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City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1950

BY

J. L. BURN, M.D., D.Hy., D.P.H.,

MEDICAL OFFICER OF HEALTH

City of Salford

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Members of the Health Committee,

1950.

Alderman W. W. CRABTREE, *Chairman.*

Councillor G. H. GOULDEN, J.P., *Deputy-Chairman.*

Alderman F. COWIN, J.P. (*Mayor*).

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„ F. M. MARRON (Mrs.).

„ G. A. MARSHALL.

„ N. WRIGHT.

STAFF—1950.

MEDICAL OFFICER OF HEALTH ...	J. L. BURN, M.D., D.Hy., D.P.H.

MATERNITY AND CHILD WELFARE.

Senior Medical Officer	Miss M. SPROUL, M.B., Ch.B., D.P.H.
Superintendent of Health Visitors and Nursing Staff	Miss B. M. LANGTON, D.N. (London), S.R.N., S.C.M., H.V. Cert.
Non-Medical Supervisor of Midwives	Miss E. R. ENTWISTLE, S.R.N., S.C.M., M.T.D., H.V. Cert. — to September, 1950.
	Miss F. M. SANDERSON, S.R.N., S.C.M., M.T.D.—from September, 1950.
Supervisor of Day Nurseries ...	Miss L. HOLLIDAY, S.R.N., S.C.M.

ANALYSIS OF FOOD AND DRUGS.

Public Analyst	A. ALCOCK, A.M.C.T., F.R.I.C.

SANITARY INSPECTION.

Chief Sanitary Inspector	J. C. STARKEY, M.R.S.I.

MENTAL HEALTH.

Senior Mental Health Visitor and Duly Authorised Officer ...	Mr. E. SMITH.

HEALTH EDUCATION.

Health Education Officer	H. L. LATHAM, C.R.S.I.

SOCIAL WELFARE INCLUDING DOMESTIC HELP.

Almoner	Miss B. CHADWICK.

ADMINISTRATION.

Chief Administrative Assistant...	E. WOOD, C.R.S.I.
Chief Clerk	J. F. PRESTWICH, C.R.S.I.
Medical Officer of Health's Secretary	F. G. DOBSON, C.R.S.I.

INTRODUCTION

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my annual report on the health of the City of Salford for 1950.

The health of the people was good, especially when we recall some of the adverse social and environmental factors. I will deal first with the health statistics, the arithmetic of life and death. When we compare our rates with those of other towns and with the country as a whole we must remember the struggle we have to secure reduction of rates of disease and death. We have a smoke polluted air, more houses to the acre than almost anywhere else in England (if we do not hold the unenviable record absolutely) ; our new housing needs are as great as any other authorities, yet at least three-fifths of our houses show evidence of rapid increase of decay. Over two-fifths of our houses have not those elementary physical requisites of modern child care and healthy family life—the provision of hot water, a properly ventilated food store accommodation and a fixed bath. But we have a cheerful hardworking people. Employment and wages are good. We get excellent co-operation from most of our mothers. When we know our local history—the death rates of mothers and children of fifty and a hundred years ago, the decisive diminution encourages us in the long hard fight against disease. To take one example, we have new weapons in the fight against tuberculosis ; with new drugs, and new services provided under the National Health Service Act, benefits of public health and specialist services can be brought to the people of Salford.

Health Statistics.

According to the General Registrar's report for 1950 the estimated population of Salford was 177,700 at mid-year showing a decrease of 1,200 as compared with the estimated population for 1949. It must not be forgotten that this is an estimate only and that the census figures when published may differ from the estimate of population.

The principal points arising out of a study of statistics relating to the City for the last two years are as follows :—

(1) Birth Rate. The birth rate for 1950 was 18·9 per 1,000 of the population, a decrease of 1·4 per 1,000 as compared with the year 1949. (The averaeg rate for England and Wales was 15·8 per 1,000 of the population). Salford has always shown a higher birth rate. This factor emphasises our housing defects.

(2) Maternal Mortality Rate per 1,000 Total Births. 1949 was the " wonderful year " in that there were no deaths of women in pregnancy or childbirth. It gives me great pleasure and satisfaction to be able again to report for the second consecutive year that the maternal mortality rate for Salford was nil. This is a very great achievement and reflects the greatest credit on all concerned with the care of the lives of Salford's mothers. In this instance, we are better than the average for England and Wales—0·86.

(3) Neo-Natal Mortality Rate per 1,000 Live Births was 25·3 in 1950. There was a decrease in this rate of 4·7. Here we are worse than the national rate of 18·5. A big factor in this rate is the number of deaths due to prematurity. One of the successes of the year was the work of the premature baby nurses. Of 55 premature babies born and nursed at home we lost only six. Those acquainted with the problem will realise that this is impressive, even if one allows for the fact that many of the premature babies with a weaker hold on life might have been born in hospital. The appointment of premature baby nurses selected and specially trained at Sorrento Hospital, Birmingham, has been proved to be worth while. Many of the mothers of these babies need much help, time and teaching to learn how to care for these babies.

(4) Infant Mortality Rate. It is pleasing to be able to report that the infantile mortality rate fell from 53·2 in 1949 to 42·9 in 1950. While this is not quite a new low record for Salford (the previous best being the rate of 42 in 1948) the reduction is valuable. Unfortunately, however, it does not compare well even now with the average for England and Wales of 29·8. It does encourage all to still greater efforts ; it shows there is a lot more to do. It underlines the problems before us of poor environment, the need for more health teaching and improved care by all members of the health team—the health visitor, practitioner, medical officer, hospital and nursing staffs, and consultant services, armed with all the best resources of modern science.

(6) Death Rate. The general death rate declined from 13·1 per 1,000 of the population in 1949 to 12·9 in 1950. The average rate for England and Wales being 11·6. With our ageing population the time may soon be reached when our death rates may increase, for length of life cannot be indefinitely increased.

(7) Principal Infectious Diseases. A decline in the death rates per 1,000 of the population from these causes from 0·26 in 1949 to 0·14 in 1950 is encouraging.

(8) All Forms of Tuberculosis. The Salford rate fell from 0·68 in 1949 to 0·51 in 1950. This rate is still high compared with the rest of the whole country in which the average rate was 0·36 in 1950. No doubt overcrowding has much to do with the higher rate. Tuberculosis is one of our most serious problems ; a number of methods of attack were developed. Our tuberculosis panel (consisting of the chest physician, general administrative assistant, superintendent health visitor, almoner, sanitary inspector, and others called in by request, together with myself) have met, often weekly, to explore every possibility of attack. Certainly we have been helped by special consideration from the Housing Committee by an increased allocation of houses. Tuberculosis emphasises the position of housing as priority No. 1. To our shame we must recall cases where babies who have suffered or died from tuberculous meningitis, have been unwittingly infected by a member of the family who has had " open " pulmonary tuberculosis. If at any time we become complacent about the problem of housing, our postbag with its pathetic appeals would quickly set that right. Families with much overcrowding and an infective patient invite the spread of the disease. On the other hand, real progress has been made with the domiciliary treatment of tuberculosis. Our home nursing service has assisted local practitioners in the day-to-day care of these cases ; particularly the administration of streptomycin has helped greatly. Credit is due to the Hospital Management Committee of the Salford Group for their

sympathy and determination to provide more isolation accommodation, thus taking away infective adults who would otherwise likely spread the disease in the community ; the home, the bus, the cinema, and so on.

Chest diseases are and have been of high incidence recently. We have compiled figures of the comparative death rates from chronic bronchitis from all the large county boroughs in this country. These figures relate to the average for the last eight years and show at a glance the special problems with which we have to deal.

County Borough.	*Estimated population in* 1949.	*Mortality rate per million.*	*County Borough.*	*Estimated population in* 1949.	*Mortality rate per million.*
Birkenhead	141,460	723	Middlesborough ...	145,050	715
Birmingham	1,106,800	739	Newcastle-upon-Tyne	294,540	832
Blackpool	149,300	765	Nottingham	300,640	919
Bolton	167,800	1,058	Oldham	120,600	1,496
Bournemouth ...	138,840	737	Portsmouth	218,250	788
Brighton	155,050	832	Plymouth	190,860	789
Bristol	439,740	630	Sheffield	513,700	812
Cardiff	243,300	736	Southampton	180,330	701
Coventry	254,400	539	Southend-on-Sea ...	148,600	582
Croydon	249,740	668	Stockport	141,460	970
Derby	142,720	625	Stoke-on-Trent ...	274,500	918
East Ham	121,900	781	Sunderland	181,340	1,094
Huddersfield	128,300	800	Swansea	160,100	868
Kingston-upon-Hull	296,400	737	West Ham	173,700	1,046
Leeds	504,900	997	Wolverhampton ...	160,000	799
Leicester	283,400	674			
Liverpool	800,800	1,024			
Manchester	699,600	1,368	Salford	178,900	1,739
			England and Wales...	—	718

(The mortality rates have been calculated for the eight years 1942-1949 in order to avoid chance variations in a single year).

(9) CANCER. Another black fact is the increased death rate from cancer. The death rate has increased by 0·31 per 1,000 of the population to 2·26 in 1950. This increase is not confined to Salford although our rates compare unfavourably with the average of 1·95 for the whole country.

MATERNITY AND CHILD WELFARE.

During the year 1,426 mothers were attended by domiciliary midwives. There were 14 cases of twin births. Our staff of 23 midwives paid no less than 36,791 ante-natal and post-natal visits to homes of patients.

The Council agreed during the year to acquire premises for a *midwives' hostel* and sanctions have now been obtained. This should help to provide a new training school adequate to our needs.

A feature of the work of the Maternity and Child Welfare section has been the success of the *toddler clinics*.

I would point out the difficulties we have with the provision of adequate staffs. There has been poor *dental care* for mothers, and a failure to improve the position owing to lack of staff.

This area is not an especially attractive one for *health visitors* and others to work. Often they stay with us a few years and leave for areas where the work is lighter and the conditions more attractive. It is high time that consideration was given to some additional inducement whereby experienced health visitors will remain with us. The attractive areas skim the cream of our staff, yet our need of the best type of health visitor is greater than theirs.

Day Nurseries.

The Ministry approved the proposal to build two new nurseries—Hayfield Terrace and Bradshaw Street.

Slum Clearance.

We are irked by the futility of our daily endeavours to patch up and prolong the life of worn out and obsolete houses ; a considerable bulk of the dwellinghouse property in Salford is a liability from everybody's point of view.

Desperate ills call for desperate remedies ; in embarking upon a programme with the ultimate object of making Salford a City fit to live in, the Council must be ruthless in dealing with the properties which so ill serve the domestic needs of the people.

Diphtheria Immunisation.

The high rates of immunisation in Salford were maintained and increased during 1950.

	0 to 5.	5 to 15.	0 to 15.
Percentage immunised at 31st December, 1950 ...	79·12	95·37	88·78

Mental Health.

Therapeutic Social Club. The Therapeutic Social Club, held once weekly and attended by ex-patients of mental hospitals and people who are pre-disposed to mental illness provides an informal but important opportunity for contact with staff of the mental health department. The psychiatrist and psychiatric social worker are present to have private talks with members and to relieve them of troubles which otherwise might fester in their minds. An average attendance of 21 people is maintained. Ballroom dancing and other activities to stimulate initiative and encourage social confidence are taught.

Hostel Accommodation, to which homeless mental hospital patients could be discharged, is sorely needed. Such a hostel might provide accommodation in certain cases for people who were able to take up normal work outside and who might eventually move elsewhere. It would also provide a home for those who could not work in the ordinary community but who might be useful about the hostel. No treatment facilities are envisaged but a trained and understanding warden would be needed. It could also provide temporary accommodation for patients whose mental condition makes it desirable for their own sake or that of the family that they should be away from home for a time but who are not in need of hospital care.

Housing is a primary consideration even in mental health. The following accounts show how poor housing can seriously affect the mental stability of members of the household :—

" Living in two front rooms, one up and one down ; no cooking facilities except parlour fire ; all water must be carried ; sleeping in two beds (no room for more). Children healthy, well fed and well clothed, but mother on the verge of depressive breakdown aggravated by fact that husband understandably spends as little time as possible in the home. Some preventive help can be given by enabling her to get more change and relaxation, but the basic problem of appalling living conditions remains."

" Family share two bedrooms, in one the married daughter and son-in-law sleep, in the other four adults and the baby, the father and son 21 having to share a single bed.

" Wife's mental condition is undoubtedly adversely affected by the overcrowded conditions, and there is little hope of keeping her permanently out of mental hospital until they are better accommodated. House is clean and well cared for, and the woman and her baby are always clean and tidy.

" Daughter, aged 22, was away in service. About two years ago she was home-sick and wished to come home, but mother had to refuse owing to lack of room. Daughter recently returned with illegitimate baby which must be considered as largely the outcome of her enforced isolation from home."

Health Visiting Service.

The appointment of *specialist health visitors* who are responsible for a particular aspect of the services, such as the care of the aged, or the tubercular, the care of the unmarried mothers, the after-care of hospital patients, greatly benefits the service given to the people.

There is no doubt that there is a fine opportunity to help the patient and family by *close co-ordination* of work of the *hospital staff* and the *public health nursing staff*. Before visiting the hospital the health visitor, acting as liaison officer, discusses the home and family circumstances with the health visitors responsible for the home visiting of the children concerned. The information is referred to the ward sister who then gives details of any medical, or surgical treatment, nursing care, etc., and proposed date of discharge from the hospital. These particulars are then conveyed to the district health visitors who find the information of great value in follow up visiting. The linking up of home with hospital has already shown good results. Health visitors are made aware of the facts concerning the health of the children before they are discharged from hospital and in some instances have been able to get the discharge of some children deferred (owing to adverse conditions in the home) until a further stage in convalescence was reached.

Let us develop this work. The next step will be to arrange for the health visitor to attend the out-patient's department, especially the neo-natal sessions —in order that she may give teaching on infant feeding. Other obvious opportunities for "promotive" and preventive teaching are the diabetic clinic, the gastric clinic, and the hospital ante-natal clinic. The whole National Health Service is but *one* service to which we all must gladly give our best and most devoted service.

In-service training : Every authority has a moral responsibility to continue the training of its staff. I should like to see the appointment of some form of tutors who would continue the training of health visitors who have recently qualified.

Care of the Elderly.

In addition to the appointment of a specialist health visitor to look after the welfare of the aged in Salford there are several schemes in operation to lighten the burden of the old folk and those who take care of them at home.

One of these is the laundering at a small charge, of bed linen and night clothing for incontinent old folk at home.

The procedure is as follows :—

(1) The bedding is collected twice weekly on Mondays and Thursdays, a second consignment being ready for the vanman when he calls to return the clean laundry.

(2) All goods are marked " E.P." (Elderly Person) with the name and address of the patient.

(3) The actual collection is done by a health department van equipped with special containers, *i.e.*, bins with lids.

(4) A charge of 4s. 6d. per week is made in all cases—the National Assistance Board usually makes this up to the householder where the patient is in receipt of a supplementary pension.

Applications for the use of this service should be made through the Health Department.

Tuberculosis.

Again one must refer to this special problem in Salford, for there are, I regret to say, no less than 1,050 patients who suffer from pulmonary tuberculosis and who live in Salford. Some of these cases are, fortunately, of a mild and non-infectious type but in other cases the problem is serious and most dangerous to the community in general and to the children in particular.

Of these 1,050 cases, there are approximately 500 cases in whom the micro organism of tuberculosis has been found in their sputum ; this means that they have been, and probably still are, potentially infectious to members of their family with whom they live in close contact. With regard to some of the other cases in whom the bacillus has not been found, it is always possible that their condition may get worse and that they will join the more dangerous group of those who can infect others. It will be obvious that in those cases in which the germ is present in the sputum, the "open" case, the greatest risk in infection occurs, and therefore the question of housing is of the first importance.

The ideal would be for all cases with positive sputum to have a separate bed in a separate room and sufficient additional accommodation for the remaining members of the family, as it is absolutely essential that contact with the case should be reduced to a minimum and especially so in the case of young children. This point cannot be stressed too strongly.

The question of infection in a household must obviously depend on the density of occupation and the risk of infection rises sharply where a large family is obliged to live in inadequate accommodation.

In Salford, many cases of tuberculosis live in one or two rented rooms. Under these conditions, where a patient is confined to bed, the home care and attention to him is not always at a high level due to congestion. Moreover, frequently inadequate cooking facilities obtain and the preparation of meals which is so essential to maintain the fight against the disease is impracticable. Fresh air is also essential in the treatment of the disease. Facilities are also necessary for sterilising crockery and sputum cup.

I have made a further analysis of the position and have to report the following facts in addition :—

In 1950, there were 121 deaths from pulmonary tuberculosis in Salford residents.

There were 80 families where there was a patient suffering from pulmonary tuberculosis and who were living in overcrowded conditions and where there were children under 15 years of age living in the family. It is these children, particularly the babies and young children, who are very susceptible to infection. Several babies have been thus infected in the past sometimes at the cost of their lives. Some who have survived must have cost the community, in hospital care, several thousands of pounds in the long, expensive methods of hospital treatment, in costly drugs and at heavy cost of nursing time.

Of these 80 patients, over 45 of them are known to have tubercular bacillus in their sputum. Others, in addition, with further testing could no doubt be proved to be infectious.

None of these patients is able to occupy a bedroom to himself or herself and in many cases there is not sufficient room available to enable the patient to sleep alone in bed.

Typical cases dealt with in the year were as follows :—

1. Husband and wife—both pulmonary tuberculosis cases. Wife has positive sputum. Lodging with couple with 4 children, who are unaware that lodgers are suffering from tuberculosis, and therefore there was some unwillingness to give advice regarding contact examination or anything else.

2. Father (tubercular) wife, brother and son (4 years) lodge with aunt (tubercular) aged 61 years, and grandmother, 83 years. Maternal grandmother died from pulmonary tuberculosis.

   Mother and the child sleep together in a bed, and father sleeps in a bed chair in the same room which opens into the bedroom occupied by the aunt, who sleeps with her mother. There are three bedrooms plus one living room which is shared by the whole family. The front room is used as a shop.

3. Father, notified pulmonary tuberculosis, positive sputum, wife and seven children under 15 years, living in a two-bedroomed house. Two children under five years occupy same room as parents. Patient is unable to work and stresses that he cannot afford to move into a house costing more than present rental of 11s. weekly.

4. Family consists of husband and wife (both tubercular) and six children, three boys and three girls, under the age of 19 years. Provision of a four-bedroomed house is difficult in this case as family cannot pay high rent, but is necessary as another member of the household has contracted tuberculosis.
5. In the case of this family father, mother, daughter and son are notified pulmonary tuberculosis cases, occupying a two-bedroomed house. Father seldom works, and therefore it is very doubtful whether rent of a four-bedroomed house could be paid. All the patients are sputum negative, and have never been found to be positive. As all the occupants of the house are infected, there is no special need for them each to occupy a separate room.
6. Family consists of father, notified pulmonary tuberculosis case, positive sputum, mother and four children, plus the mother's sister and her baby who is recovering from tubercular meningitis. Urgent need for larger house.

The domiciliary nursing of tuberculous patients would be greatly eased by an extension of the *home help service* to these households. A special need in the home help service is for *male* helpers to carry out the preliminary, heavier jobs in the more neglected homes.

Tuberculosis is a preventable disease. As everyone knows there is a large reservoir, infected and infective, of people in the community who are unknown to us. *Mass Miniature Radiography* discovers some of these unsuspected cases.

During 1950, 7,000 volunteers were X-rayed by these means and 20 new cases of tuberculosis were discovered, all of whom were recommended for institutional treatment.

The co-operation of general practitioners was gained in referring for X-ray examination patients who had been under their care for *chronic bronchitis*. At one mass miniature radiography session over 90 chronic bronchitics were X-rayed. Of these 73 per cent. showed no radiological abnormality, and 17 per cent. were recalled for a repeat X-ray on full size films. As a result of these, and of the sputum tests which were made, it was apparent that of the "chronic bronchitics" in the community there were at least four patients whose real illness was that of pulmonary tuberculosis.

AMBULANCE SERVICES.

The main points of interest are as follows :—

(1) On 1st April, 1950, the Infectious Diseases and the General Ambulances Services were integrated at the Ambulance Station, Buile Hill Park.

(2) Although the number of patients carried by ambulances increased, the total mileage was reduced from 254,009 to 224,125. This is believed to have been due to :—

(*a*) The above-mentioned integration of the ambulance services ;
(*b*) the purchase of a special type of ambulance, capable of carrying twelve sitting cases ;
(*c*) closer co-operation between the hospitals and the ambulance service.

It is believed that the introduction of radio-telecommunication will still further reduce the mileage and bring about a still greater degree of efficiency in the service.

Salford Health Services Joint Advisory Council.

Much good work has been achieved through the Salford Health Services Joint Advisory Council which was formed from representatives of the Health Authority, the Hospital Management Committee, the Executive Council, the Local Medical Committee, the Local Dental Committee and the Local Pharmaceutical Committee.

The meetings provide the means whereby views and information on subjects of joint interest may be exchanged, and greatly facilitate the co-ordination of health services within the Salford area. Subjects for discussion have been group practice for general practitioners, chiropody treatment for elderly people, recruitment campaign for nurses, hospital facilities for general practitioners additional hospital accommodation for treatment of pulmonary tuberculosis, co-operation between health visitors and hospital authorities.

Home Safety.

The problem of home safety is, for the first time in Salford, being dealt with by a Home Safety Committee. There are more accidents in the home, fatal and non-fatal, both in children and adults, than on the roads, although road safety has received such publicity. The Home Safety Committee works in co-operation with existing voluntary and statutory bodies. I do feel that more suitable measures are being taken to lessen the toll of home accidents (*a*) in the training courses which were held for health visitors ; and (*b*) in our health education work in the press, in the clinics and demonstration " displays " to the public.

Illegitimate Births.

A matter which causes us great concern is the rise in the number of illegitimate births. I give below a statement showing the number of births during the years 1931 to 1951 divided into legitimate and illegitimate births and the percentage of illegitimate births to total births.

	BIRTHS.			*Percentage of Illegitimate Births to Total Births.*
Year.	*Total.*	*Legitimate.*	*Illegitimate.*	
1931	3,479	3,357	122	3·5
1932	3,401	3,261	140	4·1
1933	3,316	3,195	121	3·6
1934	3,141	3,010	131	4·2
1935	3,156	3,059	97	3·1
1936	3,089	2,960	129	4·2
1937	3,050	2,919	131	4·3
1938	3,145	3,037	108	3·4
1939	2,925	2,808	117	4·0
1940	2,884	2,742	142	4·9
1941	2,518	2,377	141	5·5
1942	2,823	2,632	191	6·8
1943	3,085	2,863	222	7·2
1944	3,251	3,025	226	7·0
1945	3,022	2,749	273	9·0
1946	3,849	3,610	239	6·2
1947	4,220	3,973	247	5·9
1948	3,761	3,570	191	5·1
1949	3,628	3,387	241	6·6
1950	3,354	3,123	231	6·9

In spite of the prevalence of "modern" views, every right thinking person must deplore this increase as many of these poor children will be brought up without the help which only a father can give.

One of the many features which I blame as a factor in this problem is the increasing number of snack bars and milk bars of an unsatisfactory type. Nothing but praise can be given to those owners and staff of the best type of milk bars which provide pleasant healthful facilities for refreshment and act as a counter-attraction to the public houses. The other kind, however, causes concern ; the young people flock to them late at night when they should be at home or in bed gaining rest and sleep. We have little control over this type of premises which men from public houses may frequent after hours. It seems unfair that public houses are under such strict supervision by licensing authorities and from a sanitary point of view from this department, whilst some of these snack bars have no sanitary facilities and seem to be outside the effective control of the local authority. To that end we have asked that Parliamentary powers be given to us to require registration of these places, so that effective measures can be taken to improve the facilities, the amenities, and the supervision and night conduct of these premises which make an ncreasingly important provision in the lives of our young people.

Street Groups.

We must stimulate the interest of the public in their surroundings ; I should like to see window-boxes and hanging baskets provided and tended by go-ahead neighbourhood communities. These street groups could be formed not only to bring forth new ideas for brightening the environment but to improve on existing amenities. I have noticed a decreasing sense of civic responsibility in this direction. When we had heavy snowfalls I went round in a car and counted the number of homes whose tenants had swept the snow from the pavement outside. I found on reference to our cleansing superintendent that the number was less than half the number who performed this service twenty years ago.

Smokeless Zones.

The Corporation were empowered by Salford Corporation Act, 1948, to declare by Order (subject to confirmation by the Minister of Local Government and Planning) areas where smoke emission would constitute an offence. In considering the application of the principle of smokeless zones, regard was paid to prevailing winds, to there being no sharp division between residential and industrial areas, and that both contributed more or less equally to atmospheric pollution and that zones should be positioned where a principle could be readily applied with least hardship and where the maximum benefit would be accrued to the City itself. Attention was focussed on the western portion of the City. Here are the new housing estates, equipped with solid fuel appliances primarily designed for greater heating and improved combustion efficiences and producing less smoke than traditional appliances. Here, also, are the large parks and open spaces where citizens seek recreation and relaxation and yet where stunted horticulture witnesses the smoke filtering out much of the sun's rays.

A survey of the premises in the areas and a report to the City Council were made in 1949. Details were later published in the press ; the absence of serious criticism was encouraging, especially in view of the receptive attitude of zone residents. The report discussed the effects of smoke upon health,

compared smoke concentration measurement statistics for each zone with statistics for Chester and Blackpool, and showed that in summer months the concentration in the zones is 2-3 times greater than at Chester, and 4-8 times greater than at Blackpool.

The zones contained 4,913 dwellinghouses (including combined houses/shops) 1,753 being Corporation owned and 94 industrial and commercial premises. The number and types of domestic appliances, and the quantities and types of solid fuel used were given in the report, the industrial and commercial premises being similarly dealt with. Actually, domestic consumption comprises 11,266 tons of bituminous coal and 1,368 tons smokeless fuel, whilst industry and commerce use 20,617 tons of coal (all except approximately 50 tons used by two steam-generating plants), 812 tons of coke and anthracite.

The report discussed the replacement of bituminous coal by smokeless solid fuel, especially in the domestic field, its availability, its heating values and its cost. It contended that the cost to the householder would not be so adversely affected as might appear at first glance, and that heating costs might even be reduced by using more efficient appliances. Smokelessness, in itself, is possible without wholesale replacement of existing appliances. In the main, existing appliances would consume smokeless fuel ; but the replacement of some existing appliances by more modern types would effect a more economical burning of the fuel. The choice of appliances was, therefore, mainly a personal one for the user. The report took into consideration the smoke produced when lighting fires and advocated gas ignition of domestic fires, and the Corporation bearing a portion of the cost.

The effect on industry appears to be almost negligible, for of the 20,617 tons of bituminous coal, 19,200 tons are used on one steam-generating plant which produces comparatively little smoke. Prevailing winds disperse most of the smoke from this plant away from the City. Inclusion of the plant in the zone, therefore, would do little to diminish smoke concentration there, and might involve the Corporation in heavy expenditure. Seven hundred tons per year are used on another steam-generating plant. The smoke from this plant is only slight, and can be considerably reduced at little expense. The remainder is used by various installations, to which there are no practical difficulties in converting them to smokeless operation.

On 3rd January, 1951, the Council made an Order prohibiting smoke emission from any premises in certain zones. Because the Order needed confirmation by the Minister of Local Government and Planning, its operational date was left to his discretion. The Minister's enquiry was arranged for 2nd October, 1951. After the making of the Order, the following questions and doubts were raised :—

1. *Would the Requisite Quantities of Smokeless Fuels be Available ?*

This matter was, of course, taken into consideration from the outset. In the 1948 winter (when enquiries were first instituted) and the 1949 Spring, the country's gas works were overflowing with coke accumulated during two " green winters." These huge stocks were sold to Scandinavian countries. The Winter of 1950-51 was very severe, and a coal crisis existed at the time. Coke became extremely scarce early that winter. The coal supply position having failed to improve, and coke stocks being extremely low, domestic supplies during the Summer of this year have been restricted to about two-thirds of that normally available, and, as early as August, 1951, it had become

necessary to ration coke. The by-products derived from smokeless fuel manufacture are needed by many industries. It appears, therefore, that smokeless fuel production is likely to be maintained. However, low-temperature carbonised fuel manufacturers have given assurance, reiterated as late as March, 1951, that " if the whole of the 13,000 tons of bituminous fuel is for a domestic purpose which can be satisfied with their product, they will be pleased to make the whole of this tonnage available." Other fuel merchants have given similar assurances regarding anthracite, gas and furnace coke and manufactured fuels, whilst the North Western Gas Board have this year commenced production on a gassification plant producing 6,000 tons of coke. In any case, the domestic coal allocation is not guaranteed.

2. *Will the Cost to Householders be High ?*

Where there is no gas supply, the North Western Gas Board is prepared to lay mains and carry the supply to a point immediately inside the premises up to a distance of 30 feet from the main (which generally means to the meter). Thenceforward, the cost falls upon the occupier or owner. The Corporation has power to contribute towards the cost of gas ignition. In most cases, gas ignition will entail a gas point near the appliance, and a gas poker, but in some cases, connection is directed by means of a gas jet incorporated in the appliances. For Corporation owned property it has been suggested that the cost be shared equally by the Health and Housing Committees.

Gas ignition is stated by the North Western Gas Board to cost approximately ¾d. for each lighting ; thus, there is considerable saving on the cost of fire lighters. Actually, experience shows that with certain composite fuel, the cost is less than ½d., and that over the eight months when a fire is lighted, a saving of 17s. 6d. is effected.

3. *Must New Appliances be Installed ?*

As already mentioned, the installation of a new appliance is mainly a personal consideration for the user, in so far as it is a question of economy and not of combustionability, for most of the existing appliances will burn coke, but is not as economical as an approved solid-fuel burning appliance. The Corporation are precluded from contributing to the cost of new appliances though it is realised that the ready acceptance of smokeless zones would be ensured were such not the case. It is estimated that the cost of replacing old by approved appliances in the zones would be £79,800 for living rooms only and £67,000 for bedrooms (in addition to the cost of gas ignition).

4. *Is there a Risk of Fumes from Coke Burning ?*

(*a*) *Sulphur Fumes.* A fire grate of coal weighs twice the weight of a fire grate of coke, contains more than twice as much sulphur, and the SO_2 produced is more than double. Obviously, there is no greater danger from the use of coke than from coal, and it is not a matter of the type of fuel, but a matter of an efficient chimney, but for both coal and coke it is a question of an efficient and properly fitted appliance, a properly functioning chimney and a sufficiency of air in the rooms for the fires' needs.

(*b*) *Carbon-Monoxide Poisoning.* Suggestions have been made that a flood of carbon-monoxide asphyxia cases would occur in smokeless zones. No such danger is likely. Thousands of tons of coke are burned annually, but cases of asphyxia or other ill-effects are extremely rare outside industry. In every case, a defective flue-pipe has allowed the escape of carbon-monoxide, but what is not sufficiently realised is that the escape is not in itself sufficient to

cause an accident ; only if the escape is in a confined space, whereby a high concentration of the gas is built up, can the result be fatal. To produce CO in lethal quantity a coke fire must be considerably starved of air and it is almost impossible with an open firegrate.

5. *The Zone Boundaries were made favourable to Industry* ?

Investigations by Albert Parker, C.B.E., D.Sc., Director of Fuel Research to D.S.I.R., brought him to the conclusion that roughly one-half of this smoke (referring to the total of two million tons produced annually) " was derived from domestic sources, though they used only about one-fifth of the coal consumed."

Higher combustion efficiency in industry is the explanation of this apparent phenomenon, so that, were the allegation true, it could be justified on that account alone.

6. *What is the use of Smokeless Zones when Smoke Drifts in from other Areas* ?

Salford, a heavy sufferer from other people's smoke, but more so from its own, is attempting to show, by example, how smokelessness can be achieved. Her example would give far more point to any appeal she made to her neighbours to reduce their smoke.

Apart from these considerations, however, it cannot be denied that the operation of smokeless zones in Salford alone will benefit the citizens not only of Salford, but also of neighbouring towns.

. . . . . .

I am particularly grateful to Professor A. W. G. Ewing and Dr. Irene R. Ewing, of the Department of Education of the Deaf, Manchester University, for their great help in the ascertainment of defective hearing in our pre-school children. I am also indepted to Dr. M. T. Parker, of the Public Health Laboratory Service, for his ever-ready co-operation in conducting bacteriological examination of clinical and food samples during epidemic outbreaks and at other times.

. . . . . .

I should like to record appreciation of the fine way in which medical nursing and administrative staffs have carried out their work in their service to the health of the people.

My thanks are also due to the Chairman and Members of the Health Committee, and the chief officers of the Corporation and to the members, and officers of the Regional Hospital Board, Hospital Management Committee, Public Health Laboratory Service and voluntary organisations for the help and consideration they have given to the Health Department.

I have the honour to be,

Your obedient Servant,

J. L. Burn

Medical Officer of Health.

CONTENTS.

STATISTICAL SUMMARY, 1950.

Area.—The City of Salford has a total area of 5,202 acres.

Population.—(Registrar-General's Estimate at Mid-year, 1950)		177,700
„ (Census, 1931)		223,438

Density.—The Mean Density of the City is equal to 34·2 persons per acre.

Live Births	**Legitimate**	**1,675 Males, 1,448 Females**	3,123
	Illegitimate	**112 „ 119 „**	231
		TOTAL	3,354
Annual Rate of Births per 1,000 of the Population			18·9
Still Births	**Males 41, Females 38**	**Total**	79
Annual Rate of Still Births per 1,000 Total Births			23·0
Deaths	**Males 1,201, Females 1,089**		2,290
Annual Rate of Mortality per 1,000 of the Population			12·9
Percentage of Total Deaths occurring in Public Institutions			47·3%

Deaths from Puerperal Causes :—	Deaths.	Rate per 1,000 Total Births
Puerperal Sepsis	..	..
Other Puerperal Causes	..	..
	—	—
TOTAL	..	..
	—	—

Death-rate of Infants under one year of age per 1,000 live births :—	
Legitimate, 41. Illegitimate, 69. Total	43
Deaths from Measles (all ages)	1
„ „ **Whooping Cough** (all ages)	3
„ „ **Diarrhoea** (under 2 years of age)	21

TABLE M. 4.

SHOWING THE BIRTHS IN THE CITY OF SALFORD, DEATHS OF LEGITIMATE AND ILLEGITIMATE INFANTS UNDER ONE YEAR OLD AND THE PROPORTION OF DEATHS UNDER ONE YEAR OF AGE PER 1,000 BIRTHS DURING THE YEARS 1938 TO 1950.

Years.	Births.			Percentage of Illegitimate Births to Total Births	Deaths under One Year.			Proportion of Deaths under One Year per 1,000 Births.		
	Total.	Legit.	Illegit.		Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
1938	3145	3037	108	3·4	233	213	20	74	70	185
1939	2925	2808	117	4·0	202	194	8	69	69	68
1940	2884	2742	142	4·9	219	209	10	76	75	70
1941	2518	2377	141	5·5	240	215	25	96	90	177
1942	2823	2632	191	6·8	217	203	14	77	77	73
1943	3085	2863	222	7·2	214	203	11	69	71	50
1944	3251	3025	226	7·0	202	182	20	62	63	88
1945	3022	2749	273	9·0	183	168	15	61	61	55
1946	3849	3610	239	6·2	205	180	25	53	50	104
1947	4220	3973	247	5·9	258	240	18	61	60	73
1948	3761	3570	191	5·1	157	147	10	42	41	52
1949	3628	3387	241	6·6	193	181	12	53	53	50
1950	3354	3123	231	6·9	144	128	16	43	41	69

TABLE M. 5.

SHOWING THE BIRTH-RATES, ALSO RATES OF MORTALITY FROM ALL CAUSES, FROM THE SEVEN PRINCIPAL ZYMOTIC DISEASES, AND FROM TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, NERVOUS DISEASES, HEART DISEASES, BRONCHITIS, PNEUMONIA AND THE INFANT MORTALITY RATE DURING THE YEARS 1938 TO 1950.

Years.	Population	Rates per 1,000 Population from									Deaths under One Year to 1,000 Births.	Marriage Rate.
		Births.	Deaths, All Causes.	Seven Principal Zymotic Diseases	Tuberculosis of Respiratory System.	Cancer.	Nervous Diseases.	Heart Diseases.	Bronchitis.	Pneumonia.		
1938...	199,400	15·8	13·1	0·3	0·9	1·7	0·8	2·8	0·6	1·0	74	...
1939...	196,600	14·9	14·3	0·2	0·9	1·8	0·7	3·8	0·7	1·0	69	...
1940...	173,200*	16·6	19·1	0·3	1·1	2·0	1·1	5·3	1·7	1·2	76	...
1941...	159,720*	15·8	16·8	0·4	1·1	1·7	1·1	4·3	1·1	1·2	96	...
1942...	153,300*	18·4	14·5	0·4	0·9	2·2	1·0	3·4	0·9	0·8	77	...
Average 5 years		**16·3**	**15·6**	**0·3**	**1·0**	**1·9**	**0·9**	**3·9**	**1·0**	**1·0**	**78**	...
1943...	153,000*	20·2	15·7	0·3	1·0	2·2	0·9	2·7	1·9	0·9	69	...
1944...	155,810*	20·9	14·6	0·4	0·9	2·1	0·9	2·4	1·9	0·6	62	...
1945...	157,300*	19·2	15·5	0·2	0·9	2·0	0·8	2·2	2·9	0·8	61	...
1946...	169,470	22·7	13·3	0·2	0·8	1·9	0·9	1·8	2·0	0·6	53	...
1947...	174,070	24·2	13·3	0·4	0·8	2·0	0·5	2·1	1·9	0·6	61	...
Average 5 years		**21·4**	**14·5**	**0·3**	**0·9**	**2·0**	**0·8**	**2·3**	**2·1**	**0·7**	**61**	...
1948...	178,100	21·1	11·8	0·2	0·8	2·1	0·7	1·6	1·4	0·4	42	...
1949...	178,900	20·3	13·1	0·2	0·6	1·9	0·7	2·1	1·8	0·7	53	...
1950...	177,700	18·9	12·9	0·1	0·4	2·3	0·7	1·9	1·7	0·5	43	...

* Civil population.

SANITARY CIRCUMSTANCES AND ADMINISTRATION.

Housing.

The year 1950 may be regarded as a turning point in housing activity in this City inasmuch as it has become possible to resume slum clearance operations which came to a halt when war broke out in September, 1939.

The yearly reports throughout the past decade have told of improvisation by uneconomic patching up of obsolete unhealthy dwellings. It is true that thousands of such houses in the Salford district will have to be preserved for a further period of years because the slow rate at which new dwellings are being produced is still a limitation factor in redevelopment schemes.

It is encouraging to report, however, that an Order made by the Council at the end of 1949 has proceeded through formal stages ; a local public inquiry was held by the Minister in November and the Council now await the issue by the Minister of a Confirming Order.

Implementation of this Order will enable the Council to sweep away the slum property, comprising 486 buildings, standing upon an area of 14½ acres ; the bulk of the property was in existence at the beginning of the 19th century.

In keeping with the Council's planning policy for satisfactory modern development the area has been dealt with by Compulsory Purchase under Part III of the Housing Act, 1936, and it is envisaged that in three years or so from this time there will be upon this large site a neighbourhood unit comprising modern flats, shopping centre, etc., in place of the squalid dwellings, the existence of which has worried the authority for a long time past.

This is the beginning of an extensive redevelopment programme which should proceed with accelerating speed as the restrictions which are an aftermath of war become eased. Each successive block redevelopment should provide a vent for the next operation ; the chequerboard system of clearance and redevelopment, with allowance for some overspill, appears to be the only solution to Salford's problem.

In ordinary day to day administration, efforts are still being concentrated on the preservation of existing occupied properties in habitable condition, and formal and informal demands made by the authority do ensure execution of essential repairs. The statistics given in the table on another page reveal the extent of the Department's activity in the matter of repair of dwelling-houses by service of notices.

In three cases the Council invoked the powers given by Section 9 of the Housing Act, 1936, and served notices for general up-grading of the houses concerned. In two of the cases the owners executed the works required. In the third case, involving a house let at a weekly rental of 16s. 10½d., there was an appeal to County Court, where the Judge ruled that the cost of works (assessed at £135) was outside the bounds of reasonable expense and the notice was quashed. The Corporation have since acquired the building and are carrying out the specified works.

There are, inevitably, some houses which, on inspection, are found to be worn out and beyond the possibility of further repair ; houses which are not only unfit for habitation by reason of sanitary defects but in which there are dangerous conditions.

During 1950 the Council have made orders under Part II of the Housing Act, 1936, for the demolition of 60 such houses.

Smoke Abatement.

From the propaganda aspect the Fuel Efficiency Exhibition, held in neighbouring Manchester under the auspices of the National Smoke Abatement Society in November and December, was the highlight of the year. The more so because, in his opening address, Lord Hyndley, Chairman of the National Coal Board, uttered his first public warning of an impending severe coal shortage, rendered acutely critical by predictions of meteorological experts that a long and severe winter lay ahead, which was later fully verified.

The exhibition showed in an unmistakable way, through displays of the latest developments in furnace and steam generating equipment and by film and lecture the modern scientific and practical technique of extracting the utmost heat from fuel and utilising it to the benefit of mankind. After a study of them it is easy to agree with the contention that " the smoke annually emitted into the atmosphere represents wastage of the whole of one day's output by all British miners," and one becomes more convinced than ever that manual stoking of industrial plant is antiquated.

The Minister of Fuel emphasised the point in stating recently that " one inefficient manual stoker can waste in a day, as much coal as a miner can dig."

On Salford's own front further successful efforts have been made to abate industrial smoke nuisances detected from time-to-time, which unchecked would most likely have become steadily worse.

Three types of industrial smoke nuisance continue to occur. They arise from the emission of black smoke for lengthy periods, the emission of smoke which is not black, i.e., not sufficiently dense to be classified black, at low levels, and the emission of grit and fly ash.

The fewness of complaints, fourteen in number, may be a criterion of the general public's attitude of mind towards atmospheric pollution by smoke, as every complaint resulted from the acute discomfort of the individual in or about the home, in other words, always of smoke emission at low level or of grit, never black smoke, the most prevalent nuisance of all.

INDUSTRIAL BLACK SMOKE NUISANCES.

Complaints	Nil.
Observations carried out	359
Black smoke emissions recorded—	
Up to 2 minutes aggregate per observation	71
From 2 to 4 minutes aggregate per observation	49
„ 4 „ 10 „ „ „ „	27
Over 10 minutes „ „ „	11
Observation Notices served	88
Abatement „ „	5
„ „ complied with	*6
Inspections of furnace plant	43
Advisory visits	17

* Four of these were served in 1949.

NUISANCES FROM INDUSTRIAL SMOKE-NOT-BLACK.

Complaints	11
Observations taken	15
Nuisances detected	6
Abatement Notices served	2
" " complied with	2
Inspections of furnace plant	7
Advisory visits	10

GRIT AND ASH EMISSION.

Complaints received	3
Nuisances detected	4
Observations and investigations carried out	11
Notices served	Nil.
Nuisances abated	4

It is consistently apparent from a study of these figures that results can be obtained in the majority of cases without recourse to legal action and it may not be inappropriate to review some of the cases dealt with :—

CASE NO. 1.

Frequent black smoke emission was a regular feature. Suggestions that the " Cochrane " boiler was capable of operating on coke were met by the firm's contention this had been tried and failed and that even with coal it was only possible to heat half the factory.

Survey of the plant revealed a shocking state of affairs, but nothing short of a conducted tour would convince the Directors that there was anything radically wrong. Once understanding that recurring damage to boiler tubes and plates was due to loose control over feed water supply, that inefficient combustion arose from lack of draught due to ill-fitting tube access doors and a loose access plate on the steel chimney, that the steam condensate wasted down a drain could be utilised to better advantage, and that uninsulated steam pipe lines were loosing heat where it was not required, they realised the significance of these matters.

An automatically actuated pump now controls feed water supply, the boiler has been overhauled, condensate is returned through a mixing valve and exposed steam supply lines have been lagged.

The boiler now uses less coke than it previously did coal and the whole works is satisfactorily heated although the thermal quality of its construction is poor.

CASE NO. 2.

Case No. 2 concerns a railway tunnel cutting on a steepish gradient with openings to the street at intervals. Heavily loaded goods train locomotives were allowed to stand at the first opening after a two hundred yards pull from a standing start. There they would discharge smoke to the great discomfort of neighbouring residents.

British Railway Engineers, always ready to eliminate as much smoke as possible, revised the method of operation so that trains now run through to the level of the distribution sidings, where the locomotive can be dealt with more satisfactorily.

CASE NO. 3.

Case No. 3 also concerns British Railways. An open fire in a wagon dismantling yard was used to remove grease from axle boxes. Its site was near the angle of two high retaining walls terminating a few feet above the higher level roadway passing alongside. The wall angle created an air-current uplift and the foul smelling smoke, light in texture, but intensified in quantity by heavily loading the fire with axle boxes, was swept above the roadway, then drawn or forced down into shops and houses.

It was readily agreed to try out a site in another part of the yard near to the road bridge over the line and to reduce the number of boxes in the fire at any one time.

This proved satisfactory, the amount of smoke was reduced and the tendency now is for it to pass under the bridge and along the line where it disperses.

CASE NO. 4.

Complaints of unusually heavy grit deposits over machines and benches in a modern factory near the city boundary revealed the existence of a serious grit nuisance over a small area of the City. It had commenced some three months' previously. The records of a nearby deposit gauge showed a slight increase of insoluble deposit over the same period.

Examination of deposit samples showed it to be principally composed of fine particles of coke and a small quantity of fine ash. Check-up on Salford's chimney in the immediate vicinity yielded the knowledge that none of them could be responsible. The placing of deposit plates around outside the factory provided the information that the grit and ash came from one direction only and this led to suspicion that the nuisance originated outside the city.

From observation of chimneys in that direction, one was found to be frequently emitting heavy smoke, often black.

A visit to the boilerhouse and an interview with the engineer confirmed the suspicion.

Three months previously mechanical stokers of a different type to those previously in use had been installed, but the grade of coal, unsuited to the new stoking method, remained unchanged and it was being burned at an unusually high rate much of it was discharged, partially consumed from the chimney. A large amount must have been wasted in this fashion.

The adjoining authority was informed and the firm advised of the need for efficient grit arrestors, but the Ministry of Fuel very generously changed the coal allocation to a larger size.

The nuisance was thus quickly abated, but the investigation also revealed the existence of another occurrence, but not a nuisance, originating farther afield.

A few small balls of soot were noticed about the roof and site of the factory, which could have originated from an oil-burning plant not far away, but after observation and a visit the plant was exonerated.

As the direction whence they came was now known another adjoining local authority was consulted. The source of the nuisance, for such it was in its case, was known and steps have been taken to find a remedy, but experts are finding it rather difficult to effect a complete cure.

These are only four of the cases dealt with during the year, but they serve to indicate the operational methods practised.

Prior Approval of Steam Generating Furnaces.

The scheme continues to operate satisfactorily. Four applications for approval of new furnaces have been received. One was certified and approved without alteration, two after agreement was reached on certain suggested alterations in design, whilst the fourth was withdrawn and a coke burning furnace substituted.

Smokeless Zones.

It is not at the moment politic to discuss this project at any length.

The Salford (Lower Kersal, Weaste and Duchy Road) Smokeless Zones Order, 1951, is about to be presented to the City Council for approval, after which the Minister of Health's confirmation will be required, a further period of at least six months elapsing before it becomes operative.

It is felt that the scheme is fully practicable and the difficulties are far from unsurmountable.

Noxious Effluvia.

On three occasions complaints have been received of objectionable smelling substances polluting the atmosphere at various points in the western part of the city.

Similarity of criteria in each indicates that the condition arises fairly frequently, but the concentrations likely to be encountered are insufficient to be injurious to health, and so far as can be ascertained the incidents do not arise from default or neglect.

The pollutant is always a sulphurous compound or gas resembling either sulphur dioxide or sulphuretted hydrogen.

The condition invariably manifests itself during the cool evening of a warm day accompanied by a fairly still atmosphere, any air movement being from a southerly direction. Certain manufacturing processes carried out in Trafford Park entail the occasional, sometimes accidental, release to atmosphere of deleterious gases. The volume and concentration released is restricted under the Alkali Works (Regulations) Order, 1916, operated under the jurisdiction of the Minister of Health.

Effective dispersal of the warm gases is dependent upon atmospheric conditions prevailing. When air movement is slight and temperature rather high, they ascend but are poorly dispersed until their temperature is about that of the surrounding air, at which level they drift, cloud-like, with the breeze. The speed of their drift may be under one mile per hour.

Cooling of the evening air causes condensation of atmospheric moisture the globules of which impinge on to and absorb the gases, descend to earth level, setting up a slight but noticeable, though harmless concentration of sulphurous compounds over a small area until they settle on the ground itself.

The approximate distances from probable sources of origin and times of the occurrences were :—

	Distance.	*Time.*	*Month.*	*Wind.*
Point "A"..	1¼ miles ..	4 to 4-30 p.m...	February....	Gentle breeze.
Point "B"..	2 „ ..	10 to 11 p.m...	September ..	Almost Nil.
Point "C"..	2¼ „ ..	1 to 2 p.m.....	October	Zephyr.

It will be observed that the greater the distance before descending the later in the evening does the smell become apparent, so that it is possible to estimate the approximate time the gas was released.

In every case the known facts are communicated to the Inspector of Alkali Works, who investigates to ascertain if the legal minimum emission has been exceeded.

For our part further information of these incidents would be welcome, but sampling of the air to assess the concentration of pollutant appears to be impracticable at present.

Tabulated records of soot deposit and smoke measurement from the several stations operating in the city are again presented by the City Analyst in his section of this report.

Insect Pests—Municipal Disinfestation Service.

Insect disinfestation has become an established feature of Salford health services, but during the past year the scope of insect control operations has been widened. This year much of the work done has been preventative control treatment rather than positive disinfestation of premises known to be infested.

For example, school buildings, school canteens and dining centres, nurseries and clinics and food shops have received treatment for minimisation of danger from flies ; upwards of 49,000 ashbins and swill bins and surrounding surfaces (yard, garden and back street) received spray treatment twice during the summer ; and on sundry occasions when road surfaces were degged the tank water was dosed with D.D.T. wettable powder. In addition the water and mud of the River Irwell where it bends through the Lower Broughton area was dosed with insecticide as a result of which there was noticeable diminution of nuisance from water-bred flies.

The following figures extracted from the 1950 register give an outline of the extent of disinfestation work and of the insect types dealt with, viz :—

TABLE 1.

Type of Premises.	*Number Treated.*
A. Domestic Premises.	
1. Privately owned—	
Occupied dwellinghouses	821
„ house and shop..	21
Houses let in lodgings	12
Common lodging houses	5

Type of Premises.	*Number Treated.*
2. Council owned—	
Houses and flats	53
(i) On estates 33	
(ii) Requisitioned .. 20	
3. Ex-Army huts requisitioned by adjoining authority	28
4. Corporation removals	262
5. Houses cleansed from vermin prior to demolition	32
TOTAL A	1,234

B. NON-DOMESTIC PREMISES.

6. Food preparing—	
Canteens and kitchens	83
Restaurants and Cafes	10
Bakehouses	8
Preserved food manufactories	2
Dairies	1
Lock-up foodshops	16
	120
7. Schools, Factories, etc.—	
School buildings	88
Factories	10
Laundry..	1
Public houses	2
Hostels	4
Clubs	1
	106
8. Keeping of Animals—	
Piggeries and cowsheds	2
Stables	57
	59
9. Other Premises—	
Cinema	1
Police Station (Cells, etc.)	1
Fire Station	1
Railway Signal Box	1
Doctors' Waiting Rooms	2
Public Park Recreation Hut	1
First Aid Training Centre	1
Bone Store	1
Steamship	1
Offices	1
	11
10. Hospitals, etc.—	
Visits to Hospitals	95
„ Nurseries and Clinics	16
	111

Type of Premises.	*Number Treated.*
11. Miscellaneous Operations—	
Plot of land (flooded with sewage)	1
Disused reservoir (water-bred flies)	1
Church yard (wasps)	1
Orchard (caterpillars)	1
Van containing furniture (moths)	1
	5
TOTAL B	412
C. VERMINOUS PERSONS.	
12. Persons, clothing and bedding cleansed	9

The number of operations listed above totals 1,655.

The other large scale operations in connection with refuse bins, earlier referred to, were carried out by Cleansing Department workmen.

TABLE 2.

Insect Attacked.	*Number of Operations.*
Bedbugs	614
Cockroaches	631
Flies	159
Fleas	25
Lice	16
Beetles—Wood borers (furniture beetles and powder post beetles)	10
Beetles—Food beetles and spider beetles	9
Silverfish	6
Mosquitoes	2
Moths	6
Earwigs	3
Wasps	2
Bees	1

The figures given here exclude the routine operations at hospitals, schools, etc.

A proportion of the cost of carrying on the service falls upon public funds as some of the operations are precautionary measures in the interests of public health. Where infested premises are concerned, however, the expenses incurred have, with few exceptions, been recovered from owner or occupier, a signature to a form of order having been obtained in the first place. No difficulty is experienced in recovering the modest charge imposed. The following table summarises the year's work from this point of view :—

TABLE 3.

Orders received from owners (expenses recovered)		837
Treated by default after owners' failure to comply with notices served under Section 83, Public Health Act, 1936 (expenses recovered)		4
Orders from occupiers (expenses recovered)		430
Number of treatments administered under contracts, viz : hospitals, canteens, etc. (expenses recovered)		266
Treated free of charge :—		
Verminous persons	9	
,, houses	28	
Stables premises	55	
	—	92
Houses cleansed from vermin by local authority prior to demolition, Section 17, Housing Act, 1936		32

To execute the large volume of work detailed herein, two operators are employed full-time and two additional men were recruited in temporary employment for the six months' period end-April to end-October.

This personnel with equipment is quickly deployed about the district by motor van.

The men show no ill-effect from constant day-to-day handling of materials which prove so toxic to insects.

The material used throughout has been D.D.T., in various formulations for various insect types, viz : dry dust, water dispersible powder, Kerosene solution and water emulsion. There is nothing new to report in connection with methods of application ; the generally accepted routine treatments for specific pests have been followed and satisfactory results recorded.

Water.

(In accordance with Circular 0/00 of the Ministry of Health).

The water supply is obtained from the Manchester Corporation's reservoir at Longdendale and Thirlmere. In general the supply has been satisfactory in quantity and quality. For further details relating to quality see the City Analyst's report.

All dwellinghouses in the City and the entire population are supplied with water on the constant system laid on from mains direct to the houses.

There are 50,978 dwellinghouses in the City and a population of 177,700.

Summary of Food Poisoning Outbreaks, 1950.

(In accordance with Circular 0/00 of the Ministry of Health).

Total number of outbreaks.	Number of cases.	Number of deaths.	Organisms or other agents responsible with number of outbreaks of each.	Foods involved with number of outbreaks of each.
2	78	Nil.	S. Typhimurium 1	Not known

Unsound Food.

The following articles of unsound food were condemned during the year as unfit for human consumption :—

Article.	*Weight.* Lbs.
Meat (canned)	4,326
Soups (canned)	280
Fish (canned)	208
Jams (canned)	122
Cereals (canned)	..
,, (loose)	3,012
Fruits (canned)	3,406
Milks (canned)	2,996
Dried Milk	52
Vegetables (canned)	2,206
,, (loose)	142
Sauces	42
Butter	404
Bacon	470
Meat	905
Dried Fruits	121
Miscellaneous	444
	19,136 lbs.

The miscellaneous articles include various small quantities of sweets, confectionery, jellies and custard powders. There was also one consignment of 500 imported eggs.

Total weight condemned : 8 tons, 10 cwts., 96 lbs.

Factories Act, 1937.

(In accordance with Circular 0/00 of the Ministry of Health).

1. INSPECTIONS for purposes of provisions as to health.

Premises.	No. on Register.	Number of		
		Inspections.	Written Notices.	Occupiers prosecuted.
(1) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by the Local Authorities	91	78	9	..
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	994	586	104	..
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)..	..	..	..	..
TOTAL	1,085	664	113	..

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	Number of cases in which defects were found.				Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred To H.M. Inspector.	Referred By H.M. Inspector.	
Want of cleanliness (S.1)	..	..	1	..	..
Overcrowding (S.2)	..	..	..	..	..
Unreasonable temperature (S.3)	..	..	..	..	..
Inadequate ventilation (S.4) ..	..	..	..	..	..
Ineffective drainage of floors (S.6)	..	..	..	..	..
Sanitary conveniences (S.7)—					
(*a*) Insufficient	4	1	..	4	..
(*b*) Unsuitable or defective..	108	68	..	52	..
(*c*) Not separate for sexes..	4	..	..	4	..
Other offences against the Act (not including offences relating to outwork)	..	..	..	..	..
TOTAL.....	116	69	1	60	..

Outworkers.

SECTION 110—

Number of outworkers in August list required by Section 110 (1)	379
Nature of work—Making, etc., of wearing apparel	265
Brass and brass articles	114
Number of cases of default in sending list to Council	Nil.
Number of prosecutions for failure to supply lists	Nil.

SECTION 111—

Number of instances of work in unwholesome premises	Nil.
Number of notices served	Nil.
Number of prosecutions in respect of outworkers' premises	Nil.

Statistics.

The following tables are included to give some idea of the nature and extent of the work carried out during the year and a comparison is made with last year's figures :—

Nature of Inspections.	*Totals.* 1949.	1950.
Sanitary Defects (roofs, gutters, drains, etc.) under Public Health Act and Housing Act	44,650	42,938
Sublet Houses	154	371
Seamen's Lodging Houses	7	26
Common Lodging Houses	33	25
Factories	578	664
Shops' Acts—Inspections	1,968	3,896
Public Conveniences	550	565
Dairies	183	234
Milk Shops	66	107
Food Manufacturing Premises	101	126
Butchers' Shops	349	381
Fish and Chip Shops	73	493
Restaurants	76	149
School Meals Kitchens	1,013	1,068
Factory Canteens	55	162
Bakehouses	83	129
Ice Cream Shops	391	470
Ships *re* Importation of Dogs	4	15
Piggeries	38	63
Dysentery Cases	36	508
Food Poisoning	54	315
Market Stalls	278	430
Schools *re* Milk Supply	..	41
Snack Bars	..	119
Public Houses	..	42
Unsound Food	581	382
TOTAL INSPECTIONS	51,321	53,719

Ice Cream Sampling.

Ninety-three samples of ice cream were collected during the year and submitted for the Methylene Blue test.

Samples :	Grade 4	21
	,, 3	13
	,, 2	10
	,, 1	49

All the manufacturers were notified of the results by letter.

Six Grade 3 or 4 samples proved Grade 1 on a later test being taken.

Registration of Premises.

By December, 1950, 408 premises had been issued with certificates of registration as follows :—

Ice Cream Shops	259
Butchers' Shops	94
Fish and Chip Shops	55
TOTAL	408

List of Samples Taken.

	1949.	1950.
Food and Drugs Act Samples other than Milk	406	400
Milk for T.B. Test	493	353
,, ,, Phosphatase Test	358	377
,, ,, Methylene Blue Test	358	243
,, ,, Fats and Solids-not-Fats, etc.	1,183	1,200
Fertiliser and Feeding Stuffs Act Samples	8	9
Pharmacy and Poisons Act Samples	2	3
Water Supply Samples	84	79
Swimming Bath Water Samples	132	95
Rag Flock	..	3
TOTALS	3,024	2,762

Complaints, Notices, Letters, Etc.

	1949.	1950.
Complaints Received	11,890	11,616
Statutory Notices Issued	10,159	8,285
,, ,, Abated	8,078	6,402
Intimation Notices Issued	1,967	2,125
,, ,, Abated	1,518	1,698

Cases Heard Before the Magistrates.

Offence.	No. of Cases.	Decision of Magistrate.
PUBLIC HEALTH ACT, 1936 :		
(i) For failing to comply with the requirements of Notices under Section 93 of the Act to remedy nuisances at dwellinghouses	206	143 Nuisance Orders. 59 cases withdrawn. 4 cases adjourned *sine die*.
FOOD AND DRUGS ACT, 1938 :		
(i) For selling milk containing added water	2	Dismissed.
(ii) For applying a label to an article of food calculated to mislead	2	1 fined £5 with £2 1s. 0d. costs. 1 withdrawn.
(iii) For describing an article of food otherwise than in the form prescribed by the Sale of Food and Drugs Order.	1	Fined £5 with £2 1s. 0d. costs.
(iv) For selling an article of food the label of which did not bear a statement of the ingredients.	1	Fined £10 with £5 5s. 0d. costs.
(v) For selling beef sausages deficient in meat content.	1	Fined £12 12s. 0d. with £5 5s. 0d. costs.
(vi) For selling pork sausages containing sulphur dioxide without a declaration that the sausages contained a preservative.	1	Fined £5 with £4 costs.

The total number of cases was 214 as compared with 194 in the year 1949.

CITY ANALYST'S REPORT

SUMMARY OF SAMPLES.

Food and Drugs Act Samples from the City of Salford	1,600
Tests on Heat-Treated Milks	475
Fertilisers and Feeding Stuffs Act Samples	9
Waters (including Swimming Bath Waters)	174
Contract Samples examined for the Purchasing Committee	131
Other Miscellaneous Samples	59
Tests connected with Investigations of Atmospheric Pollution	4,562
Total	7,010
Samples from the Borough of Eccles	203
Samples from the Borough of Stretford	203
Grand Total	7,416

FOOD AND DRUGS ACT, 1938.

Table 1 summarises the samples taken under the Food and Drugs Act, 1938, and the Defence (Sale of Food) Regulations, 1943. The percentage of adulteration was 2.4 compared with 3.3 for 1949.

Tables 2 and 3 list the adulterated samples giving details of the type of adulteration and the action taken.

TABLE 1.

FOODS.

Samples.	Number Examined.	Number adulterated or otherwise giving rise to irregularity.		Per Cent. Adulteration.
		Preservatives Only.	Other Ways.	
Milk	1,200	—	24	2·0
Acetic Acid, Concentrated Solution of	1	—	—	—
Acetic Acid, Diluted	1	—	1	100·0
Almonds, Ground	3	—	—	—
Baby Food	2	—	—	—
Baking Powder	2	—	—	—
Barley, Pearl	4	—	1	25·0
Beans in Tomato Sauce	6	—	—	—
Beer	6	—	2	33·3
Browning	2	—	1	50·0
Butter	10	—	—	—
Cakes	1	—	—	—
Cake Mixture, Sweetened	1	—	—	—
Cereal Products	3	—	—	—
Cheese	10	—	—	—
Cheese, Goat's Milk	1	—	—	—
Cheese, Processed	3	—	—	—
Cheese Spread	3	—	—	—
Chocolate, Drinking	3	—	—	—
Chocolate Spread	2	—	—	—
Cocoa	2	—	—	—
Coffee	5	—	—	—
Coffee and Chicory Essence	6	—	—	—

TABLE 1—*Continued.*

Samples.	Number Examined.	Number adulterated or otherwise giving rise to irregularity.		Per Cent. Adulteration.
		Preservatives. Only.	Other Ways.	
Curry Powder	1	—	—	—
Custard Mix	1	—	—	—
Custard Powder	3	—	—	—
Fat, Cooking	10	—	—	—
Fish Cakes	1	—	—	—
Fish in Tomato Sauce	7	—	—	—
Flour, Plain	1	—	—	—
Flour, Self-Raising	12	—	—	—
Food Beverage, Glucose	1	—	—	—
Food Beverage, Tonic	1	—	—	—
Fruit Juice	2	—	—	—
Gelatine	1	—	—	—
Golden Raising Powder	1	—	—	—
Ice Cream	41	—	—	—
Jam	9	—	—	—
Jelly	5	—	—	—
Jelly Cream	1	—	—	—
Jelly Crystals	2	—	—	—
Jelly Substitute	1	—	—	—
Jelyset	1	—	—	—
Lemon Cheese	1	—	—	—
Lemon Curd	3	—	—	—
Macaroni, Cooked	1	—	—	—
Maralyn (milk basis beverage)	1	—	—	—
Margarine	10	—	—	—
Marmarlade	1	—	—	—
Matzo Spread and Cake Filling	3	—	3	100·0
Mayonnaise	1	—	—	—
Milk Beverage, Malted	2	—	—	—
Milk, Condensed	9	—	—	—
Milk Shake Syrup	1	—	—	—
Milk Whipping Compound	1	—	—	—
Mincemeat	3	—	—	—
Mint Sauce	2	—	—	—
Mustard Compound	1	—	—	—
Oatmeal	1	—	—	—
Oatmeal, Malted	1	—	—	—
Orange Glucose	1	—	—	—
Orange Squash	2	—	—	—
Paste, Brisling	1	—	—	—
Paste, Fish	1	—	—	—
Paste, Meat	1	—	—	—
Peanut Butter	1	—	—	—
Pepper	1	—	—	—
Pepper Condiment, Compound	1	—	—	—
Pepper Flavoured Compound	1	—	—	—
Pies, Meat	4	—	—	—
Pies, Steak and Kidney	1	—	—	—
Preserves, Sugar Reduced	2	—	—	—
Sago	3	—	—	—
Salad Cream	4	—	—	—
Sausage, Beef	15	—	3	20·0
Sausage, Pork	4	1	—	25·0
Semolina	3	—	—	—
Soft Drink Squares	1	—	—	—
Spaghetti, Cooked	1	—	—	—
Spaghetti in Tomato Sauce	1	—	—	—
Strawberries, Tinned	1	—	—	—

TABLE 1—*Continued.*

Samples.	Number Examined.	Number adulterated or otherwise giving rise to irregularity.		Per Cent. Adulteration.
		Preservatives Only.	Other Ways.	
Suet, Beef	7	—	—	—
Sugar	11	—	—	—
Sweets	9	—	—	—
Syrup	3	—	—	—
Tea	17	—	—	—
Tomatoes, Tinned Peeled	3	—	—	—
Tomato Juice	2	—	—	—
Tomato Ketchup	5	—	—	—
Treacle	2	—	—	—
Treacle, Black	1	—	—	—
Unifil (Artificial Cream)	1	—	—	—
Vant Ice Lollies	1	—	—	—
Vinegar, Malt	3	—	—	—
Vinegar, Non-Brewed	1	—	1	100·0
Whole Protein	1	—	—	—
Total Foods	1,538	1	36	2·4

DRUGS.

Aniseed, Ipec and Squills, Compound	1	—	—	—
Antiseptic Ointment	1	—	—	—
Bascilicon Ointment	1	—	—	—
Benzoinated Lard	1	—	—	—
Bicarbonate of Soda	6	—	—	—
Borax	3	—	—	—
Bronchial Mixture	1	—	—	—
Camphorated Oil	4	—	—	—
Castor Oil	5	—	—	—
Cough Mixture	3	—	—	—
Effervescent Salts	1	—	—	—
Epsom Salts	4	—	—	—
Fever Mixture	1	—	—	—
Ginger, Ground	1	—	—	—
Glycerine, Honey and Lemon	1	—	—	—
Glycerine, Lemon and Honey	2	—	—	—
Malt Extract with Cod Liver Oil	4	—	—	—
Nerve Tonic in Orange Syrup	1	—	—	—
Rose Hip Syrup	1	—	—	—
Seidlitz Powders	2	—	—	—
Sodium Phenate, Compound Solution of	1	—	1	100·0
Sulphur Tablets	3	—	—	—
Sulphur and Yeast Tablets	1	—	—	—
Syrup of Figs, Compound	2	—	—	—
Tincture of Iodine	1	—	—	—
Tonic Drink	1	—	—	—
Yeast Tablets	2	—	—	—
Zinc Ointment	3	—	—	—
Zinc and Castor Oil Ointment	4	—	—	—
Total Drugs	62	—	1	1·6
Total Foods and Drugs	1,600	1	37	2·4

TABLE 2.

MILK ADULTERATION.

No.	Nature of Adulteration.	Action Taken.	Remarks.
B 3068	Deficient 10·0% milk fat	Supply kept under observation	Further samples genuine.
B 3083	Deficient 6·6% milk fat	Farmer written and asked to improve the quality of his milk.	Supply being kept under observation.
B 3084	Deficient 3·3% milk fat		
B 3085	Deficient 3·3% milk fat		
B 3087	Deficient 3·3% milk fat		
B 3444	Deficient 6·6% milk fat	Supply kept under observation	Further samples genuine.
B 3633	Deficient 5·0% milk fat	Formal samples taken and found to be genuine.	
B 3703	Deficient 5·0% milk fat	Formal samples taken	See sample A 1652 below.
A 1652	Deficient 3·3% milk fat	Supply kept under observation	Further samples genuine.
B 3738	Deficient 3·3% milk fat	Whole consignment sampled formally and found to be genuine.	
B 3788	Deficient 5·0% milk fat	Supply to be kept under observation.	
B 3819	Deficient 5·0% milk fat	No action taken	Three other samples from the same source, taken at the same time, found to be genuine. Milk to be mixed at the dairy.

TABLE 2—*Continued.*

No.	Nature of Adulteration.	Action Taken.	Remarks.
B 3875	Deficient 6·6% milk fat	Supply kept under observation	Further samples genuine.
A 1688	Deficient 10·0% milk fat	Further samples taken and found to be genuine.	
B 3955	Deficient 15·0% milk fat	Formal samples genuine.	
B 3956	Deficient 56·6% milk fat		
B 3957	Deficient 3·3% milk fat		
B 3994	Deficient 11·6% milk fat	Farmer urged by letter to consult his local Agricultural Advisory Service.	Same supply as samples B 3083 to B 3087 inclusive.
B 119	Deficient 3·3% milk fat and 18·5% non-fatty solids. Freezing Point (Hortvet)—0·422°C.	Further samples genuine. Dairy visited.	Mechanical churn washing apparatus found to be out of order due to repairs to the dairy. Thus a possibility was that one or more of the churns had not been properly emptied of water as the churns were being rinsed by hand. Washing plant back in action on the following day.
B 207	Deficient 13·3% milk fat	Whole consignment of eleven churns sampled formally.	See sample A 1779 below.
B 209	Deficient 5·0% milk fat		
B 216	Deficient 11·7% milk fat		
B 218	Deficient 3·3% milk fat		
A 1779	Deficient 3·3% milk fat	Supply to be kept under observation.	

MILK.

The average composition of the 1,200 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1950. %	1945. %	1946. %	1947. %	1948. %	1949. %	*Minimum requirements.* %
Fat	3·51	3·59	3·55	3·52	3·48	3·49	3·00
Non-fatty Solids	8·75	8·66	8·70	8·71	8·76	8·76	8·50
Total Solids	12·26	12·25	12·25	12·23	12·24	12·25	11·50

Of the 1,200 samples analysed, 24 (2 per cent.) were unsatisfactory. Of these, 23 were fat deficient whilst 1 sample contained extraneous water, as well as being deficient in fat. Details of these adulterated milks are given in Table 2.

In addition to the milk samples examined under the Food and Drugs Act, 1938, 475 samples were submitted for examination by the phosphatase test or turbidity test. The results obtained on these samples are tabulated below :—

Type of Milk.	Number of Samples.	Sufficiently heat-treated	Insufficiently heat-treated	Grossly under-treated.
Pasteurised	384	370	4	10
Heat-treated	2	1	—	1
Sterilised	89	88	—	1
Total	475	459	4	12

TABLE 3.

ADULTERATED OR IRREGULAR SAMPLES (OTHER THAN MILK).

No.	Description.	Nature of Adulteration or Irregularity.	Action Taken.
B 3274	Acetic Acid, Diluted	Unsatisfactory label	See special observations.
B 3965	Barley, Pearl	Infested with fungus	Retailer's stock examined and found to be infested. Stock withdrawn from sale.
B 3285	Pale Ale	Contained excess copper	See special observations.
B 3286	Beer, Bottled	Contained excess copper	
B 3760	Browning, Gravy	Unsatisfactory label	Label carried no declaration of the ingredients composing this product. The manufacturers amended the labels satisfactorily.
B 3275	Matzo Spread and Cake Filling (Chocolate Flavour).	Unsatisfactory label	Formal sample unobtainable.
B 3276	Matzo Spread and Cake Filling (Almond Flavour).	Unsatisfactory label	Formal sample taken. See sample A 1536 below.
A 1536	Matzo Spread and Cake Filling (Almond Flavour).	Unsatisfactory label	Fined 5 guineas and ordered to pay 5 guineas costs.
B 3828	Sausage, Beef	Deficient 20·0% meat	Same manufacturer. Formal sample taken, see A 1683 below.
B 3829	Sausage, Beef	Deficient 33·0% meat	
A 1683	Sausage, Beef	Deficient 23·6% meat	Manufacturer fined 12 guineas and ordered to pay 5 guineas costs.
A 1684	Sausage, Pork	Deficient 9·8% meat and contained undeclared sulphite preservative.	Fined £5 and ordered to pay 4 guineas costs.
B 3993	Vinegar, Non-Brewed	Unsatisfactory label	Manufacturer interviewed and label amended satisfactorily.
B 3293	Sodium Phenate, Compound Solution of	Unsatisfactory label	Suppliers communicated with and an assurance received that all stock would be withdrawn from sale.

DILUTED ACETIC ACID.

This informal sample, on analysis, was found to contain 37.2 per cent. weight in volume of acetic acid. There was a note on the label in very small print stating, " For table use add five parts water " but, since the print was of nearly the same colour as the background of the label, it could easily be overlooked.

The packers were interviewed and their attention drawn to the " Code of Practice " outlined in the Ministry of Food Report, 1949, on the Advertising, Labelling and Composition of Food. This, in the interests of public safety, requires the concentration of acetic acid to be stated and a warning, in red letters, of the form " Dangerous—not to be taken undiluted " to be printed on the label. The packers have withdrawn all stocks from the retailers and have agreed to amend the label.

PALE ALE ; BOTTLED BEER.

These informal samples of intoxicating liquor were found on analysis to contain amounts of copper in excess of those usually encountered or recommended in this type of beverage, *viz.*, an upper limit of three parts per million. The pale ale (No. B3285) contained 15 and the bottled beer (No. B3286) 10 parts per million of copper. The matter was taken up with the brewers who have traced the source of the contaminant entering the liquors.

MATZO SPREAD AND CAKE FILLING.

On analysing the two informal samples they were found to consist of cane-sugar together with small amounts of starch, fruit, and fat. One of the samples contained almond flavouring whilst the other contained a small amount of cocoa. Only a formal sample of the almond flavour spread could be obtained and, on analysis, it was found to be similar in composition to the informal sample. No statement of composition was given on the labels of any of the samples and legal proceedings were instituted in respect of the formal sample. At the hearing before the Stipendiary Magistrate, the manufacturers were fined five guineas for contravening Section 3 (*b*) of the Labelling of Food Order, 1946, which requires a declaration of ingredients composing prepacked foods to be clearly stated on the lable. The defendant was also ordered to pay five guineas in costs.

SAUSAGE.

Of the 19 samples of sausage examined 15 were beef sausage and 4 pork sausage. Of these, 3 beef sausage and 1 pork sausage were reported against. Beef sausage formal sample A1683, on analysis, was found to be 23.6 per cent. deficient in meat compared with a standard of 50 per cent. of meat. Legal proceedings were instituted.

The pork sausage formal sample, No. A1684, was found to contain sulphite preservative to the extent of 120 parts per million expressed as sulphur dioxide. No declaration was made by the vendor at the time of sale, nor was any notice displayed in the shop to the effect that the sausages contained preservative. At the hearing before the Stipendiary Magistrate, the vendor was warned against not notifying the public that he was selling sausage containing preservative. His suppliers admitted they had not brought to his notice

that their product contained preservative and accepted the responsibility for this breach of the Public Health (Preservatives, etc., in Food) Regulations, 1925, and were fined £5 and four guineas costs.

NON-BREWED VINEGAR.

This informal sample of coloured solution of acetic acid was labelled " Non-Brewed Vinegar." In view of Circular M.F. 15/50, *re* the case of Kat v. Diment, this label is now ruled as a false trade description. The manufacturer of this product was interviewed and he pleaded that he had had great difficulties in obtaining the services of a printer, but had now made the necessary arrangements. He submitted to me an amended label styling the product " Non-Brewed Condiment," which I regarded as satisfactory. The sample contained 4·1 per cent. weight in volume of acetic acid, but it is very much a point of interest whether Non-Brewed Condiment should be required to have an acidity as acetic acid of not less than 4 per cent.

ICE CREAM.

Of the 41 samples analysed, 17 contained less than 5 per cent. of fat. The remainder contained between 5 and 13.4 per cent. In the absence of any standards for ice cream they were all classed as satisfactory from the point of view of the Foods and Drugs Act, 1938, as no samples contained less than 2.5 per cent. of fat, which amount the Ministry of Food required to be present to warrant an extra allocation of sugar.

DRUGS.

Of the 62 samples analysed, only one, Compound Solution of Sodium Phenate, was reported against. This informal sample of Compound Solution of Sodium Phenate, sold for use as a gargle or mouth wash, was found on analysis to correspond with the formula cited in the Second Supplement to the British Pharmaceutical Codex, 1934, and was labelled to this effect. This constitutes an offence against the Pharmacy and Medicines Act, 1941, which requires a statement of ingredients to be made on the label unless the product conforms in composition to the monographs laid down in the current British Pharmacopœia or Pharmaceutical Codex. The British Pharmaceutical Codex, 1949, is now official, and requires Compound Solution of Sodium Phenate to contain 12.5 per cent. of glycerine, whilst no glycerine was present in the sample analysed. Glycerine was only omitted in the Second Supplement to the British Pharmaceutical Codex, 1934, issued in 1941, due to war-time difficulties of supply, and it is now restored in the present official formula. This omission of glycerine would also, in my opinion, prejudice the purchaser as glycerine would exert a beneficial and soothing action on the throat. The suppliers were communicated with and gave a written assurance that they would withdraw all samples from the retailers and adjust the composition of their product to conform with the current official standard.

OTHER ANALYSES.

Nine samples were submitted under the Fertilisers and Feeding Stuffs Act, 1926, and three informal samples of feeding stuffs were reported to the Ministry of Agriculture and Fisheries as not being in conformity with the statutory statement of composition supplied with them.

Three samples of rag flock were examined and found to conform with the Rag Flock Acts, 1911 and 1928.

Three informal samples of ammonia solution were submitted under the Pharmacy and Poisons Act, 1933, and the Poisons Rules, 1949. One of the samples did not satisfy the above Regulations as regards labelling and was withdrawn from sale until correct labels were printed.

The regular testing of the City's water supply was carried on throughout the year, 79 samples in all being analysed. The water continually satisfied the standards of purity required for a drinking water, although it had a yellowish tinge during the summer months. Investigation showed this to be due to the presence of more iron than usual.

A regular check was also kept on the purity of the water in the City's swimming baths, 95 samples being submitted to test. A consistent standard of purity was maintained, satisfying the Ministry of Health recommendations.

One hundred and thirty-one samples were analysed on behalf of the Purchasing Committee and 53 samples which were submitted by various Corporation Departments and other sources were also tested.

ATMOSPHERIC POLLUTION.

The work of examining the deposits in the special gauges placed at various points in the City has been continued and the average monthly deposits of soot in tons per square mile are given below :—

Ladywell Hospital	30.7
Broughton Modern School	23.5
Drinkwater Park	18.7
Vine Street, Kersal	23.0

Investigations on atmospheric sulphur pollution have been continued at Regent Road and Ladywell Hospital by the " lead peroxide " method in which a surface of known area, so prepared as to be sensitive to acid sulphur gases, is exposed under standard conditions. Each month the amount of sulphur absorbed is determined and calculated as milligrammes of sulphur trioxide absorbed per 100 square centimetres of exposed surface. The results are useful in that they give a comparative figure for the corrosive contaminants of the air, which attack paint, stonework, and all exposed surfaces.

Daily measurements of smoke concentration and ultra-violet light intensity have been made at various points in the projected smokeless zone areas of the City, this work being a continuation of the experiments set up last year to obtain as much data as possible on the pollution of the air in these areas.

BOROUGH OF ECCLES.

During the year, 179 samples were received from the above Borough for examination under the Food and Drugs Act, 1938. Details of these samples are given in the following table :—

TABLE 4.

SAMPLES EXAMINED.

Samples.	Number Examined.	Number adulterated or otherwise giving rise to irregularity.		Per Cent. Adulteration.
		Preservatives Only.	Other Ways.	
FOODS.				
Milk	101	—	12	11·9
Almonds, Ground	1	—	1	100·0
Barley, Pearl	2	—	—	—
Butter	2	—	—	—
Christmas Pudding	1	—	1	100·0
Coffee Essence	1	—	—	—
Coffee and Chicory Essence	1	—	—	—
Custard Powder	2	—	—	—
Flour, Self-Raising	2	—	—	—
Gelatine	2	—	—	—
Gelatine, Unsweetened Dessert	1	—	—	—
Gravy Browning	3	—	3	100·0
Ice Cream	19	—	—	—
Jelly	3	—	—	—
Junket Powder	1	—	—	—
Lemon Cheese	1	—	—	—
Lemon Curd	1	—	—	—
Mincemeat	2	—	—	—
Paste, Fish	4	—	—	—
Pastry Mix	1	—	—	—
Peas, Processed	2	—	—	—
Pepper	3	—	—	—
Pepper Flavoured Compound	1	—	—	—
Pie Crust and Pastry Mix	1	—	—	—
Red Cabbage	1	—	—	—
Sage	1	—	—	—
Salad Cream	2	—	—	—
Sausage	1	—	—	—
Sausage, Pork	1	—	—	—
Sponge Flour Mixture	1	—	—	—
Thyme	1	—	—	—
Vinegar	1	—	—	—
Vinegar, Non-Brewed	1	—	—	—
DRUGS.				
Aspirin Tablets	2	—	—	—
Cough Mixture	1	—	—	—
Cough Syrup	1	—	—	—
Cream of Tartar	2	—	—	—
Indian Brandee	2	—	—	—
Iodised Throat Tablets	1	—	—	—
Natural Rub	2	—	2	100·0
Total Foods and Drugs	179	—	19	10·6

TABLE 5.

ADULTERATED OR IRREGULAR SAMPLES.

No.	Description.	Nature of Adulteration or Irregularity.	Action Taken.
1496	Milk	Deficient 16·1% in non-fatty solids and 6·6% in milk fat. Contained 10·8% extraneous water. Freezing Point (Hortvet) —0·472°C.	Fined £10 with respect to each sample and ordered to pay 5 guineas costs, a total of £25 5s. 0d.
1497	Milk	Deficient 12·3% in non-fatty solids and 20·0% in milk fat. Contained 8·3% extraneous water. Freezing Point (Hortvet) —0·485°C.	
1550	Milk	Deficient 6·7% milk fat	Supply kept under observation.
1563	Milk	Deficient 10·0% milk fat	Supply kept under observation.
1566	Milk	Deficient 18·3% milk fat	Further samples taken. See samples numbered 1572, 1573 and 1574, below.
1567	Milk	Deficient 16·6% milk fat	
1568	Milk	Deficient 10·0% milk fat	
1572	Milk	Deficient 6·6% milk fat	Further samples taken and found to be genuine. Supply kept under observation.
1573	Milk	Deficient 5·0% milk fat	
1574	Milk	Deficient 3·3% milk fat	
1592	Milk	Deficient 17·7% in non-fatty solids and 13·3% in milk fat. Freezing Point (Hortvet) —0·426°C.	Fined £10 and ordered to pay £3 costs.
1607	Milk	Deficient 5·0% milk fat	Further samples taken and found to be genuine.
1666	Almonds, Ground	Contained 10·0% soya flour	Vendor fined £5 and ordered to pay 3 guineas costs, also ordered to pay 10 guineas costs to manufacturer. See comments below.
1664	Christmas Pudding	Deficient 12·2% fat and 20·5% sugar	Manufacturer written.
1524	Gravy Browning	Unsatisfactory label	Manufacturer written.
1531	Gravy Browning	Unsatisfactory label	Manufacturer written.
1555	Gravy Browning	Unsatisfactory label	Manufacturer written.
1652	Natural Rub	Unsatisfactory label	Formal sample taken. See sample number 1656, below.
1656	Natural Rub	Unsatisfactory label	Manufacturer written.

MILK.

The average composition of the 101 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1950.	1945.	1946.	1947.	1948.	1949.	*Minimum requirements.*
	%	%	%	%	%	%	%
Fat	3·41	3·53	3·53	3·48	3·45	3·38	3·00
Non-fatty Solids	8·62	8·56	8·65	8·50	8·66	8·58	8·50
Total Solids	12·03	12·09	12·18	11·98	12·11	11·96	11·50

Of the 101 samples analysed, 12 (11.9 per cent.) were unsatisfactory. Of these, 3 contained extraneous water, 8 were deficient in fat and 1 showed both extraneous water and fat deficiency. Details of these adulterated milks are given in Table 5.

ALMONDS, GROUND.

This formal sample (No. 1666) on analysis was found to contain 10 per cent. of soya flour, and legal proceedings were accordingly instituted. At the hearing the manufacturers satisfied the bench that they were not responsible for the adulteration. The vendors were fined £5 and ordered to pay 13 guineas costs.

CHRISTMAS PUDDING.

This informal sample (No. 1664) on analysis was found to be 12.2 per cent. deficient in fat and 20.5 per cent. deficient in sugar, when compared with the requirements of S. R. and O., 1943, No. 1318, as amended by S. R. and O., 1946, No. 1265, Christmas Puddings. The manufacturers were communicated with but could offer no explanation of these deficiencies.

GRAVY BROWNING.

These three samples, on analysis, were found to vary slightly from the composition as stated on their labels. The respective manufacturers were communicated with and, as a result, wide variations in the nitrogen content of the caramel used were found to be the cause of the difficulty in maintaining a constancy of composition as judged from the analytical figures.

NATURAL RUB.

This compound (No. 1652) was sold as "A Compound of Natural Oils." On analysis it was found to contain 62.0 per cent. of water, the remainder being oils emulsified with the water by means of ammonia. A formal sample (No. 1656) was obtained and found to contain 46.6 per cent. of water. In my opinion this product should contain little or no water and a letter was written to the makers pointing out that some indication that the rub contained water should be given to the purchaser by amending the label to read "An Emulsion of Natural Oils."

ICE CREAM.

Of the 20 samples analysed only 3 contained less than 5 per cent. of fat whilst all satisfied the Ministry of Food's requirement of 2.5 per cent. for extra sugar allocation.

In addition to analyses made under the Food and Drugs Act, 1938, 22 samples of swimming bath water were tested and all were found to satisfy the Ministry of Health requirements.

BOROUGH OF STRETFORD.

During the year, 186 samples were received from the Borough of Stretford for examination under the Food and Drugs Act, 1938. Details of these samples are given in the following table :—

TABLE 6.

SAMPLES EXAMINED.

Samples.	Number Examined.	Number adulterated or otherwise giving rise to irregularity.		Per Cent. Adulteration.
		Preservatives Only.	Other Ways.	
FOODS.				
Milk	111	—	5	4·5
Almonds, Ground	1	—	—	—
Arrowroot	2	—	—	—
Baking Powder	1	—	—	—
Bread	1	—	1	100·0
Butter	1	—	—	—
Cake Flour Mixture	2	—	—	—
Chocolate, Liquid	1	—	—	—
Chocolate Spread	1	—	—	—
Coffee	2	—	—	—
Custard Mix	1	—	—	—
Custard Powder	2	—	—	—
Dairy Cream Ices	1	—	—	—
Fish Roe	1	—	1	100·0
Gelatine	1	—	—	—
Gravy Browning	2	—	—	—
Ice Cream	20	—	—	—
Jelly Crystals	1	—	—	—
Lemon Sweet Spread	1	—	—	—
Mayonnaise	2	—	—	—
Milk Plus	1	—	—	—
Milk Whipping	1	—	—	—
Oatmeal, Malted	1	—	—	—
Pastry Mixture	1	—	—	—
Potatoes, Boiled	1	—	1	100·0
Raising Powder	1	—	—	—
Saccharin Tablets	2	—	—	—
Salad Cream	1	—	—	—
Sandwich Spread	1	—	—	—
Sauce	2	—	—	—
Sausage, Beef	2	—	1	50·0
Sausage, Beef and Lamb	1	—	1	100·0
Sausage, Pork	1	—	—	—
Synthetic Cream	1	—	—	—
Tomato Concentrate Tablets	1	—	—	—
DRUGS.				
Cream of Tartar	2	—	—	—
Glycerine of Borax	2	—	—	—
Gregory's Powder	2	—	—	—
Laxative Chocolate	1	—	—	—
Olive Oil	2	—	—	—
Seidlitz Powders	2	—	—	—
Sulphur Ointment	2	—	—	—
Total Foods and Drugs	186	—	10	5·4

TABLE 7.

ADULTERATED OR IRREGULAR SAMPLES.

No.	Description.	Nature of Adulteration or Irregularity.	Action taken.
840	Milk	Deficient 11·6% milk fat ..	Supply kept under observation.
841	Milk	Deficient 5·0% milk fat ..	
867	Milk	Deficient 3·3% milk fat ..	Eight cans were sampled. The other five were genuine and the average good, so, as the milk was to be bulked at the dairy it was deemed sufficient to warn the farmer to mix his milk more thoroughly.
868	Milk	Deficient 18·3% milk fat ..	
869	Milk	Deficient 5·0% milk fat ..	
818	Bread	Insect infestation	Bakery visited and flour screen found to be damaged. The screen was repaired immediately.
822	Fish Roe	Unfit for human consumtion, marked hydrogen swelling.	Stock condemned.
933	Potatoes, Boiled ..	Contained 76 parts per million of copper.	These potatoes had been cooked in a copper vessel so the canteen concerned was advised against continuing to use this vessel.
970	Sausage, Beef and Lamb	11·2% deficient in meat ..	Formal sample taken, see sample number 974, below.
974	Sausage, Beef ..	26·6% deficient in meat ..	Fined £5.

MILK.

The average composition of the 111 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1950.	1945.	1946.	1947.	1948.	1949.	*Minimum requirements.*
	%	%	%	%	%	%	%
Fat	3·58	3·57	3·59	3·51	3·55	3·48	3·00
Non-fatty Solids	8·73	8·59	8·61	8·65	8·69	8·72	8·50
Total Solids	12·31	12·16	12·20	12·16	12·24	12·20	11·50

Of the 111 samples analysed, 5 (4.5 per cent.) were unsatisfactory, being deficient in fat. Particulars of these adulterated milks are given in Table 7.

In addition to the milk samples analysed, 14 samples were examined by the phosphatase test and 3 sterilised milks were examined by the turbidity test. The results obtained on these samples are tabulated below :—

Type of Milk.	Number of Samples.	Sufficiently heat-treated.	Insufficiently heat-treated.	Grossly under-treated
Pasteurised	13	12	1	—
Heat-treated	1	1	—	—
Sterilised	3	3	—	—
Total	17	16	1	—

BREAD.

This sample (No. 818) was submitted as the result of a complaint that it contained insect parts. On examination part of an insect was found to be firmly embedded in the loaf strongly suggesting that the insect had gained access to the flour before baking. Due to the kindness of Mr. W. D. Hinks, Assistant Keeper in charge of Entomology at the Manchester Museum, the insect was identified as a Cadelle (Tenebroides Mauritanicus, L) which is commonly associated with grain products. A visit to the bakery revealed that the screening through which the flour passes prior to baking was damaged. Immediate repairs to this damage were put in hand.

POTATOES, BOILED.

This sample (No. 933), submitted as the result of a complaint from a School Kitchen, was found on analysis to contain 76 parts per million of copper. Investigation showed that they had been boiled in a large copper pan and it was advised that the use of copper utensils be discontinued.

SAUSAGE.

Four samples were analysed during the year of which two were found to be deficient in meat when compared with a standard meat content of 50 per cent. A formal sample corresponding to the meat deficient informal sample was found on analysis to be 26.6 per cent. deficient in meat on a 50 per cent. basis. Legal proceedings were instituted and at the hearing the vendor was fined £5. Costs were not applied for.

ICE CREAM.

Of the 20 samples analysed 5 contained less than 5 per cent. of fat whilst all satisfied the Ministry of Food's requirement of 2·5 per cent. for extra sugar allocation.

CARE OF MOTHERS AND YOUNG CHILDREN, DOMICILIARY MIDWIFERY SERVICE, Etc.

It is gratifying to report the addition of new activities to the services provided for the mothers and children of the City. Among those added were special sessions for toddlers at the three main Centres—Regent Road, Police Street and Murray Street. Special invitations are sent to the mother at or about the toddler's birthday asking her to bring the child to a special session. It is explained how necessary it is that the child who has gone beyond the infant stage should have a regular medical examination. The response to these invitations has been very gratifying—43.63% of those invited attended. Many parents who have not been able to keep the first appointment have either telephoned or written to the department asking for another appointment. It is felt that these sessions are meeting a real need and it is hoped to start additional sessions in 1951. More details about these sessions are given elsewhere in the report.

A second new venture for the year was the institution of a cookery class at one of the Ante-Natal Clinics held at Ordsall Centre. The class is run by a domestic science teacher and is held during the Ante-Natal session. It has proved to be very popular among the mothers and it is hoped to start similar classes at other Centres in the City.

In March a new Centre was opened at Cleveland House, Eccles Old Road. This is a large house surrounded by a pleasant garden and provides accommodation not only for the activities of the Maternity and Child Welfare Department, but also for a school for children suffering from cerebral palsy and two flats for members of the midwifery staff.

A second premature baby nurse was appointed in March, thus enabling attention to be given to these babies in the evenings and at week-ends.

Work on the two new Day Nurseries has not yet begun, but it is hoped that it will do so soon.

In July the Central Midwives' Board authorised midwives to use Pethidine in their practice, thus adding one more measure for the relief of pain in labour.

STATISTICS.

Maternal Mortality.

For the second year in succession no deaths for conditions associated with pregnancy and childbirth occurred among the mothers of the City.

Birth Rate.

The total number of births in 1950 was 3,433, giving a birth rate of 18.9. The rate for 1949 was 20.3. One thousand nine hundred and eighty-nine births occurred in Hospitals or Nursing Homes and 1,444 were born at home.

The number of stillbirths which occurred during the year was 79, giving a stillbirth rate of 23.0.

Fifty-seven of these stillbirths occurred in Hospital, one in a Nursing Home and twenty were notified by the Domiciliary Midwives.

Infant Mortality.

The infant mortality figures show an improvement on those of 1949. The total number of deaths was 144, giving an infant mortality rate of 43.

This is still above the rate for the country as a whole.

More than half the deaths occurred in the first month of life. A high percentage of these neo-natal deaths are certified as being due to prematurity.

There has been a reduction in the deaths from respiratory diseases both in the neo-natal period and among children aged two to twelve months.

SUPERVISION OF MIDWIVES.

Fifty-four midwives notified their intention to practise during the year and one Maternity Nurse.

DOMICILIARY MIDWIFERY SERVICE.

Staff.

Non-Medical Supervisor of Midwives	1
Number of midwives employed January 1st	24
,, ,, ,, ,, December 31st	22
Average during the year	23
Part-time midwife (helped with daily nursings)	1

Sick Leave.

Total amount of sick leave	1 year, 146 days.
Average per midwife	25 days.

Resignations and Appointments.

Miss E. R. Entwistle, Non-Medical Supervisor of Midwives, left the service on September 13th in order to take advantage of a scholarship obtained under the auspices of the Royal College of Nursing (Public Health Section).

Miss F. M. Sanderson commenced duty as Non-Medical Supervisor of Midwives on September 11th.

The following midwives retired from the service :—

Mrs. G. Armstrong .. .. March.
,, C. Grant .. .. .. November.

The following midwives resigned during the year :—

Miss B. Ashton—to take up an appointment as a Non-Medical Supervisor of Midwives—June 23rd.

Mrs. B. Coupe—to undertake combined duties as a district nurse-midwife—May 4th.

Report on the Work of Domiciliary Midwives.

	1950.	1949.
CONFINEMENTS.		
Number of cases attended	1,426	1,628
,, ,, twin births	14	21
Cases which received gas and air analgesia	480	539
Average number of cases per non-teaching midwife	46·6	
,, ,, ,, ,, teaching midwife	117·0	
,, ,, ,, ,, for midwife (teaching and non-teaching)	62	
Number of cases attended by midwives in which doctor was engaged to provide maternity services	679	
Number of cases in which doctor was present at delivery	172	
VISITS TO PATIENTS' HOMES.		
Ante-natal visits	10,797	7,585
*Visits *re* suitability for home confinement	243	
,, during the puerperium	25,751	24,517
Supervisory visits by teaching midwives	3,113	2,679

* These include cases referred to the authority by Hope Hospital, the scheme only starting in June.

These figures show that the Domiciliary Midwives have considerably increased their visits to the patients' homes during 1950. In 1949 the total number of such visits was 34,781 and in 1950 the total was 39,904, an increase of 5,125.

Midwives' Ante-Natal Clinics.

Number of weekly sessions	11
,, ,, attendances for the year	6,408

The midwives clinics have been well attended.

Special interest has been shown in the cookery classes given by the domestic science teacher and also in the relaxation classes organised by the physiotherapist. The value of the latter has been much appreciated by the midwives concerned and the patients report that they have benefited from the exercises, especially during labour.

Analgesia.

On April 1st practising midwives were authorised to acquire, and use, on their own responsibility, pethidine hydrochloride for the relief of pain in labour.

Post-graduate instruction in the use of the drug was required by the majority of the domiciliary midwives to comply with the Rules of the Central Midwives' Board. This was given by Dr. Rawlings and Miss Matthews at Hope Hospital and all the midwives are now qualified to administer this "dangerous" drug and many patients have already benefited from its use.

Midwifery Night Service.

The above service continues to function between 8-0 p.m. and 8-0 a.m. from the Crescent Clinic.

Number of calls received at night	1,116
,, ,, deliveries at night	577

Notification by Domiciliary Midwives.

The following notifications were received from the Domiciliary Midwives :—

Medical Aid :	(*a*) For Mothers	335
	(*b*) For Infants	161
	TOTAL	496

The following is a list of the conditions for which medical aid was sought :—

For the mother :	Abnormal presentation	12
	Delayed first stage	5
	„ second stage	20
	Ante-partum haemorrhage	20
	Post-partum „	11
	Uterine Inertia	6
	Pending obstructed labour	1
	Ruptured perineum	130
	Retained placenta and membranes	8
	Rise of temperature	17
	Pre-eclampsia	9
	Miscarriage	11
	Other causes	85
	TOTAL	335

For the baby :	Premature births	8
	Discharging eyes	94
	Blisters or rash	7
	Jaundice	7
	Asphyxia neonatorum	11
	Other causes	34
	TOTAL	161

Stillbirths.

Domiciliary	19
Nursing Home	1
TOTAL	20

The causes of these stillbirths were as follows :—

Abnormal foetus	7
Asphyxia	8
Prematurity	1
Ante-partum haemorrhage	1
Difficult breech extraction	1
Causes unknown	2
TOTAL	20

Neo-Natal Deaths.

Domiciliary	11
Nursing Home	Nil.
TOTAL	11

The causes of these were as follows :—

Atelectasis	3 (1 post-mortem).
Intracranial haemorrhage	2 (2 post-mortems).
Prematurity	3
Immaturity	1
Ante-partum haemorrhage	1 (1 post-mortem).
Congenital heart	1 (1 post-mortem).
TOTAL	11

Artificial Feeding.

Over half of the notifications for artificial feeding were for infants receiving artificial food *in addition* to breast milk.

Another marked feature is the increase in the number of notifications of artificial feeding. This may be rectified in the future by the appointment of a breast feeding sister to specialise in this important aspect of infant welfare.

Total number of notifications for artificial feeding	171
Domiciliary Cases—	
Complementary	35
Supplementary	51
TOTAL	86
Nursing Home Cases—	
Complementary	Nil.
Supplementary	4
TOTAL	4
Hospital Cases—	
Complementary	56
Supplementary	25
TOTAL	81

Reasons for Artificial Feeding in Domiciliary Cases :—

Ordered by doctor	12
Unable to feed baby	8
Reluctance to feed baby	13
Insufficient lactation	31
Depressed nipples	9
Cracked nipple and mastitis	1
Sore nipples	1
Painful breasts	1
Patient's general condition	4
Cardiac condition of mother	2
Baby not gaining weight	2
„ „ satisfied	1
„ fretful	1
TOTAL	86

Notifications received from Medical Practitioners.

Ophthalmia Neonatorum.

Number of notifications received	10
„ provided with home nursing facilities	9
„ „ „ hospital accommodation	1

All cases recovered.

Pemphigus Neonatorum.

Number of notifications received	1

Both mother and infant were transferred to the Home Nursing Service. Recovery was complete.

Puerperal Pyrexia.

Total number of notifications	20
Hospital	16
Domiciliary	4
Nursing Home	Nil.
Domiciliary Cases—	
Transferred to hospital	1
„ „ Home Nursing Service	15
TOTAL	16

Emergency Obstetric Unit.

The above, stationed at Hope Hospital, was called out on six occasions during the year for the treatment of post-partum haemorrhage. In each case the haemorrhage was due to retained placenta. After receiving blood transfusions four of the patients were admitted to Hospital and two were nursed at home. All six cases made a good recovery.

Part II Training School.

TEACHING STAFF.

Number of approved teachers on January 1st	5
„ „ „ „ December 31st	4

One teaching midwife intimated her intention of leaving the service in the near future, therefore teaching responsibility was withdrawn from December 1st.

During the year two midwives were approved by the Central Midwives' Board as teachers to replace two losses by resignation.

PUPIL MIDWIVES.

Number in training on January 1st	9
„ „ „ „ December 31st	11
„ of entrants for Part II examination	20
„ „ successes (first attempt)	18
„ „ failures	2

Of the two failures, one re-entered the Part II examination and was successful.

Report on the Work of the Training School.

The training school continues to be centred at the Royal District Nurses' Home, where the lectures are given and six pupils reside. An approved district teacher supervises the work of these students. Accommodation for the remaining five is provided in the homes of two other approved district teachers.

Two series of Public Health Lectures have been given by Dr. Sproul and two series of Venereal Diseases Lectures by Dr. Gill.

Weekly tutorials have been given by the Non-Medical Supervisor of Midwives, whilst excellent practical instruction has been provided by the remaining approved district teachers.

During the past year it has been possible to allocate a clinic session to each teacher separate from those attended by non-teaching midwives. This is more satisfactory for teaching purposes.

INSPECTION OF NURSING HOMES.

One Nursing Home was closed during the year leaving one Maternity Home and one Home taking medical and surgical cases. These Homes were visited during 1950.

CARE OF MOTHERS AND YOUNG CHILDREN.

Ante-Natal Clinics.

There has been a decrease in the number of attendances at both Medical Officers' and Midwives' ante-natal sessions. This is due probably to the reduction in the birth rate, and also to the fact that more mothers have booked their own doctors for maternity services.

One thousand one hundred and eighty-eight tests were carried out for the presence of syphilis. Nine cases were found on subsequent re-testing to be Wassermann positive and were sent for treatment. One thousand one hundred and seventy-eight specimens were tested for the Rhesus factor. One hundred and sixty-eight were found to be Rhesus negative (14%). Five mothers were found to have Rhesus antibodies and were sent to hospital for delivery.

One thousand one hundred and ninety-seven specimens were taken for Haemoglobin estimation. At one clinic where 177 specimens were taken the results were reported as follows :—

Haemoglobin Estimations.	*Number of Mothers.*	*Percentage of Mothers.*
Over 100%	3	1·68
95–99%	12	6·78
90–94%	15	8·46
85–89%	34	19·21
80–84%	43	24·28
75–79%	38	21·52
70–74%	18	10·18
65–69%	6	3·38
60–64%	4	2·26
55–59%	2	1·13
50–54%	1	0·56
Under 50	1	0·56
	177	100·00

Post-Natal Clinics.

The attendances at the Post-Natal Clinics are slowly but steadily increasing. The number of mothers who attended during the year was 345 as compared with 253 mothers in 1949. The total number of attendances made was 365.

In accordance with the Medical Practitioners (Fees) Regulations, 1948, 119 post-natal reports were received from medical practitioners, and from these reports it was found that 90 post-natal examinations had been made.

Child Welfare Centres.

As mentioned earlier in the report, a new activity was added to those services already provided for the care of young children. This was the addition of special sessions for the " toddler " at the three main Centres. Twelve of these sessions were held monthly. The first toddler clinic was held at the Broughton Clinic in April and at Police Street and Regent Road Clinics a little later.

The purpose of these special sessions is to provide routine medical examinations for children at one year and on or about each succeeding birthday up to the age of five. It has been found that a mother will attend Welfare Clinics regularly with an infant, but it is rare for her to continue to do this with a toddler.

It has been found that parents welcome a thorough medical examination of their children, by appointment.

The total number of sessions held at Broughton Clinic from April to December was 32. The number of children invited was 799 and 348 attended.

Only 158 of the 348 children who attended were taking the vitamin supplements distributed by the Ministry of Food.

The number of defects found among these children was 170. These were :—

Skin conditions	15
Eyes—Squint	14
„ —Other conditions	2
Unsatisfactory nutrition	3
Rickets	4
Ear conditions	2
Infectious diseases	1
Dental caries	10
Debility	6
Anaemia	6
Enlarged tonsils and adenoids and cervical glands	12
Bronchitis	15
Congenital heart disease	1
Orthopaedic—Genu-valgum	36
„ —Other conditions	5
Behaviour difficulties	7
Mental defect with hydrocephalus	1

In addition to the Toddler Sessions, 92 Child Welfare Sessions were held monthly.

The total attendances at these sessions for the year for children under one year was 31,527 (32,692 in 1949) and for children one to five years 9,582 (9,252 in 1949). The number of individual children attending being 6,358 (5,754 in 1949).

As mentioned in previous reports there is a great need for additional clinic premises in the Broughton area which is served by only one Centre—Murray Street, and some of the mothers have long distances to travel to reach it, often involving a journey by two buses.

Premature Baby Service.

STAFF.

Number of staff, January 1st	1
,, ,, ,, December 31st	2

The second premature baby nurse commenced duty on March 14th.

Sick Leave .. .. Nil.

Report on the Work of the Premature Baby Nurses.

During the past year one of the nurses attended a post-graduate course of instruction on the care of premature infants at Sorrento Maternity Hospital, Birmingham. Information gained has proved invaluable to the Salford Service.

Co-operation has been maintained between the midwife handing over the infant after birth to the premature baby nurse and also with Hope Hospital, who continue to store and issue equipment as required.

The amount of work undertaken by the premature baby nurses has rapidly increased, especially in regard to the visiting of premature infants discharged from the various hospitals in the region at an earlier date than used to be possible.

Details of the work are as follows, figures in brackets are those for 1949 :—

Number of domiciliary live premature births	63	(112)
,, ,, ,, premature stillbirths	6	(6)
TOTAL	69	(118)
Number transferred to hospital	8	(24)
,, nursed at home	55	(88)
TOTAL	63	(112)

Results of the latter are as follows :—

Birth Weight.	Died in first 24 hours.	Died 2nd—7th day.	Died 8th—28th day.	Survived 28 days.	Total.
Under 3 lbs.	1	..	..	..	1
3 lbs. to 4 lbs.	..	..	..	3	3
4 lbs. to 5½ lbs.	2	3	..	46	51
TOTAL	3	3	..	49	55

Number of premature babies referred from hospital and nursed at home by premature baby nurse	61	
Number of visits paid to domiciliary premature babies	1,280	
,, ,, ,, ,, ,, hospital premature babies	677	
TOTAL	1,937	(1,462

Included in the above visits are 69 visits paid to 10 babies who were ove 5½ lbs. in weight when referred to the Premature Baby Nurse and for whon special nursing was required.

Premature Births in Nursing Homes.

Number notified 7

Nursing care was provided by the Nursing Home for all these cases.

Breast Feeding Clinic.

This Clinic which had been held at Hope Hospital since August, 1943, closed in December, 1949. The Clinic had been working under difficulties for some time, and it was found impossible for suitable premises to be provided.

Dental Care.

(*Report by Senior Dental Officer*).

The hoped for improvement in the staff position has unfortunately not materialised, and in fact the position has become worse. Until such improvement occurs, routine examinations and full treatment of mothers and children under five years cannot be undertaken, but it has been possible to undertake all emergency work for those cases which have been referred to the clinics.

The tables below show the work carried out during the year :—

(*a*) *Numbers provided with dental care.*

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Nursing and expectant mothers	88	61	53	..
Children under five years	301	286	227	..

(*b*) *Forms of dental care provided.*

	Extractions.	Anaesthetics.		Fillings.	Scaling and gum treatment.	Silver Nitrate.	Dressings.	X-Rays.	Dentures.
		Local.	General.						
Nursing and expectant mothers	149	6	31	7	16	..	4	1	..
Children under five years	285	4	186	31	1	21	19	..	..

Physiotherapy Service.

A feature of the year's work was the increasing liaison with the hospital service and we made available the services of Miss P. Fogg, senior physiotherapist, in the treatment by breathing exercises of whooping cough and bronchiectasis conditions at Ladywell Hospital. Many of our children have benefited greatly and there is no doubt that breathing exercises have transformed the period of convalescence for some children. We work in warm co-operation with the consultant pædiatrician and we are gratified with the progress made in restoring children with weak chests to fuller health.

A more recent development has been the twice weekly visit of a physiotherapist in an attempt to rehabilitate the chronic sick in hospital wards. Owing to the severe shortage of physiotherapists the hospital service was unable to provide any physiotherapist for several wards of old folk. Even the inadequate amount of time which is devoted to this work has helped some of the old folk to their feet, for the first time in many years. What a transformation from the chronic sick lying on theirbacks staring at the ceiling ; getting them up and about ; stimulating their minds and their bodies ; helping also to solve problems of incontinence—(we find that once they are on their feet they are no longer incontinent and therefore much hospital time and personal distress of the patient is avoided).

Physiotherapy is so different from the bottle of medicine as a cure of disease. It has no ill-effects. It is a positive remedial and preserves and promotes health.

Truly as Hippocrates says " Exercise strengthens, inactivity wastes."

Ultra Violet Light Therapy.

Much controversy exists with regard to the value of this method in the prevention and treatment of disorders in childhood. Our experience is favourable. We find that nutrition of debilitated babies is improved ; the mothers report that sleep is better ; the children gain in weight and the colour improves. Five sessions of ultra violet light therapy are held weekly, and the number of attendances throughout the year was almost 9,000.

Ante- and Post-Natal Exercises.

This form of physiotherapy is now established and 200 mothers benefited from it. It has been uphill work to convince the mothers of the value of these exercises but good results are being achieved. The interest and enthusiasm of the midwives is passed over to the mothers, for the midwives feel that mothers benefit during labour from doing these exercises.

Remedial Exercises.

The first principles of our work with mothers and children is to teach them to carry out the exercises at home—the clinic visit is instructional. We like the mothers to do the exercises with the small children and we work through the mother in order to benefit the child. If we teach the mother rightly and convince her of the value of these exercises and see that they are carried out at home then much time of staff is saved and we can spread the benefit to other mothers.

In the under fives, by whom 19,000 attendances were made for treatment, some of the minor degrees of knock-knees and bow legs are still unhappily common here and occupy much time. Gross rickets has disappeared but minor orthopædic conditions abound.

Fortunately with the lessened incidence of polio, compared with the 1949 "black" year, more time can be devoted to other conditions. In connection with the treatment of polio it is found that early conditions are very much helped by pool treatment.

Psychological Clinic.

These continue to be held as before but with an additional session at Regent Road and a session at Police Street Clinic.

In addition to attendance at these sessions, Miss Schofield visits Day Nurseries to see children whose mothers are not able to attend Clinics and has given talks to the Health Visitors, to the Salford Branch of the College of Midwives, to the Mothers' Club at Broughton Clinic and Eccles Old Road Day Nursery.

The problems have been very varied. Many are due to over-anxious parents, some to the frustration caused by housing difficulties, some, too, where educated parents were trying to keep too closely to "textbook" upbringing.

Interesting discussions followed the talks to the Mothers' Clubs and real appreciation was shown for the efforts that were being made to help parents with their problems.

Family Planning.

A Clinic was opened by the Family Planning Association at Greengate Hospital in March and later transferred to the Encombe Place Centre. This is easier of access for the Salford mothers than the one in Manchester. During the year, 62 mothers were referred for advice, 44 attended.

DAY NURSERIES.

The demand for Nursery accommodation has not abated in 1950, and the waiting list now totals 653. The increased cost of living, the higher rents of new houses to which families are transferred, the need for women in the cotton and light engineering industries have all added to the demand for more places for young children.

In allocating places priority is given to those children whose home circumstances and financial position of the family necessitates the mother going to work. Each case is studied carefully and only those in urgent need admitted.

Requests for vacancies are received from many sources—Almoners, Child Welfare Medical Officers, Health Visitors, Moral Welfare Officers and from hundreds of parents who apply personally.

During 1950, increased efforts have been made to give temporary accommodation to children whose mothers are either in hospital for confinement or are incapacitated through illness. Ninety-eight such children have been accommodated during the year for periods varying from one week to five months. In many of these instances the alternative to the Day Nursery Service would be the admission of the child to a Residential Home, resulting in complete separation of the child from both parents and from his home and family.

In addition to the above, six children have been granted places for an indefinite period : in two cases because the mother is an epileptic, in three cases the mother is suffering from tuberculosis and in the sixth case the mother had died.

The grounds at four of the Nurseries have been greatly improved by the laying-out of gardens by the Parks Department. These gardens give great pleasure to the children and staff and give the children an opportunity of learning about plants and flowers.

Students Training.

So far there has been a fairly steady request from girls leaving school to train as Nursery Nurses, but a small number of the applicants fail to pass the entrance test. This is a test consisting of questions on general knowledge and elementary English grammar. Only those girls passing this test are admitted to the training scheme.

During 1950, nine students employed by the Health Committee were successful in passing the examination for the National Nursery Examination Board Certificate. There were no failures.

These nine students left the Salford Nurseries after qualification and obtained posts as follows :—

Two entered training colleges for Nursery School Teachers.
One entered hospital for nursing training.
Three obtained posts in Nurseries in the Lancashire County area.
Two obtained posts in factory nurseries.
One obtained a post with the Salford Children Department.

At the end of the year, 27 students were employed in the Nurseries :—

Fifteen first year students.
Eight second year students.
Four awaiting admission to training centre.

Other Courses.

Two Matrons and one Deputy-Matron attended refresher courses during the year and three Nursery Assistants attended Child Care Reserve courses.

During a Matrons' course organised by the Lancashire County Council, Salford Nurseries were used for visits and demonstrations and the Matron of Hulme Street was asked to give a talk on the formation of Mothers' Clubs and the relationship between parents and Nursery staff.

Salford Nurseries have also been used for visits of interest and instruction by students from the Royal Manchester Children's Hospital and senior girls from Stand Grammar School and Pendleton High School. In addition, girls from local Girl Guide Companies attend Nurseries for experience in handling small children to enable them to take their " Child Nurse Badge."

Six students taking a course in Social Science at Manchester University spent one day per week for six weeks in Salford Nurseries.

New Nurseries.

Land in Hayfield Terrace, Pendleton, and in Bradshaw Street, Broughton has been purchased for two new Nurseries, but building has not yet commenced.

Educational Activities.

Miss Joyce Lupson, who was appointed in December, 1949, took up her duties in January and the year has seen many changes and improvements in the educational arrangements in the Nurseries.

Play material and equipment has been improved and many additions made.

The daily routine has been altered and a typical day now runs as follows :—

The end of breakfast (8-30 to 9 a.m.) to 11 or 11-15 a.m. Free play, indoors and outdoor.

11-15 a.m. Toilet, washing and table play (table play proceeds while children are washed three or four at a time).

11-35 a.m. Beginning of " Morning Ring " ; last few children are washed. Waiters are the last to be washed and come straight to set tables.

11-45 a.m. Lunch ; then toilet, etc.

12-30 p.m. until approximately 2-30 p.m. Sleep ; then toilet, followed by free play, books, singing games, songs. Tea followed by free play.

The children are allowed to do more for themselves. They struggle longer with their own clothes, carry their own chairs, fold their own blankets and put away their own toys.

More attention has been paid to the equipment in the " tweenie " room. It has been found that they are able to use more advanced material than was thought and they now have their own table toys, nature table and fish bowl, occasional painting and water play. They are more satisfied with their own room than they were and less inclined to escape into the toddlers' room and upset things there.

Wardens' Meetings are held at intervals and this has awakened a spirit of friendly rivalry and given an opportunity for the free exchange of ideas and methods of coping with mutual difficulties.

In October two of the Nurseries were visited by Inspectors of the Ministry of Health and Education and as a result were approved for the full training of Nursery students.

Medical Inspection.

The report covers six day nurseries with forty-five children in each nursery. Each nursery has been visited monthly and the babies under eighteen months have been examined individually every visit. The children between eighteen months and two-and-a-half years old have been examined as far as possible at alternate visits and those over two-and-a-half years have been examined at intervals of three months. Any child who has been absent through illness is examined at the next inspection following his or her return, and children who are not making satisfactory progress are examined each visit until progress is established. No child has been excluded through failure to benefit from nursery life.

The general condition of the children has been good but there has been a noticeable increase in the number of the respiratory conditions and in the incidence of acute tonsillitis and Cervical Adenitis.

The following is a list of illnesses occurring during the year :—

Acute Tonsillitis	25
Cervical Adenitis	38
Measles	31
Whooping Cough	4
German Measles	3

Chickenpox	52	
Scarlet Fever	2	
Dysentery Sonnei	71	plus 6 staff.
Mumps	48	plus 2 staff.
Bronchitis	27	
Pneumonia	5	
Impetigo	1	

Each nursery is able to give its own Ultra Violet Ray treatment, the babies have been given courses of treatment on entering the nursery and the older children as need arose.

The Physiotherapy Department has been able to provide treatment in the nursery for the most urgent cases, but it is still extremely difficult to pursuade the mothers to attend clinics for special treatment which require regular attendance.

Mothers' Clubs.

Meetings have been held regularly, but sometimes the attendances have been disappointing.

Combined meetings were held, the mothers of Eccles Old Road, Fitzwarren Street and Wilmur Avenue joining together. The mothers showed an interest in country dancing and we are very grateful for the demonstration given by Miss White and her class from Bolton.

THE UNMARRIED MOTHER AND HER CHILD.

During 1950, the Medico-Social Worker for the Care of the Unmarried Mother has combined these duties with the Care of the Aged and Infirm, and the rapid growth of the latter has tended to limit the amount of time that could be spent with the Unmarried Mothers.

On April 24th, 1950, a Health Visitor was seconded to this department in a part-time capacity, spending on an average three-and-a-half days weekly on this work which has helped to maintain the service.

Compared with last year, the position, in regard to the Unmarried Mother, has shown very little variation. An almost identical number have been dealt with and the approximate percentages of single girls (70%), married women (20%), and widows (5%), remains constant. The percentages of first, second and third pregnancies follows the same trend.

The rate of illegitimacy is, as before, highest among those less well-equipped socially, economically, morally.

The majority of unmarried mothers prefer to keep their babies and where the mother is living with her parents or other relatives and the child can be absorbed into the family, there are few problems.

The minority in this group who keep their babies are usually in lodgings and the problem of accommodation for the mother and child, in these circumstances, is acute.

It is extremely difficult to find suitable, reasonably priced lodgings for a single girl with a child. Frequently, these girls are driven to drifting from one unsatisfactory lodging to another. This is bad for the child and demoralising

for the mother as she is never able to take root and provide some semblance of security for her child. As she moves from one area of the city to another, settled employment and day nursery accommodation are an impossibility and these girls, unemployed and insecure become a prey to bad companions and are soon " in trouble " again.

Their first need is for the stability of a settled home and one wonders if there is not an opportunity here for a new social experiment alternative to the provision of hostels, *e.g.*, the setting up of a house, small, homelike, within the community where a small group, say three, unmarried mothers could live with their children. A sensible, motherly type of housekeeper would be the " head " of the family—running the home and caring for the children while the mothers worked.

Such a home need not be costly to the community as the girls would contribute to the upkeep as they would if living with their parents. One feels that such a measure of security and stability would do much to help these girls and prevent that feeling of hopelessness of belonging nowhere and to no-one which leads to many evils.

At the end of 1949 there were 15 births pending. The result of these cases was as follows :—

Child with mother	11
Child with mother and putative father	1
Still-births	1
Mother and child in hostel	1
Mother married before birth of baby	1
TOTAL	15

During 1950, 93 *expectant mothers* were interviewed and included :—

71 single girls	55	first pregnancies.
	13	second ,,
	3	third ,,
18 married women	13	first illegitimate pregnancies.
	2	second ,, ,,
	3	third ,, ,,
4 widows	2	first illegitimate pregnancies.
	2	second ,, ,,

The ages ranged from 16 to over 30 years as follows :—

Under 16 years	1
17—18 years	17
19—25 years	43
26—30+ years	32

All expectant mothers were interviewed and advised and encouraged to keep their baby. Although fifteen made definite requests for adoption in the ante-natal period, the majority decided not to part with the child after it was born.

The following summary shows the position in regard to these 93 cases at the end of the year :—

Child with mother	42
Child with mother and putative father (cohabiting)	8
Mothers admitted to hostel	5
Mother removed from Salford before birth of baby	4
,, and child removed from Salford after birth of baby	6
carried forward	65

brought forward	65
Mother married before birth of baby	11
,, ,, after ,, ,, ,,	2
Child in care of Children's Department	1
,, with relatives	1
Children placed with adopters	2
(Handed over by mother—notified to Children's Department).	
Babies died	2
Stillbirths	2
Miscarriage	1
Births pending	6
TOTAL	93

All removals of illegitimate children from Salford are notified to the appropriate authority and confirmed.

Fifty-one mothers were interviewed for the first time after the birth of the baby and included :—

35 single girls	26 first pregnancies.
	5 second ,,
	4 third ,,
11 married women	6 first illegitimate pregnancies.
	2 second ,, ,,
	1 fourth ,, pregnancy.
	2 fifth ,, pregnancies.
4 widows	3 first illegitimate pregnancies.
	1 second ,, pregnancy.
1 divorcee	third illegitimate pregnancy.

The ages ranged from 17 to over 30 years as shown:—

17—18 years	3
19—25 years	20
26—30+ years	28

In this group, the summary at the end of the year was as follows :—

Child with mother	30
Child with mother and putative father (cohabiting)	9
Mother and child removed from Salford	2
Parents subsequently married	1
Child registered legitimate	1
Mother and child in hostel	1
Child died	2
Placed for adoption—Salford Children's Department	1
Handed over by mother—Children's Department notified	1
Manchester Adoption Society	3
TOTAL	51

The sources of notification for the 144 cases referred were :—

Hope Hospital	87
Maternity and Child Welfare Clinics	7
Health Visitors	22
Voluntary	4
N.S.P.C.C.	1
Private Doctors	3
Supervisor of Midwives	6
Police Court	2
Children's Department	2
Other local authorities	4
,, social workers	6
TOTAL	144

Affiliation Orders.

The work in connection with affiliation orders has been continued. All unmarried mothers who keep their babies are encouraged to apply to Court for an order against the putative father. Each case is investigated in this respect. In a number of cases, the putative father is unknown or lost trace of and the case cannot proceed. When the mother is receiving National Assistance the case is usually dealt with by that department. In some instances the mother is reluctant to apply to Court and cannot be persuaded to do so.

Seventeen cases were investigated and prepared for hearing.
Three cases were referred for legal aid.
Three cases were referred to National Assistance Board.
Eleven cases were accompanied to Court.
In eight cases an order was granted.
Two cases were adjourned and referred for legal aid.
One case was dismissed as the putative father had disappeared and could not be traced.

The following figures indicate the amount of work done during the year :—

Total number of office interviews	222
Visits—	
To unmarried mothers in ante- and post-natal periods	243
To illegitimate children	162
Special visits	12
Visits and interviews with social workers	12
Hospital visits	3
Visits where no access obtained	80
To Court	11
TOTAL	523

Children with Adopters.

During the year, the visiting of children during the trial period has been continued. In all, 57 visits have been made.

NURSERIES AND CHILD-MINDERS' REGULATION ACT, 1948.

There is still only one Nursery in Salford registered under this Act and there are no registered day minders.

HEALTH VISITING SERVICE.

More than two years have passed since the National Health Service Act of 1946 came into operation. The function of the health visitor has, in accordance with the provisions of the Act, changed from being concerned mainly with the care of mothers and children under the age of five years to concern with family health and with the social and other conditions which may arise in relation to health problems.

Staff.

Full establishment of health nursing staff consists of 51 qualified health visitors/school nurses and clinic nurses and seven lay assistants. There was considerable shortage of qualified health visitors throughout the year. The dispensation granted by the Ministry of Health last year, allowing six clinic nurses to undertake health visitors' duties, remained in operation until the end of 1950.

Appointments.

(*a*) *Health Visitors.*

Six health visitors after completing 18 months' compulsory service under the Corporation health visitors' training scheme applied for posts on the permanent staff and were accepted. One part-time health visitor was appointed.

Seven newly qualified health visitors began their first period of 12 months' service according to the terms of agreement of the training scheme.

(*b*) *Student Health Visitors.*

Ten students commenced training (two of whom were carried over from 1949).

(*c*) *Clinic Nurses.*

Four clinic nurses were appointed.

Resignations.

(*a*) *Health Visitors.*

Two health visitors resigned, one, after six years' service, returned to hospital work ; the other, after five years' service, obtained a county post. One part-time health visitor resigned after a few months.

(*b*) *Clinic Nurses.*

Two clinic nurses left, one because of domestic reasons, the other who had undertaken occasional relief duties in the chest clinic, accepted a full-time appointment offered by the Regional Hospitals Board.

Transfer within the Service.

Four clinic nurses applied for admission to the health visitors' training course under the Salford scheme. All were accepted and were transferred from the clinic nursing staff in September, 1950.

Scope of Work.

Health Visitors and Clinic Nurses.

Combined work, i.e., general health visiting, school nursing and tuberculosis visiting is undertaken by all save one of the health visiting staff. Assistance with domiciliary immunisation is given by clinic nurses, who with six full-time school clinic nurses also assist with clinic work.

Duties may be divided roughly into (*a*) domiciliary ; (*b*) clinic ; (*c*) school, and (*d*) clerical work. The practical training of up to eight student health visitors a year is also undertaken.

Domiciliary Work.

This includes visits on behalf of—

(1) expectant mothers ;
(2) the healthy child under school age ;
(3) the sick child of any age, including those suffering from physical or mental handicap, infectious disease, or who are in need of home follow-up in respect of illness, accident or convalescence ;
(4) children cared for in homes other than their own ;
(5) children needing home immunisation against diphtheria ;

(6) children cared for in an unsatisfactory manner, including those belonging to problem families, neglected, and certain illegitimate children ;
(7) adults needing advice in case of illness, including all notified cases of tuberculosis and their contacts, and certain patients in need of admission to or discharge from hospital ;
(8) special investigations and enquiries ;
(9) the unmarried mother and her child
(10) the aged and infirm

} The responsibility of a specialist health visitor.

Efforts were made to maintain the systematic visiting of healthy children under five years. More urgent needs relating to illness of both child and adult, clinic, and school work were perforce given preference, and although the number of visits paid to children under five years were higher than in 1949, this is not necessarily an index of a good preventive service.

It is difficult to assess the result of the health visitors' preventive work. Like preventive action everywhere, as it is successful, so is it unrecognised. The family that never goes wrong is no more news than the home accident that never happens. The child who fails to develop rickets or diphtheria, or who is kept above the border line of malnutrition or neglect ; the tuberculosis contact who is not infected ; and the aged person who does not die neglected and alone are no more news than the breast-fed baby or the healthy school child. The fact that a good deal of work has often been carried out by health visitors in order to maintain this uneventful state of affairs is of equally poor news value, and is frequently unrecognised as it is unappreciated.

Visits to expectant mothers were fewer than in former years. Certain visits which come more properly within the province of the midwife were undertaken by the midwifery department.

Good liaison and co-operation from the medical staff and almoners at Hope Hospital made available to health visitors details of illnesses and treatment, and did much to assist the follow-up of patients discharged from hospital. This was found to be particularly helpful in the case of children. Only when details such as these are available can the maximum benefit result from home follow-up. It is hoped that in future other hospitals will be able to offer this service.

In collaboration with the Children Office, health supervision of children placed for a trial period prior to adoption has been carried out ; children were visited at not less than monthly intervals and reports as to general care and progress submitted to the Children's Officer.

The neglected child and the problem family received special attention, but need more intensive supervision over a prolonged period than has been possible in recent years.

More attention was paid to the potentially neglected child, the child likely to suffer not necessarily from physical cruelty but from the result of parental ignorance, culpable or otherwise, poor relationship between parents, poverty due to mis-spending, general mis-management, bad housing, parental ill-health, etc. These cases often call for very tactful handling as well as sympathetic and intelligent understanding, and a family may need supervision and help over many years to prevent physical, mental or moral injury to the children.

Family X is a case in point, consisting of husband, wife and five children, the eldest illegitimate, the remaining four all under five years of age and in varying degrees of subnormal health. The mother is not robust, she does her best for the children but is unable to cope with the difficulties of her family life—too frequent pregnancies, the rearing of five young children ; and consistent ill-treatment from an unemployed husband. She obtained a legal separation from her husband but took him back after three weeks. When he later robbed the gas meter she shielded him by replacing the stolen money, some 38s. from her N.A.B. allowance, telling the police she had disturbed the thieves before they had time to take the money. It occurred to neither parent that this action involved considerable deprivation for the children. The husband was later arrested for shopbreaking.

The children have never been physically ill-used by either parent. They have all been immunised against diphtheria. An attempt is made to follow the health visitor's advice, but the family need frequent supervision to prevent deterioration of care. How to inculcate into these children the principles of discipline, hard work, thrift and self reliance, with the ever present bad example set before them by their parents is a difficult problem. This is one of the many families which will need supervision extending over many years.

Tuberculosis Visiting.

Fewer cases were notified during the year. All patients were regularly visited, 98% at not less than three monthly intervals. Many of the patients live in very bad housing conditions where it is almost impossible to carry out the advice given by the health visitor concerning the patient's own care, and the prevention of spread of infection to others. Contacts responded well on the whole to the health visitors' advice regarding examination.

Visits to adults needing advice in case of illness (excluding tuberculosis).

Cases were referred mainly by the Hospital Almoner, sometimes by relatives and general practitioners, whilst some approached the health visitor direct during her district work. Many of the cases referred are patients suffering from advanced or old-established disease. The health visitors' duties include investigation of home conditions on behalf of hospital staffs, advice as to general care, supervision of diet, and, if necessary, instruction as to its preparation and cooking ; interpretation of the doctor's instruction, and practical instruction regarding home nursing. This may involve not only care of the patient confined to bed, but, for example, such procedures as urine testing and the self administration of insulin in cases of diabetes. If skilled nursing is needed the district nurse is called in and the health visitor withdraws from the case. Appropriate cases are referred to the various agencies concerned with social relief.

This aspect of the health visitor's work is not yet properly developed. As will be seen in the table of visits, an average of only two visits per patient was paid during the year and the total number of patients referred was extremely low. It is difficult to know which aspect of the work should receive preference, and whether care of the sick adult should be given preference over preservation of the health of the child. There are insufficient health visitors available to implement all sections of the National Health Service Act. At present, the child is placed first.

General domiciliary visits (excluding clinic nurses' diphtheria immunisation visits).

	1950.	1949.
Visits to children under 1 year	18,136	15,756
„ „ „ 1–5 years	29,257	25,695
„ „ expectant mothers	499	794
„ „ adults (individuals 87)	182	172
„ „ tuberculosis patients	3,741	2,801
„ „ children 5–15 years (medical)	508	421
„ „ „ „ „ (cleanliness)	525	80
Special visits	1,646	1,528
TOTAL INDIVIDUALS VISITED	54,094	47,247
Additional visits—no access	10,371	8,508
GRAND TOTAL	64,324	55,755

Clinic Work.

A disproportionately large percentage of health visitors' time was spent in clinic work. Efforts were made to preserve the educational function of the health visitors in this field by using clinic nurses and hygiene attendants to assist when available. The interest shown by the mothers in the teaching given was evidenced by the number of entries for the annual Mothercraft Competition, and by the standard of work submitted.

Health Visitors' Clinic Sessions.

	1950.	1949.
Infant Welfare	2,610	2,287
Ante- and Post-Natal	804	872
Chest Clinic	41	22
Family Planning	32	13
*Minor Ailments (school)	179	50
*School Clinics (medical)	378	142
TOTAL	4,044	3,386

* See also school clinic figures.

Clinic Nurses.

In addition to the work already set out clinic nurses paid 3,107 visits to homes, and attended 50 Maternity and Child Welfare Clinic sessions to offer and/or carry out diphtheria immunisation.

They also assisted at 62 ante-natal clinic sessions and undertook relief work for 90 sessions in the chest clinic.

School Health Nursing Service.

School Nursing may be divided, roughly, into clinic, domiciliary and clerical work, with clinic work predominating during 1950.

During the year, for the first time, all schools were taken over by health visitors. Clinic work was delegated to the six remaining school nurses, clinic nurses and some (few) health visitors. Hygiene attendants assisted in both schools and clinics where necessary.

Work in Schools.

(*a*) *Hygiene inspections* were conducted in most schools every term, and a greater effort made to improve general cleanliness and to reduce head infestation. Re-inspections have been made more frequently and home follow-up work intensified.

Compared with the infestation rate of schools for which health visitors were responsible in 1949 (some 12%), the rate for 1950 (17%) seems high. This may be accounted for by the fact that the schools taken over during the year were in bad areas where the general standard of hygiene was low, in one school the infestation rate was 45%.

(*b*) *Medical Inspections.* Health Visitors have assisted the school doctor at most inspections, and have carried out vision testing, weighing and measuring, and any other necessary preliminary measures.

(*c*) *Infectious Disease Outbreaks.* Nine schools were visited during the year with reference to outbreak of infectious disease, and a total of 1,042 children examined.

(*d*) *Nursery Schools.* Daily visits have been paid where possible. All children were seen but only those in an unsatisfactory condition or referred by the Superintendent were examined at the daily visit. All children were examined once a month when possible. Head cleansing is the responsibility of the nursery staff. It is to be regretted that the pediculosis rate among these children remained consistently high, 22.9% in 1949, and 23% in 1950. The figure in individual nursery schools varied in 1950 from 13.3% at one nursery in a good area to 44.7% in a bad area.

Classroom Teaching.

Requests from head teachers for the health visitor to give talks on hygiene and mothercraft have been met. At each of two schools one health visitor has given an average of one lesson every week during the school year. Senior girls were taught mothercraft and hygiene, and children in a lower class hygiene only. The children showed great interest and the response to teaching was good. All lessons were given in collaboration with head and class teachers whose co-operation and help were greatly appreciated.

Clinics.

School clinics were staffed whenever possible by clinic nurses, and by the remaining six full-time school nurses rather than by health visitors.

Work in Schools.	*Health Visitors.*	*Clinic and School Nurses.*	*Total.*
Medical inspection sessions	486	44	530
Hygiene „ „	873	110	983
„ re-inspections	250	11	261
Special visits to schools	309	67	376
„ „ „ nursery schools ..	510	..	510
Vision testing sessions	137	30	167
Rapid survey sessions	224	10	234
Audiometer testing	..	48	48
Diphtheria immunisation sessions ..	..	76	76
Miscellaneous sessions	53	2	55
TOTAL SESSIONS	2,842	398	3,240

School Clinic Work.	**Health Visitors.*	*Clinic and School Nurses.*	*Total.*
Minor ailments' sessions	179	1,973	2,152
Routine medical sessions	378	895	1,273
Specialist medical sessions	..	620	620
TOTAL SESSIONS	557	3,488	4,045

* Already recorded under health visitors' clinic sessions.

Domiciliary Visiting School Children.

	**Health Visitors.*	*School Nurses.*	*Total.*
Medical follow-up	508	382	890
Cleanliness follow-up	525	123	648
Special visits	..	23	23
TOTAL SESSIONS	1,033	528	1,561

* Already recorded under general domiciliary visits.

Clerical Work.

With each new development of the service the health visitors' clerical work has increased ; there has been a greater demand for reports on home conditions and on the health and welfare of people of all ages, from many sources. These reports may be written only by the health visitors themselves. Other clerical work which shows no return from a health or educational viewpoint was in the case of five health visitors delegated to a clerk. Further delegation would seem an economic and desirable development in the near future.

Miscellaneous.

Refresher Courses.

A Refresher Course organised by the Central Council for Health Education was held in Manchester in February and was attended by 14 health visitors. Nineteen members of the staff attended a refresher course organised by the Manchester Public Health Department in March. Both were two-day courses.

Job Analysis.

Health visitors, school and clinic nurses participated in a survey organised by the Nuffield Provincial Hospitals Trust in connection with job analysis of public health nurses.

Time Distribution.

	1950.		1949.
	Full Staff.	*Health Visitors only.*	*Health Visitors only.*
Time spent in domiciliary work ..	26·1%	30·9%	31·2%
,, ,, ,, clinics	40·8%	31·4%	31·7%
,, ,, ,, schools	9·1%	10·5%	8·2%
,, ,, ,, clerical work	17·6%	20·9%	23·2%
,, ,, ,, travelling	3·1%	3·1%	3·4%
,, ,, ,, ambulance	0·23%	0·14%	0·29%
,, ,, ,, miscellaneous (staff meetings—refresher courses, etc).	2·8%	2·7%	2·8%

Hygiene Attendants.

The work carried out by hygiene attendants during the year included clinic, school and domiciliary work in addition to the preparation for sterilisation of needles and syringes. Other miscellaneous duties—checking laundry, marking linen, etc., were also carried out.

The employment of lay assistants has been well justified. Apart from the value of the actual work undertaken, their assistance has made it possible for health visitors and clinic nurses to carry out skilled work to a greater extent.

Home visiting formed only a small part of the hygiene attendants' work and consisted of visiting in connection with appointments for defaulters from the eye clinic, home treatment of scabies, and in one case the weekly bed-bathing of an old man of 88 years weighing 18 stone whose wife had become too frail to undertake this office. This is an instance where a little timely help may prevent the deterioration in personal hygiene which is such an unfortunate feature in the lives of certain old people today.

Clinic work included weighing children, assisting with minor ailments and special clinics, receptionist duties, assisting at chiropody clinics, carrying out head disinfestation and acting as relief dental attendant.

In schools, assistance with rapid surveys, head inspection and diphtheria immunisation, and, where required, head disinfestations were carried out. Assistance at special nutritional surveys carried out by the Ministries of Health and Education was also given.

Sessions preparing syringes and needles	417	
Clinic sessions attended	2,182	
Children weighed by attendants	25,421	
Visits to schools	241	(children seen 4,744)
Visits to homes	180	
Children disinfested in clinics	567	
" " " schools	226	

Scabies.

One hygiene attendant has been responsible for the treatment of scabies at Ladywell Hospital, and where patients by reason of ill-health could not attend hospital, treatment in the homes was carried out. All patients treated were visited about ten days afterwards in order to confirm that a cure was effected. Defaulting patients and contacts were also visited.

Patients, including contacts, treated at Ladywell	117
Patients treated at home	20
Individuals visited in connection with scabies	744
Visits where no access was obtained	48

HOME NURSING SERVICE.

Staff.

The staff at the end of the year consisted of :—

One Queen's Superintendent.
Two Queen's Assistant Superintendents.
Six Queen's Nurses (two male).
Three Queen's Nurse Candidates (one male).
Two State Registered Nurses.
Two State Enrolled Assistant Nurses.
One State Registered Nurse (part-time).
One Auxiliary Nurse (part-time).

There was not so much anxiety over staff as there had been in the previous year, but it is regretted that more candidates are not coming forward for training.

Training for Queen's Certificate and District Nursing.

Eight students entered for training during the year, including one male nurse. Two of the students were from Lancashire County, one from Westmorland and five were staff candidates.

Five of these students were successful in the examination for the Queen's Roll and three were still in training at the end of the year.

Nursing in the Home.

The total number of patients nursed in their own homes was 2,225, an increase of 111 on that of 1949. New cases number 2,005.

The number of visits paid to these patients was 35,568, an increase of 789 for the previous year.

As before, the greatest number of cases were referred by general medical practitioners in the City. Others were referred from the Maternity and Child Welfare Department and from the various hospitals in Salford and Manchester.

Various types of treatment are carried out in the home, e.g., 296 patients received a course of penicillin and 107 patients were prepared for X-ray examination.

There is close co-operation between the members of the Home Nursing staff and the general practitioners. In many instances doctors have carried out treatment, particularly hypodermic injections, when a nurse has been off duty and it has been difficult to supply relief.

AGED AND INFIRM PERSONS.

During 1950 the work with the aged and infirm persons has continued and increased rapidly.

On April 24th, 1950, a Health Visitor was seconded to this department in a part-time capacity, but the notifications of aged persons is proceeding at such a rate, that it is becoming beyond the scope of this department to deal adequately with this work.

There is an urgent need for further workers in this field.

This year, 860 *cases* (1949—155 cases) have been dealt with and were notified as follows :—

Hospital Almoners	119
Deferred list—Hope Hospital	182
Civic Welfare Department	146
Civic Welfare Department (special lists)	242
Sanitary Inspectors	10
Home Help Department	17
Found	72
Other social workers	12
Friends and relatives	16
Health Visitors	18
Housing Department	1
Mental Health Department	2
Ministry of Pensions	1
Doctors	5
Councillors	6
Voluntary notification	11
TOTAL	860

These cases were referred for a variety of reasons :—

(*a*) For follow-up on discharge from hospital.
(*b*) While awaiting admission to hospital.
(*c*) Suffering from disabilities—deafness, rheumatism, diabetes, etc. (Civil Welfare Department—special lists).
(*d*) Alone and neglected.
(*e*) Sanitary defects.
(*f*) Requiring domestic help, nursing equipment, surgical appliances, chiropody, etc.

All cases were visited and fully investigated and referred to the appropriate departments for the help required.

The cases known to this department are kept under observation and visited periodically as other problems often arise after the initial one has been solved.

During 1950, 417 *cases* were reported awaiting admission to hospital and of these :—

182	were visited at home.
40	were already known to the department and had been visited.
150	were admitted without delay and were not visited.
16	died while awaiting admission.
18	were transfers from other hospitals (not visited).
11	were cancelled.
TOTAL 417	

At the end of the year the position in regard to all cases known to this department since the work started was as follows :—

1949	155	cases.
1950	860	,,
TOTAL	1,015	,,

705	cases	are being regularly visited.
198	,,	have died.
23	,,	,, been admitted to Old People's Homes.
85	,,	are in hospital—to be visited on discharge.
4	,,	removed from Salford.
TOTAL 1,015		

The services of Dr. Brown, Assistant Medical Officer, Child Welfare Department, were made available to this department for consultation and advice regarding problem cases. Dr. Brown's services have been of considerable value and she has accompanied the Health Visitor on 22 visits to unsatisfactory cases.

The following figures indicate the amount of work done in 1950 :—

Number of primary visits	860
,, ,, subsequent visits	772
,, ,, special visits to relatives, etc.	36
,, ,, visits—no access obtained	180
TOTAL	1,853
Number of office interviews with relatives, etc.	25

Visiting aged persons calls for much tact and patience and these interviews cannot be conducted speedily. It frequently takes considerable time to get to the root of a special problem when the elderly person is deaf, infirm or unfriendly. It has been gratifying to find that the old people have a growing confidence in " the nurse," once they have recovered from their astonishment that we are not " looking for babies " but are genuinely concerned with *their* welfare.

To cite an example, one elderly woman, having been visited previously by other officials, was referred to the Health Department as she gave no adequate reason for refusing to attend hospital for physiotherapy. Without hesitation she disclosed to " the nurse," although she " would never have told the others " that it was because of the poor state of her underclothing. She was advised and referred to the Assistance Board for a clothing grant. Having obtained the needed garments she now attends hospital quite happily.

Two disturbing factors have become evident in the problem of the care of the aged—

One is the growing indifference of relatives and neighbours to their plight. Too often do we hear relatives say, with a shrug : " Well, it is up to the Welfare "—thereby shelving all their responsibilities. They are unwilling to make the smallest gesture of friendship or help which would mean the difference between misery and happiness for many old people.

The other factor, is the obvious existence of malnutrition among the aged and infirm. Even when receiving the maximum pensions and allowances possible, we find, on enquiry, that the diet is far from adequate and there is great hardship.

All such cases cannot be written off as due to poverty, shiftlessness or unwise spending. In many cases we find that an old person's budget includes threepence a time to the child who runs for a loaf, etc., sixpence, a shilling, or even more to the child or neighbour who collects rations or pensions, etc., and these charges seriously curtail the amount of money available for food.

The smallest and most insignificant service is being paid for in hard cash by many old people and the saddest reflection is that many children of today who could serve and save the aged are imbued with this spirit of doing nothing without payment.

ALMONER'S REPORT FOR 1950.

The work delegated to the Almoner is as follows :—

(*a*) Care and after-care of persons suffering from Tuberculosis (Section 28 of the National Health Service Act, 1946).
(*b*) The follow-up of women suffering from Venereal Diseases (Section 28 of the National Health Service Act, 1946).
(*c*) The administration of the Home Help Scheme (Section 29 of the National Health Service Act, 1946).
(*d*) The arrangement of convalescence (Section 28 of the National Health Service Act, 1946).
(*e*) Co-operation with the Maternity and Child Welfare and School Health Services in helping and advising families on social matters.
(*f*) Co-operation with various statutory authorities and voluntary organisations.

(*a*) **Home Help Service.**

Whilst still regarded as a comparatively new service the Home Help Scheme has long ceased to require any propaganda or advertisement to convince the public of its worth. The variety of sources from which enquiries are received show how widespread is its reputation. Whilst there must, of necessity, be some measure of trial and error in selecting women to do this work there is, on the whole, very little criticism of their efforts. On the contrary, it has become quite usual to receive, from time to time, very generous letters of appreciation of the service rendered.

As reported last year, maternity cases and mothers with young children take precedence over all other applications for help. This class of case, however, amounts to less than 15% of the total work undertaken. In common with those engaged in organising such services in other areas one is of the opinion that the charge for the service in confinement cases prevents many families from using it. One's stock argument that the National Health Insurance " attendance " allowance (£4) is paid specifically for this purpose is confounded when a mother points out that the same allowance would be paid were she to go in hospital for confinement. In addition, she would there, free of charge, receive her food for 10-14 days and would not be obliged to purchase various articles required by those attending her.

The charges made in respect of the work done in the service of the aged and infirm (85% of the total) present very few difficulties. This group are, for the most part, in receipt of old age, supplementary and occupational pensions. The " hours " allotted to an aged person are usually from 8-12 per week. The charge seldom amount to more than a few coppers per hour and is thus kept well within the old person's ability to pay.

The Home Help Service, in keeping with the work of the Health Department, is instrumental in preventing much ill-health. In the case of young women with families its object is to co-operate with the medical and nursing services in a vigorous effort to restore the mother to full health so that she may resume the care of her own family as speedily as possible. Where older folk are concerned the service endeavours to supply just sufficient help to keep them happy and well. The service is spread thinly so that as many elderly folk as possible are kept under observation. It is felt that within a very few years the " derelict " or " problem " old persons who live in squalor, who cannot help themselves and will not be helped and who will neither move nor be moved, will cease to be found.

During the year a Laundry Service was established for incontinent aged persons. The soiled bedding is collected by a Health Department van twice weekly, laundered by arrangement with the Hospital Management Committee at one of the hospitals and returned by van. The charge for the service is 4s. 6d. per week. Persons in receipt of supplementary allowances from the National Assistance Board are able to have this amount included in their allowances. The Laundry Service was not established until late November, 1950, and only two cases were served last year. In both instances the arrangements made worked quite smoothly. It is felt that the only criticism which can be made is that a laundry service, as against home washing, is very hard on the somewhat frail bedding which is all that many elderly folk possess. A pool of sheets which might be kept in the Health Department and loaned in these cases would be a very great advantage. The length of time for which this service is required is seldom more than a few weeks and it would seem to be a wasteful procedure to ask the National Assistance Board to purchase new sheets in every case.

The Meals on Wheels Service operated by the Women's Voluntary Service and recently extended to the South Salford area is most appreciated by those who receive the meals and frequently provides a caller on a day when a home help is engaged elsewhere.

A survey of the cost of caring for the aged in their own homes was attempted during 1950 and whilst the sample of 100 households, comprising 138 old persons, taken cannot claim to represent an average, it was found that including old age and supplementary pensions, National Health Insurance benefits and the various services operated by the Health Department the cost to the community of these 138 would not exceed £92 13s. 0d. per week. Set against hospital or hostel costs this figure is surely an argument for keeping the old folk at home, where, in most cases, they are happiest.

The Organiser was privileged to attend the first provincial Refresher Course for Home Help Organisers, held at Preston in April, 1950, and happy to find that Salford's service compared well with those operating in other areas. She found, too, that she was more fortunate than many in having the sound backing of the Medical Officer of Health and Committee rather than the somewhat " remote control " from which many Organisers suffered.

A summary of replies to a questionnaire sent out by the Medical Officer of Health for Burnley, which was received recently, shows that for the type of service rendered Salford's expenditure on this scheme is lower than in many comparable areas.

The Home Help Service brings to light many needs of the aged and the Organiser is in constant touch with, and receives great help from, every agency able to meet these needs. The service is by no means confined to supplying women to clean floors.

As in previous years the welfare of the home helps themselves is of great concern to the Organiser and her staff. Each help is seen every week and if it is found that a case has become too trying a changeover is arranged, or an easy case given to follow a difficult one.

(*b*) **Tuberculosis.**

In two previous Annual Reports the Almoner has bemoaned the fact that the follow-up and after-care of the tuberculous is far below the standard achieved in the City during the years (1943-1948) when Memorandum 266/T was in operation. No opportunity of helping and advising a patient or a relative is lost but the fact is that opportunities come much less frequently. There is urgent need for a return to the close liaison which formerly existed between the Almoner, clinic staff, health visitor, sanatorium staff, patient, and, most of all, patients' relatives. Whether this can be recovered with so divided a system seems open to doubt but the public health angle of the problem, that is, preventing the spread of infection, will not be adequately dealt with until it is.

The Council have continued during 1950 to accept financial responsibility for two men colonists at the Barrowmore Tuberculosis Colony, near Chester.

The close liaison between the Almoner's Department and Officers of the National Assistance Board has been most helpful in all spheres of the work and particularly in regard to the tuberculous. The Board's officers are keen to help and grants for beds, bedding, clothing, etc., have frequently been made in specially necessitous cases.

(*c*) **Venereal Diseases.**

Again it is cheering to be able to report that no mother known to the Ante-Natal Department at Hope Hospital, the Maternity and Child Welfare Department or the Venereal Diseases Clinic staff, gave birth to a child suffering from Congenital Syphilis. Routine Wassermann tests are taken at the Ante-Natal Clinic and positive results are promptly refererd to the Director of the Venereal Diseases Clinic. Keen follow-up work is done where there is any default in these cases and no effort is spared to ensure that the woman receives adequate treatment during her pregnancy. In three cases where time was getting short and the mother was reluctant to attend a vehicle was sent daily to bring her to the Clinic for treatment.

Despite the reduction in the number of cases attending at the clinic there still remains a hard core of defaulters upon whom much time and labour has to be expended. Most distressing are cases where mothers of children suffering from Congenital Syphilis make any and every excuse for not bringing them for treatment. It has long been felt that some legal compulsion should be available in such cases.

(*d*) **Convalescence.**

It is unfortunate that limited accommodation at the Brentwood Recuperative Centre results in a long waiting list. When mothers are recommended for this treatment it is usually a matter of some urgency, perhaps following a mother's illness or a long period of nursing her children through various ailments, or through domestic or financial difficulties. During 1950 half the mothers for whom arrangements were made failed to go to Brentwood and it was found that either the mother felt sufficiently well to remain at home or said : " The summer is over and it is no use going now." Six mothers who took with them a total of 12 children actually went to the Centre during the year and both they and their children were much improved in health thereafter.

Convalescence was arranged through the Invalid Children's Aid Association for nine children under school age, who went to various suitable homes unaccompanied by their mothers. In most cases the recommendation came from the Maternity and Child Welfare medical staff, whilst two children went following a period of hospital treatment. In a further two cases the parents failed to take advantage of the arrangements made.

A note *re* the convalescence of school children will be found in the report of the School Medical Officer.

(*e*) **General.**

Much advice and help has been given during the year to cases which did not appear to fit into any special category. Gifts of clothing have been redistributed, a very limited amount of bedding has been given—chiefly to families newly housed or rehoused.

The Clinic Welfare Fund has been used in several cases where low wages prevented a family from obtaining such necessities as cots, bedding, fireguard. This fund is only used when help is not available from official sources.

The Children's Officer and his staff have been most helpful in undertaking the care of children whilst their mothers were in hospital. Most of these were emergency cases and the very prompt assistance rendered was greatly appreciated.

The following figures indicate the extent of the work done during 1950 :—

Home Helps.

Cases assisted—	
Maternity	111
Pregnancy	10
Mothers with young children	57
Elderly and infirm patients	307
Tubercular patients	4
Miscellaneous	1
Number of investigations into financial circumstances	626
Visits to homes of applicants	1,233

Tuberculosis.

Interviews *re*—	
Food priorities	915
Free milk	270
Rehousing	1
Clothing	5
Miscellaneous	10
National assistance	110
Visits to homes of tubercular patients	2
Patients assisted with beds and bedding	2
„ „ „ clothing	5

Convalescence.

Adults	4
School children	61
Pre-school age children	9
Mothers with one child	1
„ „ two children	4
„ „ three children	1
„ „ four children	—

Assistance with Clothing (excluding Tubercular Patients).

Children	24
Adults	16
Bed, bedding, cots, fireguard, etc.	7

Maternity and Child Welfare.

Miscellaneous help and advice	56

Venereal Diseases.

Number of new cases interviewed in 1950	498
„ „ defaulters visited	101
„ „ visits paid	330
„ „ " returns " in response to visits	94
„ „ defaulter letters sent out	1,112
„ „ " returns " in response to letters	373

Loan of Sick Room Equipment.

Bedpans	18
Air Rings	9
Bottles	5

HEALTH EDUCATION

In August of this year, the permanent holder of the post of Health Education Officer left to take up temporary duties with the United Nations' World Health Organisation, and Mr. Cooke, Sanitary Inspector, carried on with the work until the end of the year.

The year 1950 saw the extension of the health education programme which was started the previous year. Talks were given by the Health Education Officer and members of the Public Health Department to local organisations, including Mothers' Clubs, Women's Guilds, Handicapped Children's Parents' Club, Parent/Teacher Associations. Subjects which were discussed at these meetings covered a wide field—Smoke Abatement, The House-fly, Food Handling, Personal Hygiene, the National Health Service Act, Infectious Diseases, Home Safety, etc., were dealt with.

Exhibitions were shown at the Health Office and at various places in the City ; displays on such widely varying subjects as Diphtheria Immunisation, Head-louse Infestation, Care of the Feet, the Work of the Health Visitor, Care of the Teeth, Sleep, Local Health Services, Food and Drink Infections, Milk, Breast-feeding, Cafe and Canteen Hygiene, and Accidents in the Home. Many of these displays were loaned by the Central Council for Health Education ; others were made by the department. The North Western Gas Board assisted in a display of water heater appliances and the Ministry of Food loaned material for a display of welfare foods ; a display on Foot Health was held in conjunction with the National Foot Health Bureau and Community Education Trust loaned a model of a home-making room.

With the co-operation of the Central Office of Information film section during the winter months films were shown to members of the Public Health Department, members of the City Council and members of local groups and organisations ; films which were shown included " Before and After Baby," " Children Growing up with other People," " Probation Officer," " Local Government," " Serving Dinner at School," " Children of the City," " Daybreak in Udi," " Smoke Menace," " Heating Research in the House," " Eyes that Hear," " Man against Insect," " Dental Nurse," " Birth of a Drug." Film strips have been used to illustrate talks and lectures and a new one of the School Health Service has been made in the department for training public health and school health staff.

The local press co-operated in publishing statistics and articles of general interest on health matters. The subjects included advice on foot health, poliomyelitis, vaccination, sleep and diet, on the prevention of the spread of infection and how to deal with influenza.

The school clinics were brightened up with pictures and posters. Pamphlets and posters were distributed to the school nurses, health visitors and head teachers for display in the schools. Posters on the prevention of industrial accidents were sent to local factories. Pamphlets on Mass Miniature Radiography were distributed to employers of labour in the City.

Arrangements were made for training courses to be given by the Central Council for Health Education and the Royal Society for the Prevention of Accidents to health visitors, sanitary inspectors, and other members of the public health staff.

Home Safety.

This year has seen the gradual development of the Salford Home Safety Council, and since, " in a sense, training for the prevention of accidents is an aspect of preventive medicine," home safety has occupied a large part of the Health Education Officer's work.

In November, 1950, a conference was held on the " Prevention of Accidents in the Home "—a report was made on the conference which has been widely distributed. Dr. C. A. Boucher, of the Ministry of Health, Mrs. W. E. Duncan, Manager, Home Safety Department, Royal Society for the Prevention of Accidents, were the principal speakers, and Mr. A. A. Ashton, Chief Fire Officer, Salford, Miss Irene H. Charley, Nursing Consultant, Crusader Insurance Co. Ltd., and Mr. J. W. Rogers, Sales and Service Officer, North Western Gas Board, spoke on the aspects of Home Safety which were of particular interest to them. The audience consisted mainly of Health Visitors, Nurses, Sanitary Inspectors and representatives of local organisations.

There was a display of exhibits showing how to prevent the most common accidents. The Electricity Board and Gas Board co-operated in presenting this display. The result of the conference was the establishment of the Salford Home Safety Council. Local organisations, voluntary societies, political organisations, national undertaking and parent/teacher associations were asked to send representatives, and the Council now numbers about 70.

It is hoped that the Home Safety Council will direct the attention of the public to the seriousness of the home accident rates, that it will educate the public through speakers from a panel of lecturers and that it will co-operate with the press and manufacturers of household equipment to try to reduce the number of accidents in the home.

It is proposed that the actual educative work should be carried out by the Home Safety members through their own organisations, for groups which are already established have a place in the community and their influence is extensive, furthermore they may be able to study accidents which are peculiar to their own group, *e.g.*, Handicapped Children's Parents' Association would be able to study accident prevention in relation to the needs of the handicapped child and thereby contribute specialised knowledge from their own experiences. Much of the Home Safety Council's work will be to educate children in accident prevention methods and the Royal Society for the Prevention of Accident's theme of " think of others " might well be a useful way of obtaining the children's active co-operation towards home safety. It is proposed to hold competitions amongst the school children of the City.

In all it is expected that Salford's Home Safety Council, by educating and guiding public opinion, will contribute in a large measure to the prevention of accidents in the home in general and in Salford in particular.

MENTAL HEALTH SERVICE.

Annual Report for the Year 1950.

In presenting this report I feel there are grounds for some satisfaction for the work done during the year.

The assistance, guidance and advice which the Service is able to give those suffering from mental illness, is of great importance.

On the 31st December, 1950, there was a total of 2,528 patients on our case records.

The Mental Health Sub-Committee meets once a month, when a report on the work of the Mental Health Service is presented by the Medical Officer of Health.

The responsibilities now undertaken by the Local Health Authority are as follows :—

(*a*) The initial care and removal to hospital of persons who are dealt with under the Lunacy and Mental Treatment Acts.
(*b*) The ascertainment and (where necessary) removal to Institutions for Mental Defectives, and the supervision, guardianship, training and occupation of those living in the community.
(*c*) The preventive care and after-care of all types of patient so far as this is not otherwise provided for.

For the purpose of carrying out these duties the following detailed arrangements were necessary.

1. The provision of the services of " Duly Authorised Officers " for the purposes of Sections 14, 15, 16 and 20, of the Lunacy Act, 1890.

2. The provision of the services of " Duly Authorised Officers " for the purposes of the appropriate sections of the Mental Treatment Act, 1930.

3. For the following purposes under the Mental Deficiency Act, 1913 :—

Section 30 (*a*). The duty of ascertaining what persons within their area are defectives subject to be dealt with under the Act.

Section 30 (*b*). The duty of providing suitable supervision for defectives ascertained in accordance with paragraph (*a*), and, if supervision affords insufficient protection, of taking steps to secure that they are dealt with by being sent to institutions or placed under guardianship.

Section 30 (*c*) The duty of providing suitable training or occupation for defectives who are under supervision or guardianship.

Section 30 (*d*). The duty of making provision for guardianship by orders under the Act.

Premises and Staff.

The offices of the Mental Health Service are situated in the Health Department, 143, Regent Road, Salford, 5.

During the year the Health Committee have appointed additional staff for the Oldfield Centre which opened in August.

The Mental Health Service Staff now comprises :—

One Senior Mental Health Officer (male).
One Duly Authorised Officer and Mental Welfare Visitor (male).
One Duly Authorised Officer and Mental Welfare Visitor (female).
One Mental Health Visitor (female).
One Shorthand-Typist (female).
Two Supervisors of Occupation Centres (female).
Four Assistant Supervisors of Occupation Centres (female).
Two part-time Domestic Assistants (one male, one female).

In carrying out their intention of granting facilities to attend Refresher Courses the whole of the staff were enabled to take part in short courses.

There is a matter which I consider is of some importance, and that is training, both theoretical and practical, before appointments are made. I include in this training the duties under the Lunacy and Mental Treatment Acts, the Mental Deficiency Acts, Orders and Regulations, and Section 28 of the National Health Service Act, 1946, also a period of actual nursing in Mental and Mental Defective Hospitals.

In the near future we may see come into operation a system of training within selected Local Health Authorities, for those desirous of entering the Service.

Co-ordination with Hospital Services.

The liaison between the Mental Health Service, the Regional Hospital Board, and Hospital Management Committees, continues to function in a satisfactory manner. Any requests for reports on patients, or of visiting patients are carried out.

A fuller statement regarding these patients will be found under the headings of " Leave of Absence on Trial " and " Licence."

Authority for Work Undertaken in the Community.

The authority for the work undertaken in the community will be found under the following :—

(*a*) Section 28, National Health Service Act, 1946. " The Prevention, Care and After-care."

(*b*) The Lunacy and Mental Treatment Acts, 1890-1930.

(*c*) Under the Mental Deficiency Acts, 1913-1918.

(1) Ascertainment of patients, reported from official or realiable sources.
(2) Statutory or friendly supervision.
(3) Guardianship.
(4) Licence.
(5) Training.

Of the 2,528 patients at the end of 1950, 1,403 came within the category of Mental Illness, and 1,125 under Mental Deficiency.

Residing in the community out of this number are 1,477 patients.

Mental Illness and Mental Deficiency.

Appropriate statistics as appendix :—

Mental Illness.	*Male.*	*Female.*
In Mental Hospitals	387	408
Under Home Supervision	72	77
After Care	143	145
Those for whom the Health Authority may be called upon to take action under the Lunacy or Mental Treatment Acts	86	85
Total	1,403	

Mental Deficiency.	*Male.*	*Female.*
In Certified Institutions	169	127
Under Statutory Supervision	204	131
Under Voluntary Supervision	177	165
Attending Occupation Centre	35	18
Under Guardianship	2	1
On Licence	14	24
Cases not on register, but for whom the authority may become responsible	22	36
Total	1,125	

The duties arising from the care and supervision of these patients may be summarised as follows :—

1. The tabulating and recording of patients already known to the Department.
2. Domiciliary Services, i.e., the ascertainment of cases of mental illness and mental deficiency.
3. The statutory supervision, training and occupation of defectives in the community, those on licence from institutions, or under Orders of guardianship.
4. The obtaining of detention and reception orders under the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts and Regulations, 1913-1948.
5. The conveying of patients suffering from mental illness, or mental deficiency, to hospitals or certified institutions.
6. The maintenance of a home supervision service for those patients who, by the co-ordination of the doctor, relatives and the Department, can be cared for at home and thus prevent, wherever possible, admission to hospital.
7. Provision of an after-care service for patients who have been in hospital for mental illness.
8. The maintenance of a service outside ordinary office hours in order to deal with cases requiring urgent attention.
9. The obtaining of reports on medical or administrative matters relating to patients admitted to hospitals or institutions.
10. The making of reports on patients granted leave of absence on trial from hospital, prior to probable discharge.
11. The making of reports on home conditions and prospects of employment relating to patients who are due to appear before the respective hospitals' committees with a view to being discharged.
12. The making of reports regarding patients from certified institutions who are allowed absence on licence for the purpose of taking up employment, or for those granted short holiday licence.
13 The making of statutory and periodic reports.
14. The making of statutory reports on those patients residing in the community or under Orders of guardianship.

Section 28 of the National Health Service Act gives the Local Authority the power to create a prevention, care and after-care of patients, who are suffering or have suffered from mental illness.

It will be some years before this can be brought satisfactorily into operation.

Nevertheless, we are enabled to record a satisfactory degree of assistance which has been given to those coming within the scope of the above-mentioned Section.

During the year the Service has assisted many patients who might otherwise have been admitted to hospital and also those discharged from hospital.

Such assistance is classified as shown below :—

Assisted toward obtaining employment	37
,, in attending Rehabilitation Centres	13
Exchange of houses	4
Alternative accommodation	6
Provision of household affects	7
,, ,, clothing	11
,, ,, bedding	9
Settlement of domestic trouble	5
Increased benefits from the Assistance Boards	10
TOTAL	102

These figures prove the value and necessity of keeping in touch with patients under the care of the Mental Health Service.

Admission to Mental Hospitals.

There were 367 patients reported to the Department during the year, of whom 263 were admitted to suitable hospitals. This number is made up of 159 males and 104 females. Their age groups were :—

	Male.	*Female.*	
Under 20 years	3	1	
21 to 30 ,,	33	24	
31 ,, 40 ,,	47	26	
41 ,, 50 ,,	29	20	
51 ,, 60 ,,	26	21	
61 ,, 70 ,,	13	10	
Over 70 years	8	2	
TOTAL			263

Civil state of these patients were :—

Married	140
Single	84
Widowed	39
TOTAL	263

The occupational classifications were :—

	Male.	*Female.*	
Skilled and black-coated workers	15	4	
Semi-skilled workers	46	9	
Unskilled workers	82	10	
Housewives	—	72	
Retired or of no occupation	16	9	
TOTAL			263

Discharge from Mental Hospitals.

There were 174 patients discharged from Mental Hospitals during the year, and the following shows their length of stay in hospital :—

	Male.	*Female.*	
Up to 2 months	54	28	
From 2 to 6 months	19	18	
,, 6 to 12 months	12	24	
Over 12 months	5	14	
TOTAL			174

and classified as below :—

	Recovered.		*Relieved.*		*Not Improved.*	
	Male.	*Female.*	*Male.*	*Female.*	*Male.*	*Female.*
Voluntary patients	3	—	16	16	20	11
Temporary „	1	—	—	—	—	1
Observation „	5	2	20	12	1	—
Certified „	16	29	6	13	1	1
TOTALS	25	31	42	41	22	13

TOTAL .. 174

Deaths in Mental Hospitals.

During the year 31 patients died in hospital and the periods of time in hospital were :—

	Male.	*Female.*
Less than 1 year	4	2
1 to 2 years	1	1
2 „ 3 „	1	2
3 „ 4 „	—	2
4 „ 5 „	2	—
5 „ 6 „	1	1
6 „ 7 „	—	—
8 years and over	7	7

Leave of Absence from Mental Hospitals.

The granting of leave of absence to patients, who by reason of mental improvement are drawing near to discharge, appeared to be falling into disuse.

It has been proved by past experience that much can be done for these patients during this period.

Should the patient be unable to cope with the new-found conditions, or show signs of deterioration, they can be returned to the hospital for further treatment without any further form of certification.

During the latter part of 1950 a change did take place when five men and four women were granted leave of absence each of whom have now re-entered the normal life of the community.

This has been achieved by the operation of the mental health after-care service, who assisted the men toward obtaining suitable employment, and advised the women patients and relatives regarding their quiet return to home life.

There must be many patients in mental hospitals who could be helped in this manner, thus enabling beds to be vacated for more urgent cases.

Hospital Management Committees could make more use of the Mental Health Service in requesting assistance for any patients who, although found ready for discharge, do not have any home or employment.

Should this be tried, many patients could be discharged and with those granted leave of absence on trial, many beds could be made available for more urgent cases.

Psychiatric Clinics.

There has not been any appreciable change. Appointments can only be made five weeks ahead, which I suggest is detrimental to the patient The present system of holding one session of about three hours each week is unsatisfactory.

The number of sessions to be held each week, how many in the forenoon, or afternoon, or evening, is important in meeting the needs of patients for whom the Service is being created.

The long waiting period before the patient is examined by the Psychiatrist is not in the best interests of the patient, nor can it be satisfactory to the patient's doctor, who in some instances will give a note for admission for " Mental Observation " rather than wait the period of time suggested. This causes much inconvenience at home and at work.

As in cases of physical illness requiring specialist examination, the sooner it takes place the better for all concerned.

When the Hospital Centres commence to function, I would suggest that authority be given to the Psychiatrist to see all patients recommended for admission to hospital for voluntary treatment and for him to decide as to their suitability.

Although this does not strictly conform to the procedure as laid down in the Mental Treatment Act, 1930, it has been found during the past years that many patients have presented themselves at the hospitals for admission who have been found to be unsuitable for same, and were in obvious need of admission upon a certificate, or required a thorough overhaul in a General Hospital.

Nor do I consider that the recommendation as to suitability ought to be left to a lay officer of a Local Authority, although this system has worked fairly well in the past.

I am aware that the final decision of suitability rests upon the Medical Officer on duty at the admitting hospital. I also realise that a note must be obtained from the patient's doctor, but when making arrangements for admission, one is asked : " Do you think they are satisfactory ? " I must admit that the suggested idea of all such patients being seen by the Psychiatrist at the Hospital Clinic is the obvious one.

If the Psychiatrist controls a number of beds in the general wards of his hospital centre it will be an advantage. This will give the additional opportunity of patients being examined and observed, and will save many from admission to a Mental Hospital.

A class of patient which causes concern is one for whom a note for " Mental Observation " is issued by a doctor, or who is certified under the Lunacy Act, and after admission are found to be suffering say from a disease such as Diabetes. After a course of treatment in a mental hospital they return home. Invariably there is no return to hospital, but why because of a temporary mental condition should they be admitted to a mental hospital for an illness calling for admission to a general hospital ?

Aged Patients.

It was expected that during the year there would be some easing of the situation regarding these patients, who through senility are reported to this Department.

There are occasions when, owing to some physical disability, it is possible to have them admitted to an ordinary hospital, but the majority require care and attention in a place separate and apart from these hospitals and mental hospitals.

We do hope something will be done in the near future whereby this type of patient may be admitted to a general hospital.

Meanwhile, we must rely upon the patient's relatives to carry on giving them what care and attention they are able to give.

Our problem is that so little can be done for these patients outside a hospital even with the assistance of home helps, or nursing visits, so many of these patients require 24-hour attention.

Therapeutic Social Club.

The opening of the Therapeutic Social Club took place on the 27th April, 1950, at premises situated at 10, Encombe Place, Salford, 5, which the Health Committee have kindly placed at our disposal.

The Club meets each Thursday at 7 p.m., and although the premises do not meet the desired need and curtails many activities, we have found that much benefit has been derived by those who attend.

At our meetings a friendly atmosphere is maintained and an effort is made to make our members feel they are wanted.

Refreshments are served each Club night.

This is one of the first clubs inaugurated by a local health authority since the National Health Service Act came into force on the 5th July, 1948, and functions for those men and women who have been discharged from hospital following illness for nervous disorders, those on leave of absence from these hospitals, those attending psychiatric clubs, or those recommended by their doctors.

Contrary to many opinions we find the Club can also be beneficial to patients on licence from mental defective hospitals, several of whom are among our " best " members.

Experience has taught us that psychotics, neurotics or defective patients can mix. A close study of our members on Club night is very refreshing, they include various classes, it is interesting to see how freely they converse one with the other, assist in Club management, take part in games, and respond to advice. They are being guided back to normal living and I feel it is our duty to ease or help them to overcome their special difficulties. One difficulty of emotionally or mentally ill patients is to fit into society, and if they are to do this, they must have a society to fit into. They must be given the opportunity of sharing the life of the community, social gatherings, forms of entertainment, indoor and outdoor games, and in these a Therapeutic Social Club is an essential part.

For our patients we must concentrate in *group* activities, and exclude any which tend to solitariness.

It will be found that in the give and take of a Social Club, patients do resolve their conflicts, find new outlets, and take the responsibility which they have been shunning or unconsciously desiring.

The average attendance to date has been 17.

Since the Club opened we have arranged a Chara-ride, Potato Pie Supper, visit to the Pantomime, and a Christmas Party, which were well attended and appreciated.

The Health Committee have generously set aside a small sum of money which enables new equipment to be regularly added to the Club's amenities.

We have formulated ideas regarding the improvement of the Club and for more effective results as shown below :—

(1) A visiting Psychiatrist, to attend the Club in his professional capacity, gives added status to the Club.

(2) The appointment of a psychiatric social worker whose duties would include being responsible for the general running of the Club, working in close liaison with the psychiatrist and general practitioner and, in conjunction with the departmental staff, to arrange for the early visitation of those discharged from hospital for whom the Club is essential.

(3) The follow-up from the psychiatric clinic to the Club and vice versa.

(4) The building up of a club where care and advice could be given to patients receiving treatment for nervous disability from general practitioners.

Also where patients could come at any time for rest and quiet, knowing that should they desire to discuss any personal problems, arrangements could be made for them.

(6) A Psychiatric Clinic could be held during Club hours at which, in addition to being of benefit to Club members, arrangements could be made for those to attend who are unable to during the day.

(7) There are many patients who would greatly benefit by being permitted to spend a whole day at the Club, where refreshments could be served.

(8) Our ultimate aim is to bring into being a Day Hospital, which I feel is much needed in the City, where forms of physical and psychological treatment would be available.

Visiting and Reports.

The importance of visiting the homes of our patients cannot be too highly rated. There is made our first contact with the patient and their family, and the correct approach by the Visitor can be of the utmost value toward obtaining the particulars required for case record purposes, also of importance is that it enables the Visitor to obtain a clear picture of the patient's home life and environment, thereby assisting them to see the case in its true perspective.

By gaining the confidence of patient and relative it opens the door for the Visitor to bring into operation the many ways in which advice and assistance can be given by the Service.

During the year the undermentioned visits, reports, etc., have been made and show a pleasing increase on the previous year :—

Visits to homes	3,508
Reports made	1,493
Interviewed at the office	859

Mental Hospitals.

Let us hope that during the coming year we may see some proposals regarding :—

(1) Convalescent Homes for patients discharged from Mental Hospitals, or those who are mentally ill but do not require hospital treatment, etc.
(2) Psychiatric Clinics under the Local Health Authority.
(3) More accommodation made avialable in Mental Hospitals for the expeditious admission of patients requiring urgent admission.

Mental Deficiency.

As previously mentioned in this report, we now have 1,125 mental defects on our case records, and those residing in the community receive the attention as laid down in Section 28 of the National Health Service Act, 1946.

It is pleasing to record the decision during the year of the Health Committee in deleting 59 patients from " Statutory Supervision " and placing them under " Friendly or Voluntary Supervision."

These patients have shown that they are capable of satisfactorily carrying on in regular employment and are paid the wage applicable to the job. Others are married, continue to have good home life, their children are well cared for and attend ordinary schools.

Each have proved their ability to fit into the normal life of the community.

A careful watch is kept over patients in employment to see that there is no exploitation of their disability. Wages and conditions receive careful supervision.

Employment suitable for defectives covers a wide field, but many do well in work of a repetitive nature.

A person who cannot read or write may, when given a job, commence to improve, and although lacking in insight, become a good practical worker.

There are plenty of jobs for grown-up defectives who have only a mental age of nine years.

Employment creates mental confidence and encourages a proper outlook on life.

Each defective who is employed is, of course, a wage earner, an asset to society and must be permitted to live, as near as their disability allows, normal lives in the community.

During the year 93 patients, comprising 55 males and 38 females, were reported to the Mental Health Service. Each case was ascertained, records made, and placed under supervision.

Many of these patients are in employment, others are attending an Occupation Centre.

Home Conditions.

In considering the home conditions of our patients, we must take into consideration the housing question.

Visits have been made to each home and we find that 80% are quite satisfactory.

The best surroundings for any child are those which are stable and allow for the provision of the necessities of life. Parents who stress material things usually have no time for mental health. In the home where " nothing must be out-of-place " they forget how they are punishing the mind of the disturbed child.

A child can grow up mentally good in poor circumstances and mentally bad in good circumstances, but is unable to develop certain mental well-being in life, which is essential to its future, if deprived of a good home.

The parental desire to keep the defective at home instead of in hospital is to be greatly commended and it is pleasing to note that none of our patients are neglected or ill-treated. Parental control and supervision has been such during the past year that in only one instance has a patient been before the court.

The following table shows the classification of our defectives.

The number of self-supporting or partially self-supporting is over 50% of the total.

Those found useful at home cannot be ignored from the partially self-supporting class because they, by their usefulness, are enabling their mothers to go to work or are assisting sick parents in the home.

Should the numbers 1, 2 and 5, be added it will be seen that almost two-thirds of our patients are self or partially self-supporting.

	Male.	*Female.*	*Total.*
1. Self supporting	196	134	330
2. Partially self supporting	36	18	54
3. Employable but out of work	7	4	11
4. Attending Occupation Centres	31	28	59
5. Useful at home	—	42	42
6. Awaiting training for employment	27	23	50
7. Too low grade for employment	36	45	81
8. Below age of 16 years and not counted in above columns	30	19	49
TOTALS	363	313	676

Table showing the number of defectives who are single, married, widowed or widowers.

	Male.	*Female.*	*Total.*
1. Single above 20 years of age	194	150	344
2. Single below 20 years of age	134	98	232
3. Married	24	51	75
4. Widowed	—	2	2
5. Widower	1	—	1
TOTAL	353	301	654

During the year nine patients were admitted to suitable hospitals.

Guardianship.

The number of patients under Orders of Guardianship remain at two men belonging to this authority and one woman whom we supervise for another health authority.

All are receiving satisfactory care and supervision.

One man is employed as a boot and shoe repairer, the other on a farm.

The woman remains at home, being unfit for any form of occupation, and receives maintenance allowance, adequate for her needs, from the authority responsible for such payment.

We have not had occasion during the year to increase the number of patients under Orders of Guardianship mainly owing to the fact that our Statutory patients have been well behaved and given no cause for concern, and home supervision has been adequate.

Licence.

We now have 35 patients, comprising 12 men and 23 women, on licence. This number shows an increase of nine on the year 1949, and with the exception of two men and two women, whose mental disability does not permit of them following ordinary employment, the remainder are satisfactorily employed.

During the year, owing to good behaviour, attention to their work and becoming capable of managing their own affairs, one man and four women have been discharged from their Order under the Mental Deficiency Acts, but each will receive the friendly supervision of the Mental Health Service.

It was again found possible to arrange for the patients on licence to spend their holidays at the Y.W.C.A. Hostel, Ambleside, Cumberland, the Matron of which kindly accepts the holiday licence and to give the patients the necessary supervision.

Following our experience with patients granted leave of absence on licence from mental defective hospitals, it is hoped that the respective Management Committees will be able to grant more patients such licence, which would provide the opportunity of absorbing them into the normal life of the city and also create additional vacancies in those hospitals for patients awaiting admission.

We would be pleased to receive these patients and assist them toward becoming accepted into a free community life.

It is not generally understood that it is not essential for a paitent granted leave of absence on licence to follow any form of employment. Such licence may be granted to any satisfactory relative or person considered suitable of holding the licence who could provide the required home conditions and give them the required care and supervision.

Many patients are granted leave of absence to take up residential domestic employment in hospitals, etc., others have to be assisted toward suitable employment by the Local Authority, following their being placed on licence. Again there is the patient whose disability of mind is such that they are unable to follow any form of employment, but can and do receive the necessary care and supervision in their own home.

Whilst a patient is on licence, an authorised officer of the Local Health Authority shall at all times be permitted to see them and to enquire as to their care and progress.

We having during the year assisted patients on licence in their own homes toward suitable employment, courses of rehabilitation, medical attention, gifts of clothing and bedding, grants from Assistance Boards, friendly advice on matters of concern to the patients, and holidays.

Occupation Centres.

An Occupation Centre was opened at the Hope Congregational Church Schoolrooms on the 28th August, 1950, to meet the needs of those children residing on the south side of the city, and is called the Oldfield Centre. This is much appreciated by the parents, some of whom found the Broughton Centre too far away.

It has also been advantageous to those mothers who follow employment and have a child who has been found incapable of receiving education in an ordinary school.

There are now 59 children on the registers of the Centres :—

Broughton Centre	29
Oldfield Centre	30

The daily attendance is well maintained, showing an average of 45.

The curriculum has been greatly improved and is constantly receiving attention for any new methods which can be adopted.

Several children are showing good results and are receiving tuition with a view to their being re-examined and possible denotification.

Our experience shows that with adequate care and training a defective will give results well worth the investment made on their behalf, as will be shown from the fact that during the year six children on attaining 15 or 16 years of age have been found employment of a repetitive nature with the wage applicable to the job.

We realise that the training of a defective must always be to suit the patient, and not vice versa.

The Centres' mid-day meals have been regularly supplied, the diet well varied and generous.

During the year the Committee made provision for the children attending each Centre to have a day's outing during the summer and a party at Christmas, after which each child was given a toy, sweets and an orange.

On the 20th November, 1950, a Sale of Work took place at the Centres, to which the parents of the children were invited.

There was an interesting display of the articles made by the children which caused much satisfaction to their parents.

The Sale of Work realised the sum of £20 9s. 7d.

We desire to impress upon the parents of those children now under the care of the Health Committee that there are places for them at each of our Centres, where, according to their suitability, training will be provided which will be appreciated by them in later years.

Industry or Adult Centre.

For some time it has been considered that more may be done for those patients over the age of 16 years who, by lack of training or disability of mind, are unable to follow ordinary employment.

The Committee, therefore, have taken steps to see whether a Centre as mentioned above could be commenced.

Such a Centre would fill an acute gap in our Service and meet the needs of those patients for whom, at the present, no such training is available.

Visits of Students.

During the year, 24 lectures and talks have been given to students from the Manchester University and Health Visitor Students, etc., on the administrative and case work of the Mental Health Service.

VACCINATION.

I append particulars in respect of persons vaccinated (or re-vaccinated) in Salford during the year 1950.

Age at date of vaccination.	Under 1	1 to 4	5 to 14	15 or over	Total
Number vaccinated	1,545	313	165	150	2,173
Number re-vaccinated	...	...	...	348	348
GRAND TOTAL					2,521

It gives me great satisfaction to be able to report that the number of vaccinations in 1950 approached the number recorded for the year 1947. The following particulars for the three years 1947, 1949 and 1950, are of interest :—

1947	2,879
1949	1,340
1950	2,521

The year 1948 has not been included as neither the old nor the new systems of dealing with vaccinations was in operation for the full year.

As suggested in my last annual report, the big reduction in 1949 was due in all probability to the fact that the Ministry of Health did not fix the fee payable to general practitioners for notifying vaccinations until the end of the year. It is sincerely to be hoped that the position relating to vaccination will be maintained and even improved upon.

IMMUNISATION

During the past year 3,355 children aged 0-15 years were immunised in Salford.

The following figures show the results of the year's work :—

	0–5 *years.*	5–15 *years.*	0–15 *years*
Number immunised January to December, 1950..	3,087	268	3,355
Total immunised at December 31st, 1950	13,277	23,453	36,730
Total immunised at December 31st, 1949	13,001	22,991	35,992
Population figure, 1950	16,780	24,590	41,370
Per cent. immunised at December 31st, 1950 ..	79·12%	95·37%	88·78%
Per cent. immunised at December 31st, 1949 ..	79·46%	94·53%	88·47%
Per cent. Increase	—	0·84%	0·31%
Per cent. Decrease	0·34%	—	—

Safety Injections.

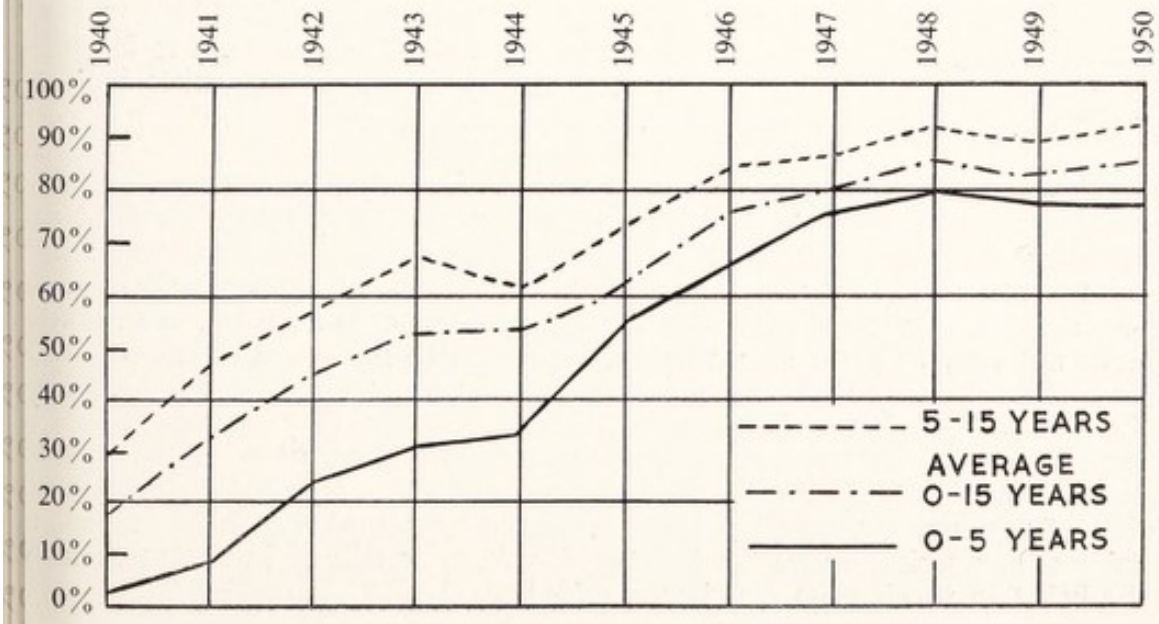
1950	1,497
1949	2,226
Decrease	729

A total number of 325 children who had received diphtheria immunisation left Salford during the year and these have been deducted from our figures and the appropriate authorities notified.

Thirty-six notifications of diphtheria immunisation for children moving into this area were received by us from outside authorities.

It was estimated at the end of the year that 1,056 (2.5%) of the total child population were under age for immunisation.

The percentage of over 88% has been maintained mainly by the efforts of the Health Visitors and Clinic Nurses who have continued to immunise in the homes of children unable to attend the clinics. Appended is a graph showing the progress in diphtheria immunisation which has been made in Salford between 1940 and 1950.



It has been a difficult year, the influenza epidemic retarded our progress considerably and the severe weather in the later months of the year discouraged mothers from bringing children to the clinics.

Statements in the press with regard to the possibility of Poliomyelitis following Diphtheria Immunisation, no doubt, discouraged some parents from allowing injections to be given. Enquiries have been made over the last two years and no case is known where a Salford child contacted Poliomyelitis at any time within three months after inoculation, which is the outside limit fixed by the Ministry of Health officials.

An investigation was made during the year to try to discover the reasons for parents refusing to have their children protected. This investigation related to 420 cases of children between the ages of 1 and 5 years, in which definite refusals had been received. These refusals were received over a period of five years.

According to the remarks entered on the cards by Health Visitors quite a number of the parents seem to resent home visits and some even become abusive. A member of the staff was carefully chosen to carry out the investigation and a visit to the home of each case was made by him over a period of several weeks. Consents for immunisation were obtained in some cases and 40 of these children have since completed a course of injections.

The following report was compiled from the investigation made.

OBJECTIONS TO DIPHTHERIA IMMUNISATION.

During the year, an investigation was carried out into the objections which parents might have in regard to their children being immunised against diphtheria.

The triumph of the campaign against diphtheria was due to the success of the battle for immunisation. In this battle of immunisation, whilst we could congratulate ourselves, we failed to obtain 100% success and it was interesting and instructive to survey and analyse the reasons for the small percentage of parents who failed to co-operate.

Of these, 420 in number, about 25%, were cases where both parents were working and this would account for the inability of the staff to establish and maintain that happy cordial relationship which usually exists between " the welfare nurse " and parents.

The reasons for objections were varied. Twenty-five per cent. objected because they thought the children too young until they reached school age and they were quite agreeable to the children being immunised when they went to school ; 16% had conscientious objections and the majority of these had a belief in natural development and parental care as being the foundations not only of good health but of resistance to infectious diseases ; 10% were sceptical of the efficacy of immunisation and, strangely enough, 10% of the fathers had an anti-inoculation complex due to their own experiences in the Services during the war. In some cases the children were too ill or delicate to be immunised ; in three cases the mothers frankly objected to the " infliction of unnecessary pain " ; and two parents assessed the value or lack of value of immunisation on the fact that it was optional and in these two cases the belief in vaccination was beyond doubt.

There was, generally speaking, no lack of a sense of parental responsibility and one might say that the objections were due to misguided parental benevolence.

A thorough analysis of the causes of the objections which were tabulated after the survey is not only interesting but instructive as, in future approaches to parents, we have now a deeper knowledge of the prejudices that exist.

AMBULANCE SERVICE.

The following figures show the extent of the work carried out by the Ambulance Service during the year ended 31st December, 1950, namely :—

	Ambulances.	*Cars.*
(1) No. of vehicles at 31st December, 1950	12	4
(2) Total number of journeys during the year	18,884	7,234
(3) Total number of patients carried during the year	42,469	6,741
(4) No. of accidents and other emergency journeys included in (2) during the year	2,352	...
(5) Total mileage during the year...	154,239	69,866
(6) No. of whole-time staff at 31st December, 1950		47

The organisation of the service and the disposal of the ambulances was materially altered by the integration of the infectious disease ambulance service (comprising three ambulances) formerly housed at Ladywell Hospital, with the general ambulance service on 1st April, 1950, as from which date the whole of the ambulances and cars were situated at premises occupied by the Central Garage Committee, Buile Hill, Salford.

Several points of interest emerge from a comparison of figures for the years 1949 and 1950, as follows :—

(*a*) A reduction in the number of journeys by ambulance from 22,284 to 18,884.

(*b*) An increase in the number of patients carried by ambulance from 37,273 to 42,469.

(*c*) A reduction in the number of patients carried by cars from 10,390 to 6,741.

(*d*) Alterations in mileage as follows :—
Ambulances—reduction from 189,748 to 154,239.
Cars—increase from 64,261 to 69,886.

The total mileage was reduced from 254,009 to 224,125.

It is interesting to note that although the number of patients carried has increased slightly there was a considerable reduction in the mileage. This was due to several factors—for example, the integration of the infectious diseases and general ambulance services from 1st April, 1950 ; the purchase in January, 1950, of a special type of ambulance capable of carrying 12 sitting cases ; and closer co-operation between the hospitals and the ambulance service whereby programmes of journeys can be arranged in advance so as to avoid going over the same ground twice. The success of these measures encourages the belief that still greater efficiency can be secured by other innovations, for example, the use of radio-telecommunication which in itself can bring about a considerable reduction in mileage.

EMPLOYMENT IN THE AREA.

Miss I. D. Lawton, Manager of the Salford Employment Exchange, has kindly provided the following information :—

" A very high and progressively improving level of employment has been maintained throughout 1950 and opportunities have existed for all who are fit. The table below indicates the gradual fall in the number unemployed and compares the position at monthly intervals with that obtaining at 1949. The existing register of unemployed workers consists mainly of elderly, relatively unfit and unskilled men and women who, for various reasons, could not be matched with jobs available at the time.

" Throughout the year there have been more vacancies than there were suitable persons to fill them, and the Exchange extends a welcome to all work-people, whether employed or unemployed, when every effort will be made to find a job best suited to his or her experience, qualifications and inclinations. To employers also the Exchange offers a ready means whereby a vacancy he notifies can be brought to the notice of suitable persons employed or unemployed, either in the employer's district or by means of the national network of Employment Exchanges in a wider field.

" A high proportion of the register consists of persons registered as disabled under the Disabled Persons (Employment) Act, who are dealt with by specially trained officers. Some of the disabled persons are so severely disabled as to be suitable for sheltered employment only, that is they cannot compete with fit workers in open industry. In Salford we are fortunate in having one of the Remploy Factories which are conducted by Remploy Limited, a non-profit making Corporation, set up specially for the purpose. A total of 124 severely disabled persons drawn from Salford and the surrounding district are now employed at the Remploy Factory at Springfield Lane, Salford. The work includes woodworking (both new and repair work), and watch and clock repairing. A special section is set up for epileptics. In addition, Remploy Limited conducts a Homeworkers' Scheme for persons who are homebound.

" The Exchange also arranged for persons in need of rehabilitation to enter an Industrial Rehabilitation Unit. These Units which are operated by the Ministry of Labour and National Service under Section III of the Disabled Persons (Employment) Act, are intended to provide Industrial Rehabilitation Courses for persons who, by reason of unfitness arising from their injury disease or deformity, are in need of such facilities in order to render them fi again to undertake employment. The nearest Unit to Salford is at Windmill Lane, Denton, and during 1950 a total of 70 men and 7 women from Salford have entered the Unit. Of these, 60 have completed the Course and have since been placed in employment by the Exchange. The residue are still undergoing training or awaiting placing.

" During the year, the Local Employment Committee and the Disablemen Advisory Committee, under the Chairmanship of Dr. Stanley Hodgson considered the problem of the employment of Blind Persons, with particular regard to the opportunities of placing them in open industry. As a result, the Chairman addressed a letter to the leading Salford employers. The letter met with a quick response and as a direct result of this special appeal up to the end of December a total of eight Blind Persons have been placed with local employers in a variety of occupations, *e.g.*, Press Operator, Driller, Capstan Operator, Inspector."

SCHOOL HEALTH SERVICE REPORT.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

"*As the hope of the earth is the Spring,*
So the hope of the race is the child."

There is no more important task than the care of the child. The School Health Service offers great opportunity to preserve, promote and enhance the health of the child.

You will find in these pages an account of some of the care which is given to our school children and, through them, to their families and to our community.

There is evidence in this report of the ways in which the health and welfare of the children are supervised. There are various "screens" through which the nearly 30,000 children pass so that we may find those children who need special care. A combination of both old and new methods is used in the search for children who may be suffering from defect which deprives them of that full health which should be their birthright.

I give below a brief resume of a few features of our work :—

(1) *The Rapid Survey Method.* In addition to the routine medical inspections, the rapid survey by nursing staff has been shown to be a valuable instrument in our hands to check up periodically the physical state of the children. This method has brought the school health visitor into closer contact with the teacher and child. Any child in whom she finds a condition which requires medical investigation is noted and an endeavour is made for the medical officer to call at the school within a week or so. In this way, the advantage of examination both by the school health visitor and the medical officer is combined and economy in the doctor's time is effected. One other advantage is that the child is seen with the teacher. A further account of this rapid survey is contained in the report on page 108.

(2) *Closer Co-operation with the Pædiatrician.* The pædiatrician in charge of the children's beds in hospital is also consultant pædiatrician to the School Health Service. He conducts school health clinics and his advice is generally available. The obvious advantage of this is that he has the hospital beds and hospital facilities for special investigations immediately to hand when required.

(3) *Special Class for Partially Deaf Children* (page 127) .This class has continued its good work.

(4) *Spastic Class.* The spastic class moved to newer, larger and better premises where 12 children attend. This is an economical feature of the educational care of children suffering from cerebral palsy. Another interesting feature is that, on average, the children admitted to this class have lower I.Q's than are generally accepted by other cerebral palsy units. Expense is not involved for residential treatment and all the advantages of home life and parental care are preserved. (Page 131).

(5) *The Pre-Tonsillectomy Clinic* has proved its value. Every child on the " tonsil " list can be reviewed by the pædiatrician and consultant ear, nose and throat specialist. After investigation, a decision is taken as to whether the recommendation for the tonsil operation shall go forward and the child's name remain on the list and, secondly, with what degree of urgency the operation is necessary (page 105).

(6) *Sweep Test* (page 132). Perhaps the most interesting investigation which took place during the year was the testing out of the so-called sweep test by which means the hearing of each child can be individually tested in a quicker and more effective way than the group test.

(7) *Notification of Rheumatic Conditions* up to the age of 16 has helped in the provision of special educational treatment for those few children suffering from rheumatic diseases. Notification here, as elsewhere, has proved to be essential to better care.

(8) *Handicapped Children.* Once again a Christmas visit to the circus at Belle Vue was organised for 100 Salford handicapped children. Another Christmas treat for the children was the Children's Party at the Art Gallery, Peel Park, to which 300 handicapped children were invited ; this party is organised by the staff of the department.

(9) *Diphtheria Immunisation.* An effort has been made to increase the number of children immunised in order to continue the high percentage (over 95 per cent.) of children immunised. New entrants to school continue to receive booster doses on admission.

(10) *Clinic Premises.* I am glad to be able to report the improvement which has taken place in your clinic premises. Individual chairs have been provided in place of the old communal benches, to take one example.

The routine work of the school medical officer and school health visitor in their co-operation with the parents and teachers is, of course, the main way in which we work. There are branches of special provision for special cases such as the asthma clinic, foot health clinic and provision for the child afflicted with cerebral palsy.

Another point of interest has been the attack on the problem of the child with *verminous infestation.* For 10 years there has been no prosecution of parents for this condition. This does not signify that there has been neglect of the problem. I have never been able to persuade myself of the value of prosecution in these cases. Rather is there need for better education of the parents and of the public as a whole, and better technical care. Whilst the right to prosecute is still reserved as a weapon, I am proud that you have not resorted to prosecution in a single case. There are those who will say that we

should be ashamed of not having brought parents before the court ; but our attitude is entirely deliberate and positive. It seeks not to punish but to secure co-operation and to help. I have never had cause to regret this policy though I deplore the careless neglect of some parents.

Yet another interesting point—we have adopted, over a period of 10 years, an attitude to epidemic disease which has not meant the exclusion from school of contacts except in the (fortunately rare) diseases such as polio. For all the common infections of childhood, the system has been that all contacts are examined by a doctor or a nurse at the time the original patient is diagnosed and, in the vast majority of cases, the children have been allowed to attend school. In some thousands of cases of infectious disease—scarlet fever, chicken-pox, mumps, measles, whooping cough, etc.—I cannot recall one instance in which the spread of the disease has occurred as a result of this " freer " policy. The saving of school time which has resulted from this policy must be really significant. (In the case of diseases such as scabies, prompt treatment of family contacts has enabled the school child to attend school with safety the day on which, or the day after, the original case was diagnosed).

The scope and extent of methods of ascertainment and facilities for treatment of the educationally subnormal child is, in my opinion, far inferior to that of the detection of physical subnormality. I am glad to learn you are providing three additional special classes in the Broughton area—this is a heartening example. I am aware of the difficulties in providing rooms in already overcrowded schools for these children and of the host of other difficulties which beset you in your plan to provide children with the education suitable to their ability and aptitude. Nevertheless, the task must be faced ; for it is the least satisfactory aspect of your provision for special educational treatment of handicapped children.

When we read that there were over 27,000 juvenile delinquents in England and Wales in 1948, the better ascertainment and care of the educationally subnormal child becomes of special significance. There is no doubt a proportion of these children find the competition with their more fortunate fellows in the same class too much ; they become disheartened and seek satisfaction in doubtful activities. On the subject of delinquency, it is interesting to note that from 20 per cent. to 40 per cent. of the children have some emotional disorder and therefore earlier ascertainment and care might do comething to prevent delinquency. In the special class the educationally subnormal child can feel happier and more effective. He will come more closely under the care of the School Health Service.

Personal Environment.

Personal environment is a very important factor in child health. The dictionary defines " environment " as " that which surrounds or encircles " ; environment, therefore, must include personal and psychological influences which, though difficult to see and measure, are nevertheless of decisive importance.

Consequently, environment is more than the house and street in which the child lives, the air he breathes, the water he drinks. School health services are more than milk, meals and medical inspection, more than teaching the children to be clean, more than the school buildings—school environment. The influence of the teachers are all-important because people rather than premises influence health.

The staff have tried to be one with the people and their problems. The services of the whole staff are made available for Parent/Teacher Associations, etc. A number of film strips have been prepared—one on the School Health Service attractively portrays the variety of services available.

I should like to take this opportunity of recording appreciation of the work of the medical, nursing and administrative staffs, to whom credit is due for the work detailed in this report.

It is no mere formality to refer with grateful thanks to the help which has been given by you, Mr. Chairman and members of the Physical Care Sub-Committee, by Mr. F. A. J. Rivett, Director of Education, and the teaching and administrative staffs of the Education Department.

I have the honour to be,

Your obedient Servant,

J. L. Burn

School Medical Officer.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Arrangements are made for each child to be examined by the School Doctor as soon as possible after first admission to school, during the last year of primary school life and during the last year of secondary school life. The parent is invited to be present at these examinations and it is most important that the mother or father should attend because the first principle of the work of the School Health Service is to teach, stimulate and encourage the parents in the better care of their children.

The Local Education Authority, through the School Health Service, has made arrangements to provide medical treatment for pupils as follows :—

Observation at School Clinic when the School Doctor may find, at the examination in school, that further investigation is necessary or if the parent requests this.

Treatment of Minor Ailments such as cuts, septic spots, sore eyes, etc., by the School Nurse at the Minor Ailments Clinics. At some schools it has been possible to open Minor Ailments Clinics, thus reducing loss of school time and avoiding danger to the children from traffic on busy roads.

Pre-tonsillectomy Clinic.

Children referred because of enlarged tonsils and adenoids are examined at this Clinic by the Ear, Nose and Throat Specialist, Dr. Cavanagh, who decides on the need for operation. In those cases where there is a possibility of avoiding operation the decision is postponed for a period of two to six months and the child is examined again then. This extra supervision has been very effective in avoiding operation in many cases.

Ear, Nose and Throat Clinic.

Children with diseases of the ear, nose or throat are examined by the Specialist at this Clinic. Appropriate treatment is carried out until the child is seen again by the Specialist.

At this Clinic children whose hearing is defective are examined by the Specialist and arrangements made for admission of the child to the Partially Deaf Class in Regent Road School if the loss of hearing is such that the child has not been able to benefit from the instruction under ordinary classroom conditions. In this class the children are taught to lip-read and to use a hearing aid. They remain in this class for about six months to one year and they are then usually able to return to a normal school.

Eye Clinic.

Children whose eyesight is not normal are referred to this Clinic for examination by the Eye Specialist. When glasses are advised a prescription for these is given to the parents who are asked to take this and the child to to any Optician on the National Insurance List. When the glasses are fitted the child is examined again by the Eye Specialist to make sure that the eyesight is then normal.

Where the child has a squint or glide, glasses are always necessary and in addition, treatment is given at the Clinic for the weak eye. Having this treatment, the good eye may be covered for a time in order to strengthen

the weak muscles of the other eye. If the squint is still present when wearing glasses an operation may be necessary to straighten the eye. Although the squint can be cured in this way the vision of the squinting eye is not improved by the operation.

Other eye disorders such as conjunctivitis and styes are referred to the Eye Specialist if they do not improve quickly with treatment at the Minor Ailments Clinic.

SKIN CLINIC.

The Skin Specialist holds a clinic at Regent Road every Thursday afternoon, where Salford school children suffering from any type of skin disease may be referred by the school doctor. The work of the Clinic is closely connected with this Skin Specialist's Clinic at Hope Hospital so that if hospital investigation or treatment is required this can be arranged without any difficulty.

SCHOOL DENTAL SERVICE.

The importance of this Service is shown by the figure for last year when over 68 per cent. of the children inspected in school by the School Dentist were found to require treatment. School children are given gas when teeth have to be pulled out and just over 3,500 anæsthetics were given for this treatment for Salford school children in 1950.

A special branch of the School Dentists' work deals with the regulation of teeth which are badly formed or are out of true position and a new clinic has been opened at Encombe Place for this orthodontic treatment.

CHIROPODY.

Clinics attended by the Chiropodist are held at Regent Road and Murray Street and regular foot inspections are carried out in all the schools. All defects discovered receive prompt treatment and parents are advised if shoes are not suitable.

SPEECH DEFECTS.

Children with a stammer or any similar trouble have special training either in school or at a Clinic and results from this treatment are good.

ASTHMA CLINIC.

Children suffering from asthma are examined at Regent Road Clinic by the Consultant Paedictrician, Dr. R. I. Mackay, and after a very complete investigation, treatment is arranged with good results.

OPEN AIR SCHOOL.

Delicate children very often require to spend one or more terms at our Open Air School at Barr Hill where they appear to improve in health very quickly. This school accommodates only 100 pupils.

NERVOUS DISEASES.

Specialist opinion regarding school children suffering from any nervous disease is obtained from Dr. J. S. Parkinson at Salford Royal Hospital.

SPASTIC CLASS.

This is a Special Class at Cleveland House for children handicapped by a paralysis which makes them unfit to have education in an ordinary school.

ORTHOPAEDIC CLINIC.

Crippled children are examined at this Clinic by the Orthopædic Specialist, Mr. D. D. Cranna. A member from a surgical appliance maker is also in attendance at this Clinic and he arranges for all repairs and alterations to shoes, splints, etc.

PHYSIOTHERAPY.

Various forms of physiotherapy are available at Regent Road, Police Street and Murray Street. Children who have had tonsils and adenoids removed are invited to attend for breathing exercises for a period of six weeks. Special breathing exercises for asthmatic children are given at the three clinics and at the Open Air School where most of the asthmatic children attend.

SUNLIGHT CLINICS.

Three sunlight clinics are available to school children at Regent Road, Police Street and Murray Street Clinics.

Nursery Schools.

The report deals with the following nursery schools :—

Hulme Street ;
Kara Street ;
Markendale Street ;
Cook Street ;
London Street.

Each school has been visited once every month except when the school has been closed for holidays. Each child was examined at alternate inspections unless progress was unsatisfactory, when it was seen each visit. Any child absent at the time of the inspection was seen the next visit.

The date and time of the inspection is put on the notice board of the nursery school but few mothers avail themselves of the invitation to be present. An attempt is being made to persuade the mother to be present for the first inspection but without notable success. The majority of mothers will be present if a definite invitation is given because of the child's unsatisfactory condition or progress.

The response to invitations for special clinics is still poor—particularly for treatment which requires continued attendance, e.g., massage and exercises, artificial sunlight, dental treatment other than extractions.

The general health of the children in the nursery schools is good and shows definite improvement during their attendance. Only one child has shown no improvement whatsoever and a stay in a Convalescent Home has been arranged for this boy.

The following is a list of recorded infectious diseases :—

Chicken Pox	8	
Measles.....	34	
German Measles.....	11	
Whooping Cough	2	
Dysentery Sonne	3	(no records kept in some schools).
Mumps.....	16	
Impetigo	2	
Scabies	0	

There has been a greater incidence this year of minor respiratory troubles and of tonsillitis and cervical adenitis but only one case of pneumonia is reported.

The standard of cleanliness is fairly good. Verminous and nit infested heads are found to reoccur in the same children. The children are regularly inspected by the health visitor or clinic nurse visiting the school, but the actual cleansing appears to be left to the mother—who is very frequently in full-time employment. There have been no cases of scabies reported in any nursery and only two children have been excluded with impetigo.

School Nursing Service.

The duties of School Nurses may be divided, roughly, into clinic, domiciliary and clerical work, with clinic work predominating during 1950.

During the year, for the first time, all schools were taken over by health visitors. Clinic work was delegated to the six remaining school nurses, clinics nurses and some (few) health visitors. Hygiene attendants assisted in both schools and clinics where necessary.

Work in Schools.

(*a*) *Hygiene Inspections* were conducted in most schools every term and a greater effort made to improve general cleanliness and to reduce head infestations. Re-inspections have been made more frequently and home follow-up work intensified.

Compared with the infestation rate of schools for which health visitors were responsible in 1949—some 12 per cent.—the rate for 1950—17 per cent.—seems high. This may be accounted for by the fact that the schools taken over during the year were in bad areas where the general standard of hygiene was low, in one school the infestation rate was 45 per cent.

(*b*) *Medical Inspections.* Health visitors have assisted the school doctor at most inspections, and have carried out vision testing, weighing and measuring, and any other necessary preliminary measures.

(*c*) *Infectious Disease Outbreaks.* Nine schools were visited during the year with reference to outbreak of infectious disease and a total of 1,042 children examined.

(*d*) *Nursery Schools.* Daily visits have been paid where possible. All children were seen but only those in an unsatisfactory condition or referred by the Superintendent were examined at the daily visit. All children were examined once a month when possible and were also examined monthly by a medical officer. Head cleansing is the responsibility of the nursing staff. It is to be regretted that the pediculosis rate among these children remained consistently high, 22.9 per cent. in 1949 and 23 per cent. in 1950. The figure in individual nursery schools varied in 1950 from 13.3 per cent. at Kara Street Nursery to 44.7 per cent. at Markendale Street.

Rapid Surveys.

This comparatively new aspect of school nursing has shown interesting developments but is still only in the experimental stage.

The surveys have a two-fold function.

(1) *Medical.* The detection of defects, which should be followed by prompt medical investigation, and where necessary, treatment.

(2) *Education.* To serve as an occasion for individual health education of pupils.

From an *educational* point of view, three factors are important :—

(*a*) *Time.* An atmosphere of haste discourages pupils from taking this opportunity for health discussion and without participation of the pupils much of the value of teaching is lost.

(*b*) *Assistance.* Help with preparation of the room, clerical work and marshalling the children, etc., is important as it leaves the health visitor free to discuss health with the pupil. Help is also important with children too young to benefit from health discussion, as much time is otherwise spent in helping with undressing, thus leaving the health visitor little opportunity for contact with class teachers.

Hygiene attendants have been very effectively used to assist with this work, but assistance was limited as the establishment of hygiene attendants does not allow for expansion of their duties to the extent needed.

(*c*) *Privacy.* Most senior pupils are eager to make the best use of this opportunity for health education provided they are not overheard or overlooked at the time. Efforts made by head teachers to ensure privacy were much appreciated. Sometimes the Head Teacher's own room was offered ; or a classroom, or part of the hall screened off by mobile blackboards had given the necessary seclusion. It would be helpful if, in those schools where the only accommodation available is a cloakroom, screens could be provided and where the floors are of composition or stone, some form of washable rug or cork mats be provided.

The findings at rapid surveys varied according to the type of school and area, the most important being the high incidence of suitable and/or defective footwear with its resultant train of minor foot defects. More important are the potentialities for permanent foot disabilities, which may show serious results in adult life.

It was interesting to note the reaction of the children as a whole to a survey whilst actually in progress. Common faults, discussed with friends by the early examinees became strikingly less common as the survey proceeded and—to quote from a health visitor's report—" the last two sessions brought to light many washed necks, trimmed finger nails and even new vests and shoes."

With consolidation and expansion of the medical and educational aspect of this work, Rapid Surveys may rightly claim the central place in the School Health Visitor's work in the future.

CLASSROOM TEACHING.

Requests from head teachers for the health visitor to give talks on hygiene and mothercraft have been met. At each of two schools one health visitor has given an average of one lesson every week during the school year. Senior

girls were taught mothercraft and hygiene and children in a lower class hygiene only. The children showed great interest and the response to teaching was good. All lessons were given in collaboration with head and class teachers whose co-operation and help were greatly appreciated.

Teaching of Mothercraft in schools.

CLINICS.

School Clinics were staffed whenever possible by clinic nurses and by the remaining six full-time school nurses, rather than by health visitors.

All nurses undertaking treatment of Minor Ailments attended Dr. Cavanagh's Ear, Nose and Throat Clinic for a " refresher " session. Head mirrors and aural speculi were supplied to all clinics and where necessary adjustable lamps, sterilisers and other equipment, needed to improve efficiency, were provided.

Work in Schools.	Health Visitors.	Clinic and School Nurses.	Total.
Medical Inspection Sessions	486	44	530
Hygiene Inspection Sessions	873	110	983
Hygiene Re-inspections	250	11	261
Special Visits to Schools	309	67	376
Special Visits to Nursery Schools	510	—	510
Vision Testing Sessions	137	30	167
Rapid Survey Sessions	224	10	234
Audiometer Testing	—	48	48
Diphtheria Immunisation Sessions	—	76	76
Miscellaneous Sessions	53	2	55
TOTAL SESSIONS	2,842	398	3,240

School Clinic Work.	*Health Visitors.	Clinic and School Nurses.	Total.
Minor Ailments Sessions	179	1,973	2,152
Routine Medical Sessions	378	895	1,273
Specialist Medical Sessions	—	620	620
	557	3,488	4,045

Domiciliary Visiting School Children.	†Health Visitors.	School Nurses.	Total.
Medical follow-up	508	382	890
Cleanliness follow-up	525	123	648
Special visits	—	23	23
	1,033	528	1,561

Report of the Work in the Ear, Nose and Throat Clinic.

Dr. Florence Cavanagh reports :—

During 1950 the Ear, Nose and Throat Department continued its work. Certain aspects have been of particular interest :—

The pre-tonsillectomy clinic has been continued. The full effect of this work will not be assessed for another year or so. So far, however, we feel that two good points have developed :—

1. We have prevented several children from having unnecessary operations.
2. Where it has seemed that operation is essential to restore the childs' health, we have been able to hurry this forward.

The class for the partially deaf is running at full strength. Several children have now spent a few terms there and have moved on to normal schools. Most of these youngsters have done well in their new spheres. One child who had become deaf following tubercular meningitis, and had lost her speech as a result of deafness, is now able to talk again. We are looking forward to the time when we can have a separate class for the young children—at the moment the ages range from 5—15 and this is obviously not in the best interests of any of the children.

The treatment of chronic ear discharge remains a great problem. Several different lines of treatment have been used. Though we have had many successes there is a hard core of resistant cases which remain as a challenge.

Unfortunately some fail to receive adequate treatment for many reasons :—

1. Parents do not regard the discharge as serious.
2. Children are often not upset by this discharge.
3. General practitioners are too overworked to give the necessary time to the rather lengthy procedure of dressing such an ear.
4. Teachers do not like the children to miss lessons in order to have treatment.
5. Nurses are not always interested in every branch of their work and as ear cases are time-consuming when given the care they ought to have, those who do not care for this branch may " scamp " the work.

A supervising ear, nose and throat nurse. Recently in Salford we have promoted one of the nurses to a special post. This particular nurse has had considerable experience in ear, nose and throat diseases, but even more important, she is interested in the work and has been able to obtain results far

superior to any other results we have experienced. This nurse now attends once or twice a week all the major clinics where ear dressings are done. In this way we hope that the whole standard of work will be improved.

Ophthalmic Clinic.

Dr. John Scully reports that during the past year this clinic has been held five times weekly at the Education Offices. Children attend this clinic who suffer from defective vision, squint and external diseases of the eye.

Cases are referred to the ophthalmic clinic from the following sources :—

Children sent by medical officers during medical inspection in the schools, children referred by school teachers, children recruited from the maternity and child welfare clinics, children brought by parents themselves and, lastly, children referred by opticians.

With the exception of those cases referred from the maternity and child welfare department, the children in schools are examined by the medical officer, health visitor, or school nurse, at the age of 7 to 8, either by means of Snellens Test Type, or if illiterate, with the aid of the Illiterate E Test.

The clinic is receiving increasing help from the teaching staffs in the schools in the matter of referring cases. As they are with the children most of the day, they are in a better position to detect symptoms such as screwing up the eyes in distant vision, holding print too close, frowning when reading, and especially when the child shows signs of educational retardation.

There has been an increase in the number of educationally backward children sent for examination, but in not more than approximately 30 per cent. is there any marked defect in visual acuity. Even, however, when the sight is found to approximate to normal, it is not felt that an interview with parent and child is wasted time. The parent, without exception, is pleased to discover that a visual defect is not present and this further emphasises the need on the part of the parent to share with the teacher the responsibility of giving special encouragement to the backward child.

There is a steady reference of cases from the Maternity and Child Welfare Department for squint or lacrimal obstruction. The latter condition is restricted to children in infancy or between the ages of one and two and responds to local treatment for a few weeks or months, in the majority of cases, and it is only a small percentage of cases which require lacrimal probing in hospital. The usefulness of the early reference of cases of squint cannot be over-emphasised in the pre-school child. In recent years there has been maintained a constant reference from the Maternity and Child Welfare clinics of children with this defect. They are refracted under mydriatic, and glasses, where necessary, are often prescribed within a week or two of the squint occurring.

Not a few children just out of infancy but able to walk are fitted with " tie-on " spectacles for constant wear. The mothers of the older pre-school children (ages 3 to 4) are particularly gratified with the early improvement in visual acuity in the squinting eye as a result of occlusion and the wearing of glasses.

Since the inception of the National Health Service Act in 1948 there has been a noticeable increase in the number of parents who bring their children for eye examination when any defect is suspected. This is in marked contrast to the prejudice against the wearing of glasses not so many years ago.

There has been noticeable co-operation by opticians in sending children to the clinic for refraction under mydriatic so that the full amount of hypermetropia or myopia may be corrected.

Lastly, and importantly, the rapid surveys of children in schools, including eye-testing, brings to light children with visual defect who have been missed at routine inspection due to illness or for other reasons.

It will be appreciated that the young patients drawn from these several sources represent a high percentage of the school population in the city which suffer from visual defect.

Refraction Clinic.

Ten to 14 cases are sent for per session and the waiting list for patients to be seen is no longer than three weeks. If a child does not attend at the first invitation, the invitation is repeated for three times at intervals of a fortnight or three weeks. If no response occurs to the invitations, the child is home visited. As a result of these efforts, less than 5 per cent. of the children come into the category of defaulters. Occasionally, the child or the parents do not collect the glasses from the optician and a home visit is made as a result. Since the inception of the National Health Service Act, there have been no cases which have not received their glasses.

The children suffering from short sight are seen every six or twelve months according to the progression of the myopia. The long sighted children are tested every 12 or 18 months.

Since 1st January, 1950, the clinic has had the services of an orthoptist for four sessions per week and during the year an average of 50 to 60 occlusions have been examined weekly and 10 to 12 orthoptic treatments per week have been given.

SQUINT.

These patients usually have a hyper-metropic refractor error. They are examined under a mydriatic and glasses are prescribed when necessary. All such cases are referred to the orthoptist and are seen by the latter within three months of the time of refraction.

Patients undergoing occlusion are seen monthly and when the vision is equal, or nearly so, at three-monthly intervals.

Orthoptic training may be given at the earliest at the age of 7 and the child attends at weekly intervals. A waiting list for those children requiring operation is compiled following orthoptic investigation and the cases are classified according to the type of squint.

PARTIALLY-SIGHTED CHILDREN.

It is now proposed to accommodate about 15 children with a poor degree of visual acuity at a sight-saving class in the new open-air school at Irlams-o' th'-Height, and consent from the parents has been obtained for this number as a commencement.

In accordance with the National Health Insurance Act, the parents are instructed, on receiving form O.S.C.2, to take this and the child to an optician on the National Health Insurance list. When the glasses are fitted and supplied by the optician, the child is asked to attend again for a test of visual acuity and the fitting and lenses are checked.

By arrangement, the opticians are notifying the clinic when the glasses are fitted, so that the further supervision is ensured. Post-cards are supplied to opticians on application.

Artificial eyes are now supplied free of charge, and it is gratifying to note that none of the few children to whom this applies has been without an " eye."

All repairs and adjustments are dealt with immediately and are not placed on the waiting list. All cases sent as " urgent " by teachers and doctors are given an early appointment, also child welfare cases and older children accompanied by parents who are concerned about their children's sight.

TABLE.

	Boys.	*Girls.*
Attendances at Orthoptic Clinic for Occlusion and Routine Inspection	1,300	1,209
Attendances at Orthoptic Clinic for Treatment	131	174
New Cases of Strabismus	147	137
Number of Refractions	2,130	
Number of Cases of Eye Diseases	226	
Number of pairs of Glasses prescribed	631	592
Number of pairs of Glasses obtained	631	592
Operations for 1950	48	

INTERNAL EYE DISEASES.

These are discerned on internal examination of the eyes under Mydriatic drops, and are comparatively rare. Treatment is advised, and the child is seen frequently. As these are often due to general causes, the child is referred to special departments such as the Municipal Clinic, Tuberculosis Department or to hospital for further treatment which cannot be given at the clinic.

EXTERNAL EYE DISEASES.

These comprise external diseases of the eyes and lids, and are often referred from other clinics. The number of cases varies with the time of the year, such diseases being more prevalent in the spring and autumn when there are cold winds and variable weather. General health is usually lower in spring following the winter. The children are examined and they are referred for treatment to the nearest school clinic and continue treatment at home.

Cases of Blepharitis are becoming rarer, due to modern methods of treatment which are applied regularly, and because of persistence in treatment after an apparent cure. It is also due in many cases to the wearing of spectacles for correcting stigmatism. The more serious types of inflammation such as phlyctenular conjunctivitis and ulcers of the cornea, both of which are likely

to lead to defects of vision, are also not so frequent. This again is due to modern medicine clearing up the condition more quickly, before permanent injury is done to the eye, and also to the children's persistence in the treatment both during and after the attack. In many cases these are due to low general health and the children are referred to the Sunlight Clinic and given Cod Liver Oil and Malt or other vitamin supplements.

The acute suppurative conditions are rarely seen now because the child is treated in the early stages before the deeper tissues are involved.

" Styes " are not seen so frequently now, and the milder infections of lids and conjunctivæ are treated and cured before they involve deeper tissues and the condition becomes chronic.

The milder conditions of Conjunctivitis are still seen, but quickly clear up under regular treatment, and leave no after-effects.

These children are rarely advised to be absent from school, as experience teaches that the condition clears up quicker when the child attends school and attends the clinic regularly, which they tend not to do if absent from school. The risk of infection to other children is very remote, except in the rare cases of acute suppurative conditions. In many cases both parents are at work during the day leaving the children to play unsupervised in dirty surroundings, and aggravate their condition by rubbing the eyes. In school, however, under more regular supervision such aggravation is often avoided.

Consultant Skin Clinic.

Dr. A. J. Gill reports :—

This clinic is held once weekly at Regent Road on Thursdays at 2-30 p.m. and provides facilities for diagnosis and treatment of skin disorders in Salford school children. Beds for those children in need of hospital care are available in the children's wards at Hope Hospital.

The need for hospitalisation of skin diseases during childhood continues to decrease for the categories of sepsis, *e.g.*, impetigo, septic scabies, but is still required for the type of case which can prove most intractable (*e.g.*, asthma—infantile eczema, psoriasis, chronic urticaria).

During the year under review, quite a large series of capillary nævi have been treated with Thorium X. In general, the smaller raised cavernous nævi occurring on the body are left untreated and the great majority of these lesions appear to clear spontaneously before school age is reached. For the larger lesions, and particularly those occurring on the face, which often give rise to considerable anxiety in the minds of the parents, treatment by repeated paintings with Thorium X in varnish or alcohol is very satisfactory. Cosmetic results are good. There is a complete absence of scarring, the nævi gradually fading and flattening over a period of 6 to 12 months.

The incidence of virus infections during the school years remains high. These include verrucæ, plantar warts and molluscum contagiosum. The main centres of dissemination of these conditions, and in particular the two latter, appear to be the swimming baths. Practically every child seen who was suffering from molluscum contagiosm gave a history of recent attendance at the swimming

baths. These lesions, once contracted, spread rapidly over the body and it would appear advisable, at " rapid survey " examinations particularly, to watch out even for the single small umbilicated pimple which is typical and refer it for treatment before multiplication takes place. Swimming should be forbidden until the skin has been clear for some weeks.

One other noticeable feature during the past year has been the increasing number of cases of sensitization to penicillin applied locally to the skin as ointment or cream. It would seem preferable to use penicillin locally for septic lesions in the form of an aqueous spray or as the powder. If the ointment or the cream is used it should be used only for short periods and omitted at the first sign of intolerance.

During the year 250 new cases and 289 old cases were seen.

The distribution by age groups was as follows :—

	Old Cases.	*New Cases.*
Adults	90	42
School Age	165	191
Under 5's	34	17

School Dental Service.

Report by L. H. Pollitt, Esq., L.D.S., Senior Dental Officer.

The year started with the school dental service facing its most difficult position since the war and owing to shortage of staff the Murray Street Clinic was closed and the Regent Road Clinic was only able to be operated on a part-time basis. Later in the year the position deteriorated still further and for a time the staff was reduced to two full-time officers. As a result of this shortage routine treatment and inspections had to take a second place in order to meet the demands for casual treatment.

It is, therefore, with considerable pleasure that I can report, in spite of the universal shortage of public dental officers, some improvement in staff position as a result of which it has been possible to re-open the Murray Street Clinic part-time and to have a full-time clinic at Regent Road again. Whilst there is still room for further improvement it will be possible to undertake more routine work if the staff position remains as at present. During the year we were sorry to lose the services of Mr. H. Walker who has retired and Mr. L. Miller who has resigned, and glad to welcome Mrs. B. Levy and Mr. A. Frankenstein.

In the past year 6,395 children were inspected, of whom 4,993 were found to require treatment and 987 were referred by the School Medical Officers and Nurses. The number of children treated was 6,223 for whom 2,500 fillings in permanent teeth were done and 730 temporary teeth filled. Other operations including crowns root treatments, prophylactic treatments, etc., numbered 1,405, and 243 operations—chiefly silver nitrate treatments—were carried out on temporary teeth. Sixteen children were fitted with partial dentures.

Orthodontic Service.

In January we lost the services of Mr. N. Wild under whose direction the service had been started, but we were fortunate to find a successor in Mr. I. McCracken who attends for two sessions a week. Of all the services provided

by a school dental service, apart from the immediate relief of pain, probably none is so much appreciated as the orthodontic service. The demands for such treatment can only be met, however, in a very partial measure.

Nearly all appliances are of the fixed stainless steel variety and during the year 54 appliances were fitted and 225 visits were made by children. The purchase of an X-ray unit will be of considerable advantage for diagnostic purposes as well as giving facilities for checking progress at various stages of treatment.

Foot Health Clinic.

Mr. Franklin Charlesworth, F.Ch.S., reports :—

There is nothing more fascinating than the supple and graceful feet of a healthy child. The symmetry and beauty of their graceful contours are the delight of every mother. If children born with sound, healthy feet could be kept without shoes and brought up in an environment of springy turf and soft sands during their pre-school years, their structural and postural stability would be assured, provided that on commencing to wear shoes they were based upon sound anatomical and physiological principles.

The environment of the modern child, however, is one of hard unyielding wooden floors and later stone or concrete pavements and roads, which have made it necessary to protect and support the feet against these harsh non-resilient surfaces. In spite of the uncompromising condition of our modern environment it is possible to keep the feet of the child sound and healthy by proper attention to foot hygiene and the fitting of appropriate footwear at an early age.

The proper care of the feet involves only a few very simple rules. The feet should be washed regularly and dried thoroughly, particular attention being paid to between the toes, a little talcum powder sprinkled in the interdigital surfaces and dusted over the feet will ensure the absorption of surplus moisture. Proper trimming of the nails is important. Faulty nail trimming is frequently responsible for the development of troublesome defects. The toe nails should be trimmed straight across and not rounded or cut away at the corners. The grooves of the nails should not be probed with sharp instruments such as pointed scissors, as this may result in piercing the tissues with a consequential inflammation or a possible infection.

Socks should receive careful consideration. Tight socks are frequently responsible for minor deformities of the toes and even structural weakness in the feet due to impairment of the proper functioning of muscles. In the process of washing woollen socks tend to shrink, particularly so if very hot water is used. Excessive shrinkage in this way quickly make a pair of socks, originally adequate in size, much too small for the child to wear without injurious effect to the feet. A liberal amount of surplus material in the toes of socks is necessary to allow for normal shrinkage and the creeping back of the socks when the shoes are pulled on to the feet. Rough darning, seams and holes may result in blisters, abrasions or even corns.

The structure of the feet of young children are simple and the joints very mobile. For this reason, in the case of children under 2½ years of age, it is advisable to fit boots rather than shoes. The footwear can be secured more firmly to the feet, holding the floor of the shoe in close contact to the sole of

the foot, ensuring proper support. As the feet of the child have not as yet been distorted good quality shoes on natural form lasts, conforming to the contours of the feet, should be fitted. To ensure a proper fit it will not suffice to ask the child if the shoes are comfortable. The joint spaces in the child's feet are so large that the foot can be severely squeezed up without causing actual pain, thus permanent damage can be done without it being realised. The weight-bearing foot is usually measured with a standard size stick, two additional sizes being added to obtain the shoe size. Shoes fitted in this way should provide the necessary toe clearance. If shoes have been correctly fitted they should fit snugly round the heel and instep and the hinge of the foot correctly related to the hinge of the shoe.

If the healthy development of the child's feet is to be maintained a proper appreciation of the aforementioned factors by all concerned is essential. Every endeavour is being made by this department to promote the interest of parents, teachers and the child. Attractive window displays with appropriate models, charts, etc., have been used. Posters illustrating faulty and correct posture and simple exercises for the healthy development of the feet have been displayed at schools. Lectures to health visitors is another method that has been used to disseminate appropriate knowledge and advantage has been taken of regular school surveys to obtain the co-operation of the principals and teachers. The fullest advantage is taken of contact with parents at the foot health clinics to utilise that all important personal contact to the fullest extent to gain their willing co-operation and to instruct them.

Fig. A. Foot inspection at a school.

The regular foot inspection carried out at schools have brought to light many interesting facts (Fig. A) not the least of which is the prevalence of mobile pronated feet (Fig. B). It has been argued by some authorities that a

high percentage of these cases is self-correcting, as the muscles gain strength so they will be able to provide the necessary support. Whilst this is undoubtedly true it must be pointed out that in the interim period neglect of pronated feet will result in faulty posture and gait. This may be maintained even though the long arch weakness has been overcome. It should also be pointed out that it is almost impossible to distinguish between congenital and acquired mobile pronated feet in children. It is, therefore, advisable to take steps to re-establish

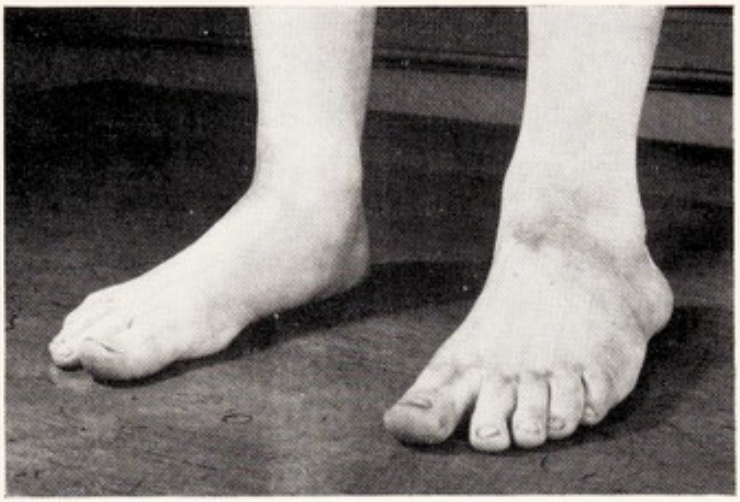


Fig. B. Mobile Pronated Feet.

structural stability of the feet and thus safeguard against the development of defects in posture and gait. To this end all cases of long arch weakness have been referred to the clinic where medial wedges of cork have been fitted to the shoes in all but the severe cases. The latter have been placed on the list at Hope Hospital where in due time they have been fitted with corrective surgical insoles.

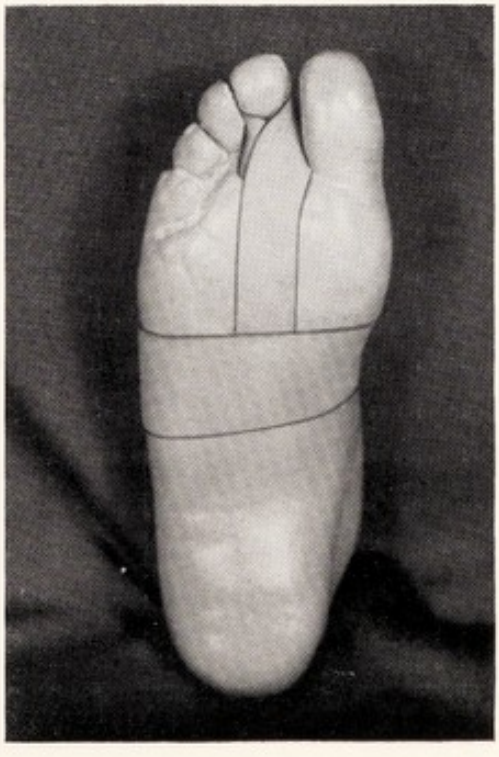


Fig. C. Traction sling for overlying Second Toe.

CORK WEDGES.

The difficulties attending the prescribing of leather wedges to the soles and heels of the shoes are many. Even these wedges to be truly effective should be so placed as to cause a tilting of the floor of the shoe. It is necessary that these wedges should be inserted, in the case of the sole, between the middle and outer sole and, in the case of the heel, the heel should be lifted and the wedge inserted at the base. It is unfortunate however that this method of attaching

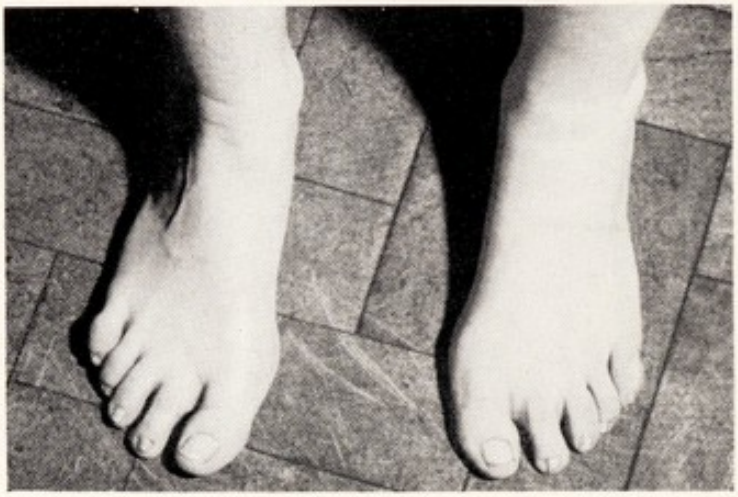


Fig. D. Hallux Valgus—Girl, age 11 years.

wedges is rarely carried out. It is also unfortunate that the leather which is usually fitted on the top of the sole and heel is rarely wedged shaped, but merely a flat piece of leather with the edge abruptly bevelled. This indifferent attempt at wedging is quite unsatisfactory, the effect aimed at is not achieved and the leather wears away very rapidly. The relative high cost of such an alteration cannot be overlooked particularly as the result is so indifferent. To solve this

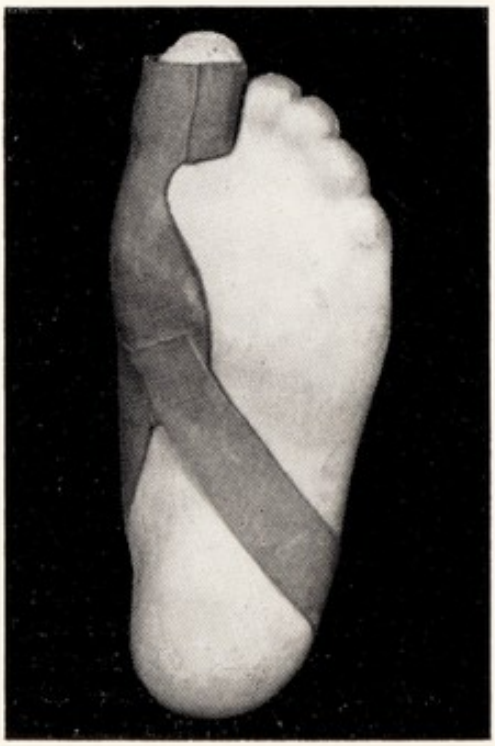


Fig. E. Hallux Valgus
Traction Sling.

problem cork heel wedges have been devised and consist of a leather heel sock and a wedge shaped piece of cork $\frac{3}{16}$ in. thick and $1\frac{1}{2}$ in. wide. The cork wedge is fitted along the medial half of the sock, the anterior end of the cork being bevelled. Where necessary the thickness of the wedge can be increased by adding a further layer of cork. The advantages of this simple device are that a proper wedge effect is achieved so far as the heel is concerned, and the

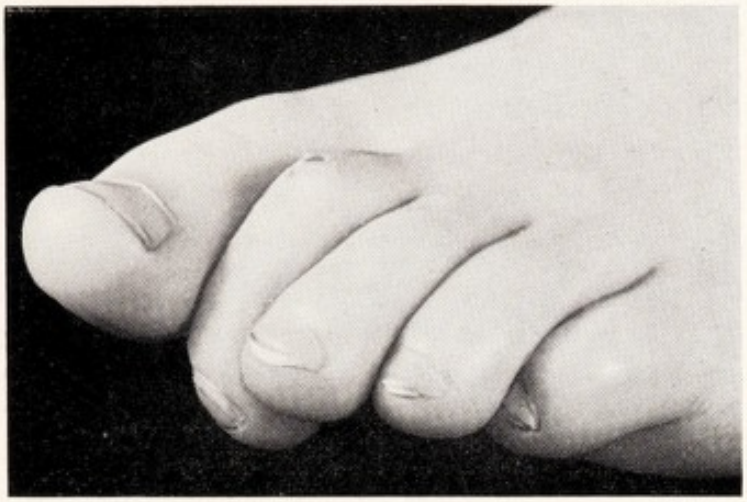


Fig. F. Contracted Second Toe.

cost is very modest—the appliance being provided as part of normal treatmen and eliminating the necessity of the parent being put to considerable expense by having leather wedges fitted. The use of the wedges have been confined to the less severe cases of pronation and have proved highly satisfactory. Careful check of all cases treated has shown most gratifying results as is evidenced by the statistical report.

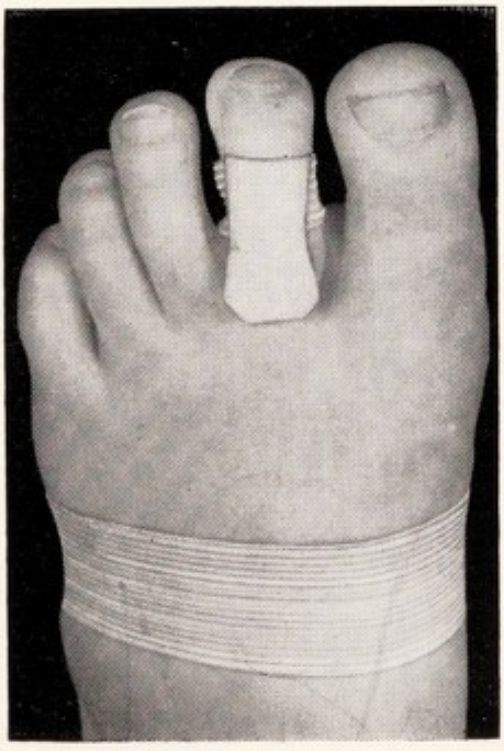


Fig. G. Toe Splint with Brace.

LESSER TOE DEFECTS.

In the case of defects of the lesser toes very satisfactory results have been achieved by the use of simple corrective devices, such as traction slings (Fig. C) for the correction of hallux valgus (Fig's D, E) and overlying toes. Toe splints and toe props have been devised and effectively used in the treatment of underlying toes and contracted toes (Fig's F, G). In the treatment of the above conditions experience has taught us that the most satisfactory results are obtained in treating underlying rotating toes and hammer toes, by first securely splinting with felt and Z.O. plaster and correction in this way is usually obtained in a very short time—usually about a month. This form of splinting is then discontinued and a replaceable toe splint or prop substituted.

VERRUCA.

The continued decline in the number of cases of verruca is very satisfactory. This improvement is undoubtedly the result of the interest and co-operation of heads of schools and teachers, which has resulted in early diagnosis, prompt treatment and the prevention of the spread of infection.

OTHER DEFECTS.

The number of cases of nail defects, bunion and metatarsalgia are relatively very small and such as they are, are confined in the main to the age group 13 years to 15 years.

The very encouraging results achieved during the past year are due to the excellent team work and enthusiasm of all concerned.

Speech Therapy.

At the beginning of this year the speech clinics re-opened a fortnight after the commencement of the school term owing to the absence through illness of the speech therapist.

Two clinical centres only have been in operation, those serving the Broughton and Salford, 5, areas. Meanwhile, cases are constantly being referred by medical officers and head teachers, of children attending schools in the Pendleton and Salford, 3, areas. In all, about 40, during the past year. In addition, there are also others referred before 1950, and still awaiting treatment by a speech therapist.

During the year, 35 visits to schools and 74 home visits were made.

Children attending the Spastic School, at Hope Hospital, have continued to receive speech treatment, consisting of one session each Wednesday morning, throughout the year, and for the most part fairly steady progress has been noticeable.

During September, the opening lecture for the third session of the Salford Nursery Assistants' Discussion Group, at the Education Office, was given by the speech therapist, and entitled "Speech Defects and Therapeutic Treatment." This had special regard to the child of nursery and infant school age, and stressed the emotional aspect underlying or accompanying speech disturbance, with the child's great need for security. Various reading matter used in the speech clinics was also displayed.

TREATMENT OF STAMMERING CHILDREN.

Whatever the type of stammer, whether tonus spasm (inability to utter the desired speech sound), or clonus (repetition of a speech sound), there is loss of self-confidence, to a greater or lesser degree. It is this loss of confidence which is responsible for the appearance of such obvious signs of nervousness as hurry and tension. A vicious circle is thus set up, and the ensuing conflict leads on to stammering. Treatment, therefore, aims at building up the child's confidence, by restoring to him a proper appreciation of himself as an individual.

As a first step it must be clearly pointed out that the stammer is not an integral part of the personality, but only a bad habit which has been acquired ; that differences of temperament are largely responsible for the fact that one person may perhaps be more inclined to fall prey to a stammer than another exposed to similar conditions. This sensitivity of nervous make-up, it is emphasized, in actual fact a gift if used in the right way. Used in the wrong way, it becomes a menace to the possessor, resulting in self-consciousness with all its attendant miseries. Used aright, it bestows upon the individual a greater degree of perception and appreciation of things seen and heard, with a finer discrimination between what is worthwhile and what is not, and a more steady understanding, sympathy and insight into the minds and feelings of other people. The force of this argument is intended to show to the stammerer that there is nothing wrong with himself as a person, but only with his attitude towards himself, and so towards his performance generally ; that his confidence is there—a little under the surface at present—but capable of being brought right up on top.

The foregoing remarks, clothed in language which can be readily accepted and assimilated, are offered only to the older child. The younger individual is content with a simple explanation ; e.g., " you stammered because you hurried and got tightened-up." But all of them are made to understand the need for self-control in order to gain the mastery over the bad-habit circle—anxiety, hurry and tension, which " like a magnet " tries to pull them in the wrong direction.

This sense of hurry or urgency appears to be common to all stammerers, regardless of the form the stammer may take. They feel that someone is waiting for an answer and may become impatient if they fail to reply quickly. Or again, standing up to read aloud in class, that the eyes of the class are upon them—criticising and judging them unfavourably—and that they may make a bad showing and so lose face.

Many children go through what is known as the " cluttering " stage, usually around four to five years of age. This is a normal phase of development, though not necessarily experienced by every child. At this stage the brain is working faster than the speech mechanism is able to form the words, and the resulting jumble is called cluttering. The danger is that a parent on hearing it may feel anxious about the child's speech, become impatient with him or her, and a true stammer may thus be started. The best way of dealing with this onrush and jumbling of speech on the part of the child is to speak quietly and calmly oneself, waiting without impatience to hear what it is the child wants to say, and as far as possible letting him do things for himself in his own time.

Feelings of self-mistrust and insecurity are most frequently bred in the home environment. It is not always recognised by parents that no two children are alike, that different gifts are bestowed on each, that the child approaches

a problem or situation in his own particular way ; and so, feeling this difference as a slight upon themselves, they fail to comprehend and respect their child's individuality. Thus, there is often impatience on the part of one or other of the parents, with a tendency to praise one child unduly while running-down the other (and, as it seems to them, less fortunate) child. Broken homes, divided parental control, lack of love and understanding all play their part in engendering in the child's mind a feeling of insecurity and personal inadequacy.

While one cannot always remove or control undesirable factors in the environment, some sort of adjustment is often possible, with the co-operation of the parents ; and in the child's visits to the speech clinic much can be done to restore and build-up his sense of security upon which depends his faith in himself. In some cases, however, where the emotional maladjustment is of a more serious nature and the home background more deeply disturbed, it may be necessary to refer the child for special psychological treatment at the Child Guidance Clinic.

Regarding treatment at the speech clinic, the next point is to make the child realise that if he can learn to keep calm and take his time all will be well. I get the child to copy down and repeat out loud such phrases as : " I can take my time " : " I can take an easy breath " : " I can keep relaxed " : " I can speak slowly "—and so on. A piece of elastic, stretched and then released, provides a good example of tension followed by relaxation. Similarly, a pencil gripped too tightly serves to illustrate nervous tension—the speed of writing is hindered and the pencil lead may be broken : in the same way, the stammerer with nervous haste, tries to force his words out and the speech pathway becomes blocked : or I may describe a crowd of people attempting to force their way through an exist—in church or cinema—if they rush the door few get out, but if they go out slowly and in orderly manner the building is easily emptied.

Relaxation forms the basis of the treatment, but no child is asked to lie down and learn to relax until he has first understood just why he should carry out this exercise, and how it will benefit him. Before relaxing his muscles completely, he is asked to stretch each limb in turn, and then all limbs together, while lying down (a cat is a good example of this). The object of the exercise is two-fold : in the first place, stretching tones up the muscles and makes subsequent relaxation easier, and in the second place, the child feels the difference between the pull and letting-go of the muscles. The children remain down, quietly relaxing, for some four or five minutes ; and this, at first, needs the exercise of some self-control if the child is to refrain from the tendency to fidget. Actually, as a greater degree of spontaneous relaxation is attained, he becomes less inclined to want to do this, and in the end usually sustains the relaxed state for the required four or five minutes very well indeed. The next stage is for the child to learn to put into practice, while he is up and about (particularly in the speech situation), what he has achieved while lying down : to know when he is tense and to let himself " go easy."

Besides relaxation, there is reading aloud, reciting of rhymes (sometimes of their own invention), rhythmical counting, and other activities such as drawing and colouring, playing competitive games, describing pictures, etc. There are never more than four children in a class at a time. In this way, I am able to give them individual attention, follow up their case histories, and generally keep an eye on them.

It may so happen that a child is bad at one particular thing, say reading or writing ; but if it can be demonstrated that he does well in another direction (and I am thinking here of his performance at the speech clinic)—at some game, for instance—or at drawing—the disturbing effects of his particular limitation are minimised ; and indeed, as he gains in confidence, the very item which aroused this feeling of inferiority tends to improve quite considerably because the child has ceased to feel that it is a bogey. Instead, he is fortified by the knowledge of his recent achievement. (One wonders whether the tendency to " mirror-reading," exhibited by some children, isn't after all due to anxiety ? They try to grasp the word too quickly).

Besides a good deal of free drawing, which is usually a great favourite with the children, they are asked to copy certain drawings and diagrams designed to illustrate how nervousness, hurry and tension (and so, stammering) can be overcome : the antidote is a complete swing-over in the opposite direction : for example, a clock, with pendulum swinging first in the wrong and then in the right direction—the latter leading to self-confidence and easy speech.

Miming appears to be of considerable value to some children as a builder-up of confidence. On one occasion I suggested a to class of boys that they should each do a mime in turn. A boy called W. (a very bad stammerer) immediately jumped up and volunteered to " take the floor." It was at once obvious that the child had a natural gift for miming. He was, in fact, excellent. Shortly afterwards, I visited his school and learnt from the headmaster that W. had quite suddenly shown general improvement : greater sociability, more keenness all round, and a lessening of the stammer. This improvement was also apparent at the speech clinic on subsequent occasions.

Where a young child develops a repetitive stammer which troubles him not at all, and of which he may even be unconscious, there is the danger that harm may be done by drawing attention to it, and so creating an anxiety state. For this reason, it is undesirable that children under seven years of age should receive direct treatment for a stammer. A home visit instead, resulting in an adjustment somewhere, may serve to put the matter right. Even should the young child exhibit nervous tension, the indications still are that the case would be best tackled through an approach to the parents rather than by treatment at the speech clinic. If the child is attending school, it is always most helpful to have the teacher's opinion regarding him and his parents. All parents of stammering children (whether attending for treatment or not) receive a circular letter with remarks intended as guidance to them in the handling of their child's difficulty.

Any tendency to worry about the stammer should be checked (and this applies to people in the child's immediate vicinity as well as the individual himself). If a child can so far disregard his stammer that he doesn't mind whether other people hear him stammering or not, then he is well on the way to self-adjustment.

During the past year 91 children received treatment at the Speech Clinic.

Total number of attendances amounted to 1,570.

Details of children who received treatment :—

At Broughton County Secondary School—

Dyslalia	17
Stammerers	27
Stammerers with Dyslalia	2
Sigmatism	4
Athetosis	1
Nasal Speech	1
Total	52

At Regent Road School—

Dyslalia	21
Stammerers	13
Stammerers with Dyslalia	4
Sigmatism	1
Total	39
General Total	91

Children interviewed and waiting admission number 33. A further 10 children were also called for interview, but failed to attend.

Children referred to me during the past year and not yet called for interview amount to 21. Besides this number there still remain to be interviewed 61 cases referred by head teachers in 1948, but this latter list is undergoing constant revision. Many of these children are referred again through the medical officer, and others have been found to be no longer in need of speech treatment.

In five cases interviewed no special treatment was required.

Discharges during the Year.

Final discharge—satisfactory	21
Provisional discharge—satisfactory (and awaiting final discharge)	11
For re-admittance and further treatment	1
Stood down temporarily	2
Discharged—further improvement unlikely	6
Discharged on admittance to Child Guidance Clinic	3
Discharged because of failure to attend or unsatisfactory attendance	10
Left school, having shown great improvement	4
Left school, having shown slight improvement	2
Left Salford area	2
TOTAL	62

(In 3 of these cases, where treatment had lapsed, the mother was working and there was no one to bring the child to the clinic).

Special Investigation Clinic.

Dr. R. I. Mackay reports that during most of 1950, sessions of the Asthma Clinic were held monthly by reason of pressure of work in the Department. In the first ten months of the year, several new cases were seen and some of the more urgent of the follow-up cases were reviewed.

A similar course was followed this year as previously in the study of the new cases, but the investigation of the asthma syndrome in each individual child has included an X-ray of the chest and nasal sinuses and a white cell count with a differential count. In previous years not every child had these investigations performed after the first consultation, but in the more severe and resistant cases these tests were eventually deemed necessary. The information gained from the examinations has made it possible to assess the importance of the factors of allergy, infection, and emotional disturbances more rapidly. Having made these assessments, treatment was advised either by reference to the appropriate Local Authority Services or by recommendations to the family doctor. Very few of the new cases seen this year have been seen for the second time to assess progress.

The children attending for follow-up examination were selected because of deterioration in physical condition or because of resistance to treatment. In many cases, laboratory or radiological examinations were performed and on the basis of these treatment was modified, or more frequently instructions regarding regimes and routines of physical treatment were emphasized. A few children required admission to hospital to break the asthma habit and these and others were referred for convalescence. School leavers were advised on suitable occupations, and efforts were made to put them in touch with the Juvenile Employment Bureau.

Certain reorganisation took place on November 1st which made it possible to extend the Asthma Clinic and to hold weekly sessions. This clinic now includes all children concerning whom the School Medical Officers may desire a consultant opinion and for whom hospital investigation is not likely to be required and all the children remaining on the files of the Asthma Clinic.

Cases are invited by appointment and sufficient time is allowed for full examination and discussion of each patient. Radiography of the chest, certain skin tests, hæmoglobin estimations and routine urinalysis can be performed in the clinic but some children have been referred to the X-ray Department and Laboratory at Hope Hospital for other tests as indicated.

One of the most important features of this clinic is that the Medical Officers of the School Health Service attend the clinic with the Pædiatrician on a monthly rota. In general, children referred by a Medical Officer will be invited to a session attended by that Medical Officer.

The majority of the children seen to date are asthmatics, some of them new cases, but the variety increases and a selection of problems facing the School Medical Officers present each week for discussion. Some of these problems are purely medical but emotional disturbances and social and educational problems are also included if such a consultation may contribute to their solution.

Report on the Work of the Special Class for Partially Deaf Children, Regent Road School.

The special class at Regent Road is now in its third year and well established. Reports from Head Teachers and parents of the children who have passed through the class are most encouraging. These children, whose ages range from seven to twelve are now enjoying normal school education ; there is " nothing the matter with them." They have renewed self-confidence, added abilities and every hope of being accepted as normal citizens.

An incident occurred during a conversation between a visitor and the specialist teacher of the class. It took place at an outing for handicapped children of Salford, and the question arose : " Are there any of your past pupils here today ? " On receiving a negative reply the visitor asked : " Why not, they are still deaf, are they not ? " to which the teacher replied : " Oh yes, but they are no longer handicapped."

They are no longer handicapped. That is the purpose of the class. It is for children who, because of their defective hearing, have fallen behind their fellows in school work ; whose mental outlook is daily becoming more gloomy ; who find themselves left out of games, isolated from friends and misunderstood by adults. It is for these children that the knowledge of lip-reading and a fuller understanding of the world of comparative silence, or at the best distorted sound, around them is going to be of the greatest value in later years. To this end they are taught self-confidence. Nothing is done for them that they are capable of doing themselves. They are not to be pitied. They must be encouraged to do better. So they are taught to tumble and balance like acrobats. To bandage and carry like ambulance men. They have their own boxes, containing everything they require for their school work, and their own tables and chairs, which they must keep clean and polished. There is an indoor garden of bulbs and seeds to be cared for, and a tank of fishes and water creatures to be looked after. If things get spilt, the mess must be cleared up without fuss.

Listening to the wireless is still fun, even though a hearing aid has to be used.

Normal class subjects include ten minute oral reading with the teacher by each child every day. The keeping of a personal diary, first in pictures, later in writing, is undertaken daily. Arithmetic, according to ability, and with individual attention by the teacher, takes up four and a half hours of each week. Handwriting and English usage occupy two hours. Visits to Worsley for nature study, and to the City museums and exhibitions in Salford and Manchester are always popular. At the end of the school year in June a special day out to Birkdale was arranged. The class travelled by road in the teacher's shooting brake and spent a wonderful day in warm sunshine among the sand dunes. The children collected sea holly and shells, snails and a toad and bunches of wild flowers for " their mums." They had a grand time.

First Aid in the classroom.

At Christmas they staged a Nativity Play and a small exhibition of their handicraft was shown at the City Art Gallery. Both these events were sources of real pride and encouragement. From time to time visitors to the City call in to see the class, and they can always be sure of a display of agility, lip-reading practice or a short classroom play put over with enthusiasm by these children, who normally would have remained silent and morose in the presence of strangers.

The Christmas Story.

A further addition to the amenities of the classroom this year has been the installation of running water. The children now wash each mid-day and at other times when necessary. It is possible under supervision to keep their feet clean after physical training activities which are carried out in bare feet.

During the winter they have a daily gargle, which has appeared to be beneficial As there is an open fire in the classroom wet socks and footwear can be dried out, and this again has reduced the incidence of catarrhal colds.

Since 1948 the class has had 24 children through the register. Fifteen have returned to normal schools. The class consists of a maximum of ten children, generally five boys and five girls, and they remain or move according to the time it takes for them to reach the standard of specialised knowledge required of them. Some children take six months, others much longer, according to the degree of their handicap. Then they return to normal school, and after a period a report is sent in by their Head Teacher. If they fail to progress they may return for a further course, but up to now only one boy has found this to be necessary.

Here are some excerpts from recent reports by Head Teachers :—

J. " The above boy was much below the average of his class when he was admitted but he has made steady progress and now his work is a good average. . .He does not appear to have any difficulty in following oral lessons. He pays close attention to his lessons and tries very hard."

P. " He takes an active part in school work and is not afraid to ask questions where he has not understood at first. His attitude is alert and he is making good progress. . . In all subjects he is up to the class average. In the woodwork shop he is making excellent progress and is one of the best boys. He is now an enthusiastic member of the School band and is learning to play the cornet. His music master is very pleased with his rapid progress."

R. " The above boy has certainly benefitted by attending the Partially Deaf Class. Before attending this class he was a rather dull type of child, rarely smiled, and his work was generally poor. There is a marked difference now ; he is happy in class and his work has improved greatly. His teacher considers him quite up to the average. The boy himself tells me that he can now, by a combination of hearing and lip-reading, follow everything that goes on in his class."

E. " Has taken an increasing part in the general life of the School. She now finds it as easy to converse with other children as she did to speak with adults on arrival. She moves about the school with growing confidence. She is in the third group out of four in her year. Her English is of good standard for this class and her books are nea . She enjoys the practical subjects where she can go at her own speed."

In all cases the improvement has been marked by happiness, confidence and the ability to forge ahead. Truly they are no longer handicapped children.

Home Observation Service.

This service is in fact a confidential arrangement made between the parents of the handicapped child and the Maternity and Child Welfare and School Health Services. Parents are usually anxious to co-operate in any way they can to obtain for their ill or handicapped children the best treatment possible, and it is thought that parental interest and co-operation in this way should be encouraged.

Suitable Cases.

These are chosen from children with Epilepsy, Rheumatic Fever, Asthma, etc., or children who are subject to " fits " or " attacks." Where the Medical Officer dealing with the child considers that some more definite detail is desirable than " hazy " recollections of " fits " or " attacks."

OBJECT.

The object of this service is to provide a complete case history giving actual date, time of day or night and duration of " fit " or " attack," its nature and severity, during the periods between visits to the Clinic. The complete picture thus presented should in certain cases give some indication of the child's response to treatment.

METHOD.

(1) A consent form is signed by the parent. Full co-operation of parents is essential as the record, to be of value, must be complete and reliable.

(2) A specially prepared and simplified two-monthly record card providing space for daily notes is supplied.

(3) The home is visited at least once every two months and the notes on the card are carefully revised in the presence of the parent.

(4) Notes are submitted to the specialist dealing with the case together with the usual medical records.

Special Class for Children Suffering from Cerebral Palsy.

During the past year the attendance and general health of the children in the Special Class have been very good. Regular visits have been made to them by an Assistant School Medical Officer, the Orthopædic Specialist, Physiotherapist and Speech Therapist.

In December the class moved from Hope Hospital into pleasanter and more spacious premises at Cleveland House. This enabled more pupils to be admitted to the class, so that now twelve cerebral palsied children (instead of eight) benefit from this form of special educational treatment.

The children are transported to and from Cleveland House by the ambulance service. The lunch time journeys, however, have now been completely eliminated. The preparation on the premises of a mid-day meal for the children means that they are rested, and consequently better able to assimilate the afternoon's lesson.

Lessons in the open air—Cleveland House.

Home Bound Children.

Report by Miss M. H. Hall, Home Teacher.

Home teaching is by now a well-established service, this being the second year since its commencement. Five children are benefitting from it and much useful work is being done.

INDIVIDUAL REPORTS.

L.D. (*Spina Bifida*). This girl achieves more in two half-days of individual teaching than she could in two weeks of ordinary school time. She is making rapid progress in spite of the fact that she rarely does the work set for home-work because she has to mind baby brother and do household duties when mother is out at work. She now produces letters in quite legible handwriting with pen and ink, is an excellent reader and knitter and shines at arithmetic.

J.B. (*Post-Poliomyelitis*). This girl was making good progress until she developed pneumonia from which, at the end of the year, she had not fully recovered.

J.B. (*Tuberculous Spine*). He has a particular bent for reading and for craft work, including basketry. His physical condition, unfortunately, is rapidly deteriorating.

M.L. (*Hydrocephalus*). M's vision is so poor that our work together has to be entirely oral. She has a retentive memory and knows her arithmetic tables thoroughly. She enjoys learning poetry and appreciates the music provided by gramophone records. Much of her time is spent in listening to the wireless.

R.E. (*Congenital Heart Disease*). This boy's intelligence seems to be impaired. He is learning to read but is very much behind the usual standard for his age. He enjoys art and craft lessons.

All the children take part in the cheap milk scheme and receive a daily pint of milk for 1½d.

Comparative Audiometric Survey.

During 1950 research was made into the comparative values of three forms of audiometric group tests. The services of a fully-qualified teacher of the deaf were secured for this work. It was hoped, by conducting a special survey, to ascertain if group testing by pure tone audiometer is practicable and more effective than the present method of testing by gramophone audiometer.

The three tests in question were :—

(*a*) *Gramophone Audiometer Test.* This system has been recommended by the Ministry of Education as the accepted method of group testing of school-children, and is at present widely used by local authorities. Sound is produced through single telephones, the test material consisting of spoken numbers commencing loudly and ending with sounds scarcely audible. Each ear is tested separately. For the purpose of this survey, a child was considered to have failed the test if he could not record correctly four out of six numbers at the 9 decibel level (corresponding to a 20 decibel loss by pure tone audiometer).

(*b*) *Pure Tone Audiometric Test. Massachusetts' System.* This system was evolved in the U.S.A. and is designed to test groups of twenty (or forty) children at one time. Testing is made at the 20 decibel level on the frequencies of 500, 1,000, 2,000 and 4,000 c.p.s., the tester making his own master sheets ; each child is given the prepared test paper bearing lists of " yes " and " no " and he must underline the appropriate word according to whether he hears or does not hear the sound. Each ear is tested separately. Two or more errors warrant failure.

(*c*) *Individual Pure Tone Audiometric Sweep Test.* Under this system, testing is carried out at a 20 decibel level on the 500, 1,000, 2,000, 4,000 and 6,000 frequencies. (It is felt that possibly 256 should be included, or substituted for 6,000). Each child has an individual test and each ear is tested separately. The child indicates when he can hear the pure tone by tapping on the table with a small wooden hammer. The results of the test are recorded by the operator —the child is not called upon to do any written work. Inability to hear on one frequency (either ear) constitutes a failure.

NUMBER OF CHILDREN.

This pilot survey was carried out with approximately 200 children in the ten/eleven years age range, at various schools throughout the City. The schools were not specially chosen, either for acoustics or convenience, the value of the survey being its application to general conditions throughout the country.

(*a*) *Gramophone Test.* The equipment consists of electric gramophone, twenty headphones and headbands. (Twenty children were tested at one sitting). It was found that the attachment of the headbands to the phones, the movement of desks to make best use of the lengths of flex available, the general distribution of papers, pencils, supervision of fitting of earphones and explanations of the test itself, all these occupied a period of time ranging from 25 to 35 minutes according to conditions. Where the children were unable to complete the test forms (name, address, age, etc.). an additional period of time was necessary so that help could be given to them. The recording itself lasted about ten minutes. For the purpose of this survey, no re-tests were made. However, in almost every case the children had taken this test before.

(*b*) *Massachusetts' Test.* The collection of the gramophone equipment and its substitution with the double headphones and audiometric connections of the pure tone test, occupied about 30 minutes. On the occasions when this test was taken first, the movement of furniture and setting up of the equipment took 20/25 minutes according to conditions. Explanations and demonstration varied according to the children being tested. In the case of this test (as with the gramophone test) it was found that blackboard demonstration was the best method of ensuring that the children understood just how the test was to be done, one child being chosen to take the test at the blackboard at an increase level of loudness which would certainly be heard by all present.

This test, including the sound of pure tone transmitted, was entirely new to the children.

(*c*) *Pure Tone Sweep Test.* When this test is given on its own, the children would, of course, come into the room one at a time, so that the room itself could be a small one—staff common room, store-room, or small library reading-room, according to school accommodation. In order to accommodate a group of twenty children for the first two tests, the rooms used during this survey were much larger, and it was impracticable for the children to go elsewhere until the testing was completely finished.

This test was entirely new to the children. The testing time per child averaged 2½ minutes.

Results of Testing.

Of the three tests, the gramophone brought the greatest number of failures, but many of these would have been eliminated normally, by re-testing. The proportion of failures was roughly Gramophone, 10 ; Massachusetts, 6 ; Sweep Test, 6. There were two cases where deafness in the high frequencies (4,000 level) was revealed by the Sweep Test, but the child reached the required standard in the Gramophone Test.

Generally speaking, it seemed that the Pure Tone Test Sweep brought the most accurate results of the test of hearing only (as contrasted with test involving written work) after one test with the minimum of equipment. Although the Sweep Test is taken individually, the average time spent with each child is 2½ minutes, so that twenty children can be tested in 50 minutes. The other tests (likewise with twenty children) including setting up and removal of equipment, and marking of test papers, take approximately one hour, but re-tests will be necessary.

It was found that the personal contact and word of encouragement possible in the Sweep Test were important factors in the accuracy of the response. Where there was any doubt or hesitation on the child's part as to whether he heard any of the sounds at a certain frequency, it was ranked as a failure. It was also found that many children had difficulty in recognising the 500 c.p.s. (and sometimes the 1,000) frequency at first hearing. However, by commencing testing at 1,000, followed by 2,000, 4,000, 6,000 and back to 500, a response at that level was often then obtained.

Referring to the Survey itself, of the 213 children tested, only 102 passed all three tests at the accepted level. Of the 111 who failed in one or more tests (and who were subsequently tested individually by pure tone down to threshold) 40 children had losses of 20 decibel or upwards. It may be revealing to record these individually :—

14	children	had	losses	at	the	20	decibel level.
11	,,	,,	,,	of	25/30	decibel	level.
7	,,	,,	,,	,,	35/40	,,	,,
6	,,	,,	,,	,,	45/50	,,	,,
1	child	,,	,,	,,	55/60	,,	,,
1	,,	,,	,,	,,	65/75	,,	,,

The crippling effect on the child's mind of such hearing losses, especially where the intelligence is below average, results in a history of educational failure and the " couldn't-care-less " attitude where school work is concerned. This small survey revealed all too clearly the urgent necessity to ascertain the most effective, rapid and accurate method of group testing. It is necessary for the test to produce accurate results with every type of child, and especially with those whose educational attainment and/or intelligence are not high, as it is in this category that deafness is so often found.

The children who failed the audiometric tests were all seen by the consultant otologist in attendance at the school clinic. Thorough examination of the ear, nose, and throat, was made, and appropriate recommendations, e.g., treatment of disease, special educational treatment, were carried out.

Comparison of Tests.

(*These are, of course, merely views based on experience in Salford*).

TEST I—GRAMOPHONE.

Advantages. The child is dealing with figures which it hears every day. This gives an element of confidence to some children.

This test does, in favourable circumstances and with average and bright children, record their ability to hear speech within the classroom.

Disadvantages. Once the record is stated, the test must continue, no matter what extraneous noise may occur. In cases of bad interruptions, the record must be played again.

The child must not only hear the voice but must distinguish what is said. Where the child has a quick wit, he can guess accurately at the quieter levels.

Where his concentration and intelligence are less, this affects the level at which he can interpret the sound he hears.

The writing down of numbers from dictation requires a degree of alertness and intelligence and educational attainment.

Any degree of nervousness or tension may result in failure without evidence of actual deafness.

Having a form to complete makes some children uneasy. In the classes of backward children, they were definitely confused by it.

The equipment takes a long time to set out, especially if the classroom furniture has to be moved. The headphones are packed in an awkward way, with separate headbands to be attached each time.

Twenty headphones bring a confusing mass of wires which can become complicated in a small room with active children.

The equipment itself is not easily portable by one person.

A room of some size must be placed at the disposal of the tester. Every school has not such a room available without upsetting an entire class. (In Secondary Schools, where series of classes visit the one room, the testing affects more than one class).

It is necessary to supervise the fitting of each headphone.

The marking of test papers takes some time.

Re-tests are necessary in many cases.

TEST II—MASSACHUSETTS.

Advantages. Headphones exclude extraneous noise.

Test can be held up for interruptions of any sort.

The child is not asked to distinguish one sound from another. The decision is merely " did I hear it or did I not ? "

Disadvantages. The ability to underline a " yes " or " no " as the result of an aural decision requires a definite standard of intelligence and mental response.

If the rhythm of testing is slowed down to allow for the slower members, the child has time to copy from an adjoining paper.

The setting up of the equipment takes a long time. (In view of the expensive nature of the headphones, individual supervision of their fitting was necessary to ensure careful treatment).

Many of the girls and younger children were frightened by the formidable appearance of the headphones and so many wires (and to the fact that the whole was connected to an electric plug !) Above all, many children expressed dislike of the compressing effect of the two tightly-fitting ear-pieces.

It is necessary to glance over all the answers, as the correct total does not always indicate a completely correct record.

A room of some size must be placed at the disposal of the tester. Every school has not such a room available without evacuating an entire class.

Re-tests are necessary in many cases.

The equipment is definitely not portable by one person (except by special transport).

TEST III—PURE TONE SWEEP TEST.

Advantages. The equipment is portable, easily taken from school to school and set up. This means a great saving in time.

The child's response is given by a blow with a gavel and the children enjoy this " play." Full co-operation is also easily obtained even from children suffering from some speech defect or nervous tension when they realise that no speech response is necessary. The response can, of course, be a verbal one—there is no need for any writing.

There is a minimum of upheaval at the school ; any ordinary room will do. The test has been done in ordinary classrooms and staff rooms and no special efforts were made to keep the room quiet, yet it is considered that reliable results were obtained.

The possible inaccuracy of writing down the results by the children is lessened. No chance of copying from neighbour.

Re-tests are unnecessary.

There is no marking of papers afterwards.

Children of low intelligence can be tested. In classes of educationally subnormal children (I.Q. 65 to 85), satisfactory results have been elicited and recorded.

Satisfactory tests have also been performed in the case of a few $4\frac{1}{2}$-year old children of average intelligence.

Considerable experience has been gained in testing 5-year olds and there is little doubt that the test can be satisfactorily performed by 5-year olds. Of some 5-year old children, all were able to perform the test.

If the child subsequently requires an individual test, the procedure being similar, it will be easy for him to perform second individual audiometer test having had some practice with the pure tone sweep test.

There is nothing for the child to break.

The test is quickly performed—certainly quicker than the group test.

The procedure can be halted if there is a sudden noise.

The equipment is less expensive.

Tests seem to accord exactly with clinical audiometer tests later.

The child is tested purely as an individual. All the time of the operator can be devoted to the one child. This avoids many errors which occur in any group test. The experienced operator can be sure, before the test proceeds, that she has established co-operation with the child ; she can give reassurance when necessary.

The children like the test as it seems part of a game. All the children like to use the hammer to indicate response. No difficulty has been experienced in any single case.

Testing hearing by the Pure Tone Sweep Test method.

Pure Tone Sweep Test.

It was decided, after comparison of the tests had been made, to continue group testing by means of the sweep test only. A further group of 500 children was tested.

Age of Child.

The test was carried out satisfactorily with children of all ages down to 4 years 9 months, but it was felt that 5 years 4 months was the lowest general age at which the test could be termed invariably accurate. At this age the child had generally been at school for some three months and had acquired an element of the discipline of concentration.

Testing was also carried out with educationally subnormal children. The average I.Q. was 65—the age ranged from 8 to 11. The test used was Pure Tone Sweep Test, this being the only " group " test of which the children were capable. Testing was carried out in the staff room, the children coming in one at a time. In every case, the child's signal coincided with pure tone transmission ; where the transmission was delayed for a moment or so, the child waited. The average time spent with each child was five minutes, although one particularly talkative child (I.Q. 46) needed a longer period before a positive response was attained. In his case there was some degree of high tone deafness, and two more children failed the test on one or more frequency. The children showed obvious enjoyment at performing the test and there was no sign of nervousness.

PROCEDURE.

Wherever possible, with the Headmaster's approval, the operator spent the first five or ten minutes with the class to be tested, talking individually to the children about their various activities. In this way it was felt that the children accepted her presence in the school and came more willingly to be tested. In some schools, news of the worker and her " wireless set " had been entered on the Infants' News Sheet for the day.

The ideal arrangement allowed for three children to be present at once, one being tested and two watching. As one child returned to the classroom, another was sent. In this way it was possible for each youngster to watch what was going on before his turn came to be tested.

The atmosphere of the test was planned to appear as much like a game as possible, to avoid any suggestion of medical examination. Those children who regarded the proceedings with some element of suspicion were in so many cases those who were, in fact, suffering from some element of deafness and it was so necessary that their nervous fears should be quelled to ensure a satisfactory test.

When the first three children were seated and the initial friendly overtures accomplished, attention was drawn to the " wireless set " and the children asked to listen for any noise it might make. Short sound intervals were made at 2,000 c.p.s. 90 decibel intensity, the earphones lying on the desk and turned towards the children. Explanation and demonstration showed that each time the sound was heard, a tap was to be made with a small wooden hammer provided for the purpose. This method of response was found to be the most natural for the children, and the little hammer (an auctioneer's) was immensely popular with them. Only a few moments were taken over these preliminaries, and the earphones were then suitably introduced to the first child so that he could hear the " little squeaks "—much softer than those heard so far. Double headphones were used, one phone transmitting, the other excluding extraneous noise. The hammer was then handed over and the test commenced.

The first sounds were put through at 40 decibels (2,000 c.p.s.) to ensure, in most cases, that it could be heard and also to give easy practice in response. Very few children needed more than three " squeaks " in practice. Intensity was then reduced to 20 decibels and the actual test continued.

The most satisfactory order of frequencies was found to be 2,000, 4,000, 6,000, 1,000, 500, 250. About three transmission intervals were allowed for each frequency, unless there was any doubt as to the response. From the child's point of view, the sounds at varying frequency followed in succession, but care was taken to avoid any semblance of regular rhythm. It was found that children of this age were more honest than their elders, and there was no effort to tap indiscriminately. To avoid confusion, the sounds were made deliberately firm and at fairly slow irregular intervals. As in all audiometric tests, most children gave the response immediately the sound was transmitted, but some waited until it ceased. Care was taken to keep an inscrutable face so that the child—who invariably kept his eyes on the operator's face—had no clue as to the moment of transmission. At the same time, his own face revealed his response as well as the responsive hammer tap.

Where the child failed in any frequency he was regarded as having failed the test, and listed for invitation to the clinic for audiometric test down to threshold. It was found that when such children came to the clinic they were quite prepared for the test, and gave accurate response by a similar method, quite pleased with the opportunity to show their mothers how clever they could be.

Two points regarding the test are worthy of mention. With these young children and the E.S.N. classes, it was realised that what the child saw was much more important than what was said to him so that every effort was made on the part of the tester to make precise, self-explanatory movements, so that by visual reception and subsequent imitation the child was able to perform the test satisfactorily. In order to ensure that this was a pure test of hearing and not of verbal or educational ability, the response was intended to eliminate speech on the part of the child, In many cases where he was too shy, or from speech or mental defect unable to speak intelligibly (and often embarrassingly aware of the fact) the manual response was accurate and without hesitation.

The average time taken with each child was three minutes. The individual examination allowed for personal contact between tester and testee and appropriate variations in methods of handling.

The present gramophone audiometric group test is made at 7/8 years of age and in so many cases the child's lack of educational attainment, and nervous temperament bring unreliable results. The value of a reliable test suitable for five year olds is obvious.

Final Analysis of Test Results.

No. of children tested.	No. of failures.	No. of children subsequently found by individual pure tone tests to have normal hearing.	Nett total of children with defective hearing.	Effectiveness of screening.	Percentage of failures.	
					Initial.	True.
506	63	12	51	81%	12%	10%

Report on Physical Education.

(*Submitted by the Organisers of Physical Education*).

The end of another year shows Physical Education still fulfilling an important function in the educational life of the City. Whilst progress is not spectacular it is steady, and will be reviewed under the various headings, which are as under :—

(*a*) Physical training, including clothing and equipment.
(*b*) Organised games and out-of-school activities.
(*c*) Dancing.
(*d*) Swimming.
(*e*) Teachers' classes.
(*f*) Work in Youth Clubs.

PHYSICAL TRAINING.

This work continues to be carried on unobtrusively in the educational establishments of the City. The daily physical training lesson continues to form part of the curriculum in all schools, and in the Infants' Department, where there is a greater need for physical activity, two periods daily are the rule in the majority of schools. The work is still hampered by lack of gymnasia and indoor accommodation, and during the past year difficulties in this direction have increased considerably in many schools, since some halls previously available for physical activity are now having to be used as classrooms for ordinary subjects. Owing to the post-war increase in the birth-rate (which is now being reflected in increased school attendances) and the strict control of new buildings, the position is not likely to show a relative improvement. It is pleasing, however, to report that it has been possible to arrange for one school to have the use of a nearby fully equipped gymnasium.

Definite progress can be shown in the provision of large apparatus for physical education during 1950, it having been possible to supply some apparatus of this type to 12 Infant Departments, 7 Junior Mixed and 9 Senior or All-standard Departments, making a total of 28 Departments equipped in 1950. Much still remains to be done in this direction, but many schools, particularly Senior and All-standard Departments, cannot be considered for large portable gymnastics since there is no available space in the school for either using or storing it. The supply of small physical training apparatus (footballs, balls, hoops, ropes, skittles, bands, etc.), has been maintained to all departments. It has also been possible to send an allocation of Plimsolls into every school in the City, and for the first time it has been possible to include the Infants' Departments in this allocation. It is hoped to continue to do this, since lack of soft shoes hampers the work, particularly that done with large apparatus.

The removal of top garments for physical activities continues. This varies considerably from school to school, but in all departments some clothing is removed, and the number of schools where children are stripping down to shorts only or shorts and vests is increasing.

There is an increase in the number of schools who are using the newer more informal approach to physical education, and this is proving much more attractive and enjoyable to both pupils and staff. The introduction of big apparatus in the Junior and Infant Schools has materially assisted in this, and has provided a much wider variety of activities.

Shortage of suitably trained women for girls' work continues.

ORGANISED GAMES AND OUT-OF-SCHOOL ACTIVITIES.

Excellent use has been made of all available playing space in the City, both in and out of school hours. A new area became available for athletics during 1950 when the Crescent Athletic Ground was opened. This ground was well marked and equipped for all branches of athletics, thus enabling several schools to hold their own athletic sports on it. In addition the Youth Clubs were also able to use it in the evenings.

A new departure has been the introduction of boxing for schoolboys in out-of-school hours. Forty boys are now enrolled in two classes and attend with great regularity each week at the South Salford Youth Club, which is equipped with a portable boxing ring and the other necessary equipment.

On the girls' side there is a shortage of suitable grassed spaces for hockey, for which there is an increasing demand now that the 15-year age group remains in school. It is hoped that the Northumberland Street site may be available in 1951 and so ease this position.

The Salford Schools Sports Federation reports progress in all the many activities for which they cater. Many thousands of the City's children aged between 10 and 15 years have participated in one or other of the activities organised by the Federation through their schools, developing the corporate spirit necessary for team games, gaining a knowledge of standards of play and a developing character which should stand them in good stead in later years. Activities covered are football (Association and Rugby), netball, cricket, rounders, athletics and swimming.

The Organisers of Physical Education would like to express their thanks and appreciation to the many teachers who so willingly give of their leisure time to umpire, coach and control these many activities. The results in the following activities of the Salford Schools Sports Federation should have some mention :—

(*a*) *Swimming.* A record entry was achieved in the Federation's Gala, and several Junior Schools entered the Junior competitions for the first time.

(*b*) *Cricket.* The City team reached the second round in the League matches, where they were knocked out by the eventual Champions.

(*c*) *Netball.* The progress made in 1949 was maintained and improved upon in 1950, the City team being placed third in the Lancashire County Rally and runners-up to Manchester in the League matches. Early in 1950 notification was received that two of the four teachers who sat for the "A" Umpire's Certificate in 1949 had been successful. At the end of 1950 a further three teachers sat for this examination, the results of which are not yet known.

(*d*) *Athletics.* Two afternoons and one evening were devoted to Inter-school Sports, some 55 schools taking part. In the Lancashire School Sports four competitors were chosen to represent the County at the Annual Sports, and two of these competitors were successful in gaining First Medals.

DANCING.

Dancing continues to form part of the curriculum in Infant Departments and in schools where there are girls. In one or two All-standard Mixed Schools mixed dancing classes have been inaugurated and it is pleasing to note that the children really seem to be gaining something from this work, not only physically but socially and æsthetically.

SWIMMING.

Nine plunge baths were available during the Summer months and five during the Winter. None of these is open for a full day in the week, and it inevitably follows that this limited the amount of use which could be made of them. During the Summer months provision was made for 148 classes of 30 children to attend under six instructors (three women, three men), and 16 classes of 20 children under one woman instructress. In the first four months of 1950 provision was made for 48 classes to attend under two instructors. In the last four months of 1950 there was an increase in the swimming facilities available, it being possible to arrange for 62 classes to attend under three

instructors (one man and two women). Unfortunately the weather during this time was particularly bad, and this, coupled with the Influenza epidemic and the shortage of fuel for heating the plunge bath water, has reduced the overall attendance during the Winter months. The weather during the Summer season was generally poor, and this affected the attendance of children, both during the term and during the holidays and out-of-school hours, when so much valuable practice is done. Inevitably this caused some slight fall in the number of one-length certificate winners, as compared with 1949. In 1950, 1,055 children gained the third class or 25 yards certificate, 947 the second class or 50 yards certificate, and 601 the first class or four lengths certificate. Seventeen girls were awarded the Advanced Certificate. This shows an appreciable increase of the two- and four-lengths certificates. In addition the Baths Committee awarded 1,055 free season tickets to children gaining a certificate for the first time.

Very good results were obtained in the Royal Life Saving Society's Examinations with a total of 477 awards, which is an increase over the 1949 figures of 177 awards.

The Humane Society for the Hundred of Salford medals for proficiency in the art of life saving were competed for by a large number of children, and eight boys and four girls were awarded medals, being the maximum awards allowed. The high standard shown by the competitors reflects credit on the instruction being given in life saving, which is an important part of the swimming scheme.

Work in Youth Clubs.

During the past year much progress has been made in the direction of open air physical activities both in winter and summer. Organised athletics are now available to boys and girls between 15—21 on three evenings per week during the summer on the Crescent Athletic Ground. Rounders and Netball Associations have been established for girls and some 15 clubs took part in a Rounders League, whilst 16 clubs have participated in a Netball League.

Efforts are being made to encourage Basketball among youth and to this end a Leaders' Course in Basketball Coaching and Refereeing has been organised in conjunction with the Central Council of Physical Recreation.

During the year progress was made in encouraging gymnastic and keep-fit classes within the various Youth Clubs and a Boxing Club was established last May.

There has been an increase in the number of clubs participating in Country, National and American Square Dancing.

Other activities such as Football (Soccer and Rugby), Cricket, Table Tennis, Tennis, Badminton, have not only maintained steady progress, but increased interest has resulted in additional clubs joining in.

Camping has become very popular and more clubs and organisations now arrange for a week under canvas each year.

PHYSIOTHERAPY DEPARTMENT.

Progress has been made and much good work completed during 1950.

Re-painting of the sunlight clinic and exercise rooms at the Regent Road Clinics greatly added to their cheerfulness, and with the addition of the new strip lighting and the cream walls, the rooms are now bright and sunny, giving a feeling of well-being and health rather than emphasising illness.

We very much appreciate the loan of the Rob walking apparatus from the Regional Hospital Board. It has been very useful and it is hoped that shortly we may have one of our own.

Orthopaedic Specialist Service.

Full use has been made of the service. Arrangements have been made for children to be accepted for treatment at any of the three available hospitals, so that the waiting time for treatment is cut to a minimum. There are, however, still a few parents who, when notified of a vacancy in hospital for their children, ignore the invitation without explanation, and this leaves an empty bed which could otherwise have been used.

Sunlight Treatment.

Fortunately, it has been possible to maintain the three sunlight clinics throughout the year. Since the commencement of a special clinic for children who have completed the course of physiotherapy, it has been possible to weigh children on completion of a sunlight course, and it is gratifying to find that definite gains in weight are made as well as improvement in appetite and general well-being.

Physiotherapy Treatment.

This year it has been possible to open additional clinics at Cleveland House, Landseer Street and Encombe Place. Thus, minor orthopaedic conditions, such as pronated feet and knock-knees, can be treated before the condition becomes serious.

It seems as if yearly outbreaks of poliomyelitis are liable to accur, and they greatly add to the work of the physiotherapy department. Frequent treatment must be given to these patients. Various forms of electrical treatment are available, and it is hoped in the near future, that we may have our own warm pool. This acquisition would complete the list of apparatus required in the treatment of these cases.

Children who experience difficulty in getting to the clinic are brought by ambulance, and Salford Ambulance Service has been most prompt and helpful in bringing children for treatment.

A representative from the orthopaedic appliance suppliers visits the clinic weekly, so that in conjunction with the orthopaedic surgeon, the case of each child requiring an appliance is discussed, and the most suitable type supplied.

Repairs to calipers are completed in two or three days, and shoes are surgically altered in a week—a satisfactory arrangement in these days of shortages and long waits.

BREATHING EXERCISES.

The majority of children suffering from asthma appear to be attending the open-air school, where we have eighteen children on exercises. Unfortunately, owing to so many activities in the school, the physiotherapist is able to attend only once a week. It is felt that much more benefit would be obtained from twice weekly treatment. It must unfortunately be admitted that in spite of repeated encouragement, very few children practice the exercises at home. Special asthma breathing exercises are given at other clinics, as required.

The ear, nose and throat specialist has been anxious for us to give breathing exercises as used at St. Bartholomew's Hospital to a selected number of children. This we are now doing, but the classes have not been long enough established for their value to be assessed.

Health Education Report.

It has been said that " health is not a subject but a way of life."

During the year, health education has been influencing the lives of school-children in various ways. Information on matters relating to health has been given by the distribution of posters and pamphlets in the schools at the request of teachers. Talks have been given by members of the Department to parent-teacher associations.

The Health Department has been concerned with the high rate of accidents in the home, especially amongst children—consequently home safety has been a subject of health education. A Home Safety Council has been established with representatives of teachers, parent-teacher associations and other interested local organisations. It is hoped that it will be possible to run home safety exhibitions in schools and to hold poster and essay competitions amongst the children.

Visual aids have always played an important part in health education and this year a film strip illustrating the school health service has been made. The film strip shows the historical progress made in school health, preventive and curative treatments are illustrated and there are references to future developments. It is possible for talks to be given on different aspects of school health, according to the composition of the audience whether it is composed of nursing or social worker students, members of parent-teacher associations or laymen.

Effective health education rests upon the co-operation between parent-teachers and the public health department. Parents and teachers play the most effective part in health education, for they are able to study the individual child and by their great influence they can train him. Members of the public health authority support the teaching given by parent and teacher with technical information and help with specialised subjects.

Health education can only be completely effective if these three influences are in agreement concerning the aims in view. In Salford there is a very happy relationship. It may be said that the widest interpretation of health education is that through teaching the beauty and joy of both physical and mental good health every member of the community may be able to enjoy life to the full. This end can only be attained by arousing in the child the awareness of his

responsibility for his own health ; good habits may be formed at an early age, a healthy environment encourages the appreciation of beauty and good health, whilst a good example set by adults can awaken the wish to aim high.

Visual and aural aids must be used with an emphasis on the joy of healthy living. Young children can be taught about health the play way ; a game of dental snakes and ladders has been invented to encourage children to take care of their teeth. It is hoped to introduce more such games, incorporating health education, e.g., jig-saw and crossword puzzles. These aids could be used in the clinics' waiting rooms where the children spend a certain amount of time.

A magnetic blackboard has been made and it is expected to complete a flannelgraph for health education purposes especially to encourage group discussion and activity. Suggestions have been made for competitions to be held amongst schoolchildren in order to encourage them to take an active interest in their own health.

Convalescence.

During 1950, 71 schoolchildren were referred to the Almoner by School Medical Officers for the arrangement of convalescence. Of this number, 61 children were admitted to Convalescent Homes for a minimum period of four weeks. The remaining ten children failed to take advantage of the arrangements made.

As in the immediate past, the Invalid Childrens' Aid Association were responsible for placing the children in suitable homes, which included those at West Kirby, St. Annes, Freshfield, Abergele, Taxal Edge and Macclesfield.

There were also 38 schoolchildren referred direct from the Almoners at the local hospitals.

In all the above-mentioned cases the full cost of maintenance was borne by the Education Committee.

Though the actual number of children receiving convalescent treatment during 1950 is lower than in previous years, one feels that those who went were in actual need of convalescent treatment as such. Children in need of a holiday rather than " treatment " were accommodated at the Prestatyn Camp—a much more joyful arrangement and unconnected in the child's mind with " being poorly."

Salford Poor Children's Holiday Camp, Prestatyn.

During the year six groups of handicapped pupils, comprising over three hundred children, enjoyed a week's holiday at the camp. They were accompanied by special helpers who supervised bathing expeditions, visits to the nearby town, beach play and all the other activities which made the holiday such a pleasure.

Sanitary Conditions in Schools.

In previous reports attention has been drawn to the bad environmental conditions in many of the older schools.

I am happy to report that progress has been made during the past year. Most trough closets have been converted into modern sanitary conveniences, some washing facilities have been provided, classrooms decorated, yards paved, etc.

Problems of dust from hundreds of scholarly feet, particularly where classrooms with suspended floors are used for recreation, are receiving the attention of my Department, as is the correct use of the means for ventilation.

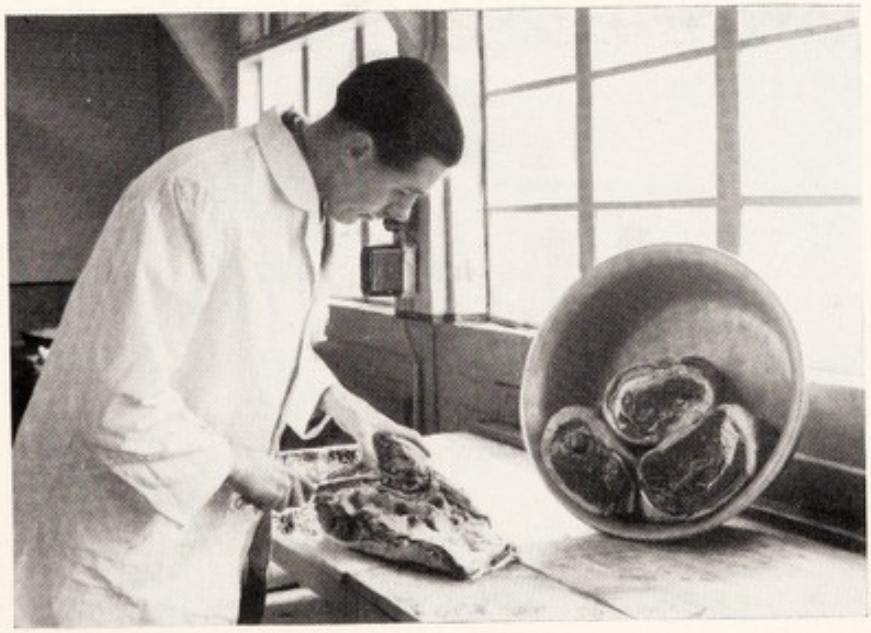
Dusting with a damp cloth to "settle" the dust and lessen risk of infection.

School Meals Hygiene.

With regard to the supervision of school canteens I am pleased to observe that Salford is well to the fore. The Catering Trades' Working Party appointed by the Minister of Food, whose report has just been published, reports as follows : " Wherever catering is conducted in conditions approaching that of a monopoly, that is to say where there is little or no competitive element, much depends upon full recognition by management and staff of the need to establish and to maintain hygienic conditions of a satisfactory nature. We do not suggest that special legal provisions are required for the control of these catering establishments but we consider that local authorities should have their attention drawn to the necessity of regular and special inspections to ensure that satisfactory hygienic standards are maintained in all these places."

Washing up after school dinners.

The Education Committee very wisely anticipated this recommendation by about two years in the appointment of a Food Inspector specially for this purpose. No outbreak of food poisoning occurred last year in school canteens and just one mild outbreak this year, probably brought about through the breakdown of a refrigerator.



Inspection of meat at school canteen by food inspector.

Experiments are being carried out by the Salford Health Department in temperature control of foodstuffs. This is a new approach to the problem of food poisoning in connection with communal feeding. Hitherto almost all activity has been concentrated on cleanly conditions which though admirable in itself has not been effective in reducing the incidence of food poisoning in this country. The principle of temperature control is well understood by the supervisors of Salford School Canteens. The scourge of food poisoning had been reduced to negligible proportions. Wherever there has been an occurrence in recent times there has always been a breakdown in temperature control.

The outbreak of food poisoning which happened this year in one of the school canteens is particularly interesting in that it shows quite clearly the importance of this principle. Continuing outbreaks had occurred over a long period of time in connection with this canteen which provides some 1,600 meals per day and it was thought that a stop had been put to these happenings by the rigid application of principles of temperature control. The lesson had been hammered home time and time again to the supervisor who is a clean, conscientious and intelligent woman. Persistent investigation into the cause of the last outbreak revealed no breakdown in the routine adopted to control the temperatures of the food. In a last effort, however, the refrigerator itself was examined—and found to be not functioning.

Briefly stated the principles adopted are as follows :—

(1) All foods of animal origin are efficiently heat treated. Whenever meat, milk, duck-eggs, dried egg, etc., are used separately or as ingredients of a composite meal they must be efficiently heat treated. The efficient cooking of sausage is a problem in itself.

(2) All cooked food if not for immediate consumption is cooled rapidly and kept in a cold room or refrigerator at a temperature below 50°F. On no account is prepared food left in the kitchens overnight.

Temperature control has been emphasised for many years in Salford canteen kitchens and whilst there is still an occasional mishap there is no doubt that in ordinary circumstances the effectual control of food poisoning lies in this direction.

Some Notes on the Health of the School Child.

Our aim is better health for the child. By " health " we do not mean mere freedom from disease, mere freedom from uncleanliness ; we mean something positive, vital, effective. We want cleaner, healthier, happier children, with their health preserved and enhanced. If the health of the child is subnormal, it should be restored by all means in our power. The fact that there are unhelpful influences (such as unsatisfactory parents, unsatisfactory school premises) which we cannot alter now should encourage us all the more to give attention to those points which we can do something to remedy. The simple hints given below may be of help to all who can spread the ideals of health education among children and their parents.

Education in Personal Cleanliness.

Here are simple rules :—

(1) Prevent close exposure of persons to spray from the nose and mouth, as in coughing, sneezing, laughing or talking. Children must be taught to use handkerchiefs in preventing the spread of spray infection. If no handkerchiefs are available, clean pieces of cloth or clean tissue paper may still be obtainable.

(2) Prevent the use of common or unclean eating and drinking utensils, or use in common of toilet articles of any kind such as towels, handkerchiefs, combs, hairbrushes, drinking cups.

(3) Encourage children to keep hands or unclean articles away from mouth, nose, eyes, ears, genitalia.

(4) Encourage the washing of hands in soap and water after emptying bowels or bladder, and always before eating. Frequent soap and water baths should be stressed in lessons on personal hygiene.

PREVENTION OF COMMUNICABLE DISEASES.

(*a*) *Importance of School Hygiene.* Open windows for ventilation whenever possible. Children to be as much out of doors as possible—particularly during exercises. Not only do currents of fresh air reduce droplet infection, but the lining of the nose, throat and lungs is maintained in a healthy condition. On the other hand, over-warm, moist, still air enables disease germs to grow. Even in old buildings, thorough ventilation is possible in the play interval.

(*b*) *Spacing of Children.* The risk of infection is reduced if children are well spaced in the classroom. Lessen crowding and you lessen infection. In a Nursery during the afternoon sleep children might be " staggered "—head to foot—in order to prevent one child breathing directly into the face of the next child.

(*c*) *Use of Individual Equipment.* Each child should have its own *toothbrush* which must not be mixed with those of others. Toothbrushes used in common do more harm than good. The same thing applies to *combs* ; the practice of dipping combs into disinfectant for a second to cleanse them is not sufficient. Careful supervision of *towels* will prevent some contagious diseases (" Pink Eyes," etc.), from spreading. The provision of individual towels—common in Nursery Schools but rarer amongst older children—will do much to limit the spread of these diseases, but if there are not individual towels, there should be all the stricter supervision of common towels. We can break the chain of infection by breaking any other links.

(*d*) *Hand Washing.* After visiting toilet and before eating.

(*e*) *Nose-breathing.* As the nose is an air-filter, children should be trained and encouraged in nose-breathing. Any persistent mouth-breather should be referred to the clinic. Children should be taught, when sneezing, to hold a handkerchief to the nose and mouth. They should be encouraged to have a clean handkerchief, piece of linen or tissue paper for nasal hygiene. Every effort should be made to stop an apparent deterioration in the provision, which some parents are making for their children, of handkerchiefs or pieces of clean linen.

(*f*) *Nasal Drill.* It is recommended that the first minute of both morning and afternoon sessions should be spent in nasal drill. The correct way to clear the nose is to hold the handkerchief up to the nose without pinching it, thus leaving both sides free, Forcible blowing should be avoided. This exercise need take no longer than about half-a-minute, and the remainder of the time should be spent on deep breathing exercises *in* and *out* through the nose. If any child should experience discomfort or difficulty he should be referred for medical advice. Exercises in breathing and the use of the handkerchief should be taken in connection with singing and physical training.

HEALTH HINTS.

School Meals should be adequate in quantity and high in quality. They should contain ample supplies of first class protein foods—milk, fish, liver, eggs, etc., of which some children have very little. The children should be encouraged to eat all the protective foodstuffs—raw vegetables, etc.—whenever possible in order to raise resistance to disease.

Milk. Every child should have his full allowance of milk, with the possible exception of those children who would be upset by taking it.

Vitamins. The supply of vitamin preparations for the under-fives will also help to build up child health. Certain vitamin preparations—cod liver oil and malt, etc.—can be supplied free from the school clinics.

Lessons in Health Education should be colourful, attractive and capture the imagination of the child, in order to encourage life-lasting habits.

The School Health Service recommends the following advice to parents :—

Sleep. Sleep is second only to food in importance to health. See that your child sleeps with the windows open. The bed should be comfortably warm and the room comfortably cool.

Hours of sleep :	5 to 7 years	12 hours	Minima.
	7 to 10 years	11 ,,	
	10 and over.....	10 ,,	

Breakfast. See that your child starts the day well with a good breakfast.

Adequate Dental Care. The child should be trained to use his toothbrush from an early age. The dentist should be consulted regularly.

Provision of Good Footwear. It is important to see that the children have well-fitting shoes with ample space for growing feet and the that footwear keeps out the wet.

Open Play Spaces and Parks. Full use should be made of open play spaces and parks. The health of the children is considerably raised by outdoor physical exercises.

Road Safety. Teach your child kerb drill.

Keep the child's hair clean, brush daily and wash weekly.

Do not give medicines without medical advice.

Clinics. In addition to clinic services there are other facilities in the School Medical Service, such as attendance at *Open Air School*, *Sun-ray Clinics*, which will further help in the case of debilitated children. When the Medical Officer or School Nurse visits the school, there is opportunity for any special or urgent case to be referred to such Medical Officer or School Nurse. It is particularly important to seek advice about discharge from the ears or nose.

COMMUNICABLE DISEASES.

The attached table gives details of some communicable diseases of importance to children. It includes a list of early signs of disease, the incubation periods and periods of exclusion. Unfortunately these diseases are generally most infectious in their early stages, even before a rash appears—hence control of them is most difficult. A previous attack usually, but not always, protects against subsequent infection.

One of the most serious of communicable diseases—diphtheria—can and is being wiped out. For several years there have been no deaths from diphtheria in Salford.

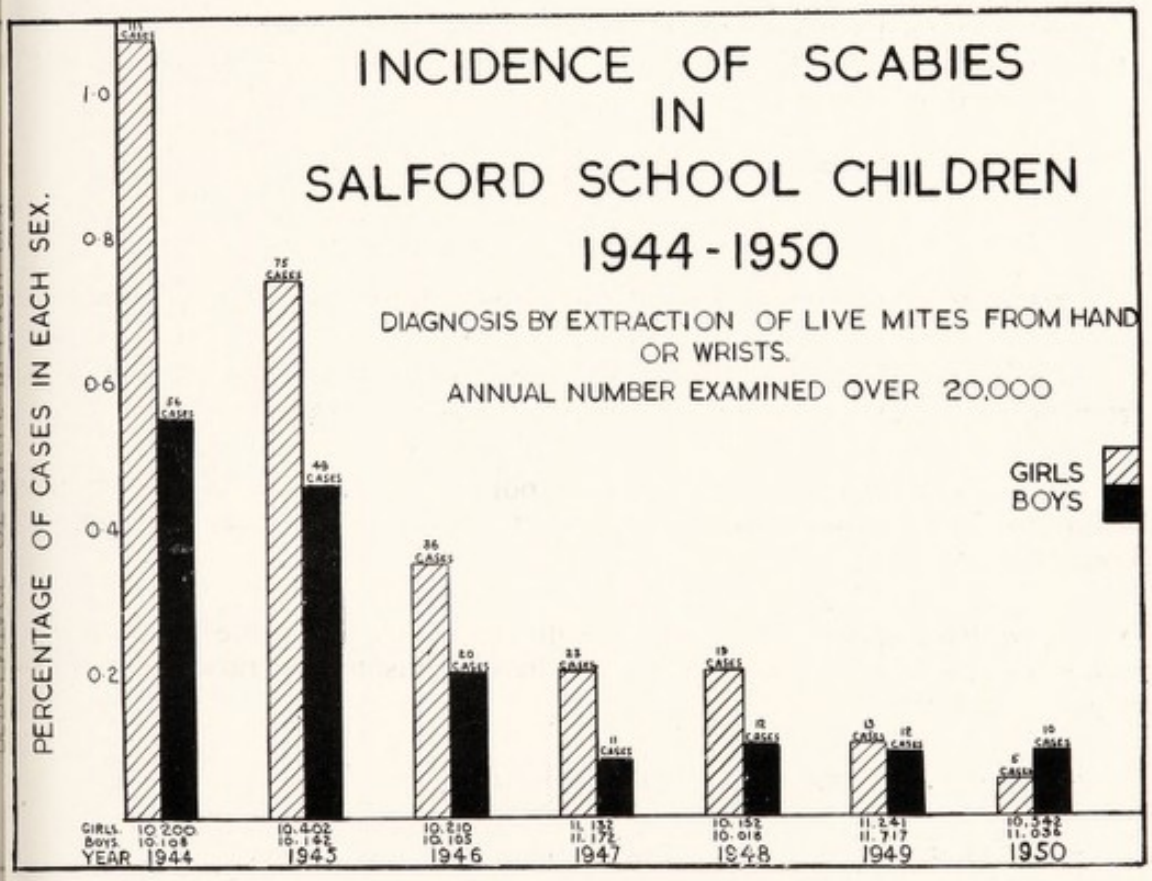


TABLE OF COMMUNICABLE DISEASES.

The School Medical Officer and his staff are glad to give advice in individual cases or in any case of difficulty in the application of these recommendations.

The period of exclusion is given in the last column, and should be taken as a guide—there may be special reasons why contacts should be excluded for a further period.

Disease.	Usual Incubation Period.	Interval between onset and appearance	Early Signs.	Period of Exclusion.	
				Patients.	Contacts, *i.e.*, other members of a family or playmates.
MEASLES.....	About 10 days from date of exposure to onset of fever.	3-5 days.	Catarrh, coughing, sneezing, watery eyes, followed later by blotchy rash.	Usually 14 days after the appearance of the rash if the child appears well, or until pronounced fit by practitioner or medical officer of clinic.	Any contact suffering from a cough, cold, chill, or red eyes should be immediately excluded contacts may attend.
WHOOPING COUGH.	7-21 days. Commonly 7 days almost uniformly within 10 days, and not exceeding 21.	—	Catarrhal head cold ; later a short harsh cough, spasms of coughing, or coughing accompanied by vomiting.	Until pronounced fit by practitioner or medical officer of clinic.	Any contact suffering from malaise, catarrh or cough should be excluded and kept under observation. Other contacts may attend.
DIPHTHERIA.....	2-5 days. Occasionally longer.	—	Onset insidious, beginning with malaise, slight feverishness and perhaps slight soreness of throat.	Until pronounced by a medical practitioner to be free from infection and fit for school.	If there are any suspicious signs, the child should be excluded. For any contact not immunised, arrangements should be made for immediate immunisation. Contacts at home should be examined by a doctor or nurse before return to school.
Every child should be protected against this disease : Immunisation Clinics for school children are held every Saturday morning at the School Clinic, Regent Road, Salford, 5. Other times on application.					
STREPTOCOCCAL SORE THROAT.	2-5 days.	—	Chill, high temperature, vomiting, sore throat.	Until pronounced by a medical practitioner to be free from infection and fit for school.	None.
SCARLET FEVER ..	2-5 days.	1-2 days.	Sore throat, often with headache and vomiting. The rash may follow 1 to 2 days after.	Seven days after discharge from hospital or from home isolation (unless "cold in the head," discharge from the nose or ear, sore throat or "septic spots" be	Unless there are suspicious signs such as malaise, "cold in the head" discharge from the nose or ear, sore throat or "septic spots," contacts need not be excluded. Contacts at home

Disease.	Incubation Period.	Interval between onset and appearance	Early Signs.	Exclusion of	
				Patients.	Contacts, *i.e.*, other members of a family or playmates.
ACUTE ANTERIOR POLIOMYELITIS. (Infantile Paralysis).	7-14 days. (may be from 3 to 35).	—	Headache, stiff neck and spine. (Only small proportion of infected persons are clinically recognisable). Sometimes paralysis develops in first few days of illness.	Until pronounced fit by medical practitioner or medical officer of clinic.	Exclude for 21 days.
GERMAN MEASLES.	10-21 days. (Usually about 18 days).	0-2 days.	Slight malaise, headache, pain in neck or limbs, slight nasal cold.	7 days from the appearance of the rash.	None.
MUMPS.....	12-26 days. (Usually about 18 days).	—	Swelling, usually a little in front of or below the lobe of the ear.	On subsidence of all swelling.	None.
CHICKENPOX.....	2-3 weeks. (Commonly 14-16 days).	0-2 days.	Usually first sign is appearance of rash, with "vesicles" or small blobs.	14 days from the date of the appearance of the rash.	None.
SMALLPOX ..... (Minor Smallpox 10-21 days).	7-16 days.	3	Usually first sign in minor smallpox is appearance of rash and malaise.	Until the patient is pronounced by a medical practitioner to be free from infection.	21 days unless recently successfully vaccinated, when exclusion is unnecessary.
DYSENTERY	1-7 days. (Usually less than 4 days).	—	Frequent motions, sometimes headache and vomiting.	Exclude until child is well.	None.
DIARRHOEA	—	—	Do.	Do.	Do.
EPIDEMIC JAUNDICE	15-35 days. (averaging 25 days).	—	Nausea, malaise, headache.	Two weeks.	Do.
SCABIES			Small spots, red or whitish, on wrists or forearms or between fingers. Later an itching rash with scratch marks.	None after one treatment has been given.	Immediate treatment of all family contacts and playmates to be examined.
RASHES OR OTHER INFECTIONS.			Impetigo, sores, ear discharges, nasal discharge, inflammation of eyes or eyelids, should have prompt attention.		

STATISTICAL TABLES.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools.

A.—Periodic Medical Inspections.

Number of Inspections in the prescribed Groups—	
Entrants	2,525
Second Age Group	2,990
Third Age Group	1,835
Total	7,350
Number of other Periodic Inspections	945
Grand Total	8,295

B.—Other Inspections.

Number of Special Inspections	5,634
Number of Re-Inspections	11,739
Total	17,373

C.—Pupils Found to Require Treatment.

Number of Individual Pupils Found at Periodic Medical Inspection to Require Treatment

(excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table IIa. (3)	Total individual pupils. (4)
Entrants	34	471	503
Second Age Group	538	495	994
Third Age Group	286	242	506
Total (prescribed groups)	858	1,208	2,003
Other Periodic Inspections	4	183	188
Grand Total	862	1,391	2,191

TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1950.

Defect Code No.	Defect or Disease.	Periodic Inspections. Number of Defects.		Special Inspections. Number of Defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	131	221	515	41
5.	Eyes—				
	(*a*) Vision	862	59	82	11
	(*b*) Squint	81	125	33	14
	(*c*) Other	80	62	195	32
6.	Ears—				
	(*a*) Hearing..	65	62	111	38
	(*b*) Otitis Media ..	79	144	476	79
	(*c*) Other	74	78	348	106
7.	Nose or Throat	348	1,217	1,282	965
8.	Speech	27	91	58	55
9.	Cervical Glands	35	565	412	298
10.	Heart and Circulation ..	12	155	118	229
11.	Lungs	77	346	386	262
12.	Development—				
	(*a*) Hernia	4	24	6	8
	(*b*) Other	4	69	10	52
13.	Orthopaedic—				
	(*a*) Posture	82	104	101	75
	(*b*) Flat Foot	96	63	69	19
	(*c*) Other	209	225	189	84
14.	Nervous System—				
	(*a*) Epilepsy	..	23	15	10
	(*b*) Other	25	139	48	93
15.	Psychological—				
	(*a*) Development ..	9	27	27	17
	(*b*) Stability	12	35	133	150
16.	Other..	86	142	1,585	746

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

Age Groups.	No. of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2,525	818	32·4	1,503	59·5	204	8·1
Second Age Group	2,990	1,025	34·3	1,743	58·3	222	7·4
Third Age Group	1,835	827	45·1	933	50·8	75	4·1
Other Periodic Inspections	945	300	31·8	573	60·6	72	7·6
Total	8,295	2,970	35·8	4,752	57·3	573	6·9

TABLE III.

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorised persons	72,893
(ii) Total number of individual pupils found to be infested	3,917

TABLE IV.

Treatment of Pupils Attending Maintained Primary and Secondary Schools.

GROUP 1.—Diseases of the Skin.

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise.
Ringworm—		
(*a*) Scalp	34	..
(*b*) Body	45	..
Scabies	78	..
Impetigo	87	..
Other skin diseases	1,084	..
Total	1,328	

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with.	
	By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	226	..
Errors of refraction (including squint)	*2,260	..
TOTAL	2,486	
Number of pupils for whom spectacles were—		
(*a*) Prescribed	*1,223	..
(*b*) Obtained	*1,223	..
TOTAL	1,223	

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated.	
	By the Authority.	Otherwise.
Received operative treatment for—		
(*a*) Diseases of the ear	4	..
(*b*) Adenoids and chronic tonsillitis	608	21
(*c*) Other nose and throat conditions	2	..
Received other forms of treatment	107	..
TOTAL	721	21

* *Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.*

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	57
(*b*) Number treated otherwise, e.g., in clinics or out-patient departments	4,426

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of cases treated.	
	In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics ..	126	..

GROUP 6.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	91	..

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(*a*) Miscellaneous minor ailments	16,674	..
(*b*) Other—		
(i) Chiropody	422	..
(ii) Sun Light	1,143	..
(iii) Neurological Clinic	83	..
TOTAL	18,322	

TABLE V.

Dental Inspection and Treatment.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) Periodic age groups	6,395
	(*b*) Specials	987
	TOTAL	7,382
(2)	Number found to require treatment	4,993
(3)	Number referred for treatment	4,993
(4)	Number actually treated	6,223
(5)	Attendances made by pupils for treatment	7,431
(6)	Half-days devoted to—	
	(*a*) Inspection	57
	(*b*) Treatment	1,102
	TOTAL	1,159
(7)	Fillings—	
	(*a*) Permanent teeth	2,500
	(*b*) Temporary teeth	730
	TOTAL	3,230
(8)	Number of teeth filled—	
	(*a*) Permanent teeth	2,304
	(*b*) Temporary teeth	702
	TOTAL	3,006
(9)	Extractions—	
	(*a*) Permanent teeth	1,104
	(*b*) Temporary teeth	7,837
	TOTAL	8,941
(10)	Administration of general anaesthetics for extractions	3,514
(11)	Other operations—	
	(*a*) Permanent teeth	1,405
	(*b*) Temporary teeth	243
	TOTAL	1,648

Chiropody, 1950.

The total number of attendances at the Chiropody Clinics for the year 1950 was 2,933, an increase over the 1949 figure which was 2,580.

	1947.	1948.	1949.		1950.	
	Per cent.	Per cent.	Per cent.	Cases.	Per cent.	Cases.
Pronation	12·0	—	22·5	155	27·4	178
Defects of Lesser Toes	—	9·8	18·5	128	18·5	120
Hallux Valgus	—	5·6	11·0	76	10·0	64
Verrucæ	46·0	27·2	20·4	141	20·5	133
Corns and Callosities	22·0	11·6	11·4	79	9·2	60
Bunions	—	0·9	0·6	4	0·4	3
Nail Defects	6·0	9·7	4·9	34	2·5	16
Metatarsalgia	—	2·2	2·6	18	0·3	2
Chilblains	1·0	0·7	0·6	4	1·1	7
Other Defects	9·5	22·2	4·9	34	7·5	49
Referred to Orthopædic Surgeon	3·5	3·0	2·6	18	2·6	17

	1948.	1949.	1950.
Number of Attendances	1,187	2,580	2,933

Asthma Clinic—January-October, 1950.

	New Cases.		*Old Cases.*	
	Boys.	*Girls.*	*Boys.*	*Girls.*
January	1	—	4	1
February	—	—	7	—
March	2	—	6	1
May	4	1	2	2
June	4	—	4	2
July	2	1	4	7
September	3	2	1	—
	16	4	28	12

Cases seen at Special Investigation Clinic—November and December, 1950.

Nervous conditions	1
Asthma and other chest conditions	23
Heart	2
General condition and underweight	3
Overweight	1
Chest and ear, nose and throat conditions	6
E.S.N.	2
Rheumatism	1
Cerebral palsy	1
Enuresis	2
Ear, nose and throat conditions	2
TOTAL	43

BARR HILL OPEN AIR SCHOOL.

Report—Leavers During 1950.

BOYS. *Left* 36

Average increase in weight	9.4 lbs.
,, stay in weeks	69.5 weeks.
,, age on admission	9½ years.

Diagnosis :

Bronchitis	5	T.B. Hip	3
Anæmia	3	T.B. Metacarpal L. Lupus	1
Malnutrition	8	T.B. Adenitis	1
Bronchitis and Asthma	3	?T.B. Arthritis	1
Bronchitis and Malnutrition	1	Cervical Adenitis	1
Malnutrition and Anæmia	4	Delicate	1
Asthma	2	Chronic Nasal Catarrh	1
Epilepsy	1		

Reasons for Leaving :

Transferred to ordinary school as fit	30
,, ,, ,, ,, (parents' request)	1
,, ,, ,, ,, (behaviour problems)	1
Switzerland	1
London Hospital	1
15+	2

GIRLS. *Left* 34

Average increase in weight	9.5 lbs.
,, weeks' stay	60 weeks.
,, age on admission	11 years 1 month.

Diagnosis :

Bronchitis	9	Post Pneumonia Febrosis	1
Anæmia	6	Malnutrition and Kyphosis	1
Malnutrition	3	Very enlarged Tonsils	1
Malnutrition and Anæmia	3	?Migraine	1
Delicate	2	Anæmia and T.B. Contact	1
Necrosis Lacrimal (bone) Bronchitis	1	T.B. Hip Ankylosed	1
Bronchitis and Anæmia	1	Old T.B. Hip	1
Asthma	1	Mesenteric Adenitis ? T.B.	1

Reasons for Leaving :

Transferred to ordinary school as fit	28
,, ,, ,, ,, (parents' request)	1
15+	5

Salford Child Guidance Clinic.

Number of cases referred, 1950, by—			
Teachers			25
School Medical Officer			51
Children's Officer			3
Education Office			4
Hospitals			8
Private Doctors			6
Court			7
Probation Officer			7
Parents			18
Others			7
Outside Salford			37
			173
Referred because of :—			
Enuresis and alled difficulties			32
Stealing and truancy			34
Failing at school			12
Stammer			4
Tics			3
Fears			11
Food fads and sleep difficulties			9
Other behaviour difficulties, *e.g.*, temper, masturbation			68
			173
Diagnostic interviews			126
Diagnosis only		31	
For treatment		77	
Test		18	
		126	
I.Q.—			
130+		3	
120-130		16	
110-120		20	
100-110		18	
90-100		27	
80- 90		19	
70- 80		10	
60- 70		6	
Below 60		5	
Not tested		2	
		126	
Waiting diagnostic interview, January, 1950		69	
Referred in 1950		173	
			242
Seen in 1950		126	
Waiting, December, 1950		66	
Closed without being seen, *e.g.*, removed, improved, referred to other agencies		50	
			242
Cases Closed		223	
of whom 55 not seen because on first contact—			
Improved	25		
Other agency	12		
Unsuitable	4		
Failed, etc.	14		
Children seen for first time			126
Children seen for treatment			110
Number of interviews in the Clinic			1,416
Number of home visits			225
Number of school visits			83