
B36. Intestinal Obstruction and Hernia	M	-	-	-	-	-	-	-	-	-	-	-	-	
	F	6	-	-	-	-	-	-	-	-	1	1	4	
B37. Cirrhosis of Liver	M	2	-	-	-	-	-	-	1	1	-	-	-	
	F	2	-	-	-	-	-	-	-	1	1	-	-	
B46(8). Other Diseases of Digestive System	M	3	-	-	-	-	-	-	2	-	-	1	-	
	F	11	-	-	-	-	-	1	1	-	1	1	7	
B38. Nephritis and Nephrosis	M	4	-	1	-	-	-	-	-	-	1	1	1	
	F	6	-	-	-	-	1	1	-	-	3	-	1	
B39. Hyperplasia of Prostate	M	1	-	-	-	-	-	-	-	-	-	-	1	
B46(9). Other Diseases, Genito Urinary System	M	5	-	-	-	-	-	-	-	-	1	-	4	
	F	2	-	-	-	-	-	-	-	-	-	-	2	
B46(11). Diseases of Musculo- Skeletal System	M	2	-	-	-	-	-	-	-	1	1	-	-	
	F	3	-	-	-	-	-	-	1	-	-	1	1	
B42. Congenital Anomalies	M	5	3	-	-	-	-	-	-	-	2	-	-	
	F	5	1	2	1	-	-	-	-	-	1	-	-	
B43. Birth Injury, Difficult Labour, etc.	M	8	8	-	-	-	-	-	-	-	-	-	-	
	F	3	3	-	-	-	-	-	-	-	-	-	-	
B44. Other causes of Perinatal Mortality	M	12	12	-	-	-	-	-	-	-	-	-	-	
	F	2	1	1	-	-	-	-	-	-	-	-	-	
B45. Symptoms and Ill Defined Conditions	M	2	-	-	-	-	-	-	-	-	-	-	2	
	F	1	-	-	-	-	-	-	-	-	-	-	1	
BE47. Motor Vehicle Accidents	M	16	-	1	-	1	6	3	1	1	1	1	1	
	F	5	-	-	-	1	-	1	-	-	1	1	1	
BE48. All Other Accidents	M	3	-	-	-	-	-	-	-	-	2	-	1	
	F	9	-	-	3	1	-	-	-	-	1	1	3	
BE49. Suicide & Self-inflicted Injuries	M	2	-	-	-	-	-	-	-	1	1	-	-	
	F	8	-	-	-	-	-	-	3	-	1	3	1	
BE50. All other External Causes	M	2	-	-	-	-	2	-	-	-	-	-	-	
	F	-	-	-	-	-	-	-	-	-	-	-	-	
Total All Causes	M	617	27	7	1	1	11	5	15	48	115	209	178	
	F	613	6	6	5	2	1	7	15	29	84	149	309	

TABLE III.

**INFANT MORTALITY – Net Deaths from stated causes at various
Ages under one year of age – Year 1970**

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	1970	1969
Prematurity	18	-	-	-	-	-	-	-	18	6
Pneumonia	2	-	1	-	2	3	2	1	11	16
Congenital Malformations . .	2	1	-	-	1	1	-	-	5	7
Intracranial Haemorrhage . .	4	-	-	-	-	-	-	-	4	1
Atelectasis or Anoxia	4	-	-	-	-	-	-	-	4	6
Jaundice	-	-	-	-	-	1	-	-	1	-
Birth Injury	-	-	-	-	-	-	-	-	-	2
Gastroenteritis	-	-	-	-	1	-	-	-	1	2
Glomerulo Nephritis	-	-	-	-	-	-	-	1	1	-
Accidental	-	-	-	-	-	1	-	-	1	-
Acute Bronchiolitis	-	-	-	-	-	-	-	-	-	1
Infanticide	-	-	-	-	-	-	-	-	-	1
ALL CAUSES	30	1	1	-	5	6	2	2	46	42

Net Live Births in the year:— Legitimate 1,471; Illegitimate 207

Net Infant Deaths in the year:— Legitimate 36; Illegitimate 10.

ANNUAL REPORT

ON THE

MEDICAL INSPECTION OF SCHOOL CHILDREN

For the Year ended 31st December, 1970

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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, B.Sc., M.D., D.P.H.
School Medical Officers	JOYCE NEWMAN, M.B., Ch.B., D.A. ROBERT S. GIBSON, M.B., B.Ch., B.A.O., D.P.H. CHRIST D.H. MUNZNI, M.B., B.S. GARETH LLOYD, B.Sc., M.B., Ch.B., M.R.C.O.G., (part-time)
Principal School Dental Officer	H.W. PRITCHARD, L.D.S.
Senior School Dental Officer	K. ANDERSON, L.D.S.
School Dental Officers	R.G. WATSON L.D.S. (p 31.8.70) B.M. HAINES, B.D.S. (p 17.7.70) A. ANDERSON, L.D.S. (part-time) B.M. HEY, 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)
Speech Therapist	M.M.B. MEE, L.C.S.T., Dip.I.P.A.
Audiologist/Teacher of Deaf	M.J. O'NEILL, Man.Cert.T.D., Dip.Aud.(Man.) (part-time) (p 30.4.70)
Teacher of Deaf	M. STRONACH, Man.Cert.T.D. (part-time) (+ 1.10.70)
Assistant (Audiometry)	B. O'NEILL (part-time)
Superintendent Health Visitor/School Nurse	O. SOUTH, S.R.N., S.C.M., H.V.
Deputy Superintendent Health Visitor/School Nurse	P.V. DARBY, S.R.N., C.M.B. Part 1, H.V. (+5.1.70)
Health Visitor/Field Work Instructor	J. REID, S.R.N., S.C.M., H.V.
School Nurses/Health Visitors	B. ALLEN, S.R.N., C.M.B. Part 1, H.V. P. CUMMINGS, S.R.N., C.M.B. Part 1, H.V. C.M. DAVIES, S.R.N., S.C.M., Q.N., H.V. (p 25.9.70) J.G. MURRAY, S.R.N., C.M.B. Part 1, H.V. R.L. MURRAY, S.R.N., S.C.M., H.V. (part-time) (+8.6.70)
	I. RUSHTON, S.R.N., C.M.B. Part 1, H.V.
	V. STOTT, S.R.N., S.C.M., H.V.
	N. THORNBUR, S.R.N., S.C.M., H.V.
	M. WEETMAN, S.R.N., C.M.B. Part 1, H.V.
	P. WILLIAMS, S.R.N., C.M.B. Part 1, H.V. (+7.9.70)
	J.A. YOUSIF, S.R.N., Obst., H.V. (+7.9.70)
School Nurses	M. CISEK, S.R.N.
	A. TONGE, S.R.N.
	J. ROOT, S.R.N. (part-time)
	O. SYDENHAM, S.R.N. (part-time)
Public Health Nurses	I. BAILEY, S.E.N.
	C. HARGREAVES, S.R.N., S.C.M., (p 28.12.70)
	M. HILL, S.R.N.
	Q.U.Z. KASHMIRI, S.E.N. (+5.2.70)
	P. KERRY, S.R.N., C.M.B. Part 1, N.N.E.B., (+2.11.70)
	S.L. PEARSON, S.E.N.
Clerks	D.R. BARNISH
	C.M. DAVIES (p 31.1.70)
	J. SMITH
	E.M. APPLETON (part-time)
	K.A. TAYLOR (+ 2.3.70) (p 31.5.70)
	C.A. LEVER (+ 6.7.70)
Senior Dental Surgery Assistant	D.H. SANDIFORD
Dental Surgery Assistants	K. BUCKLEY
	V. EVANS (p 10.4.70)
	S. LEES
	P. MURRAY (+ 13.4.70)
	S. STEEPLE (+ 23.2.70)
Educational Psychologist	R.K. RAMSDEN, B.A., Dip.Ed.Psych.A.B.P.S. (p 28.2.70)
Senior Educational Psychologist	J. YATES, B.A., Dip.Ed., M.A. (Ed.Psych.) (+ 1.9.70)

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. (p 31.7.70)
Psychiatrist	..	..	..	..	S. FALK, M.D., D.P.M. (Knowl View School)

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., B.S., F.R.C.S.Eng., F.R.C.S. Edin.
Chest Physician	..	..	..	..	..	W.R. MAY, M.B., B.S., M.R.C.P., D.C.H.

+ Commenced

ø Ceased

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 1970 on the School Health Service of the County Borough of Rochdale, being the sixty-second of the series.

Staffing shortages persisted in several sections and the prospects for 1971 appeared even worse when Dr. Cauchi gave three months' notice of his retirement on the 1st April, just before the end of the year. Nevertheless, a great deal of valuable work was accomplished, which reflects great credit on all concerned.

Dr. Pool relinquished his sessional work at the Child Guidance Clinic at the end of July and for the rest of the year we had to manage as best we could without psychiatric advice in this field. This sometimes presents an extremely acute and serious problem when trying to deal with severely disturbed adolescents, final resort having to be made on occasion to the Courts, because of the lack of other facilities. In an effort to fill the need a joint working party was established consisting of representatives of a number of local authorities and the hospital service. The working party was successful in obtaining the Manchester Regional Hospital Board's agreement to provide a purpose-built child psychiatric unit in the grounds of Birch Hill Hospital, which was eventually placed in the building programme for 1973/74. Unfortunately, all efforts to recruit a consultant child psychiatrist to work in Rochdale and district were unavailing.

The physical environment in which children are educated continued to improve with the building of new schools and the extension of facilities for exercise, sport and recreational activities.

I should like to express personal appreciation to all members of the staff for all the good work they carried out during the year, often in difficult circumstances. I wish to extend a special word of thanks and tribute to Dr. Cauchi whose last full year of office was 1970. He was a tower of strength and a fount of sage advice to all connected with the service. He will be sadly missed and I am sure that we all extend to him and his wife and family our hopes that he will enjoy a long and happy retirement.

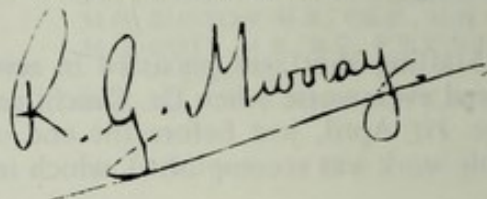
I should like to acknowledge the support and encouragement given to the staff by the Chairman and members of the Special Services Sub-committee throughout the year.

I wish to record our thanks to our colleagues in general practice and the hospital service for their freely given help, advice and co-operation.

Finally, I pay tribute to the Chief Education Officer and to his teaching and administrative staffs, for the way they have co-operated at all levels with members of my staff to further our joint endeavours.

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 line extending from the end of the name.

14th May, 1971.

Medical Officer of Health and
Principal School Medical Officer.

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 – One session 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	8.45 to 9.30 a.m.
SPOTLAND CLINIC –	Monday and Friday	8.45 to 9.30 a.m.
RALPH WILLIAMS CLINIC, SMALLBRIDGE –	Tuesday and Thursday	8.45 to 9.30 a.m. 4.00 to 4.45 p.m.

Dental –

SPOTLAND CLINIC KIRKHOLT CLINIC KINGSWAY CLINIC RALPH WILLIAMS CLINIC, SMALLBRIDGE	} –	Routine, Special, Treatment and X-ray examinations.
--	-----	--

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 –	Four sessions per week.
KINGSWAY CLINIC –	Two sessions per week.
KIRKHOLT CLINIC –	Two sessions per week.
HIGH BIRCH SPECIAL SCHOOL –	One session per week.
BROWNHILL SPECIAL SCHOOL –	One session per week.

SCHOOL MEDICAL REPORT

The estimated mid-year population of Rochdale was 87,720

SCHOOL POPULATION

	Schools	Children
Senior High	3	1,863
High	8	4,228
Primary	33	9,639
Special	4	281
Nursery	4	297
	52	16,308

Staff

Continuing difficulties were experienced in medical staffing during 1970.

Dr. Newman remained on a half-time basis throughout the whole year and, at the time of writing, it appears unlikely that she will be able to resume whole time duties in the foreseeable future.

Dr. Cauchi went on sick leave in the middle of November and had not resumed duties by the end of the year.

Dr. G. Lloyd, General Practitioner, continued to give some help with school medical inspections.

In the nursing staff there were changes as in previous years. Two student health visitors successfully completed their course and joined the staff as full-time health visitors in September, and in June, one Health Visitor commenced duties on a part-time basis.

There was no change in the school nurses (S.R.N.) complement of two full-time and two part-time.

The Superintendent Health Visitor went on a residential course for Nursing Officers in July, two health visitors attended refresher courses at Leeds in July and two others attended short one day refresher courses in Manchester. Another health visitor attended the one week course on Audiology at the University of Manchester.

As in previous years there were visits to special schools and clinics by students of various disciplines, as part of their training.

Minor Ailment Clinics:

The accompanying table is self-explanatory; as last year, there is a satisfactory drop in the total number of attendances. This trend is seen in most classes of ailment and in all other clinics, except Smallbridge where the numbers trebled. This may be due to the fact that at Smallbridge the numbers for 1969 were not for a full year, and in any case the numbers are still small.

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

	Penn St.		Kingsway		Kirkholt		Spotland		Smallbridge		TOTAL	
	1970	1969	1970	1969	1970	1969	1970	1969	1970	1969	1970	1969
New Cases — Doctors	162	209	1	4	15	25	-	5	1	-	179	243
New Cases — Nurses	661	834	273	391	108	128	115	126	17	7	1,174	1,486
Summary of New Cases :												
Ringworm (a) Scalp	2	-	-	-	-	-	-	-	-	-	2	-
(b) Body	-	-	-	1	-	-	-	-	-	-	-	1
Scabies	33	47	1	7	2	1	2	8	-	-	38	63
Impetigo	37	51	5	6	3	3	1	2	2	-	48	62
Other Skin Diseases	167	222	33	51	17	8	42	40	3	1	262	322
External Eye Diseases	28	38	2	10	6	4	3	8	-	-	39	60
E.N.T. Conditions	52	68	2	11	3	5	2	1	-	-	59	85
Other Defects	300	373	142	215	26	62	11	17	4	2	483	669
Septic Wounds	62	116	27	31	16	23	19	22	3	2	127	194
Plantar Warts	142	128	62	63	50	47	35	33	6	2	295	273
Re-examinations — Doctors	135	206	-	2	3	1	-	-	-	-	138	209
Re-examinations — Nurses	1,647	1,600	355	637	277	293	260	307	45	12	2,584	2,849
Nurses' Treatments	2,190	2,675	521	823	307	410	325	392	57	18	3,400	4,318
Total Attendances	2,605	2,849	629	1,034	403	447	375	438	63	19	4,075	4,787

School Nurses' Work

It must be pointed out that within the present context the title 'School Nurse' is a generic one and includes school nurses/health visitors, school nurses and public health nurses. Home visits are as a general rule carried out by nursing staff with Health Visitor's Certificate.

					1970	1969
Hygiene – Inspections	..	..	..	..	38,422	38,800
Re-inspections	..	..	..	..	7,580	5,486
Brownhill Special School –	(a)	Dressings 455	..			
	(b)	Specials 433	..		888	639
Eye Clinic .. .. .	..	..	..	..	697	761
Home Visits .. .. .	..	..	..	..	1,577	1,119
					<u>49,164</u>	<u>46,805</u>

Medical Inspections in Schools

Periodic Medical Inspections	..	..	..	..	3,059	3,259
Special Inspections	..	..	..	..	93	102
Re-inspections .. .. .	..	..	..	..	2,789	4,230
Brownhill Inspections	..	..	..	..	120	138
					<u>6,061</u>	<u>7,729</u>
Parents interviewed	..	..	..	..	885	1,141

The number of school children inspected is well below that for 1969. Because of the shortage in school medical officers, already mentioned, no routine medical inspection was possible in sixteen schools.

The standard of general physical condition remains very good. Only two pupils out of 3,059 examined were reported 'unsatisfactory'.

The two places at the top of the defects classification table as usual are occupied by 'Vision' and 'Nose and Throat', the difference being that whereas under 'Vision' there were 283 for treatment and 471 for observation – a ratio of about 7 to 5 between observation and treatment, in the case of 'Nose and Throat' there were 29 recommended for treatment and 431 for observation, and under 'Lymphatic Glands' the difference was even bigger with 4 recommended for treatment and 316 for observation. Moreover, in both cases, these figures apply to entrants, where enlarged tonsils and enlarged neck glands are a sign of the body's defensive mechanism against mild upper respiratory infections, so prevalent amongst children when they start school. Surgical removal of tonsils and adenoids is less routinely performed than was the practice not so very many years ago.

Inspections of School Buildings

The reports on the condition of the school buildings submitted by Medical Officers after a routine inspection were on the whole satisfactory.

The only complaints of any importance concerned two of the old voluntary schools; however these were already known to the Education Authority and the conditions were being put right.

Infestation with Vermin

The battle against infestation goes on and the hard core of difficult families remains. Stricter control has been obtained by the exclusion from school of any child with head lice. These children are allowed back in school if considered 'clean' by a School Medical Officer or a Nurse.

	<u>1970</u>	<u>1969</u>
School population	16,308	16,140
Head inspections	46,002	44,286
Children with nits or vermin	1,417	1,324
Expressed as a percentage of head inspections	3	2.9

Children treated at the Cleansing Centre

	<u>1970</u>	<u>1969</u>
Verminous heads —		
Referred by School Health Service	59	45
Referred by Family Doctor	2	2
	<u>61</u>	<u>47</u>
Scabies —		
Referred by School Health Service	42	127
Referred by Family Doctor	95	79
	<u>137</u>	<u>206</u>

The total number of cases of Scabies treated at the Centre shows a welcome drop from the previous year; this may be a sign that the epidemic, experienced over the last few years, has passed its peak.

Eye Clinic

Mr. A. Stewart-Scott continued his regular services at the School Clinic. The following is a classified table:

Seen	697
Refracted	697
Glasses Prescribed	176
Squints (referred from Child Health Clinics)	3
External Eye Conditions seen	Nil
Conditions other than errors of refraction:	
	Old Cases
Nystagmus	5
Cataract	2
Ptosis	4
Coloboma of Iris and Choroid	1
	New Cases
	1
	-
	-
	2

Direct Referrals to Hospital Consultants

As a routine only children with visual defects are seen by a consultant at the School Clinic, any other children considered in need of consultant advice are normally referred to their family doctors. For various reasons, some children are referred direct to the hospital consultants after consultation with the family doctor.

During 1970 the number so referred was 58 and of these 28 were cases suspected of defective hearing following routine screening by the audiometrician.

E.N.T. Surgeon: Of the 27 cases referred to Mr. Fraser suspected of defective hearing, 3 did not attend, 9 did not need immediate treatment, 3 were suffering from perceptive deafness, one of whom was fitted with a hearing aid, 10 had operative treatment and 2 non-operative treatment.

Other school children who received operative treatment in the hospital:

(a) For diseases of the ear	19
(b) For Chronic Tonsillitis and Adenoids	256
(c) For other nose and throat conditions	41

Paediatrician: 22 school children were referred, classified as follows:

Heart murmurs	13
Cerebral Palsy	2
Nocturnal Enuresis	1
Others	6

Of the 13 heart murmurs 7 were found to be 'functional', one was due to intraventricular septal defect and 4 needed further investigation; one child was referred for a surgical opinion. The 2 cerebral palsy cases were only mildly spastic and needed very little treatment. The enuretic was lent a 'buzzer' and the remainder needed no immediate treatment.

Orthopaedic Surgeon: 4 children were referred all suffering from different conditions. One was recommended for operative treatment; the other 3 were prescribed conservative treatment.

General Surgery: 2 children were referred with suspected undescended testicles. One was admitted and operated on, the other needed no treatment.

Dermatologist: 2 cases were referred, one with Psoriasis and the other with Alopecia Areata. Both were prescribed treatment.

Once again we wish to record our thanks to all consultants for their prompt help and advice, and to the general practitioners for their co-operation.

Audiology

Miss O'Neill resigned from the Service when she left Rochdale in April, and the post remained vacant until Mrs. Stronach commenced duties on the 1st October.

I am indebted to Mrs. Stronach for the following report and statistics for the period October to December:

"On taking up appointment on the 1st October, two main situations presented themselves:

1. There were 15 hearing aid wearers of school age.
2. There was a waiting list of children who had failed a screening test of hearing during the year and needed further examination.

Other factors which needed consideration included maintaining contact with children placed in boarding and day special schools for the deaf/partial hearing outside Rochdale.

Following a break of several months in the service for the partial hearing the immediate priorities were:—

1. To contact all the hearing aid wearers and their parents, to visit the children in their schools and check the functioning and maintenance of the aids.
2. To re-commence the examination of children who had failed the screening test of hearing at school.

All the hearing aid wearers in schools have been visited and the need for regular visits for auditory training and speech teaching assessed. The children who are managing quite well and have no major difficulties are seen once a term. Others who need more auditory training and speech teaching are seen each month or fortnightly.

A few children need more intensive help and a weekly session is required — in one instance two periods each week are necessary.

A weekly timetable of 5 sessions allows for one session at High Birch School where there are three hearing aid wearers, and one session at Sparthfield Clinic where children who have failed a preliminary test of hearing at school are re-examined.

Where the tests have shown that there is a slight hearing loss, not perhaps sufficient to warrant a hearing aid, the parents and teachers have been informed of the results so that a check may be kept on the children's progress and further testing done at a later date, if there is felt to be a need for re-examination.

Children who are shown to have more than a slight hearing loss are referred to the School Medical Officer.

Children have also been referred for tests of hearing from other sources and these are catered for also in the session at Sparthfield Clinic.

The remaining three sessions per week are allocated to auditory training/speech teaching periods. These have to be flexible to allow for home visits to be made and any other matters arising which are connected with the Service.

It is intended to continue with the screening for hearing loss of children in remedial centres, a service started last year.

Contact is being made with children in special schools outside the Borough, training centres and nursery schools.

There are now 16 hearing aid wearers of school age and 1 pre-school child.

School visits and Audiometry Training Sessions	32
Tests of Hearing	37
Home Visits	5

Audiometry: Routine Screening (in collaboration with Mrs. O'Neill)

Mrs. O'Neill, Audiometrician, continued with the routine screening and visited 24 schools.

Besides children in the 6 - 7 years age-range, backward readers recommended for remedial education are also screened, and during the year these numbered 219; 38 others had an audiometric test for various other reasons.

During the year the total number of children screened was 1,612 compared with 1,707 in 1969.

In February the old audiometer at Penn Street Clinic broke down and was immediately sent for repairs. Unfortunately no spare parts were available as the model was obsolete. A new one was ordered and it was delivered in June.

In the meantime, Mrs. O'Neill borrowed the portable audiometer from the audiology clinic at Sparthfield, when it was available.

Speech Clinic

The following report has been submitted by Mrs. Mee (formerly Miss Laurie):

"During the year 144 children attended for Speech Therapy with a total attendance of 1,657, 21 were put on supervision and 52 were discharged.

The following table shows the distribution of speech defects:

Simple Dyslalia	..	..	..	..	..	..	..	..	49
Multiple Dyslalia	..	..	..	..	..	..	..	..	12
Cleft Palate	..	..	..	..	..	..	..	..	4
Dyseneia	..	..	..	..	..	..	..	..	6
Dysarthria	..	..	..	..	..	..	..	..	7
Stammering	..	..	..	..	..	..	..	..	9
Stammer/Dyslalia	..	..	..	..	..	..	..	..	2
Retarded development of speech and language	..	..	..	..	..	..	..	..	48
Dysphonia/Dyslalia	..	..	..	..	..	..	..	..	3
Speech difficulties arising from emotional causes	..	..	..	..	..	..	..	..	2
Articulatory Dyspraxia	..	..	..	..	..	..	..	..	1
Cluttering	..	..	..	..	..	..	..	..	1

It may be noted that there is an increase in the number of children classified under Simple Dyslalia. The increase is not due to a sudden flux of children exhibiting slight articulatory difficulties being referred but rather as a result of a re-classification of children who had previously been classified under Multiple Dyslalia. The children's speech had noticeably improved, enabling such a re-classification.

There is also a considerable increase in the number of children classified under Retarded Development of Speech and Language. I have, this year, included in this group several pre-school children who are able to attend for regular treatment.

One additional category is included this year:

Cluttering:

Speech is characterised by uncontrolled speed resulting in truncated diphthymic and incoherent utterance. The causes in the present state of our knowledge are held to be either psychological or neurological.

The child classified under this heading has now been placed under supervision.

The following are reasons why 52 children were discharged:

Simple Dyslalia	24 satisfactory
	5 failed to attend
	1 left district
Multiple Dyslalia	3 satisfactory
	1 failed to attend
Dyseneia	1 failed to attend
	1 left district
Stammering	2 left district
	1 at mother's request— unable to attend
	1 failed to attend
Retarded Development of Speech and Language	3 satisfactory
	4 left district
	3 failed to attend
Dysphonia	1 satisfactory
Speech difficulties arising from emotional causes	1 satisfactory

I feel that many more children could be discharged as speech satisfactory if there was more co-operation and instruction in the home.

Too many parents show a lack of interest in their child's speech difficulties owing to, I feel sure, some misplaced idea of stigma and an age old misconception — "He will grow out of it when he goes to school".

Brownhill School (In collaboration with Mr. D.G. Price — Headmaster)

The number of pupils at the end of the year was 91 (55 boys and 36 girls) classified as follows:—

	Boys	Girls
Asthma/Bronchitis	13	6
Debility/Delicate	8	6
Emotionally Disturbed	18	8
Epilepsy — Major and/or Minor	1	1
Heart Defects — Congenital and Acquired	2	0
Cerebral Palsy	5	2
Muscular Dystrophy	1	1
Speech Defect	1	2
Others	6	10

During the year, ten boys and seven girls left school on reaching school leaving age; one of these a multiple-handicapped boy was transferred to the Star Centre at Cheltenham. Two boys and one girl were transferred to residential schools, the girl to the Maghull School for Epileptics, one boy with Muscular Dystrophy was admitted to Bleasdale House School and the other with Asthma to Styal Residential School. Three boys and one girl left when the families moved from Rochdale. Two boys and four girls did not need further special education treatment and went back to ordinary schools. One girl returned to an ordinary school at her parent's request.

There were 26 admissions, 17 boys and 9 girls:—

	<u>Boys</u>	<u>Girls</u>
Asthma	1	3
Delicate	1	2
Emotionally Disturbed	7	1
Muscular Dystrophy	1	1
Physically Handicapped	4	0
Others	3	2

The school is visited regularly by a School Medical Officer and a School Nurse and the pupils are kept under constant review in consultation with the headmaster.

Knowl View Residential School for Maladjusted Boys — (Mr. J.L. Turner, Headmaster)

I am indebted to Mr. Turner for the following statistics:—

Referring Authority	<u>Lancs.</u>	<u>Oldham</u>	<u>Bolton</u>	<u>Rochdale</u>	<u>Wigan</u>
In School at January, 1970	14	4	6	9	1
Discharged by December, 1970	2	1	-	-	-
Admitted by December, 1970	5	4	5	2	1
Now in school	<u>17</u>	<u>7</u>	<u>11</u>	<u>11</u>	<u>2</u>

Places now available — 2

Dr. S. Falk, Consultant Psychiatrist, continues to pay regular visits.

High Birch School – (Mr. R.A. Watson, Headmaster)

I am indebted to Mr. Watson for the following statistics:

No. on Roll January 1970	Boys	Girls	Total
Main School	80	45	125
Diagnostic Unit	7	6	13
	<u>87</u>	<u>51</u>	<u>138</u>

Leavers during year : Main School

For employment	12	4	16
Adult Training Centre	1	1	2
Works Preparation Course (D.E.P.) ..	1	-	1
	<u>14</u>	<u>5</u>	<u>19</u>
Transfer to Junior Training Centre ..	1	-	1
Transfer to Other School	-	1	1
	<u>15</u>	<u>6</u>	<u>21</u>

Leavers during year : Diagnostic Unit

To other Special Schools	3	2	5
Junior Training Centre	1	1	2
Main School	1	2	3
Main School (pending Residential placement)	2	-	2
	<u>7</u>	<u>5</u>	<u>12</u>

Admissions during year :

Main School	14	11	25
Diagnostic Unit	5	3	8
	<u>19</u>	<u>14</u>	<u>33</u>

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 educational psychologist, 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 58 children were examined at the School Clinic. Of the 19 leavers from High Birch, four 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 ten children (six boys and four girls), ascertained as unsuitable for education at school.

Child Guidance Clinic

Mr. J. Yates, Senior Educational Psychologist has kindly submitted the following report:

"The year 1970 has seen considerable disruption in the normally smooth functioning of the Child Guidance Service. Mrs. Ramsden, Educational Psychologist for the County Borough from February 1969, left in February to take up a part-time appointment with Lancashire County Council for whom she had previously worked. Fortunately, she still makes a weekly appearance at Spotland Clinic in her new role as Educational Psychologist for Lancashire County. In July Dr. Pool, Consultant Child Psychiatrist, discontinued his sessions at the Clinic, leaving a yet unfilled gap in the child guidance team. Further disruption was caused by the departure of Mr. Wainman, Mental Welfare Officer/Social Worker, whose duties have been taken over by Mr. Williams.

Mr. Yates joined the clinic as Senior Educational Psychologist in September to end an interregnum during which the functioning of the clinic was dependant almost entirely on the work of Mr. Williams, with the help and advice of Miss Ramsden, Head of the Remedial Education Service, and Mrs. Stone, clinic clerk.

We enter 1971 hoping for the early appointment of a Consultant Child Psychiatrist.

The following are the statistics for the period 1st January to 31st December, 1970:

Cases on waiting list at December 1969	..	..	..	..	10
Cases referred during 1970	..	..	..	..	40
Sources of referrals					
			<u>Borough</u>	<u>County</u>	<u>Total</u>
School Medical Officer	..	..	8	-	8
School Psychological Service	..	..	5	-	5
General Practitioners	..	..	10	3	13
Children's Department	..	..	4	-	4
Others	..	..	10	-	10
Totals			<u>37</u>	<u>3</u>	<u>40</u>
Cases seen during 1970 :			39	7	46

	<u>Borough</u>	<u>County</u>	<u>Total</u>
Attendances at the Child Guidance Clinic			
Children	223	58	281
Parents or Guardians	108	38	146
Others	10	2	12
Totals	<u>341</u>	<u>98</u>	<u>439</u>
Cases on waiting list for initial interview at 31st December, 1970:	4	0	4 "

Nursery Schools

During the year five medical inspections were carried out and 393 children were examined at the four nursery schools. Inspections were increased and all the children were examined.

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	115
Speech	54
Skin	32
Orthopaedic	62
Others	190

There was a slight increase in the incidence of head infestation which is shown in the following table:—

	<u>1970</u>	<u>1969</u>	<u>1968</u>
School population	332	338	342
Head inspections	933	932	998
Children with nits or vermin	31	23	33
Expressed as a percentage of head inspections	3.3	2.5	3.3

Constant vigilance is required if the incidence of verminous infestation is to be kept within reasonable proportions.

Immunisations

During the year 314 children (359 in 1969) of school age received a full course of primary immunisation against diphtheria and tetanus, and 1,672 children (1,273 in 1969) who had previously been immunised received re-inforcing (booster) injections.

In addition, 1,133 children (833 in 1969) received a full course of primary poliomyelitis vaccination and of these nine were of school age. Also, 1,260 (1,121 in 1969) who had a primary course received a re-inforcing dose. B.C.G. vaccination was received by 115 children (47 in 1969) 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 ..	..	..	..	..	..	..	..	1,231
Consents obtained ..	..	..	..	..	..	..	..	863
Percentage of acceptance (69 in 1969)	..	..	..	..	..	..	..	70
Skin tested ..	..	..	..	..	..	..	..	830
Heaf positive ..	..	..	..	..	..	..	..	33
Percentage positive ..	..	..	..	..	..	..	..	4
Negative and vaccinated (699 in 1969)	..	..	..	..	..	..	..	784

Of the 33 positive reactors, 22 with strongly positive results were submitted for full examination at the Chest Clinic.

Infectious Diseases

During the year there were 183 notifications of infectious diseases in school children. These were as follows:

	1970	1969
Scarlet fever ..	4	3
Measles ..	132	141
Whooping cough ..	13	4
Dysentery ..	-	1
Tuberculosis (respiratory) ..	2	2
Tuberculosis (non-respiratory) ..	2	1
Food poisoning ..	-	3
Infective jaundice ..	30	62

Convalescent and Holiday Homes

The Moorland Home gave holidays to 153 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 examinations of adults at the School Clinic, Penn Street, during 1970 are classified as follows:

						<u>1970</u>	<u>1969</u>
Corporation Superannuation Scheme, etc.	..	..				54	76
School Meals Service Staff	..	..	..	..	..	162	188
Home Helps	..	..	..	..	..	21	21
Candidates for Teacher Training Colleges	..	..	..			82	62

The following special examinations were made of children. These figures cannot be included in the Statistical Tables:

						<u>1970</u>	<u>1969</u>
Children undertaking part-time employment	..	..				323	340
Children going to camp, holidays abroad, returning to special schools, etc.	..	..	..			317	303

National Society for the Prevention of Cruelty to Children – (with acknowledgement to Mr. W. Roberts, Inspector)

“The number of school children at risk seen in Rochdale in 1970 may be classified as follows:

Children emotionally disturbed	..	..	..	..	..	..	4
Children lacking physical care	..	..	..	..	..	..	5
Children physically injured	..	..	..	..	..	..	1
Children left alone at nights	..	..	..	..	..	..	3
Children at risk through serious disharmony between parents	..						35
Disturbed parent/child relationship	..	..	..	..	..	..	13
Children with only one parent	..	..	..	..	..	..	19
Children with physically disabled parents	..	..	..	..	..	..	10
Parents who have deep emotional or mental problems	..	..	..	..	..	..	10
Parents with financial problems	..	..	..	..	..	..	26
Children and parents with unsatisfactory housing	..	..	..				6
Total children seen to be at risk							<u>132</u>

It must be emphasised that many of these families have a multiplicity of problems which are in addition to the initial diagnosis and many of these impinge on the way a child reacts with regard to his or her school life.

Cases requiring a specialised treatment have been referred to the appropriate agency, whilst others have required continued support through social case work methods by this Society, thus releasing disturbing home pressures from the child to allow him or her to attend school in a more normal manner."

Health Education

The programme in the primary schools continues and one of the most important features of its success was the improved image of the health visitor in school, and 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 health visitor undertakes 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 at these lectures.

School children were once again invited to participate in a Home Safety Poster Contest organised by the Home Safety Committee. Health Visiting staff gave talks in 24 schools to pupils aged between 8 and 13 years on the theme – 'Accidental Poisoning'. Once again a good response was shown and over 500 entries were received and judged by a panel consisting of the Chairman of the Home Safety Committee, the Principal of the College of Art and the Northern Secretary of RoSPA.

SCHOOL DENTAL SERVICE

I am indebted to the Principal School Dental Officer, Mr. H.W. Pritchard, for the following report:—

“The success of any service must depend largely on its staff and the facilities available. Unfortunately, the improvements indicated in last year's Report were not maintained due to resignations and difficulties in finding applicants to fill the vacant posts. Of the three resignations, two were dental officers and one a dental surgery assistant.

At the risk of stating the obvious, the School Dental Service is not attracting a proportionate share of dental surgeons, owing to the greater remuneration in general practice. That there should be this difficulty is regrettable, since it is in childhood that adequate skilled and kindly dental treatment influences attitudes towards dentistry and dictates the type of treatment patients subsequently demand from dental surgeons in general practice. The situation is further complicated by the fact that it is also difficult to attract dentists to general practices in Rochdale.”

The following have been received from the Chief Education Officer:

Physical Education Organiser's Report

The physical health of the children in attendance at school has continued to be one of the major concerns of the staff of the Education Office and the schools.

Facilities for P.E. have been considerably improved at Castleton with the building of a new spacious hall, and at Bishop Henshaw R.C. Memorial School with the addition of an extensive all-weather playing area. Smallbridge School opened in January 1971 and is a good example of modern planning to meet contemporary educational needs.

Swimming standards under the Intensive Swimming Scheme were improved in 1970. Out of 1,462 children attending the courses only 135 were unable to swim by the end of the year. The current year is of considerable interest as the age of the children attending the session has been reduced by one year to 9+.

Courses arranged for teachers during the year included “The Intensive Swimming Course”, Physical Education for Infants, “Utilizing ‘Wet Weather’ sessions to Greatest Advantage”, and an A.S.A. Teachers' Certificate Course. They were very well attended.

School Meals Service

The number of dinners produced by the School Meals Service during the year 1970 was 2,098,969, compared with 2,049,822 in 1969.

In February 1970, St. Vincent's Kitchen was opened, having a capacity of 250 meals. During the year three kitchens, Balderstone Senior High, Matthew Moss and Kingsway were re-equipped.

This brings the total number of School Kitchen/Dining Rooms to 38.

Cost of Medical and Dental Inspections, and Treatment
Year Ending 31st March, 1970.

	£
Salaries of Medical, Dental and other Staff	32,624
Local Government Superannuation —	
Equivalent contribution	2,135
Equal Annual Charge	250
Additional Allowance	176
National Insurance	1,411
Graduated Pensions	202
Repair and Maintenance of Buildings and Boilers	360
Maintenance of Grounds	90
Fuel, Light, Cleaning Materials and Water	2,849
Rents, Rates and Insurance	1,763
Furniture and Fittings, Equipment materials, etc.	2,491
Uniforms	182
Laundry	68
Conveyance of Children	580
Printing, Stationery and Advertising	471
Travel, Subsistence and Conference expenses	259
Postages and Telephones	473
Medical examinations	155
Cleansing pupils	273
Other expenses	2
Revenue contributions to capital outlay	51
Debt charges	2,382
Contribution to pool for training of Educational Psychologists	71
	<hr/>
	49,318
Less recharge to Health Committee (use of Clinics)	1,198
	<hr/>
	48,120

MEDICAL INSPECTION AND TREATMENT

YEAR ENDED 31st DECEMBER, 1970

TABLE I.

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 who have received a full medical examination	Physical Condition of Pupils Inspected	
		SATISFACTORY	UNSATISFACTORY
		No.	No.
		(3)	(4)
1966 and later	584	584	—
1965	494	494	—
1964	483	483	—
1963	135	135	—
1962	86	86	—
1961	82	82	—
1960	43	43	—
1959	52	52	—
1958	114	114	—
1957	82	82	—
1956	1,142	1,141	1
1955 and earlier	116	115	1
TOTAL	3,413	3,411	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)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1966 and later	16	86	80
1965	25	95	90
1964	23	95	100
1963	7	17	22
1962	10	20	24
1961	7	28	27
1960	6	19	15
1959	6	13	15
1958	5	19	21
1957	6	9	13
1956	161	147	254
1955 and earlier	11	14	19
TOTAL	283	562	680

C.—OTHER INSPECTIONS

Number of Special Inspections	..	..	..	..	..	93
Number of Re-inspections	..	..	..	..	..	2,828
Total	..	..	..	..	..	<u>2,921</u>

D.—INFESTATION WITH VERMIN

- | | | |
|-----|---|--------|
| (a) | Total number of individual examinations of pupils in schools by school nurses or other authorised persons | 46,935 |
| (b) | Total number of individual pupils found to be infested | 1,431 |
| (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)
4	Skin	46	63	34	30	19	25	99	118
5	Eyes —								
	a. Vision	65	332	172	80	46	59	283	471
	b. Squint	57	57	20	10	13	21	90	88
	c. Other	7	12	2	9	-	6	9	27
6	Ears —								
	a. Hearing	9	61	5	12	8	6	22	79
	b. Otitis Media ..	10	38	5	9	5	15	20	62
	c. Other	6	82	2	6	1	22	9	110
7	Nose and Throat ..	20	350	3	35	6	46	29	431
8	Speech	21	151	4	3	11	21	36	175
9	Lymphatic Glands ..	3	235	1	25	-	56	4	316
10	Heart	3	74	8	18	1	10	12	102
11	Lungs	17	23	15	10	14	17	46	50
12	Developmental —								
	a. Hernia	6	14	-	1	1	1	7	16
	b. Other	5	194	1	4	3	15	9	213
13	Orthopaedic —								
	a. Posture	-	4	1	2	1	3	2	9
	b. Feet	23	35	9	9	9	3	41	47
	c. Other	13	112	13	17	6	9	32	138
14	Nervous System —								
	a. Epilepsy	6	5	5	1	3	2	14	8
	b. Other	2	3	5	1	3	2	10	6
15	Psychological —								
	a. Development ..	4	66	3	20	8	30	15	116
	b. Stability	1	100	4	13	6	33	11	146
16	Abdomen	5	5	4	10	2	3	11	18
17	Other	12	18	17	23	5	7	34	48

(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	3	1
5	Eyes —		
	a. Vision	17	15
	b. Squint	1	-
	c. Other	-	1
6	Ears —		
	a. Hearing	1	1
	b. Otitis Media	-	-
	c. Other	-	1
7	Nose and Throat	-	1
8	Speech	4	2
9	Lymphatic Glands	-	1
10	Heart	-	1
11	Lungs	-	1
12	Developmental —		
	a. Hernia	-	-
	b. Other	1	-
13	Orthopaedic		
	a. Posture	-	-
	b. Feet	-	1
	c. Other	-	1
14	Nervous System —		
	a. Epilepsy	-	-
	b. Other	-	-
15	Psychological —		
	a. Development	5	-
	b. Stability	1	-
16	Abdomen	1	-
17	Other	2	6

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	..	..	39
Errors of refraction (including squint)	..	..	697
Total	..	..	<u>736</u>
Number of Pupils for whom spectacles were prescribed	..	..	176

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

Received operative treatment –

(a) for diseases of the ear	..	..	14
(b) for adenoids and chronic tonsillitis	..	..	256
(c) for other nose and throat conditions	..	..	41
Received other forms of treatment	..	..	59
Total	..	..	<u>370</u>

Total number of pupils still on the register of schools at 31st December,
1970 known to have been provided with hearing aids:–

(a) during the calendar year 1970 (see note below)	..	..	5
(b) in previous years	..	..	22

GROUP 3. – Orthopaedic and Postural Defects

(a) Pupils treated at clinics or out-patients departments	..	..	40
(b) Pupils treated at school for postural defects	..	..	-
Total	..	..	<u>40</u>

GROUP 4. —Diseases of the Skin

(excluding uncleanness, for which see Table C of Part I)

Ringworm —

(a)	Scalp ..	..	..	..	..	..	..	..	..	2
(b)	Body ..	..	..	..	..	..	..	..	..	-
Scabies	..	..	..	..	..	..	..	..	..	38
Impetigo	..	..	..	..	..	..	..	..	..	48
Other skin diseases	..	..	..	..	..	..	..	..	..	262
Total ..										<u>350</u>

GROUP 5. — Child Guidance Treatment

Pupils treated at Child Guidance clinics	56
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GROUP 6. — Speech Therapy

Pupils treated by speech therapists	144
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GROUP 7. — Other Treatment Given

(a)	Pupils with minor ailments	483
(b)	Pupils who received convalescent treatment under School Health Service arrangements	-
(c)	Pupils who received B.C.G. Vaccination	..	..	..	..	..	..	945
(d)	Septic wounds	..	..	..	..	..	..	127
(e)	Plantar warts	..	..	..	..	..	..	295
Total ..								<u>1,850</u>

TABLE IV

**Dental Inspection and Treatment
Year ended 31st December, 1970**

Attendances and Treatment:

First visit	2,912
Subsequent visits	4,781
Total visits	7,693
Additional courses of treatment commenced	41
Fillings in permanent teeth	3,177
Fillings in deciduous teeth	1,191
Permanent teeth filled	2,884
Deciduous teeth filled	1,146
Permanent teeth extracted	945
Deciduous teeth extracted	1,701
General anaesthetics	939
Emergencies	862
Number of Pupils X-rayed	83
Prophylaxis	245
Teeth otherwise conserved	3
Number of teeth root filled	10
Inlays	2
Crowns	2
Courses of treatment completed	2,041

2. Orthodontics:

Cases remaining from previous year	..	..	..	..	..	..	54
New cases commenced during year	..	..	..	..	..	..	39
Cases completed during year	..	..	..	..	..	..	40
Cases discontinued during year	..	..	..	..	..	..	4
Number of removable appliances fitted	..	..	..	..	..	..	111
Number of fixed appliances fitted	..	..	..	..	..	..	2
Pupils referred to Hospital Consultant	..	..	..	..	..	..	2

3. Dentures:

Pupils supplied with F.U. or F.L. (first time)	..	..	..	..	..	..	-
Pupils supplied with other dentures (first time)	..	..	..	..	..	..	7
Number of dentures supplied	..	..	..	..	..	..	9

4. Anaesthetics:

General Anaesthetics administered by Dental Officers	-
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5. Inspections:

(a) First inspection at school. Number of Pupils	8,577
(b) First inspection at clinic. Number of Pupils	617
Number of (a) + (b) found to require treatment	..	..	..	..	..	..	3,631
Number of (a) + (b) offered treatment	..	..	..	..	..	..	3,609
(c) Pupils re-inspected at school or clinic	..	..	..	..	..	..	41
Number of (c) found to require treatment	..	..	..	..	..	..	41

6. Sessions:

Sessions devoted to treatment	..	..	..	..	..	..	1,211
Sessions devoted to inspection	..	..	..	..	..	..	90
Sessions devoted to Dental Health Education	..	..	..	..	..	..	14

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

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partial hearing		(5) Physi- cally Handi- capped (6) Delicate		(7) Malad- justed (8) E.S.N.		(9) Epilep- tic (10) Speech Defects		(11) Total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. Handicapped pupils newly assessed as needing education at special schools or in boarding homes	-	-	1	-	14	11	9	22	2	-	59
B. (i) Children newly placed in special schools or boarding homes assessed during 1970	-	-	-	-	11	11	9	13	2	-	46
(ii) Children newly placed in special schools or boarding homes assessed prior to 1970	-	-	1	-	2	-	-	5	-	-	8
Total B(i) and B(ii)	-	-	1	-	13	11	9	18	2	-	54
C. On 21st January, 1971:— Number of handicapped pupils from the area—											
(i) requiring Places in special schools											
(a) day	-	-	-	-	2	-	1	8	-	-	11
(b) boarding	-	-	1	-	1	-	1	1	-	-	4
(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	-	-	-	-	-	-	1	-	-	-	1
(b) boarding places	-	-	-	-	-	-	1	-	-	-	1
D. On 21st January, 1971:— Number of handicapped pupils who were on the registers of:											
(1) maintained special schools as:											
(a) day pupils	-	2	2	1	22	40	31	133	2	3	236
(b) boarding pupils	-	-	-	1	4	-	48	1	-	-	54
(2) non-maintained special schools as:											
(a) day pupils	-	-	-	-	-	-	-	-	-	-	-
(b) boarding pupils	6	1	5	4	4	3	-	1	5	-	29
(3) who were on the registers of independent schools under arrangements made by the Authority.	-	-	-	-	1	-	2	3	-	-	6
E. On 21st January, 1971:— 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	-	-	-	-	1	-	-	-	-	-	1

Children Found Unsuitable for Education at School

During the year ended 31st December, 1970

- | | |
|---|----|
| (i) Children the subject of new decisions recorded under Section 57(4) of the Education Act, 1944 | 10 |
| (ii) Reviews carried out under the provisions of Section 57A, of the Education Act, 1944 | - |
| (iii) Decisions cancelled under Section 57A(2), of the education Act, 1944 | - |



