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HEALTH
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City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

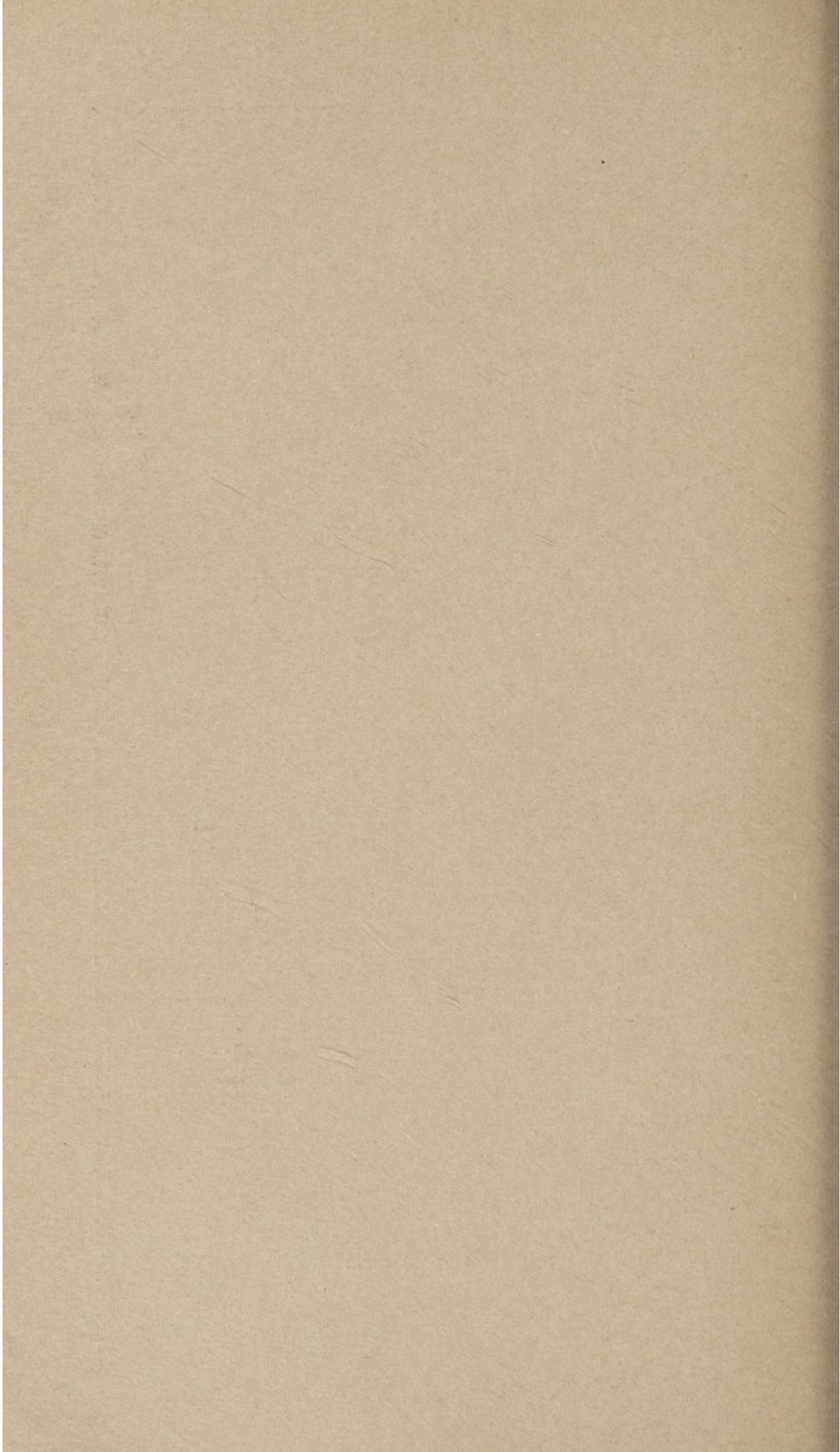
FOR THE YEAR

1955

BY

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

MEDICAL OFFICER OF HEALTH





City of Salford

ANNUAL REPORT

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Medical Officer of Health

FOR THE YEAR

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MEDICAL OFFICER OF HEALTH

Members of the Health Committee,

1955.

Chairman :

Alderman G. H. GOULDEN, J.P.

Deputy Chairman :

Alderman M. C. WHITEHEAD (Miss)

Alderman G. H. GOULDEN, J.P.
(*Mayor*)

„ J. H. LESTER
(*Deputy Mayor*)

„ S. W. DAVIS

„ T. C. LOFTUS

„ E. E. MALLINSON (Mrs.)

„ J. SHLOSBERG, J.P.

Councillor E. BARTON (Mrs.)

„ B. BURCHILL

Councillor H. CALDERWOOD

„ A. F. CARROLL, J.P.

„ E. M. COOPER (Mrs.) J.P.

„ A. JONES

„ W. JONES

„ F. M. MARRON (Mrs.)

„ M. PENDLEBURY

„ B. WILSON

„ N. WRIGHT

together with the following recommended member

Dr. F. M. RIFKIN

STAFF—1955.

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

MATERNITY AND CHILD WELFARE.

Senior Medical Officer ... Dr. M. SPROUL, 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 F. M. SANDERSON, S.R.N., S.C.M.,
M.T.D.

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 ... J. H. HOPE.

HEALTH EDUCATION.

Health Education Officer ... H. L. LATHAM, C.R.S.I.
(to 15th May, 1955).

SOCIAL WELFARE INCLUDING DOMESTIC HELP.

Almoner ... Miss B. CHADWICK.

ADMINISTRATION.

Chief Administrative Assistant... E. WOOD, C.R.S.I.

INTRODUCTION

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE,

Mr. Chairman, Ladies, and Gentlemen,

I beg to submit my annual report on the health of the City of Salford for the year 1955.

“ May the methods by which every infant, every human being, will have the best chance of health, the methods by which every sick person will have the best chance of recovery, be learned and practised. Hospitals are only an intermediate stage of civilisation, never intended, at all events, to take in the whole population ! ”

FLORENCE NIGHTINGALE.

CARE OF THE ELDERLY.

One of the most important problems in areas such as Salford is the care of the elderly whose physical care is of as much importance as their material needs. There are approximately 22,000 people of pensionable age in this city at the present time, many of whom need help in some form or other. It is realised that much of this help is provided by the National Assistance Board and the Civic Welfare Department, but many of these old people have other needs which can only be provided through the health visiting, district nursing and home help services, which services are controlled by the Health Committee. It was with the object of ensuring a more satisfactory arrangement for visiting that I requested the Health Committee and the Council to approve of the appointment of additional home nurses and health visitors, and I am gratified that the Council have seen their way to authorise the appointment of some additional staff for this purpose. There is no doubt, however, that the needs of Salford in this respect will continue to grow for a number of years for, as the Council is probably aware, the reductions in population which are taking place at the present time, apart from those due to mortality, are occurring amongst young people. The latest figures show that in children under five years of age there is an annual reduction of approximately 800 taking place each year, due almost entirely to removals outside Salford under the “overspill” arrangements. Add to these the children’s parents, and it is obvious that Salford is being gradually denuded of its young population, while the elderly continues to increase. As, therefore, there will be fewer young people to look after the elderly, the need for assistance from public sources is bound to be greater.

The provision of new houses in place of old houses is, of course, essential, but the continued emigration of young families from the city will create problems the solution of which cannot be fully foreseen at the present time.

CO-OPERATION BETWEEN THE THREE BRANCHES OF THE NATIONAL HEALTH SERVICE.

I have referred in the past to the reasons for co-operation between the three branches of the National Health Service. I now propose to refer to actual cases of co-operation through the medium of the Salford Health Services Joint Advisory Council.

Perhaps the main point in this respect up to the present time has been the collaboration of staff in connection with various services ; for example, frequent discussions have taken place between senior medical staff of the hospitals and the local health authority in order to discuss such matters as the maternity service. In addition, many visits have been paid to the Health Department by student nurses of hospitals with a view to giving them an insight into the preventive and public health aspects of the health services. Talks have been given to nurses at hospitals by staff of the Health Department on the subject of home and social environmental factors in the causation, prevention, and treatment of diseases, in patients admitted to hospitals. Health visitors acting as liaison officers, too, have made many visits to children's wards to see cases requiring treatment for tonsils and adenoids, and to discuss with the ward sisters and members of the almoner's staff, the home and social conditions, and any special diet or medical care which it is desirable should be provided for the young patients on discharge.

Many other subjects have been discussed by the Joint Advisory Council, particular attention being given to the subject of group practice by general practitioners.

HEALTH CENTRES.

It is well-known that one of the greatest disappointments which have followed the establishment of the Health Service, as it exists today, has been the failure to do more than toy with the provision of health centres which would have formed one of the best and most concrete methods of establishing a closer link between the three branches of the Health Service. It is noted in the press that the former Minister of Health (Mr. Ian Macleod) has stated that it is the Ministry's intention to experiment with the provision of health centres in new towns and new estates. It is now nearly eight years since the Health Service came into being in its present state. One cannot help thinking that the experimental stage in the provision of health centres should have been reached long ago and that some practical form of introducing those ideals could by now have been brought into being on a scale and in a form easily applicable to the older areas where the social conditions are such that they could have been used to the greatest possible advantage.

Group practice, if adopted, might have been of considerable benefit both to the medical profession and to the public, but it is unfortunately true that the idea has not commended itself to the medical men of this area. Let us hope that in the near future a change of heart both at the Ministry and among local medical men may take place.

OCCUPATION CENTRE FOR MENTAL DEFECTIVES.

As the Committee are aware, I have been concerned for a considerable time as to the suitability of the premises in Liverpool Street, used as an occupation centre for adult male mental defectives. These premises are definitely inferior both in accommodation and condition, and I am anxious that an alternative should be found at the earliest possible moment, especially as there is some doubt as to the safety of the building.

HOUSING ACCOMMODATION FOR DISTRICT NURSES AND MIDWIVES.

(a) *District Nurses.* During the year 1955 it became evident that the accommodation now available in the Royal District Nurses' Home for district nurses was in excess of normal requirements. This was due almost entirely to the modern tendency of nursing staff to wish to reside outside hostels or officially provided establishments.

It also became increasingly obvious that it is preferable from the point of view of administration of the District Nursing Service that the personnel of the service should not be concentrated in one building but should be spread about the city so that they may not only be in touch with local needs but available on short notice for the populations of the areas in which they are housed. I therefore recommended to the Committee that they should endeavour to provide small units of accommodation for district nurses at suitable points throughout the city. It is true that at the present time this accommodation exists in all but the Broughton areas in premises already occupied by district nurses either on their own initiative or in houses belonging to the Corporation. I am at present endeavouring to find suitable accommodation in the Broughton area which I can recommend for purchase by the Health Committee for this purpose.

(b) *Accommodation for Midwives.* Similar considerations apply with even greater force to Domiciliary Midwives as I have referred to above in respect of district nurses, and accommodation has already been provided at 55, Wellington Street East, and 108, Devonshire Street, Salford, 7. I am hopeful that it will not be necessary to make purchases of other premises now that the Housing Committee have agreed to provide houses for midwives on Corporation estates.

HOME HELP SERVICE.

This important service was again enlarged during 1955, the numbers of home helps engaged being increased from 206 to 238. I have no hesitation in saying that, having regard to the constant increase in the number of old people in Salford, it will be necessary, from time to time, to continue to enlarge the service.

No doubt the Council will be concerned as to the cost of this service, but they should not forget that from the national point of view a considerable saving will accrue from the retention at home through the Home Help Service of many elderly patients who would otherwise have to be cared for in hospitals at a very much greater cost. Apart from purely economic considerations, I feel confident in expressing the view that the majority of the old people concerned will be much happier at home, with access to their friends and their familiar surroundings, than they would have been in hospital.

FITZWARREN STREET DAY NURSERY.

It is regretted that it was necessary to derequisition the site of the Fitzwarren Street Nursery in September, 1955, last, and for this reason to demolish the nursery itself. On the other hand, it is good to know that the Ministry of Health have not taken the view that the nursery shall never be replaced, but that on the other hand they are prepared, when times become more favourable, to consider plans and estimates for a new nursery on an approved site in the same district.

VACCINATION AGAINST SMALLPOX.

Once again I feel I must draw the Committee's attention to the diminution in vaccinations against smallpox. The only satisfaction to be derived from this report is that it is common to the whole country, which, compared with the situation prior to the passing of the National Health Service Act in 1948, is in a poor state of protection against smallpox. In the year 1947, when vaccination was compulsory, the number of children under 14 years of age

This report recounts some of the efforts which have been made in order to give our citizens the best chance of health, even under adverse conditions of bad housing, overcrowding, air pollution and other environmental evils.

It would be too lengthy an undertaking and too invidious a matter to mention by name all who have contributed to this report of the work of the department. This report is the work of many hands—mainly, those of my colleagues whose names appear under the heading "Staff" on page 3. To them all, I would offer sincere and hearty thanks above all for their day-to-day routine work of which this report is but an inadequate record. Many investigations undertaken by the staff find no record in this report. Research in public health is more than ever necessary and the staff, in pursuing the projects which will bring this better chance of health for Salford citizens, have done a great deal of hard work above their ordinary call of duties.

I should like to thank you Mr. Chairman, and the members of the Health Committee and of the Council, for their support and help throughout the year. To all, including my colleagues the chief officers of the Corporation, I would like to record grateful thanks.

Salford has had no more loyal, able and devoted officer than Mr. Edwin Wood, C.R.S.I., Chief Administrative Assistant, who shortly after the publication of this report will lay down his office on retirement. 1955 is the last complete year of his distinguished and conscientious service to the Corporation. Much of this report and of all previous reports during his 35 years of service with the Health Department has been due to him. I can pay him no higher praise than to say that after some acquaintance with the history of public health in Salford, no man has made a finer contribution to public health in this city of ours.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. L. Brown

Medical Officer of Health.

HEALTH DEPARTMENT,
143, REGENT ROAD,
SALFORD, 5.

CONTENTS

HEALTH COMMITTEE.		PAGE
Members of the Health Committee ...	...	2
Staff ...	...	3
Introduction ...	...	4-8
Statistical Summary and Tables ...	...	11-16
 SANITARY CIRCUMSTANCES.		
Housing ...	...	17-20
Disinfestation Service ...	...	20-21
Smoke Abatement ...	...	21-23
Registered Food Premises ...	...	23
Food Inspection ...	...	23
Frozen Egg ...	...	23-24
Milk and Dairies ...	...	24
Chinese Egg Albumen ...	...	25
Ice-cream ...	...	25-26
Food Poisoning ...	...	26
Food Hygiene Regulations ...	...	26
Shops Act, 1950 ...	...	27
Salford Corporation Act, 1955 ...	...	27
Toilets ...	...	28
Water ...	...	28
Food Poisoning ...	...	28
Statistics, 1955 ...	...	29
Factories Act, 1937 ...	...	30
Out-workers ...	...	30
Unsound Food ...	...	31
 SALFORD HOME SAFETY COMMITTEE ...	...	 32
 CITY ANALYST'S REPORT.		
Summary of Samples ...	...	33
Food and Drugs Act, 1938—Samples Taken, etc. ...	...	33-35
Milk ...	...	36
Meat and Fish Products ...	...	36-37
Frozen Confectionery ...	...	37
Ice-cream ...	...	37
Ice Lollies ...	...	38
The Public Health (Preservatives) Regulations ...	...	38
Cereal Products ...	...	38
Food Labelling ...	...	39
Fertilisers and Feeding Stuffs ...	...	39
Drinking and Swimming Bath Waters ...	...	39
Other Analyses ...	...	40
Atmospheric Pollution ...	...	40-43
 CARE OF MOTHERS AND YOUNG CHILDREN, SUPERVISION OF MIDWIVES, ETC.		
Statistics ...	...	43-45
DOMICILIARY MIDWIFERY SERVICE ...	...	46
Establishment ...	...	47
Liaison with Hospitals and General Practitioner Obstetricians, etc. ...	...	47-48
Report on Work of Municipal Midwives ...	...	48-52
Deliveries ...	...	52
Puerperium ...	...	52-55
Part II Midwifery Training School ...	...	55
Other Activities—Jutland House ...	...	55
NURSING HOMES, INSPECTION OF ...	...	56

CARE OF MOTHERS AND YOUNG CHILDREN.

PAGE

Ante-natal Clinics	56
Child Welfare Clinics	56
Welfare Foods	57
Breast Feeding Clinic	57-58
Domiciliary Premature Baby Service	59-60
Dental Care	60-61
Family Planning	61
Psychological Service	61
Family Guidance Clinics	62-65
Psychological Clinic	65-66
Unmarried Mother and her Child	66
Physiotherapy Service	66-68

DAY NURSERIES	68-71
----------------------	-------

HEALTH VISITING SERVICE.

Staff	71-73
Clinics	73
Refresher Courses	73
Royal Society of Health Prize-winning Essay	73
Clinic Nurses	73-74
Hygiene Attendants	74
Mothers' Clubs	74
Tuberculosis	75
Aged and Infirm	76-77
Elderly Persons' Clinics	77-78
Unmarried Mother and her Child	78-79
Training of Students	79-81
Hospital Liaison	81-83
Scabies and Verminous Conditions	83
Children Neglected in their Own Homes	83-87
Day Training Centre	87

HOME NURSING SERVICE	88-89
-----------------------------	-------

BLINDNESS, INCIDENCE OF	89
--------------------------------	----

ALMONER'S DEPARTMENT.

Home Help Service	90
Sick Room Equipment	91
Laundry Service	92-93
Disposal of Funds, etc.	93-94
Children Neglected in their Own Homes	94
Convalescence and Recuperation	95-96
Case Conference	96

MENTAL HEALTH SERVICE.

Family Guidance Clinic	97
Staff	97
Lunacy and Mental Treatment Acts	97
Prevention and After-Care of Mental Illness	98
Psychotherapeutic Day Centre	98
Occupation Centres	98
Supervision	98
Statistics	99

IMMUNISATION AND VACCINATION	100-101
-------------------------------------	---------

Mantoux Tests	101
B.C.G. Vaccination of School Children	102
Vaccination against Smallpox	102

AMBULANCE SERVICE	102-103
--------------------------	---------

HEALTH EDUCATION	103-104
-------------------------	---------

SCHOOL HEALTH SERVICE	105-166
------------------------------	---------

STATISTICAL SUMMARY, 1955.

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

Population.—(Registrar-General's Estimate at Mid-year, 1955) 169,300

„ (Census, 1951) 178,036

Density.—The Mean Density of the City is equal to 32·55 persons per acre.

Live Births	{	Legitimate	1,321 Males,	1,223 Females	.. .. .	2,544
		Illegitimate	82 „	74 „	.. .. .	156
		TOTAL.. .. .				2,700

Annual Rate of Births per 1,000 of the Population 15·95

Still Births	{	Males	52	}	Total.. .. .	98
		Females	46			

Annual Rate of Still Births per 1,000 Total Births 35·03

Deaths	{	Males	1,063	}		2,082
		Females	1019			

Annual Rate of Mortality per 1,000 of the Population 12·30

Percentage of Total Deaths occurring in Public Institutions 51·75%

Deaths from Puerperal Causes :—

	Deaths.	Rate per 1,000 Total Births
Puerperal Sepsis	..	..
Other Puerperal Causes	2	·71
TOTAL.. .. .	2	·71

Death-rate of Infants under one year of age per 1,000 live births :—

Legitimate, 29·48. Illegitimate, 32·05. Total		30·00
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Deaths from Measles (all ages) —

„ „ Whooping Cough (all ages) —

„ „ Diarrhoea (under 2 years of age) 2

TABLE 1.

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 1939 TO 1955.

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.
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
1951	3091	2881	210	6.8	107	103	4	35	36	19
1952	3100	2913	187	6.0	107	89	18	35	31	96
1953	2964	2794	170	5.7	95	83	12	32	30	71
1954	2867	2692	175	6.1	87	79	8	30	30	46
1955	2700	2544	156	5.8	81	75	6	30	29	32

TABLE 2

SHOWING THE BIRTH RATES, RATES OF MORTALITY FROM ALL CAUSES, TUBERCULOSIS OF RESPIRATORY SYSTEM, CANCER, HEART DISEASES, BRONCHITIS AND PNEUMONIA AND THE INFANT MORTALITY RATES DURING THE YEARS 1938 TO 1955.

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births.
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
1938.....	199,400	15.77	13.09	0.96	1.72	3.46	0.43	1.05	74.10
1939.....	196,600	14.88	13.72	0.96	1.86	4.17	0.47	1.02	69.06
1940.....	173,200*	16.65	18.61	1.12	1.97	4.35	3.09	1.28	75.94
1941.....	159,720*	15.77	17.17	1.08	1.73	3.50	2.08	1.32	95.31
1942.....	153,300*	18.42	14.50	0.95	2.26	3.01	1.56	0.84	76.87
Average 5 years		16.30	15.42	1.01	1.91	3.90	1.53	1.10	78.26
1943.....	153,000*	20.16	15.57	0.97	2.25	2.91	2.16	0.96	69.37
1944.....	155,810*	20.87	14.58	0.97	2.08	2.96	1.74	0.65	62.13
1945.....	157,300*	19.21	15.63	0.93	1.99	3.01	2.64	0.80	60.56
1946.....	169,470	22.71	13.37	0.72	1.92	2.62	1.70	0.75	53.26
1947.....	174,070	24.24	13.30	0.75	2.02	2.80	1.65	0.70	61.14
Average 5 years		21.44	14.49	0.87	2.05	2.86	1.98	0.77	61.29
1948.....	178,100	21.12	11.81	0.78	2.16	2.44	1.14	0.48	41.74
1949.....	178,900	20.28	13.06	0.63	2.00	3.13	1.45	0.71	53.20
1950.....	177,700	18.87	12.87	0.50	2.31	3.51	1.30	0.46	42.93
1951.....	176,800	17.48	14.12	0.46	2.15	4.04	1.78	0.50	34.62
1952.....	176,400	15.57	12.19	0.35	2.12	3.35	1.33	0.59	34.52
Average 5 years		19.06	12.81	0.54	2.15	3.29	1.44	0.55	41.44
1953.....	173,900	17.05	12.36	0.29	2.24	3.24	1.59	0.74	32.05
1954.....	171,500	16.72	11.98	0.23	2.39	3.44	1.19	0.56	30.35
1955.....	169,300	15.95	12.30	0.22	2.08	3.46	1.33	0.78	30.00

* Civil population.

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1931-1955 AND THE RATES PER 100,000 OF THE POPULATION.

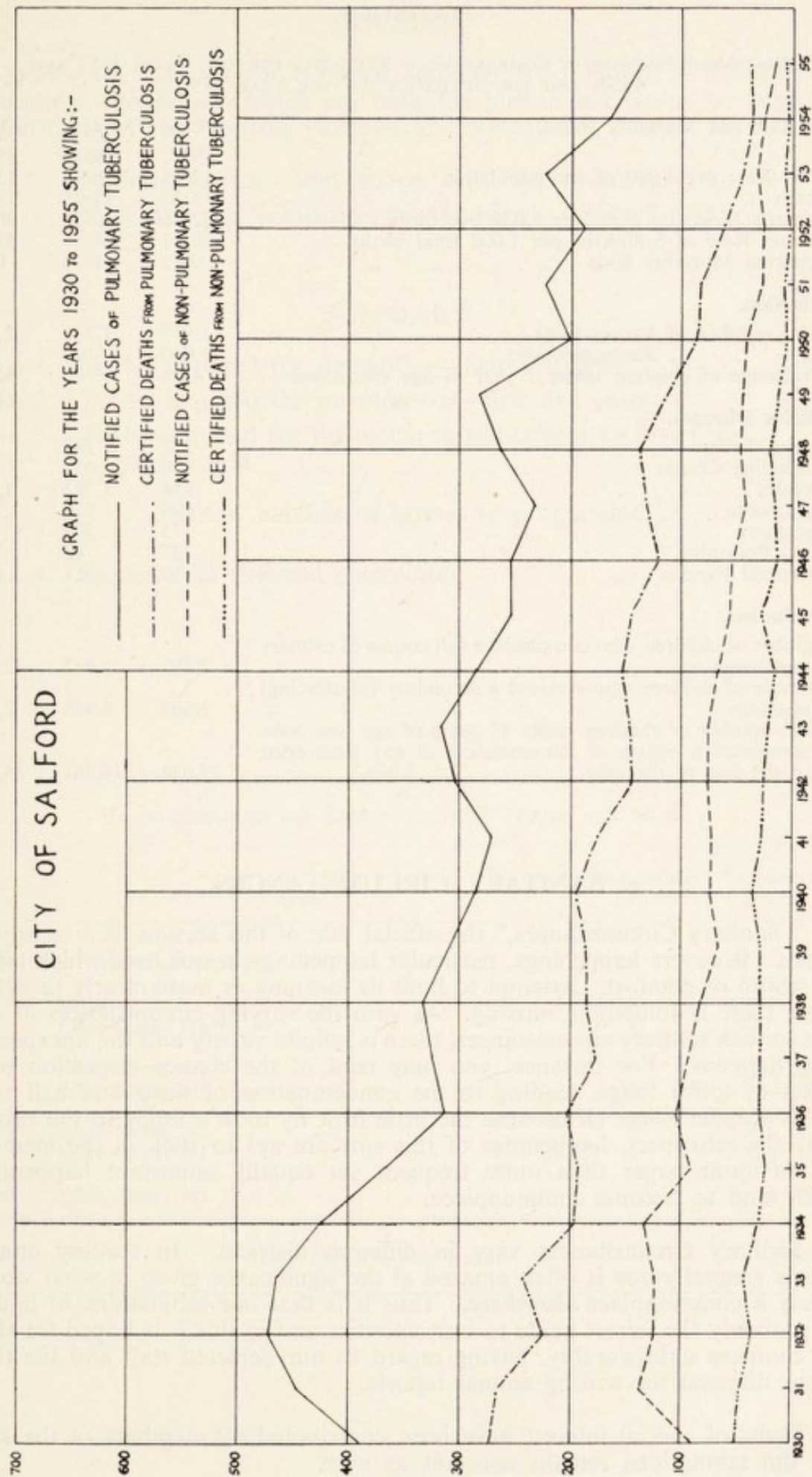
(a) Number of Deaths

(b) Rate per 100,000 of the population

Year	Bronchitis		Cancer (all sites)		Heart Diseases		Pneumonia		Tuberculosis of Resp. system		Total Deaths	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
1931	201	89.0	342	151.4	678	300.1	334	147.8	276	122.1	3209	1420.6
1932	172	78.1	396	179.8	562	255.1	253	114.9	228	103.5	2920	1325.5
1933	133	62.2	339	158.5	591	276.4	269	125.8	248	116.0	3009	1407.1
1934	200	92.2	400	184.3	637	293.5	243	112.0	201	92.7	2932	1351.2
1935	131	62.4	348	165.8	656	312.4	236	112.4	190	90.5	2734	1301.9
1936	154	74.7	352	170.8	729	353.9	249	120.9	207	100.5	2893	1404.3
1937	141	69.9	390	193.3	779	386.0	245	121.4	178	88.2	2943	1458.3
1938	86	43.2	344	172.5	691	346.5	210	105.3	192	96.3	2611	1309.5
1939	92	46.8	366	186.2	838	417.3	201	102.3	187	95.1	2698	1372.3
1940	535	308.9	342	197.5	754	435.4	221	127.6	195	112.6	3224	1861.5
1941	333	208.5	276	172.8	559	350.0	211	132.1	173	108.4	2743	1717.4
1942	239	155.9	347	226.4	462	301.4	129	84.1	146	95.2	2223	1450.1
1943	330	215.7	345	225.5	445	290.8	147	96.1	148	96.7	2382	1556.8
1944	271	173.9	324	207.9	461	295.9	101	64.8	151	96.9	2271	1457.6
1945	416	264.5	313	198.9	472	301.1	126	80.1	144	92.8	2459	1563.3
1946	289	170.5	326	192.4	444	262.0	127	75.0	122	72.0	2266	1337.1
1947	288	165.4	351	201.6	488	280.3	122	70.1	131	75.3	2312	1329.7
1948	203	114.0	385	216.1	434	243.7	86	48.3	139	78.0	2103	1180.8
1949	260	145.3	358	200.1	560	313.1	127	71.0	113	63.2	2337	1306.3
1950	231	130.0	410	230.7	624	351.2	82	46.2	89	50.0	2288	1287.5
1951	314	177.6	381	215.5	715	404.4	89	50.4	82	46.4	2497	1412.3
1952	235	133.3	374	212.1	591	335.1	104	59.0	61	34.6	2151	1219.4
1953	277	159.3	390	224.2	563	323.8	129	74.2	50	28.8	2149	1235.7
1954	204	118.9	410	239.1	590	344.0	96	56.0	39	22.7	2055	1198.3
1955	226	133.5	352	207.9	585	345.5	132	78.0	38	22.4	2082	1229.8

CAUSES OF DEATH—Registrar General's Return of Deaths in the City of Salford during the year 1955

	Males	Females	Total	Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over
Tuberculosis—Respiratory ...	30	8	38	...	...	...	...	10	21	7	...
Other ...	3	1	4	1	...	...	...	2	1	...	...
Syphilitic Disease ...	2	3	5	...	...	...	...	...	2	2	1
Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough ...	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infections ...	1	...	1	1	...	...	...	...	...	...	...
Acute Poliomyelitis ...	...	...	...	...	...	...	...	...	...	...	...
Measles ...	...	...	...	...	...	...	...	...	...	...	...
Other Infective and Parasitic Diseases ...	1	1	2	...	...	...	...	1	...	...	1
Malignant Neoplasm—Stomach ...	28	24	52	...	...	...	...	2	19	14	17
" Lung, Bronchus ...	84	8	92	...	...	...	...	8	56	19	9
" Breast ...	...	29	29	...	...	...	...	3	19	4	3
" Uterus ...	...	21	21	...	...	...	...	2	11	6	2
Other Malignant and Symphatic Neoplasms ...	84	74	158	1	...	...	...	10	59	47	41
Leukaemia, Aleukæmia ...	3	1	4	...	...	...	...	...	2	1	1
Diabetes ...	4	12	16	...	...	...	...	...	6	5	5
Vascular Lesions of Nervous System ...	106	151	257	...	...	...	...	4	60	92	101
Coronary Disease, Angina... ..	150	85	235	...	...	...	...	5	78	91	61
Hypertension with Heart Disease ...	14	26	40	...	...	...	...	1	11	7	21
Other Heart Disease ...	116	194	310	...	1	2	...	12	36	69	190
Other Circulatory Disease... ..	29	52	81	...	...	...	...	3	14	30	34
Influenza ...	2	9	11	...	...	...	...	...	1	6	4
Pneumonia ...	64	68	132	3	...	...	...	5	22	31	62
Bronchitis ...	154	72	226	...	...	...	...	8	67	86	65
Other Diseases of Respiratory System ...	16	6	22	...	1	...	...	1	11	2	7
Ulcer of Stomach and Duodenum ...	20	5	25	...	...	...	...	2	8	8	7
Gastritis, Enteritis and Diarrhœa ...	3	10	13	2	...	...	...	...	1	6	4
Nephritis and Nephrosis ...	3	8	11	...	...	...	...	3	5	3	...
Hyperplasia of Prostate ...	7	...	7	...	...	...	...	...	...	1	6
Pregnancy Childbirth, Abortion ...	...	1	1	...	...	...	...	1	...	...	...
Congenital Malformations... ..	9	14	23	...	...	...	...	...	1	...	...
Other Defined or Ill-defined Diseases ...	77	107	184	2	1	1	...	7	38	40	47
Motor Vehicle Accidents ...	20	6	26	3	3	4	...	4	6	3	3
All Other Accidents ...	23	19	42	...	3	3	...	3	8	7	17
Suicide ...	9	4	13	...	...	...	...	2	6	4	1
Homicide and Operations of War ...	1	...	1	...	...	...	...	...	1	...	...
TOTAL ...	1,063	1,019	2,082	81	10	10	11	99	570	591	710



STATISTICS

STATEMENT SHOWING A COMPARISON OF STATISTICS FOR THE YEARS 1953 AND 1954, AND THE STATISTICS FOR THE YEAR 1955.

Birth Rate and Mortality Rates.					Year	Year	Year
					1953.	1954.	1955.
Birth Rate per 1,000 of the population	...	...	...	...	17.05	16.72	15.95
Death " " " " " "	...	...	...	...	12.32	11.98	12.30
Infantile Mortality Rate per 1,000 live births	...	...	...	...	32.05	30.35	30.00
Annual Rate of Stillbirths per 1,000 total births	...	...	...	...	30.11	24.83	35.03
Maternal Mortality Rate " " " "	...	...	...	...	0.65	1.36	0.71
Vaccination.							
Total number of Vaccinations	...	...	...	...	1,917	1,316	1,012
" " " " " " Re-vaccinations	...	...	...	...	1,040	195	211
Percentage of children under 1 year of age vaccinated	...	...	...	...	48.6	41.05	32.69
Notifiable Diseases.							
Scarlet Fever	...	...	...	...	271	137	126
Whooping Cough	...	...	...	...	458	451	317
Measles	...	...	...	...	954	1,792	1,453
Pneumonia	...	...	...	...	196	110	140
Dysentery	...	...	...	...	73	500	331
Food Poisoning	...	...	...	...	27	43	35
Puerperal Pyrexia	...	...	...	...	10	11	10
Immunisation.							
Number of children who completed a full course of primary immunisation	...	...	...	...	2,859	2,482	2,320
Number of children who received a secondary (reinforcing) injection	...	...	...	...	2,663	2,445	2,511
Total number of children under 15 years of age who have completed a course of immunisation at any time prior to the end of the year	...	...	...	...	37,038	36,861	35,018

SANITARY CIRCUMSTANCES

"Sanitary Circumstances," the official title of this section, is a term well chosen. It covers happenings, particular happenings in our lives which affect our health or comfort. Attempt to limit its meaning or more clearly to define it and there is something missing. As with the varying circumstances of our lives so with sanitary circumstances, there is infinite variety and the unexpected often happens. For instance, you may read of the chance inspection of a packet of toffee fudge, leading to the condemnation of three and half tons of this wonder sweet all because the little fruit fly took a fancy to the raisins in it. In retrospect, happenings of this sort are apt to stick in the memory and to loom larger than more frequent yet equally important happenings which tend to become commonplace.

Sanitary circumstances vary in different districts. In reading annual reports generally one is often amazed at the significance given to what would appear a commonplace elsewhere. Thus it is that our tabulations of figures are probably the fairest guide to our activities and in this it is hoped we shall not compare unfavourably, having regard to our depleted staff and the time at our disposal for writing annual reports.

Items of special interest have been contributed by members of the staff and the tabulations remain constant as ever.

HOUSING

During the year, the City Council submitted its proposals to the Minister for dealing with houses which are unfit for human habitation, as required by Section 1 of the Housing (Repairs and Rents) Act, 1954.

HOUSING REPAIRS AND RENTS ACT, 1954—SECTION 1.

PROPOSALS FOR SUBMISSION TO MINISTER—AUGUST, 1955.

SUMMARY

TABLE 1.	To be acquired for demolition—first five years	2,608
TABLE 2.	To be acquired for maintenance—first five years	4,920
TABLE 3.	To be acquired for maintenance subsequent to first five-year period	4,332
Total number of houses in programme		11,860

TABLE 4. Sequence of deferred demolition.

TABLE 1

TO BE ACQUIRED FOR DEMOLITION—500 HOUSES PER YEAR.

Year	Area	Area number. 1950	Number of houses
1956	St. Matthias' No. 2	1	514
1957	Islington	2	186 } 519
	Ellor Street (1)	4	333 }
1958	Ellor Street (2)	4	278 } 552
	Ellor Street (3)	4	274 }
1959	Ellor Street (4)	4	150 } 514
	Ellor Street (5)	4	364 }
1960	Ellor Street (6)	4	509
Total first five-year period			2,608

TABLE 2

FOR PATCH MAINTENANCE (DEMOLITION DEFERRED)—1,000 HOUSES PER YEAR.

Year of acquisition	Area	Area No. 1950	Number of houses	Year of demolition	Period of maintenance
1956	Trinity No. 7	1	369	1962-63	6-7 years
	Trinity No. 8	1	220		
	St. Matthias' No. 6	1	212		
	Ordsall	7	280		
1957	Ellor Street (7)	4	304	1964-65	7-8 years
	Liverpool Street	6	670		
	Irlams-o'th'-Height	5	70		
1958	Windsor	8	396	1966-67	8-9 years
	Hightown	16	502		
	Toft Street	21	70		
1959	Cobden Street	12	213	1968-69	9-10 years
	Brindleheath	13	207		
	Regent Road (1)	19	88		
	Regent Road (2)	20	159		
	Cheetham	11	170		
1960	Lissadel Street	10 & 10A	690	1970-71	10-11 years
	Whit Lane (1)	9	300		
Total houses to be acquired first five-year period ...					4,920

TABLE 3

TO BE ACQUIRED FOR MAINTENANCE SUBSEQUENT TO FIRST FIVE-YEAR PERIOD.

Year of acquisition	Area	Area No. 1950	Number of houses	Year of demolition	Period of maintenance
1961	Whit Lane (2)	9	1,200	1972-73	11-12 years
1962	Clarendon Road	14	690	1974	12-13 years
	Florin Street	15	369		
1963	Lower Broughton (1)	17	1,000	1976-77	13-14 years
1964	Lower Broughton (2)	17	798	1978-79	14-15 years
	Eccles New Road	18	267		

TABLE 4

SEQUENCE OF DEFERRED DEMOLITION.

Area	Year of demolition	Area	Year of demolition
Trinity Nos. 7 & 8	1962	Brindleheath	1968
St. Matthias' No. 6	1963	Regent Road (1) & (2)	1969
Ordsall	1963	Cheetham	1969
Ellor Street (7)	1964	Lissadel Street	1970
Liverpool Street	1964	Whit Lane (1)	1971
Irlams-o'th'-Height	1965	Whit Lane (2)	1972-73
Windsor	1966	Clarendon Road	1974
Hightown	1966	Florin Street	1975
Toft Street	1967	Lower Broughton (1)	1976-77
Cobden Street	1968	Lower Broughton (2)	1978
		Eccles New Road	1979

It will be seen that 24 years will elapse before the above programme is completed, although the local authority will have acquired a large number of these houses some years prior to demolition to be dealt with by the "deferred demolition" procedure of the Housing (Repairs and Rents) Act, 1954.

Meanwhile, Clearance Area procedure already commenced was carried a stage further during the year, when the following Clearance or Compulsory Purchase Orders made by the City Council were confirmed by the Ministry and became operative.

Area	Houses	Other Buildings	Clearance or Compulsory Purchase Orders
Trinity No. 2	12	...	Clearance
Trinity No. 3	7	...	Clearance
Trinity No. 4	10	...	Clearance
Croft Street	27	...	Clearance
St. Matthias' No. 1	177	7	Compulsory Purchase
St. Matthias' No. 3	26	...	Clearance
St. Matthias' No. 4	48	1	Clearance
St. Matthias' No. 5	20	...	Clearance
TOTAL	327	8	

Families are now in the process of moving from the areas and the demolition of the buildings is under way.

In addition to the above areas, the following areas were represented for Clearance and Compulsory Purchase Orders made by the City Council.

Area	Houses	Other Buildings
Trinity No. 5	221	7
Trinity No. 6	66	10
TOTAL	287	17

One of the great difficulties has been in dealing with houses in areas which have been declared to be Clearance Areas or are about to be declared. Many of the houses in these areas are in an extremely unfit condition, and in many cases the tenants are suffering great hardship due to the extensive disrepair of these premises.

Owners are most unwilling to spend large sums of money in repairing houses which may only have a life of some nine to fifteen months, and in many cases small "patch" repairs will not alleviate the conditions to any extent.

In areas where immediate clearance action is not contemplated these individual houses can be dealt with by demolition orders made under Section 11 of the Housing Act, 1936, but this action cannot be taken in areas where a Clearance or Compulsory Purchase Order has been submitted to the Minister.

It will be appreciated that, in view of the fact that months may elapse before demolition can be commenced, frustration and the inevitable allegations of "red tape" are unavoidable. The only hope, it would appear, for occupants of extremely unfit houses during this period, is that action should be taken under Section 58 of the Public Health Act, 1936, for conditions dangerous to life and limb, and that the Corporation should re-house the occupants in anticipation of confirmation of the Order.

It is regrettable that emergency powers are not available for other urgent conditions during this period.

DISINFESTATION SERVICE—INSECTS

The disinfestation service has continued to function satisfactorily throughout 1955.

The number of operations carried out is comparable to figures for previous years, as the tables indicate. The number of operations stated in the tables does not include re-visits.

Most of the canteen work recorded is summer fly proofing spray treatment and includes treatment of all the school canteens in the City, during the summer months.

It will be observed that there were 421 operations carried out on the request of the Housing Department. This figure was made up of treatments prior to demolition, treatments prior to occupation, and treatments during occupation.

The recognised insecticide formulations of D.D.T. and Gammexane continue to give satisfactory results.

TABLE 1

Insects attacked	Number of operations
Bed bugs	623
Cockroaches (B. Orientalis and B. Germanica)	498
Flies (house and blow flies)	50
Fleas	22
Lice (body and head lice)	12
Crickets	1
Wood-boring beetles	2
Golden spider beetle (niptus hololeucus)	6
Moths	2
Paper mites	1
Fruit fly (drosophila melanogaster)	1
Food beetle (ptinus tectus)	1
General precautionary treatment	2
Total operations (primary)	1,221

TABLE 2

Types of premises	Number treated	Totals
DOMESTIC PREMISES		
Privately owned houses and flats	628	
Premises treated on request of Housing Department, including clearance area removals	421	
Common lodging houses	2	
Premises treated free of charge (impecunious persons and old age pensioners)	20	1,071
NON-DOMESTIC PREMISES		
Canteens (including school canteens)	37	
Bakehouses	3	
Food shops	6	
Food preparing (sausages)	2	
Public houses	3	51
Factories	12	
Office	1	
Schools	9	
Club	1	
Police Station	1	
Stables	3	
Fire Station	1	28
HOSPITALS, ETC.		
Visits to three hospitals	59	
„ „ nurseries, clinics and institutions	7	66
VERMINOUS PERSONS		
Persons, clothing and bedding cleansed	5	5
Total number of premises visited		1,221

SMOKE ABATEMENT

The Government has acted speedily on its promise to implement the recommendation of the Air Pollution Committee to bring the law relating to atmospheric pollution by smoke up to date. The Clean Air Bill is now on its way through Parliament.

Though final details will not be available for several months, the general principles appear to be to control industrial smoke emission more rigidly, albeit the immense changes in equipment necessary to bring this about, the process will be gradual, extending over a period of years; to require the adoption of methods for preventing grit and ash emission where it is most likely to occur; and to provide financial incentives to owners and occupiers of domestic premises included in areas to be designated "Smoke Control Areas." There will be greater flexibility in the types of fuel which may be burnt in control areas than was possible in smokeless zones.

The complete answer to smoke pollution may not be found in the bill, but it is a great advance on the antiquated legislative weapon about to be discarded. The zeal with which local authorities accept the challenge will

decide the nearness of the time when further revision becomes possible. Theirs is the responsibility of inspiring education of the public to use less smoky solid fuels, the only answer to domestic smoke from open grates, yet how much easier it would be if the nationalised industries could assure a continuous supply of reasonably priced free-burning coke.

For both domestic and commercial central heating systems, as well as for industrial steam generation, oil fuel is coming more and more into general favour. With modern burner jet design this fuel offers a solution to most of the problems associated with the burning of solid fuel. Its quality never varies and it can be burned with very little smoke. In fact, for all practical purposes, oil can now legitimately be classified as a smokeless fuel.

Salford's smokeless zones are now at the time of writing over eighteen months old. After an inauspicious start at the beginning of the worst spell of cold weather for many years the residents gradually settled down to a realisation of their obligations. Complaints of inability to burn coke were at first fairly numerous. Even with approved appliances and suitable grades of coke, many people cannot readily adapt their methods, particularly in lighting fires, to the needs of the new fuel. Defects in appliances accounted for some cases of failure, but in only four was the coke at fault and satisfactory results followed changing of the stocks. The majority of the 17 infringements detected were due to a mistaken impression that only coal was forbidden, coal-bricks being used. Second warnings were necessary in two cases. Very valuable experience has been gained with the establishment of these two zones and the propaganda value must be high.

Court Orders to abate industrial black smoke nuisances were obtained against five firms and one was fined £1 for failure to comply with an Order. In the case of a hospital the summons was withdrawn on the grounds that the premises were Crown Property and negotiations are in progress with the responsible authorities.

Other details of the work are summarised below :—

INDUSTRIAL BLACK SMOKE NUISANCES.

Complaints	13
Observations carried out	1,015
Black smoke emissions recorded :	
Up to 2 minutes aggregate per observation	87
From 2 to 4 minutes aggregate per observation	48
" 4 " 10 " " " "	40
Over 10 " " " "	4
Observation Notices served	83
Abatement " " " "	12
" " complied with	*14
Inspections of furnace plant	55
Advisory visits	40

* Two notices still outstanding on 31st December.

NUISANCES FROM INDUSTRIAL SMOKE-NOT-BLACK.

Complaints	25
Observations	13
Nuisances detected	9
Abatement Notices served	2
" " complied with	2
Inspections of furnace plant	16
Advisory visits	17

Sampling from a frozen product of this nature was a difficult problem and the following technique was evolved :—

By inserting a strong stainless steel cheese trier in a blowlamp flame the blade was sterilised and the sample extracted by a gentle turning motion of the trier. The sample was then deposited into a sterile 8 oz. jar with the assistance of a sterile spatula. Separate spatulas were used for each sample, and care was taken that the lids of both sample jars and tins were not removed before required. The cheese trier was washed in hot water, sterilised in the blowlamp flame and then used again.

MILK AND DAIRIES

The milk supplied in the City consists of pasteurised, tuberculin tested, and sterilised. It is delivered in one-pint bottles and is largely processed in dairies situated outside the City. One dairy still carries out pasteurising and sterilising of milk, but other firms have found it uneconomical to carry on processing and have amalgamated with other companies from whom they now receive their supplies. It is a great pity that the return to some half-pint bottles has not found favour with the dairies, but here again cost is the deciding factor. Half-pints are very useful to persons living alone who find a bottle of this size sufficient for one day. At present, many purchase a bottle to cover two days and are obliged in hot weather to use sterilised milk to avoid risk of souring. One dairyman, in an effort to meet the demand for half-pints, was discovered splitting pint bottles and actually served some customers from a churn. These methods were discontinued forthwith when the dairyman was advised. Samples have been taken from various points in the City, which include retail shops, roundsmen, dairies, canteens, hospitals, processing plant, etc.

The number of samples taken was 672. All samples were subjected to the statutory tests, and a table showing the numbers and results is given below :—

Milk	Number		Number tested	Passed	Failed	Percentage
Pasteurised	350	Phosphatase ...	349	345	4	1.15
		Methylene Blue	315	314	1	0.32
Sterilised	115	Turbidity	115	115	...	Nil
Tuberculin Tested	170	Phosphatase ...	170	165	5	2.94
(Pasteurised).		Methylene Blue	149	148	1	0.67
Tuberculin Tested	37	Methylene Blue	36	29	7	19.44
(Raw).	672					

It is very disquieting to note the percentage of failures is highest in respect of the milk commanding the highest price. This milk is tuberculin tested, sold as "Channel Island" milk. It is raw milk produced from Jersey or Guernsey cattle and has to comply with a Ministry standard of 4% fat. The milk is bottled on the farm and the local authority has no jurisdiction over its production or bottling. It would obviously be unfair for the local authority to refuse to allow its sale on those grounds and to institute proceedings for cancelling licences which apply only to dealers. The solution lies in adequate supervision of the producing side of dairy farming.

CHINESE EGG ALBUMEN

The above product which is prepared by drying hen egg albumen is imported in the flaked form. Before use it is necessary to soak the albumen in water for several hours, frequently overnight in order to liquify same and convert it into a workable product. In order to reduce the period of time for soaking, certain companies grind the flaked albumen into a powder which it is claimed renders it soluble within an hour.

Albumen is used extensively in the baking trade in products such as cakes, meringues, marshmallow, fondant, royal icing, cake fillings, etc. With the exception of cakes none of the examples are subject to heat treatment which will destroy bacterial contamination and the lengthy soaking period frequently at room temperatures provides favourable conditions for the multiplication of organisms. Where there is initial contamination by pathogens by the time the soaked albumen has been used, machinery, equipment, workers, and bake-house products can easily become contaminated.

Extensive sampling of albumen throughout the City revealed a most interesting group of *Salmonellæ* including Newport, Thompson, Typhi Murium, Paratyphoid B, and Stanley. From a cake filling, *Salmonellæ*, Thompson was isolated.

It is, of course, well known that bacterial contamination of eggs is common on account of the porosity of the shell and cases have occurred where diseased reproductive organs have transmitted organisms to the egg. For this reason and the large proportion of samples containing pathogens, a statement was issued by the Ministry of Health for circulation to Bakers' Sundriesmen, Manufacturers of Bakers' Prepared Materials and Manufacturers of Albumen and Albumen Products, and to the Baking Trade, the circulation to be effected via the Trade Association and Trade Press. The statement indicated the products in which Chinese albumen could be used and outlined hygienic precautions.

It is very doubtful if all concerned are aware of the statement and in any case having no legal status its adoption is purely optional. It might appear more satisfactory to prohibit the importation of albumen until such time as the producers could satisfy a rigid bacterial standard.

ICE CREAM

Applications for registration for sale of pre-packed ice cream have shown further increase in numbers and an additional 68 new registrations have been granted.

One hundred and fifty-nine samples have been taken and tested by the methylene blue test and have given the following results :—

<i>No. of Samples</i>	<i>Grade.</i>
100	1) Satisfactory.
24	2)
15	3) Unsatisfactory.
20	4)

The majority of the unsatisfactory samples are manufactured outside the City, in these cases the Local Authorities concerned have been notified.

The manufacturers of ice cream who are within the City have, in general, given satisfactory results. Where an unsatisfactory sample has been taken a plant check and an explanation of production and cleansing techniques has resulted in a satisfactory grading on the next occasion.

FOOD POISONING

During the year there were six outbreaks of food poisoning in which the casual organisms were found to be heat-resistant anaerobes. These organisms which are present in the meat prior to cooking are capable of resisting high temperatures especially those near the centre of the joint when meat is roasted.

When meat has been cooked either by roasting or boiling the usual practice is to allow the meat to cool naturally until cold. It is then frequently hardened in a refrigerator and sliced. In the case of stews, the meat is cooked and left until the following day when vegetables, spices and seasoning, etc., are added and the whole re-cooked. Cooling of meat by natural means is an extremely slow process which can be considerably retarded under adverse storage conditions. A lengthy cooling period is particularly dangerous. In each of the outbreaks investigated the meat was cooked the previous day. In one case only was it placed in the refrigerator when the staff was leaving at night.

In cases where cooking is necessary on the day prior to consumption, it is essential to have a satisfactorily designed storeroom in which food may be rapidly cooled and from which extraneous heat sources are excluded. The latter applies particularly to storerooms with southern aspects, where refrigerators complete with motors are fixed in the storeroom, where ventilation is inadequate or improperly used, etc.

Financial considerations must not be allowed to outweigh the necessity for taking all steps to eliminate food poisoning of this type which can be avoided by rapid cooling and proper storage.

FOOD HYGIENE REGULATIONS, 1955

The introduction of the long awaited Food Hygiene Regulations at the end of the year contains two clauses specifically designed to reduce illnesses which may be spread by food. Regulation 11 requires that notification by any persons engaged in the handling of food be given to his employer as soon as he becomes aware that he is suffering from or is the carrier of typhoid fever, paratyphoid fever, any other salmonella infection, dysentery, or any staphylococcal infection likely to cause food poisoning. The employer is required to notify the Medical Officer of Health.

Regulation 25 recognises the supreme importance of temperature control of foods which may be regarded as more liable vehicles of infection. The foods referred to are meat, fish, poultry, game, gravy, imitation cream, or foods which are prepared from or contain any of these substances or any egg or milk. Food of the types mentioned must, when not exposed for sale, be kept either below 50° F. or above 145° F. This, in effect, means that the foodstuff must either be kept hot at a temperature at which organisms cannot multiply or kept cold when the organisms still cannot multiply.

The regulations in general are very comprehensive and should lead to extensive and considerable improvement in the standard of food premises. Certain clauses relating to water supply, wash hand basins, sinks, clothing accommodation and temperature storage have been deferred until 1st July, 1956. The hygiene handling, display and exposure of food has been provided for but it does seem remarkable that in the year 1955 it is necessary to legislate and require persons engaged in food handling to refrain from spitting.

The coming year should show great activity toward the improvement of food premises.

SHOPS ACT, 1950

Notwithstanding the ambiguities in the Act, the administration of the sections in connection with Sunday trading restrictions and the Early Closing of Shops, was carried out with comparative success. When complaints were made, the occupiers who were alleged to be contravening the Act, were interviewed, and their co-operation later secured.

The supervision of shops with a view to maintaining the amenities required, was carried out.

Notices issued <i>re</i> maintenance of sanitary conveniences	...	...	12
" " " " washing facilities	...	...	10
Letters written <i>re</i> Sunday trading and <i>re</i> compensatory holidays for Sunday employment	...	...	42
" " Early Closing	...	...	115
" " Half-day Closing	...	...	17

SALFORD CORPORATION ACT, 1955

On the 27th July, 1955, Royal Assent was given to this Act, and incorporated in its many powers are five sections appertaining to Sanitation and Buildings, two sections to nuisances and one section in the miscellaneous part covering hairdressers and barbers, which come under the jurisdiction of the Public Health Department.

While there has not been much time for the powers under the Act to be put into force in all their aspects, special mention might be made of the following items.

The provision of summary power to remedy defective premises will, it is hoped, be useful in dealing with the serious nuisances caused by leaking roofs in "no-owner" properties, where it is known at the beginning that serious delay will be occasioned by length legal procedure.

With regard to the power to enforce the repair of yard boundary walls, much good has already come as the result of the use of this section. The restoration of the amenities and privacy to the occupants of houses in terraced property, where the W.C., coal store, etc. are in a small rear yard, has been a great help to these people.

TOILETS

In the City there are 21 toilets for men, 4 of which are staffed and 5 toilets for women, 4 of which are also staffed.

Plans have been approved for the erection of toilets in Irlam o'th' Height area at Summerville Road. Proposals are also being considered for the provision of toilets for men in Trafford Road, opposite the main Dock entrance, and also for men and women at the main City 'bus station at Victoria Bridge, to cater for the large number of people using this terminus.

WATER

The water supply is obtained from the Manchester Corporation's reservoirs 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 have a piped water supply.

There are 48,095 dwellinghouses in the City and the population is 169,300 (Registrar-General's estimate at mid-year 1955).

FOOD POISONING

SUMMARY OF FOOD POISONING OUTBREAKS, 1955.

Total number of outbreaks	Number of cases	Number of deaths	Organisms or other agents responsible	Foods involved
7	136	Nil	1. Cl. Welchii 2. Cl. Welchii 3. Cl. Welchii 4. Cl. Welchii 5. Cl. Welchii 6. Sal. Typhimurium 7. Cl. Welchii	Boiled Brisket Lamb Stew Steamed Round Beef Steamed Brisket Mutton Stew Roast Pork Roast Beef

STATISTICS, 1955

<i>Nature of Inspection.</i>	<i>Number.</i>
Sanitary defec(s)	24,108
Sublets	178
Seamen's lodging houses	5
Common lodging houses	9
Caravans	15
Canal boats	8
Factories with power	26
Workplaces	12
Outworkers' premises	1
Shops Act inspections	557
Schools	1
Cinemas and Theatres	35
Public conveniences	720
Stables	19
Piggeries	15
Pet shops	12
Diseases of Animals Act	12
Dairies	130
Food shops	841
Food stalls and vehicles	226
Food manufacturing premises	239
Restaurants and snack bars	93
Canteens (factory and school)	63
Unsound food	355
Food samples and others	1,755
Infectious diseases	649
Food poisoning	219
Smoke observations	1,221
Disinfestations	1,221
Miscellaneous	1,278
Housing Act inspections (Section 11)	113
Housing Act inspections (Clearance Area)	2,460
Total	36,596
Calls (no admittance)	3,512

<i>List of Samples Taken.</i>	<i>Number.</i>
Food and Drugs Act samples other than milk	237
Milk for Phosphatase Test	542
Milk for Methylene Blue Test	496
Milk for Fats and Solids not Fats, etc.	874
Milk for Turbidity Test	116
Ice-Cream	146
Fertiliser and Feeding Stuffs Act samples	8
Pharmacy and Poisons Act samples	4
Water supply samples	26
Swimming bath water samples	53
Rag flock samples	4
Total	2,506

<i>Complaints and Notices.</i>	<i>Number.</i>
Complaints received	5,024
Statutory Notices issued	4,143
Statutory Notices abated	2,604
Intimation Notices issued	2,326
Intimation Notices abated	1,581

FACTORIES ACT, 1937

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	122	Nil	Nil	Nil
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	1,083	26	4	Nil
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	8	8	1	Nil
Total	1,213	34	5	Nil

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector
Want of cleanliness (S.1)	...	...	...	...
Overcrowding (S.2)	...	...	...	...
Unreasonable temperature (S.3)	...	...	...	...
Inadequate ventilation (S.4)	...	...	...	...
Ineffective drainage of floors (S.6)	...	...	...	...
Sanitary conveniences (S.7) :				
(a) Insufficient	...	...	...	...
(b) Unsuitable or defective	5	2	...	1
(c) Not separate for sexes	...	...	...	...
Other offences against the Act (not including offences relating to out-work)	...	...	...	...
Total	5	2	Nil	1

OUTWORKERS

SECTION 110 :

Number of out-workers in August list required by Section 110 (1)	185
Nature of work :	
Making, etc., of wearing apparel	176
Cabinet and furniture making, etc.	1
Making or repairing of umbrellas, sun shades, parasols, or parts thereof	2
Carding, boxing of buttons, etc.	3
Making of boxes or other receptacles, etc.	3
Number of cases of default in sending list to Council	Nil
,, ,, prosecutions for failure to supply list	Nil

SECTION 111 :

Number of instances of work in unwholesome premises	Nil
,, ,, notices served	Nil
,, ,, prosecutions in respect of out-workers' premises	Nil

Cases Heard before the Magistrates

Offence	Number of cases	Decision of Magistrate
PUBLIC HEALTH ACT, 1936 :		
1. For failing to comply with the requirements of notices under Section 93 of the Act to remedy nuisances at dwellinghouses.	151	120 Nuisance Orders 26 Withdrawn 3 Dismissed 2 Adjourned
2. For failure to comply with abatement notice—black smoke.	6	sine-die Orders to abate 1 Fined £1 1 Costs 15/- 4 Costs 4/-
For selling ice-cream having a 28·5% deficiency in solids-not-fats.	1	Fined £10

UN SOUND FOOD

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

Meat (canned)	7,548
Fruit (canned)	1,757
Vegetables (canned)	621
Soups (canned)	46
Milk (canned)	1,098
Fish (canned)	57
Bacon	418
Cheese	82
Cereals	72
Butter	40
Sugar	18
Chocolate	2
Miscellaneous	32
Total	11,791 lbs.
Eggs	3,510

MILK AND DAIRIES — RESULTS OF SAMPLES

Test	Milk	Number tested	Passed	Failed	Per cent. failure
Phosphatase	Pasteurised	349	345	4	1·15
"	T.T. Pasteurised	170	165	5	2·94
Turbidity	Sterilised	115	115	...	...
Methylene Blue	Pasteurised	315	314	1	0·32
"	T.T. Pasteurised	149	148	1	0·67
"	T.T.	36	29	7	19·44
T.B. Inoculation	Pasteurised	5	5	...	...
"	T.T.	...	...	...	...

ICE-CREAM — RESULTS OF SAMPLES

Number of samples tested	Grades
97	1
24	2
18	3
16	4

HOME SAFETY COMMITTEE

President :

THE MAYORESS.

Chairman :

MRS. H. SOUTHERN.

Hon. Treasurer :

R. CARTER, Esq.

Hon. Secretary :

RONALD COOKE,

143, Regent Road, Salford, 5.

This Committee is composed of representatives of various organisations interested in Social Welfare such as Parent-Teachers Associations, Women's Co-operatives Societies, Religious and Political Associations, Boy Scouts, the Women's Voluntary Service and the Health Department.

Its purpose is to reduce the appalling number of home accidents which in so many cases are due to carelessness, to lack of appreciation of danger and to a lack of sense of responsibility towards "old people" and "young children."

The Committee maintained its activities to reduce accidents in homes.

The members of the panel of speakers addressed meetings organised by churches, "over 60 clubs," Boy Scouts and Clinics in the City and extended their crusade by responding to requests from Bebington (Cheshire) and other authorities.

Contact was also made with the public by the Press and warnings and appeals were issued in connection with occasions such as November 5th and Christmas Day when extra precaution should be taken. In the Spring a film was produced by the Manchester and Salford Cine Society for the Committee and this film can be loaned.

By kind permission of the Chief Librarian, book marks were issued to all the public libraries for distribution to borrowers.

The work of the Committee is carried on by means of donations and the Secretary will arrange for speakers at the request of any organisation (no fee is charged).

Donations should be sent to the Treasurer (cheques should be made out to "The Salford Home Safety Committee"). Any suggestions or requests should be addressed to the Secretary.

CITY ANALYST'S REPORT

SUMMARY OF SAMPLES

Food and Drugs Act Samples from the City of Salford	...	...	1,111
Tests on Heat-treated Milk	...	...	14
Fertilisers and Feeding Stuffs Act Samples...	...	...	9
Pharmacy and Poisons Act Samples	...	...	4
Waters (including Swimming Bath Waters)...	...	...	79
Contract Samples examined for the Purchasing Committee	...	...	126
Miscellaneous Samples	...	...	25
Tests connected with Investigations of Atmospheric Pollution	...	...	914
TOTAL			2,282
Samples from the Borough of Eccles	...	...	163
Samples from the Borough of Stretford	...	...	178
Samples from the Borough of Sale	...	...	128
GRAND TOTAL			2,751

FOOD AND DRUGS ACT, 1938

The following table summarises the samples taken under the Food and Drugs Act, 1938, and the Defence (Sale of Food) Regulations, 1943.

The percentage of adulteration was 3.5 as against the figure of 5.3 for 1954.

The majority of samples submitted are purchased informally by the Sampling Officer, which results in less inconvenience and embarrassment to shopkeepers, etc., no division or sealing of the sample being carried out.

If analysis reveals any irregularity, the commodity is re-sampled formally, following the procedure set out in Section 70 of the Food and Drugs Act, 1938, *i.e.*, dividing the sample into three parts and sealing each portion. It is only in respect of such formal samples that legal proceedings can be taken under the above Act. One of the three samples obtained in this manner is left with the vendor, one submitted to the Public Analyst, and the third sample is retained by the Sampling Officer for production in Court, when in case of dispute it can be submitted to the Government Analyst.

FOODS.

Samples	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent. adulteration
		Preservatives only	Other ways	
Milk	874	...	24	2·7
Acetic Acid Solution	1	...	...	...
Almonds, Ground	3	...	...	...
Baking Powder	2	...	...	...
Barley, Pearl	7	...	2	28·6
Beans in Tomato Sauce	2	...	...	...
Beef Paste, Potted	1	...	...	...
Beef, Potted	1	...	...	...
Beer	3	...	...	...
Blancmange Powder	2	...	...	...
Cake Mixture	1	...	...	...
Cake, Rich Fruit	1	...	...	...
Coffee	4	...	...	...
Coffee and Chicory	1	...	...	...
Coffee and Chicory Essence	3	...	...	...
Condiment, Non-brewed	1	...	...	...
Corned Beef with Cereal	1	...	...	...
Cornflour	1	...	...	...
Cream, Tinned	3	...	...	...
Currants	3	...	...	...
Fish Cake	1	...	...	...
Flour, Plain	1	...	...	...
Flour, Self-raising	6	...	...	...
Food Beverage	1	...	...	...
Food Spread	1	...	...	...
Fruit, Mixed	1	...	...	...
Ice-Cream	14	...	4	28·6
Ice Lollies	9	...	...	...
Jaffajuice	1	...	...	...
Jam	10	...	...	...
Jelly, Table	1	...	...	...
Lard	5	...	...	...
Lemon Cheese	1	...	1	100·0
Lemon Juice	1	...	...	...
Lentils, Split	2	...	...	...
Limeade	1	...	...	...
Margarine	10	...	...	...
Marmalade	2	...	...	...
Milk, Evaporated	5	...	...	...
Milk, Flavoured	2	...	...	...
Mincemeat	3	...	...	...
Mustard	1	...	...	...
Mustard, Prepared	1	...	...	...
Oats, Quick Cooking	1	...	...	...
Orange Drink	1	...	...	...
Peas, Processed	2	...	...	...
Peel, Mixed	3	...	...	...
Pepper	1	...	...	...
Pudding, Christmas	3	...	...	...
Pudding, Plum	1	...	...	...
Raisins	2	...	...	...
Rice	5	...	...	...
Rice, Cereal	1	...	...	...
Saccharin Tablets	1	...	...	...
Sago	2	...	...	...
Salad Cream	2	...	...	...
Salmon Paste	1	...	...	...
Sausage, Beef	21	3	1	19·0
Sausage, Pork	7	2	1	42·9

FOODS—Continued.

Samples	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent. adulteration
		Preservatives only	Other ways	
Spice, Mixed	1	...	...	...
Starch-Reduced Rolls	1	...	...	...
Sugar	2	...	...	...
Sultanas	2	...	...	...
Sweets	3	...	...	...
Syrup, Golden	1	...	...	...
Tapioca	1	...	...	...
Tea	4	...	...	...
Tea Extender	1	...	...	...
Tomatoes, Tinned	4	...	...	...
Tomato Ketchup	2	...	...	...
Vinegar, Cyder	1	...	...	...
Vinegar, Malt	3	...	...	...
Yeast	2	...	...	...
TOTAL FOODS	1,077	5	33	3.5

DRUGS.

Samples	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent. adulteration
		Preservatives only	Other ways	
Aspirin Tablets	2	...	...	...
Borax	1	...	...	...
Borax and Honey	2	...	...	...
Catarrh and Lung Pastilles	1	...	...	...
Cooling Powders	2	...	...	...
Cream of Magnesia	1	...	...	...
Epsom Salts	6	...	...	...
Fullers Earth Baby Cream	1	...	...	...
Glauber's Salts	5	...	1	20.0
Malt Extract with Cod Liver Oil	3	...	...	...
Oil of Almonds, Syrup of Squills and Violets	1	...	...	...
Rochelle Salts	5	...	...	...
Rose Hip Syrup	1	...	...	...
Soothing Powder	1	...	...	...
Teething Powder	1	...	...	...
Zinc Ointment	1	...	...	...
TOTAL DRUGS	34	...	1	2.9
TOTAL FOODS AND DRUGS	1,111	5	34	3.5

Milk.

The average composition of the 874 samples analysed was as follows, the corresponding figures for the previous five years being given for comparison :—

	1950	1951	1952	1953	1954	1955	<i>Minimum requirements.</i>
Fat %	3.51	3.57	3.53	3.52	3.61	3.58	3.00
Non-fatty Solids %	8.75	8.70	8.68	8.73	8.71	8.69	8.50
Total Solids %	12.26	12.27	12.21	12.25	12.32	12.27	11.50

Of the 874 samples analysed, 24 (2.7%) were unsatisfactory. These with the exception of two samples which were deficient in non-fatty solids due to the presence of extraneous water were deficient in fat content. The greatest fat deficiency found was 23.3%.

In all the above cases of fat deficiency further sampling was undertaken formally and if the deficiencies still persisted, the farms supplying these milks were visited and "Appeal to Cow" samples taken whilst the milking procedure was under observation. It was found in all cases that the herds were yielding milk of a fat content below the presumptive minimum limit of 3.00% of the Sale of Milk Regulations, 1939.

In addition to the above irregular samples a further 77 milks were found, on analysis, to be deficient in non-fatty solids. In these cases, freezing point tests showed no extraneous water to be present, the milk being of poor quality.

In all the above instances where the deficiencies were due to natural causes the farmers were asked to seek the aid of their local Agricultural Advisory Service with a view to improving the quality of their milk yields.

MILKS, SAMPLES NOS. B.1038 AND A.275.

Sample B.1038 represented one out of two churns of farmer's milk in course of delivery to a City dairy. On analysis it was found to be 6.5% deficient in non-fatty solids, and the freezing point test showed this deficiency to be due to the presence of extraneous water. The delivery was sampled formally and sample No. A.275 representing one out of two churns was found on analysis to be 5.9% deficient in non-fatty solids, a freezing point test showing the deficiency to be due to the presence of extraneous water. The farm was visited and "Appeal to Cow" samples taken, which on analysis were found to satisfy the Sale of Milk Regulations, 1939. Investigation revealed a flaw in a joint of the cooling machine and apparently the morning and evening milkings were carried out by different persons, one having the strength to tighten the flawed joint more than the other, which accounted for water being found in only one of the churns, since each churn represented a complete milking. The farmer held a thirty year record of honest and conscientious dealing, and in view of this, only a letter pointing out the seriousness of the above offence was sent to him.

MEAT AND FISH PRODUCTS.

On the 1st March, 1953, the last of the Meat Products Orders was revoked and this had the effect of removing all restrictions on the price and composition of both beef and pork sausages. Under Section 3 of the Food and Drugs Act, 1938, a food or drug sold to a purchaser must be of the nature, substance, or quality of the article demanded; if no Statutory Standard exists under the

Act for the particular article in question a prosecution may still be instituted in respect of a sample regarded as unsatisfactory and the Court itself must then fix a standard based on the evidence before it. It would appear reasonable in view of the increasing supplies of meat available that sausages should have a meat content at least the same as in the days of control, viz., 50% for beef and 65% for pork sausage. Unfortunately, High Court decisions have failed to adopt any standards with the result that the legal position is chaotic at the present time and attempts to link meat content with price have not had any success, in fact, the price appears in most cases to have no relationship with the meat content. The Ministry are reviewing the question of making a Food Standards Order to control the meat content of sausages which if enacted would clear up the present confusion.

During the year, 28 samples have been analysed and 4 were found to be slightly deficient in meat content. The vendors of these samples were interviewed and have undertaken to increase the meat content of their sausages, so the position in this City can be regarded as satisfactory, having been accomplished without resort to litigation, which considering the above, might not have been successful.

The compositions of meat paste and of fish paste are controlled by the Food Standards (Meat Paste) Order, 1951, and the Food Standards (Fish Paste) Order, 1951. The standard for meat paste is a minimum of 55% meat and for fish paste a minimum of 70% fish, the standards applying to both imported and home produced products. No adulteration of these products has been found.

FROZEN CONFECTIONERY.

The Food Standards (Ice Cream) Order, 1953, remained in force throughout the year under review. It requires ice cream to contain not less than 5% of fat, 10% of sugar, and 7.5% of milk solids other than fat. Most of the samples were much superior in quality than the above Standards require. Four samples were found to be deficient in milk solids other than fat, and details of these are given below :—

ICE CREAM, SAMPLE NO. A.225.

This formal sample was found to be deficient of milk solids other than fat to the extent of 10.7%. The vendor was cautioned by letter and the requirements of the above Food Standards Order pointed out to him.

Further samples taken subsequently were found to be satisfactory.

ICE CREAM, SAMPLE NO. B.1025.

This informal sample was found on analysis to be 22.6% deficient in solids other than fat, but a formal sample taken subsequently was found to satisfy the above Standard. Enquiries revealed that the maker had apparently made a mistake in the quantities of ingredients used in his mixing, but had quickly rectified it.

ICE CREAM, SAMPLES NOS. B.1024 AND A.278.

Informal sample No. B.1024 was found on analysis to be 36.0% deficient of milk solids other than fat. The supply was sampled formally represented by sample No. A.278 which was found to be 28.5% deficient of milk solids other

than fat. Legal proceedings were instituted in respect of this sample and at the hearing before the Stipendiary Magistrate the defendants were fined £10.

ICE LOLLIES.

Ice Lollies have merited the attention of the Public Analyst since they occasionally have been found to be subject to metallic contamination, chiefly with lead, copper and tin, of which lead is the most serious.

This contamination is likely to arise when moulds made of metal are used due to the fruit or more often added citric acid or tartaric acid exerting a slightly corrosive action on metal. All the samples submitted were tested for the presence of these metals, but no contamination was found, which reflects favourably on the now almost universal use of plastic instead of metal moulds in their manufacture.

No standards exist to govern the composition of these products. They consist mainly of frozen coloured and flavoured solutions of sugar, although in some case ice cream is incorporated in them when they are sold as ice cream lollies.

The Public Health (Preservatives) Regulations.

These regulations prohibit the use of any preservative in food except sulphur dioxide and benzoic acid. These two preservatives may be used only in certain specified foods and the maximum permitted amounts are also subject to control. In the case of a limited number of foods the presence of such preservative must be declared to the public.

Only 5 samples of sausages failed to comply with these regulations. Sausages may contain up to 450 parts per million of sulphur dioxide but its presence must be declared to the purchaser, either on a label wrapping the sausage or on a notice displayed in a conspicuous position in the place of sale. In these 5 cases the limit of 450 parts per million of sulphur dioxide was not exceeded, but no intimation was given to the purchaser of its presence. When the shops were re-visited the necessary notices were on display, the explanation being given that they are often taken down when cleaning and assistants had omitted to replace them. In all cases the shopkeepers were cautioned, and the fact that legal proceedings for infringement of the above regulations could be instituted was pointed out to them.

The remaining 947 samples tested for preservative were in compliance with the above regulations.

Cereal Products.

Miscellaneous articles of food such as flour, sago, barley, tapioca, cake mixtures, etc., are included under this heading. They are analysed to ensure that they conform with the Food and Drugs Act and ancillary legislation as is the case with all samples.

It is, however, borne in mind that this type of foodstuff is especially subject to the depredations of rodent and insect pests, so an extra series of tests, chiefly microscopical, is applied. Out of 40 samples so tested, 2, both of pearl barley showed signs of insect contamination. The infestation in these cases was due to tyroglyphid mites, which are small crab-like insects just visible to the naked eye. All contaminated stocks held by the vendors of these samples were destroyed.

Food Labelling.

The Labelling of Food Order requires that any food which is pre-packed for sale by retail shall bear a label listing the ingredients used in the preparation of that food. The ingredients must be listed in the order, according to quantity, in which they were used. In addition the packer's name and address or registered trade mark must be printed on the label.

Equally important legislation concerning food labelling is given in Section (6) (1) of the Food and Drugs Act in the following form :—

“ A person who gives with any food or drug sold by him, or displays with any food or drug exposed by him for sale, a label, whether attached to or printed on the wrapper or container or not, which (a) falsely describes the food or drug, or (b) is calculated to mislead as to its nature, substance or quality shall be guilty of an offence.”

A typical case of this nature is illustrated by the following sample of lemon cheese.

HOME MADE LEMON CHEESE, SAMPLE No. B.948.

This informal sample, on analysis, complied with the requirements of the Food Standards (Preserves) Order, 1953. It was felt, however, since it was described as “ Home Made ” that at least a reasonable proportion of the fat it contained should consist of butter. Since analysis showed the fat to be entirely margarine the manufacturer was interviewed and he agreed to ensure that not less than half of the fat content would be butter.

OTHER ANALYSES

Fertilisers and Feeding Stuffs.

In addition to analysing samples submitted under the Food and Drugs Act and related legislation the Public Analyst is also the Official Agricultural Analyst for the County Borough.

Seven fertilisers and two feeding stuffs were examined for compliance with the requirements of the Fertilisers and Feeding Stuffs Regulations, 1932. All the fertilisers were satisfactory but the feeding stuffs were reported against, one having an excess of albuminoids, and the other a deficiency in fibre.

Drinking and Swimming Bath Waters.

Routine examination of the City's domestic water supply is carried out on samples taken from two different points at monthly intervals. All the samples analysed were of satisfactory chemical composition.

At all the public swimming baths in the City the water is regularly chlorinated so as to ensure the absence of water borne diseases being transmitted to bathers, and samples from the various baths are regularly submitted to this laboratory. Fifty-three samples were submitted during the year, 10 needed a slightly higher content of free chlorine for an adequate safety margin, and in 6 cases the chlorine contents were somewhat excessive. In reporting

these swimming bath waters the recommendations of the Ministry of Health (Purification of the Water of Swimming Baths) were adopted.

Contract Samples Submitted by the Purchasing Committee.

The work carried out by the Public Analyst under the Food and Drugs Act is directed to ensure that any individual buying foods or drugs can do so with the knowledge that they will obtain a genuine article of a high standard of purity, and that it is free from sophistication, and that its composition will be clearly defined. The Corporation is also a purchaser of foodstuffs for schools and institutions and in addition requires relatively large quantities of household goods such as soaps, polishes, etc. The Purchasing Committee who have the responsibility for this bulk buying retain the services of the Public Analyst who both advises as to what standards are necessary for these articles, and analyses samples submitted against tenders thereby ensuring that satisfactory articles are obtained at competitive prices. A total of 126 samples were tested under this heading during the year.

Miscellaneous Samples.

Twenty-five miscellaneous samples were submitted for analysis, chiefly from the Health Department, and consisted in the main of a variety of canned foods which it was deemed wise to test either for metallic content or general wholesomeness before releasing them for consumption.

Samples from Neighbouring Authorities.

The City Analyst also acts as Public Analyst for the Boroughs of Eccles, Stretford and Sale. During the year, 134 samples under the Food and Drugs Act, and 29 swimming bath waters were received from the Borough of Eccles, 178 samples from the Borough of Stretford, and 128 samples from the Borough of Sale, both these latter being under the Food and Drugs Act. Fees totalling £662 10s. 0d. have been received by the City Treasurer in respect of this work.

ATMOSPHERIC POLLUTION

This work has for its object the collection of data for the Atmospheric Pollution Research Branch of the Department of Scientific and Industrial Research. When the results are considered on a sufficiently long-term basis they may reveal any significant trends in the degree of pollution of the air at selected points within the Salford boundary. The City maintains four "deposit gauges," two gravimetric sulphur dioxide units ("lead peroxide apparatus") and one "volumetric sulphur dioxide and smoke" apparatus, and these are all visited and operated by the laboratory staff.

The following table gives average values for the amount of atmospheric deposit per month at four points within the City. The collected dirt which is brought down by the rain from the atmospheric is submitted for analysis whereby it is split into its component fractions consisting of tar, combustible matter, and grit or ash, whilst the separated rainwater is examined for soluble impurities, chlorides, sulphates, and its pH value, which latter is a measure of its acidity or alkalinity.

TABLE

DEPOSIT GAUGE OBSERVATIONS
(Monthly Averages—Tons per Square Mile)

	Salford. Broughton Modern School.	Salford. Ladywell Hospital	Salford. Northern Cemetery.	Salford. Park Lane Kersal.
Rainfall in inches	2.16	2.23	2.49	2.09
Tar	0.25	0.29	0.26	0.23
Carbonaceous matter } Insoluble other than Tar ... }	4.26	9.00	4.57	3.22
Ash	9.05	16.72	13.01	7.21
Soluble matter	6.07	7.03	6.50	5.24
Total Solids	19.63	33.04	24.34	15.90
Chlorides } Included in Sulphates } Soluble matter }	1.28	1.35	1.34	1.02
pH value	3.80	3.90	3.90	3.90

The pH value of 3.90 indicates that the rainwater is acid in reaction, which accounts for its corrosive action on paint and buildings, the acid being derived from solution of sulphurous impurities in the air arising from the burning of solid fuel.

The sulphurous gases in the atmosphere were also measured directly at Regent Road and Ladywell Hospital by the "lead peroxide" method in which a surface of known area, so treated as to be sensitive to acid sulphur gases, is exposed under standardised conditions. Every month the apparatus is changed and the amount of sulphur impurities determined; the results are expressed as milligrammes of sulphur trioxide per 100 square centimetres of exposed surface. The table below shows the variation in the daily average throughout the year and the significantly greater amount in the air during the winter months when fuel consumption is at its greatest.

Month.	Milligrammes Sulphur Trioxide per 100 sq. cms.	
	Daily Average.	
	Regent Road.	Ladywell Hospital.
January	5.48	4.48
February	6.07	3.93
March	5.12	3.19
April	3.89	3.61
May	3.23	4.08
June	2.38	1.69
July	2.41	...
August	2.02	1.45
September	3.53	2.22
October	4.79	3.10
November	5.35	4.81
December	4.84	4.50

Volumetric Apparatus for Sulphur Dioxide and Smoke

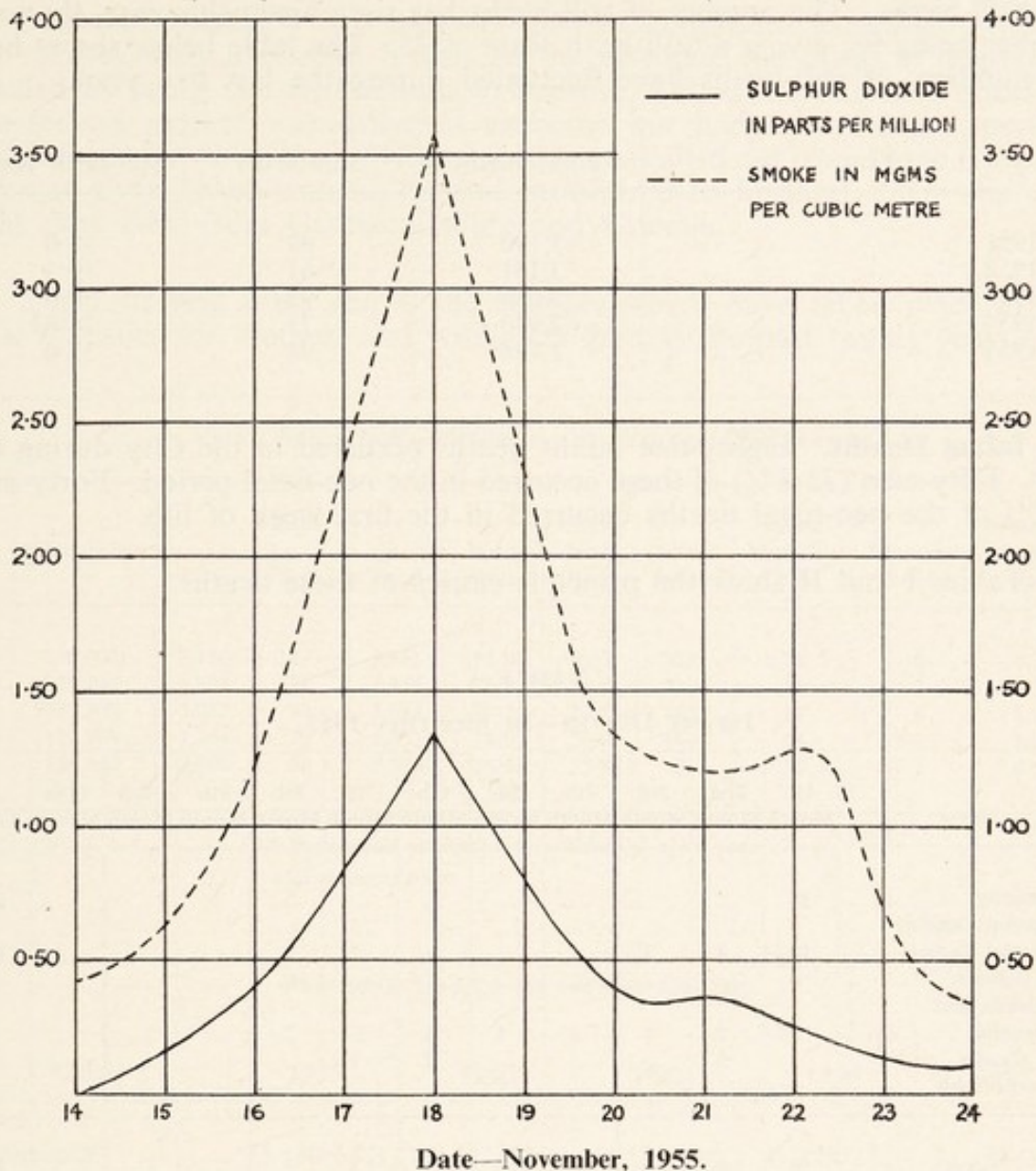
This apparatus is of particular value since it measures directly the above impurities from day to day. Air is pumped from the external atmosphere through a special filter paper and then through a dilute solution of hydrogen peroxide, both of which are changed daily. The solid particles of soot are trapped on the filter paper which is then compared with a series of standards from which the concentration of smoke in the atmosphere can be evaluated. The dilute solution of hydrogen peroxide converts the sulphur impurities into sulphuric acid which can be estimated and expressed in terms of sulphur dioxide.

The results obtained are tabulated below, and again the much heavier pollution in winter is evident.

DAILY AVERAGE CONCENTRATIONS OF SMOKE AND SULPHUROUS IMPURITIES
EXPRESSED AS MILLIGRAMMES PER CUBIC METRE.

Month.	Smoke.	Sulphur Dioxide.
January	0.65	0.203
February	0.62	0.231
March	0.69	0.256
April	0.67	0.233
May	0.39	0.167
June	0.34	0.160
July	0.29	0.166
August	0.22	0.086
September	0.30	0.092
October	0.40	0.144
November	0.88	0.275
December	0.66	0.169

During the latter part of the year a period of foggy weather persisted for four days and cleared relatively slowly. From the accompanying graph the rapid rise in smoke and sulphur dioxide concentrations can be traced and their fall when the fog started to clear is also illustrated.



It is the increase in the concentrations of these impurities present in the atmosphere that are so irritating to the chest and cause so much suffering to people who have a bronchitic tendency. It is probable that the rise in concentrations of these irritants would have reached higher maxima if the fog had persisted for a longer period thus becoming more and more lethal.

CARE OF MOTHERS AND YOUNG CHILDREN, SUPERVISION OF MIDWIVES AND THE DOMICILIARY MIDWIFERY SERVICE, HEALTH VISITING, HOME NURSING, Etc.

Statistics

Birth Rate. Once again a decline in the total number of births has to be reported—2,798 as compared with 2,940 in 1954—the birth rate being 15.95. 60.5% of the births occurred in hospital.

Still-births. The number of still-births has risen again this year, the total number being 98, giving a Still-birth Rate of 35. The table below shows how the numbers of still-births have fluctuated during the last five years.

Year	Total Births	Still-births	Still-birth Rate
1951	3,190	99	31·0
1952	3,161	61	19·3
1953	3,056	92	30·0
1954	2,940	73	24·83
1955	2,798	98	35·0

Infant Deaths. Eighty-one infant deaths occurred in the City during the year. Fifty-nine (72·8%) of these occurred in the neo-natal period. Forty-nine (83%) of the neo-natal deaths occurred in the first week of life.

Tables I and II show the principle causes of these deaths.

TABLE 1
INFANT DEATHS—IN MONTHS—1955.

Cause	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	Total
Prematurity	35	...	...	...	...	...	...	...	...	...	...	35
Congenital Debility ...	5	...	...	...	...	...	...	...	...	...	...	5
Congenital Defect ...	10	4	2	1	...	...	2	...	...	...	...	19
Birth Injuries	4	...	...	...	...	...	...	...	...	...	...	4
Pneumonia and Bronchitis	2	2	1	1	1	1	...	...	...	...	...	8
Other Causes	3	3	...	...	...	2	1	...	...	...	...	9
Gastro-Enteritis	...	...	...	...	1	...	...	...	...	...	...	1
TOTALS	59	9	3	2	2	3	3	...	...	...	...	81

TABLE 2
NEO-NATAL DEATHS—1955.

Cause	Under one day	One to six days	Second week	Third week	Fourth week	Total
Prematurity	21	12	2	...	...	35
Congenital Debility ...	1	3	1	...	...	5
Congenital Defect	2	4	3	1	...	10
Birth Injuries	1	3	...	...	...	4
Pneumonia and Bronchitis ...	...	...	2	...	...	2
Other Causes	...	2	1	...	...	3
TOTAL	25	24	9	1	...	59

It is hoped to start an enquiry next year into the circumstances associated with still-births and death in the first week of life.

Maternal Deaths. Two mothers died of conditions associated with or due to pregnancy and child birth. In the first case the cause of death was certified as being due to Pulmonary Oedema, Mitral Stenosis and Anæmia. The second mother was delivered at home but had a severe post-partum hæmorrhage for which the "Flying Squad" was called out from Hope Hospital. She was given blood transfusion and transferred to hospital where she died eight days later from Cardiac Failure and Uræmia.

The following table shows the changes which have taken place in the Vital Statistics for mothers and young children in the past twenty years.

VITAL STATISTICS—MOTHERS AND YOUNG CHILDREN.

Year	*Population	Births			Birth Rate	Still-birth Rate	Infant Deaths	Infant Mortality Rate	Maternal Deaths	Maternal Mortality Rate
		Live	Still	Total						
1935	210,000	3,156	199	3,355	15.0	59.3	245	78	16	4.8
1940	†173,200	2,884	171	3,055	16.6	56.0	220	76	7	2.3
1945	†157,300	3,022	62	3,084	19.2	20.1	183	61	6	1.94
1950	177,700	3,354	79	3,433	18.9	23.0	144	43	Nil	Nil
1955	169,300	2,700	98	2,798	15.95	35.03	81	30	2	0.71

* Population estimated to middle of each year.

† Civil population.

PRINCIPLE CAUSES OF INFANT DEATHS.

Cause	1935	1940	1945	1950	1955
Prematurity	75 (30.6%)	49 (22.7%)	46 (25.13%)	41 (28.2%)	35 (43.2%)
Congenital Defects and Debility	36 (14.7%)	44 (20%)	22 (12%)	28 (19.3%)	24 (29.6%)
Respiratory Diseases	53 (21.6%)	59 (26.8%)	52 (27.9%)	21 (14.4%)	8 (9.8%)
Diarrhoea and Enteritis	22 (9.6%)	21 (9.5%)	27 (14.7%)	20 (13.7%)	1 (1.2%)

The figures on the above table illustrate the reduction which has taken place in the number of deaths from Respiratory Condition and from Enteritis since 1935, and how Prematurity and the Congenital defects have now become the two chief causes of infant mortality in the City, and it is on the prevention of these that our efforts must be concentrated if we are to bring our infant mortality rates down still further.

Deaths of Children 1 to 5 years. There were ten deaths in this age group during the year. Three of these were caused by the children being knocked down by motor vehicles. The age of these children were two, three and four years respectively. Four of the deaths were certified as being due to pneumonia. Of the remaining three, one was due to meningococcal meningitis, one to a cerebral tumour, and the third to shock and hæmorrhage following operative treatment for capillary hæmangioma of the brain.

STATUTORY SUPERVISION OF MIDWIVES

(MIDWIVES ACT, 1951)

In accordance with the provisions of the above Act, 68 midwives notified their intention to practise as such—38 from hospital, 27 from the Municipal Service, and two from midwives in private practice. One midwife notified her intention to practise as a maternity nurse.

MISCELLANEOUS NOTIFICATIONS (required by the Rules of the Central Midwives' Board).

Notification	Hospital	Municipal	Private Practice	Total
Still-birth	Not required	16	...	16
Death	" "	3 (infants)	...	3
Laying out of dead body	" "	14 "	...	14
Infection	" "	32	...	32
Artificial feeding	91	110	...	201
Medical aid	Not required	636	...	636

DOMICILIARY MIDWIFERY SERVICE

In keeping with the remainder of the country, Salford has seen a further decline in the birth rate. This has resulted in fewer births in the home as well as in hospital. "It is an ill wind that blows no one any good" is an old saying, but is very true in this connection. Coinciding with the lower birth rate there has been an increasing shortage of midwives. What the future holds in this direction is difficult to foretell.

Recruitment to the domiciliary service has been mainly from younger midwives and this will probably continue. The housing of younger members of the profession is likely to become a more expensive item to the Corporation, these midwives tending to require furnished bed-sitting rooms rather than houses. The exception to this rule will be the young midwife who wants a home in order to marry.

This year has seen "trilene" analgesia placed in the hands of all the district midwives in the City. This has been made possible so quickly after the Central Midwives' Board consented to midwives using this drug, by the usual helpful co-operation of the matron, medical and midwifery staff of Hope Hospital. All district midwives have there received instruction in the use of the drug, and the purchase by the Health Committee of two machines for its administration has enabled those mothers who needed it to benefit from its analgesic effects.

Much publicity has been given during the past twelve months to the subject generally referred to as "Natural Childbirth." There is no doubt that relaxation and controlled exercises taught by experts are great adjuncts to good ante-natal care and normal confinement, and any expectant mother in Salford can obtain the benefits of Dr. Grantley Dick Read's methods by consulting her midwife, who will refer her to the special classes of instruction. Education in "Natural Childbirth" does not preclude a mother from having relief from discomfort by the use of suitable drugs.

The selection of mothers for hospital beds continues to be based mainly on their obstetric, medical or social needs. This works amicably from the administrative angle, but does lead to some dissatisfaction when mothers not fulfilling these requirements still wish to be confined in hospital. On the other hand there is still a nucleus of women who demand a home confinement when there is every contra-indication to this arrangement. In these cases, the Emergency Obstetric Unit and hospital beds have always been available to such patients when the occasion demanded it.

A persistently high still-birth rate is a very pressing problem in midwifery, and, although the numbers delivered on "district" are relatively small, some mothers originally booked for home confinement have been admitted to hospital and eventually have had still-births. The domiciliary service must accept some responsibility also for these.

Closely linked with still-births is the neo-natal death rate. The majority of deaths in the neo-natal period take place before the eighth day of life. Subsequent to these considerations it has been considered advisable to carry out an intensive investigation into all peri-natal deaths in the City for 1956. This will include all still-births and deaths of infants up to seven days.

Establishment.

The establishment has remained unchanged in 1955. Full use of this has not been necessary owing to a lower birth rate, but with an annual holiday leave of five weeks for all midwives and an ever increasing amount of sickness, it may become necessary to employ more staff if available.

Temporary appointments have been made to cover maternity leaves.

<i>Present Establishment.</i>					<i>Staff Situation,</i> 31/12/54.	<i>Staff Situation,</i> 31/12/55.
Non-Medical Supervisor	...	...	...	...	1	1
Assistant Non-Medical Supervisor	...	...	...	...	1	1
Approved District Teachers	...	...	...	...	5	5
Non-Teaching Midwives	...	...	...	...	20	16
TOTALS					27	23

Sick leave has once again been on the upward trend. This, in addition to maternity leave, makes *each midwife* responsible for an average loss of $46\frac{1}{2}$ days' work in the year.

STATISTICS.					<i>Total Leave.</i>	<i>Average per Midwife.</i>
1952	...	...	...	...	340 days	15 days
1953	...	...	...	...	617 "	$29\frac{1}{2}$ "
1954	...	...	...	...	416 "	22 "
1955	...	...	...	...	975 "	$46\frac{1}{2}$ "

The total leave for 1955 represents two and a half midwives' work for the year, and the average sick leave and maternity leave added to the annual holidays means an absence of $11\frac{1}{2}$ weeks per midwife in the year.

Liaison with Hospitals and General Practitioner Obstetricians and Local Authority Medical Officers.

Excellent co-operation exists between the staff of Hope Hospital and the Midwifery Section of the Health Department. Periodic meetings at the hospital

continue. Where early discharge of maternity cases has been a necessity, district midwives have continued to give nursing attention at home, and the doctors and midwives working on the district have had no difficulty in obtaining beds for difficult cases. Information as to the progress of the latter patients has been conveyed to district staff by the Specialist Health Visitor.

Approximately 90% of the domiciliary confinements had a doctor engaged. Of these, only 8% had a doctor present at the time of birth. Just over 1% of the remaining 10% of cases with no doctor engaged required medical assistance during the labour.

The required post-graduate courses in obstetrics at Hope Hospital before admission to the Obstetric List maintained by the Executive Council has already given the midwives in Salford a further supply of general practitioners well able to meet the obstetric needs of mothers in their own homes.

One general practitioner continues to use municipal midwives in his own ante-natal clinic. This has ensured really good continuity of care of the expectant mothers.

As many general practitioner obstetricians only carry out the minimum ante-natal care, and some patients do not book a doctor, the midwife obtains further medical care for her patients by referring them to the medical officers of the local authority, their specialist experience meeting all other requirements.

One new feature concerning the ante-natal care of mothers was the commencement in November of a consultant obstetrician's clinic on Monday afternoons at 2-0 p.m. at Langworthy Centre. General practitioner obstetricians and local authority medical officers are able to refer their complicated cases to this clinic.

Report on Work of Municipal Midwives

Ante-natal Care.

1. CLINICS.

Midwives hold 42 ante-natal clinic sessions per month at six different centres.

Number of clinic attendances	6,032
„ „ women who attended	1,581

2. HOME VISITING.

Good ante-natal clinic attendance has necessitated less ante-natal care in the patients' own homes. Also there have been fewer requests from the hospital for home investigations.

	1953	1954	1955
Number of ante-natal visits	10,827	7,139	5,765
„ „ home investigations	479	419	306

ANALYSIS OF HOME INVESTIGATIONS.

Home conditions	Booked	Not booked	Decision not known	Total
Good	17	68	22	107
Fair	37	25	25	87
Bad	68	8	22	98
TOTAL	122	101	69	292
Others				14
GRAND TOTAL				306

SUMMARY OF "OTHERS."

Booked as private patient	1
Preferred home confinement	5
Removed out of area	2
Booked at other hospitals	3
No access	3
TOTAL	14

3. NATURAL CHILDBIRTH INSTRUCTION.

As far as the staffing situation has allowed instruction in relaxation exercises in preparation for natural childbirth have been given at the following clinics :—

Crescent Clinic.

Regent Road Clinic.

Ordsall Clinic.

Langworthy Centre.

These classes are of greatest value to mothers expecting a first baby, but the instruction is available and of value to all who care to participate.

4. MOTHERCRAFT CLASSES.

Much is heard today of "Health Education" and surely there could be no better time for this instruction than during the impressionable part of a woman's life, that is, during her pregnancy and particularly during her first pregnancy. This woman, along with her husband, has already (in many cases) founded a home and they are about to introduce a new citizen who has every right to the very best that healthy living can offer. To give this birthright to the babies of Salford, health visitors and midwives continue to give mothercraft instruction by personal contacts with the expectant mother and also by group teaching in ante-natal clinics.

With reference to the latter, expectant mothers have been able to attend a series of eight classes on such important subjects as diet, hygiene, minor ailments of pregnancy, preparations for the confinement, elementary anatomy and physiology of labour, the management of the infant and immunisation and vaccination.

Eight series of classes have been held during the year and attendances have shown a gradual improvement. It was most encouraging to hear of an employer insisting that one of his employees, being an expectant mother, should have time off work in order to attend the classes.

To stimulate a further interest in mothercraft a competition was held, consisting of ten questions, on subjects already taught in the classes. Although the response as far as numbers was poor, the standard reached by some of the candidates was very good indeed.

Prizes were provided and presented by the Senior Medical Officer for Maternity and Child Welfare.

The birth of a baby should concern fathers as well as mothers—both parents should share the responsibilities as well as the joys of a family. The fathers of Salford have shown less interest in "Fathercraft" than mothers in "Mothercraft."

Four classes were arranged for potential fathers, but only one attended. He showed great interest and felt that the instruction had been worthwhile.

STATISTICS FOR MOTHERCRAFT CLASSES.

<i>Session.</i>	<i>Centre.</i>	<i>No. of mothers.</i>	<i>Average per week.</i>
1	Langworthy	16	2.0
2	Murray Street	42	5.25
3	" "	52	6.5
4	" "	48	6.0
5	" "	51	6.375
6	Police Street	36	4.5
7	Crescent	29	3.625
8	Police Street	53	6.625

5. BOOKINGS.

The total number of mothers booked for home confinement was 1,328. This is quite high for a city with a declining birth rate and population, and also when housing conditions are not of the best. Only 101 of these had sought admission to hospital before booking a district midwife.

Deliveries.

As already indicated midwives attended unaided the majority of domiciliary confinements as the following statistics indicate :—

1. STATISTICS.

Doctor engaged and present at delivery	79
" " " not present at delivery	912
" not engaged and present at delivery	3
" " " not present at delivery	103
TOTAL	1,097

N.B.—In addition to these figures three cases were notified by doctors and midwives were in attendance after delivery.

BIRTHS ATTENDED BY MUNICIPAL MIDWIVES.

	<i>Live Births.</i>	<i>Stillbirths.</i>	<i>Total.</i>
1952	1,324	7	1,331
1953	1,260	22	1,282
1954	1,183	11	1,194
1955	1,089	16	1,105

N.B.—The difference between the total cases and total births represents eight sets of twins. Municipal midwives have also attended three miscarriages, which have been handed to the Home Nursing Service for nursing care.

2. ANALGESIA.

The modern district midwife in Salford has at her disposal all the latest drugs for the relief of pain that the law will allow her to use. The big demand and short supply of "trilene" machines, plus the extra training given to our midwives in the use of the machine, made it fairly late in the year before the drug was made available in the homes of the people. Nevertheless, the following statistics will prove that mothers are already enjoying its benefits :—

STATISTICS.						<i>Gas/Air.</i>	<i>Pethidine.</i>	<i>Trilene.</i>
Doctor present at case	...	...	...	...	...	49	49	7
„ not present at case	...	...	...	...	...	755	658	73
TOTALS						804	707	80
PERCENTAGES.						1953	1954	1955
Gas and Air	...	...	...	...	...	56	72.8	73.2
Pethidine	...	...	...	...	...	26	55.5	64.4
Trilene	...	...	...	...	...	—	—	7.3

80.5% of all mothers had some form of inhalational analgesia during labour. The majority of those who had no analgesia had too short a labour for drugs to be administered in time. A few of the mothers had failed to obtain the requisite medical certificate.

3. NIGHT MIDWIFERY SERVICE.

This service still operates successfully from the Second Period Training School and is appreciated by patients and staff alike.

Number of calls received	...	...	...	...	...	...	...	1,045
„ „ occasions cars supplied	...	...	...	...	...	...	...	886

4. STILLBIRTHS.

Although the number of stillbirths occurring on the district is small, great concern is still felt about the number of mothers who have been admitted to hospital for some abnormality and have eventually had a stillbirth. It is the duty of the district midwife to reduce these as much as possible.

STATISTICS.						<i>Number of Stillbirths.</i>	<i>Number per 1,000 Live and Stillbirths.</i>
1951	...	...	...	...	...	27	20.2
1952	...	...	...	...	...	7	5.3
1953	...	...	...	...	...	23	17.9
1954	...	...	...	...	...	12	10.1
1955	...	...	...	...	...	16	14.4

COMPARATIVE STATISTICS.

SUMMARY OF CAUSES.

Causes	1950	1951	1952	1953	1954	1955	Totals
Abnormal Fœtus	7	8	1	9	3	2	30
Asphyxia	8	15	3	5	6	6	43
Cerebral Hæmorrhage	...	1	1	2	...	2	6
Unknown Causes	5	3	2	7	3	6	26
TOTALS	20	27	7	23	12	16	105

Post-mortem examinations are carried out in these cases whenever possible.

ADMISSIONS TO HOSPITAL. This is the first year that special records have been kept of cases where the mother has been "booked" for home confinement and has eventually been admitted to hospital and there been delivered of a stillbirth. Statistics are as follows :—

<i>Cause of Death (from certificate).</i>	<i>Number.</i>
Abnormal fœtus	1
Asphyxis (ante-partum hæmorrhage)	3
Unknown causes	2
TOTAL	6

5. EMERGENCY OBSTETRIC UNIT.

The "Flying Squad" from Hope Hospital was called out on five occasions. In each instance post-partum hæmorrhage constituted the emergency. All but one was admitted to hospital for further treatment. All but one made an uneventful recovery. Despite all efforts to save her life, this mother died of cardiac failure and uræmia.

Puerperium.

The greater part of each day in a midwife's life is given over to the care of the puerperal woman and her baby. This is the time during which the midwife, by example and precept, gives much valuable teaching. Her position in the family is a key one and her influence can do much to consolidate family life. The mother having experienced her efficiency during her labour will listen with a ready ear to any advice given to her, whether the subject be sex education or immunisation and vaccination. Midwives have been responsible for obtaining 413 consents for infants to be immunised against whooping cough, diphtheria and tetanus—all before the fourteenth day of life.

Number of visits to booked cases	18,872
" " " " hospital discharges (under 14 days)	223
" " cases visited on behalf of hospitals	57

The following subjects are closely linked with the puerperal state, namely :—

1. INFECTION.

The following statutory notices have been received from registered medical practitioners :—

	<i>Hospital.</i>	<i>District.</i>	<i>Totals.</i>
Puerperal Pyrexia	4	6	10
Ophthalmia Neonatorum	...	1	1
Pemphigus	...	...	...

The causes of puerperal pyrexia were notified as follows :—

Bronchitis	1
Mastitis	1
Uterine infection	2
Urinary "	1
Influenza	1
Dental abscess	1
Unknown causes	3
TOTAL	10

It is interesting to note that only four cases have been a direct result of childbirth.

COMPARATIVE FIGURES—Puerperal Pyrexia.

	1951	1952	1953	1954	1955
Hospital	37	31	7	6	4
District	13	10	4	5	6

The case of ophthalmia neonatorum was extremely mild, there being no evidence of discharge 24 hours after doctor's visit.

The Home Nursing Service continues to care for all the cases of infection which a midwife cannot attend.

2. ARTIFICIAL FEEDING.

The incidence of artificial feeding continues to rise despite the availability of specialist sisters whose advice and assistance can be obtained in the ante-natal period as well as afterwards. One disturbing factor is the large number of women who have obtained stilboestrol for the suppression of lactation on the slightest pretext.

Number of notifications of artificial feeding (district only) :

	1952	1953	1954	1955
Complementary	42	19	43	38
Supplementary	48	57	62	72

STATISTICS OF SUPPLEMENTARY FEEDING.

		<i>On doctor's advice.</i>	<i>Others.</i>	<i>Totals.</i>
MOTHER.	General health	2	4	6
	Local conditions of breast	18	4	22
	Refusal to breast feed	7	15	22
	Social reasons	3	4	7
	Failure of lactation	2	11	13
TOTALS		32	38	70
INFANT.	Vomiting	1	...	1
	Persistent weight loss	1	...	1
TOTALS		34	38	72

3. NEO-NATAL DEATHS (up to the fourteenth day of life).

Of the infants born at home and nursed entirely at home, four succumbed during the first fourteen days. All but one were premature babies. Of the premature infants, one lived ten minutes, a second lived forty-five minutes, and the third survived until the second day. Refusal of hospital accommodation and poor home conditions no doubt influenced the outcome of the last case. No satisfactory diagnosis was reached as a post-mortem examination was refused. The fourth baby died at thirty-seven hours of congenital heart disease.

STATISTICS.

Causes	1951	1952	1953	1954	1955	Totals
Congenital Abnormality	2	2	...	1	1	6
Asphyxia	5	2	1	2	1	11
Cerebral Haemorrhage	...	1	...	...	...	1
Prematurity	2	1	1	2	2	8
Icterus Gravis Neonatorum	1	...	...	...	...	1
Respiratory Infection	...	1	...	2	...	3
Other Causes	1	...	...	...	...	1
Unknown Causes	...	...	1	...	...	1
TOTALS	11	7	3	7	4	32

Six other infants were born at home, admitted to hospital and subsequently died there.

STATISTICS.

<i>Causes.</i>	
Congenital abnormality	2
Asphyxia	1 (precipitate labour)
Prematurity	3 (hyaline membrane)
TOTAL	6

4. PERINATAL DEATHS.

All the domiciliary neo-natal deaths referred to above took place within seven days and therefore along with stillbirths can be classified as perinatal deaths.

The causes of stillbirths and early neo-natal deaths are usually the same and the perinatal death rate gives a clearer indication of foetal mortality which has remained persistently high in this city and throughout the country.

	<i>Rate per 1,000 live and stillbirths.</i>
1951	28.38
1952	10.52
1953	20.28
1954	16.06
1955	17.14

5. MATERNAL DEATHS (in domiciliary practice) one.

See report on "Emergency Obstetric Unit."

6. MEDICAL AID. DURING PREGNANCY, LABOUR AND PUERPERIUM.

For the mother during pregnancy	86
" " " " labour	340
" " " " the puerperium	64
	490
For the infant	146
TOTAL	636
Number of calls where doctor was engaged	548
" " " " " " not engaged	88
TOTAL	636

Part II Midwifery Training School.

Twelve of the sixteen pupil-midwives who commenced Part II training were from Hope Hospital under the priority scheme. The remainder of the candidates came from other local hospitals. Five other pupils had been accepted but were unable to proceed with Part II training owing to their failure at the Part I examination.

Examination results of those who have completed Part II training during the year were as follows :—

Passed	...	...	...	...	...	...	...	...	15
Failed	...	...	...	...	...	...	...	...	1
TOTAL									16

The candidate who failed was successful at her second attempt.

The teaching staff consists of :—

2	Approved Lecturers.
1	„ Midwifery Teacher.
5	„ District Teachers.

As anticipated in last year's report, the group teaching of mothers has become a compulsory part of the curriculum of Part II pupil-midwives. The Salford training school already had a scheme organised and this remains a successful and important part of a pupil's education.

A Bring and Buy Sale, organised by the Ladies of the Health Committee, raised sufficient money to supply additional amenities for the hostel. This effort has been greatly appreciated by the staff.

Other Activities held in Jutland House.

1. THE CHILDREN'S CLUB.

The Children's Club meets on Monday evenings, and continues to be very popular with the children of school age in the Docks area.

One outstanding event of the year was the visit of His Worship the Mayor and the Mayoress. This marked the occasion of the enrolment of the children as members of the Health Club. Shots for television purposes were taken as the children repeated the Health Rules.

The active support of some of the members of the Health Committee has been valued, as also have the efforts of the Scottish Dance Society and many of the children's parents who have helped in so many ways to keep these young citizens profitably occupied.

Other activities arranged by the Warden-Housekeeper of the hostel included an annual outing to St. Annes, a Christmas Party and a Beetle Drive.

2. TEACHING OF HOUSECRAFT TO PROBLEM MOTHERS.

On an average, six mothers and their children spend Monday afternoon in the kitchen of the hostel. There they improve their knowledge of cookery and housecraft, and find out how much cheaper meals can cost when a little effort is expended in their preparation.

Week after week they continue to attend, proving how much they appreciate the help given.

The children enjoy a happy playtime under adult supervision.

Inspection of Nursing Homes

The routine inspection of Salford's only nursing home has been carried out. Certain improvements had been done and others were in process of completion.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics.

As stated in the report for 1954, it has been found necessary to reduce the number of ante-natal sessions from 30 to 24 per month owing to the fall in the attendances and the birth rate. There has, however, been a slight increase in the number of women attending the clinics during 1955—1,249, as compared with 1,145 in the previous year.

As before, all mothers attending the Centres have specimens of blood taken for Wasserman Reaction, for Rhesus Factor, and for Hæmoglobin Estimations, unless they have had specimens taken during the current pregnancy elsewhere.

The number of specimens taken at the clinics were as follows :—

For Wasserman Reaction	1,043
„ Rhesus Factor	1,022
„ Hæmoglobin	1,074

Six mothers were found to be Wasserman Positive. Two of these were new cases. All were referred for treatment.

One hundred and sixty-six mothers were found to be Rhesus Negative. Eight had antibodies. Seven were referred for hospital delivery. The eighth, who refused to go to hospital, had a normal delivery at home, but the infant had to be admitted to hospital for immediate blood transfusion.

Three of the remaining seven infants had to have exchange transfusions at birth, one was slightly jaundiced but did not require transfusion, another was not affected, and one was Rhesus Negative. The eighth infant was born prematurely and died about two and a half hours after birth from erythroblastosis foetalis.

Child Welfare Clinics.

A further decrease in the number of children attending child welfare centres has to be reported. The total attendances being 32,473, as compared with 35,497.

Attendances at the toddler sessions has also been disappointingly low, only about one-third of the children invited attending.

Welfare Foods.

The sale and distribution of these commodities continued throughout the year at all maternity and child welfare centres and also at the ante-natal sessions at Hope Hospital. In addition, a selling centre was opened in the main office building at the beginning of the year, where these foods could be obtained during office hours; this opening has relieved the pressure on centres in the main Salford area and also helped to increase the uptake of orange juice in the City.

ORANGE JUICE. Ninety-six thousand and sixty-eight bottles of orange juice were sold during the year to beneficiaries, giving an uptake in the City of 32.28%. The sales averaged 1,921 bottles weekly, which shows an increase on the 1954 sales by the local authority (1,480 bottles weekly); the average weekly sales by the Ministry of Food were stated to be 2,019 bottles weekly. Having regard to the lower birth rates, and to the decrease of the under-five population in the City by re-housing in overspill areas, the City distribution is now equal, if not slightly higher than the Ministry of Food average. The summer months are still the most popular months for the uptake of this preparation—the sales increased by 50% during the hottest weeks of the year.

COD LIVER OIL AND A AND D VITAMIN TABLETS. Eighteen thousand five hundred and fifty-one bottles of cod liver oil and 7,409 packets of tablets were distributed to beneficiaries throughout the year, giving an uptake of 25.45% for Vitamin A and D preparations. Average Ministry of Food distribution prior to June, 1954, was stated to be 616 bottles of oil and 162 packets of tablets weekly. This figure has been maintained by the Local Authority in A and D tablet distribution, but cod liver oil distribution does not increase, the average number of bottles distributed weekly in 1955 was 371, giving only 60% of the Ministry of Food average and no increase on the local authority's figure for 1954 (370 bottles weekly). Here again, taking into consideration the lower birth rate and the decreased under-five population, we have not lost ground since the transfer in June, 1954, and maintenance of almost identical sales in 1955 must surely have given a slight increase in uptake in the City. The winter months bring approximately a 10% higher demand for cod liver oil than the summer months.

NATIONAL DRIED MILK. The sale of this commodity still continues to drop, 81,496 tins were sold in 1955, giving an average sale of 1,630 tins weekly as against our own figure of 1,772 tins weekly in 1954 and the Ministry of Food average of 2,080 tins weekly. This drop is partly due to the falling birth rate and to the transfer from the City of some of our younger children. As the sale of proprietary brands of milk foods has not increased in the centres, may we hope that a further reason for the fall is due to an increase in breast feeding?

There is no doubt that the welfare foods have been accepted by the community as an integral part of the maternity and child welfare services under the control of the local authority.

Breast Feeding Clinic.

For the first time a full year's work can be reviewed. The clinic has flourished not only as an advisory centre on the subject of breast feeding, but also as an educational institution.

The girl with her first baby seems to gain most from the help received there. She is able very often to spend a whole day in the clinic and thus gains maximum benefit. Four such mothers attended until their babies were 14-16 weeks old, and when discharged were convinced of the value of natural feeding as seen in their own infants.

General practitioners have taken a greater interest in referring cases, which is a great improvement on the 1954 figures. The largest number of mothers are still referred from the medical officers of the local authority, and the weekly visit of one such officer has ensured that all the medical requirements of the mothers and babies are met.

Husbands, too, have taken notice of the clinic and its activities. One man stayed most of the day and learned quite a lot from the posters and films which were used.

Sixteen mothers attended the Christmas Reunion. Educational sound films were used to terminate a happy social event. The Mayor and Mayoress attended and certainly seemed proud of the toddlers they met.

The Sister-in-Charge of the clinic has also attended a weekly ante-natal clinic session where advice could be given to mothers who were likely to have breast feeding difficulties after the birth of their babies. Four such mothers were subsequently referred to the breast feeding clinic for further advice and two of them were able to fully breast feed their babies.

STATISTICS.

Number of mothers referred	...	...	...	...	...	...	...	...	...	176
„ „ attendances	...	...	...	...	...	...	...	...	...	386
„ „ primary defaulters	...	...	...	...	...	...	...	...	...	42

RESULTS ON DISCHARGE FROM CLINIC.

Number of mothers completely breast feeding	...	...	...	...	...	...	...	...	58
„ „ „ giving mixed feeds	...	...	...	...	...	...	...	...	51
„ „ „ artificially feeding	...	...	...	...	...	...	...	...	25
TOTAL	...	...	...	...	...	...	...	...	<u>134</u>

BREAST FEEDING IN THE HOME.

Since May, 1955, a second trained nurse and midwife has worked in close liaison with the Clinic Sister.

It has been found that women with other tiny children are more amenable to advice on the feeding of their infants when this is given at home. These women find it difficult to attend the breast feeding clinic. Test weighing is done and it has been found that mothers co-operate very well when this procedure convinces them of the adequacy of their milk supply.

Early notification of feeding difficulties to this Sister is the most important factor to consider for the future. Many mothers by the third week of a baby's life decide for some unknown reason that artificial feeding is the quickest, if not the cleanest way of feeding the new-born.

There are two known causes of failure to breast feed and they are :—

- (1) Over-anxiety regarding domestic problems, *i.e.*, the sharing of her time between the new baby and other members of the family. This often happens to mothers who successfully breast fed their first baby.
- (2) Inadequate diet. Too many nursing mothers rely on snacks simply because father gets a mid-day canteen meal, and the other children, if at school, obtain their meals there—so mother has a snack until evening, when probably she has a proper meal between attending to the requirements of her family.

STATISTICS.

Number of mothers visited	64
„ „ visits paid	389

RESULTS.

Number of mothers completely breast feeding	23
„ „ „ giving mixed feeds	11
„ „ „ artificially feeding	30
TOTAL	64

Five of the 64 babies were queried as suffering from pyloric stenosis, three responded to prophylactic treatment and two were admitted to hospital, where successful Ramstedt's operations were performed. One of the latter babies was breast fed for six months.

Domiciliary Premature Baby Service.

During 1955 the Premature Baby Service commenced a "Follow-up Clinic" for the premature babies born at home. The Senior Medical Officer for Maternity and Child Welfare is responsible for the medical examination of these infants and there has been a good response, the mothers feeling that the visit has been beneficial to them and their babies, and also affording the premature baby nurses the opportunity of observing the babies' progress after discharge.

The number of babies born at home and those discharged from hospital into the care of the domiciliary service have kept at a steady level. One advantage of a discharge of a premature baby from hospital before the fourteenth day is that the establishment of breast feeding is an easier matter. The later discharges present a greater problem in this respect.

Cots and all equipment continue to be stored at Jutland House and are available for use night and day.

STATISTICS.

Number of domiciliary premature live births	57
„ „ „ „ stillbirths	8
TOTAL	65

Premature birth rate 5.8% of total domiciliary births.

PREMATURE LIVE BIRTHS.

Number transferred to hospital	11
„ nursed entirely at home	46
TOTAL	57

The results up to 28 days of the live premature births can be seen from the following table :—

Premature Live Births	Born at Home and Nursed at Home			Born at Home and Transferred to Hospital		
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days
3 lbs. 4 ozs. or less	1	...	...	4	3	...
Over 3 lbs. 4 ozs., up to and including 4 lbs. 6 ozs. ...	1	...	...	4	1	1
Over 4 lbs. 6 ozs., up to and including 4 lbs. 15 ozs. ...	16	...	15	1	...	1
Over 4 lbs. 15 ozs., up to and including 5 lbs. 8 ozs. ...	28	...	28	2	...	2
TOTALS	46	...	45	11	4	4

Further information regarding the premature stillbirths is included in the statistics covering all stillbirths.

NURSING VISITS.

Number of nursing visits to premature infants born at home ...	1,377
" " " " " " hospital discharges	750
" " " " " " immature domiciliary cases	155
TOTAL	2,282

Dental Care.

Routine Dental Examination of Mothers and Pre-School Children was not found to be possible owing to staff difficulties. Accordingly, these patients are only seen when referred by the medical officers or health visitors, and it is found that the type of treatment required is of a more radical nature. Treatment is given at the school clinics, along with the routine treatment of school children, where all forms of treatment, including X-rays and the provision of dentures are available.

The services of the Oral Hygienist have formed the greater part of the conservative treatment for mothers and one would like to see much more use made of this service.

Many more children of "pre-school age" are now being seen as school children and the return of treatment for these children is made in the school dental report.

Dental Care of Expectant and Nursing Mothers and Children under School Age.

- (1) (a) Number of officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service—

(i) Senior Dental Officer	Nil
(ii) Dental Officers	Nil

- (b) Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service *No specific sessions

- (c) Number of dental clinics in operation at end of year ... 4
- (d) Total number of sessions (*i.e.*, equivalent complete half days) devoted to maternity and child welfare patients during the year ... 60
- (e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year ... 1

* Accommodated along with treatment of school children at all clinics.

(2) DENTAL TREATMENT RETURN.

A. NUMBERS PROVIDED WITH DENTAL CARE.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers ...	288 (331)	263 (224)	272 (203)	252 (178)
Children under five years ...	542 (569)	442 (521)	369 (445)	329 (445)

The figures in brackets are those for 1954.

B. FORMS OF DENTAL TREATMENT PROVIDED.

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Dentures provided		Radio-graphs
							Full upper or lower	Partial upper or lower	
Expectant & nursing mothers ...	48	48	...	...	290	51	40	19	6
Children under five years	...	91	227	...	532	171	...	...	...

Family Planning.

Only fourteen cases were referred to the Family Planning Clinic and only seven attended.

Cookery Demonstrations.

During the year demonstrations have continued once weekly at one child welfare session at the Langworthy Centre, and also at the weekly ante-natal sessions at the Murray Street, Ordsall and Police Street Clinics.

Psychological Service.

CHILD PSYCHIATRIST.

A consultant child psychiatrist attends for two sessions each week at Regent Road and Cleveland Centres, children being referred to him by Assistant Medical Officers and Health Visitors.

FAMILY GUIDANCE CLINICS. (DR. BARBARA OLDHAM).

The work at both centres showed an increase over the twelve months, January to December, that of the Langworthy session showing a marked rise. A gratifying feature this year has been the large increase in the number of cases referred by the general practitioner, and also of patients who are self-referred, *i.e.*, they hear of the clinic, and decide to avail themselves of the help offered, or who are recommended to come by a patient who has already attended.

The liaison work with the Mental Health Department has continued. Referral of people by the Health Visiting Staff, and by the Probation Service, has provided many interesting and worthwhile cases.

I should like to record my grateful thanks for the interest and help of all the Health Visitors concerned, in doing home visits, making contacts of all kinds, and reporting regularly on the situation to me.

1. *Murray Street Centre.*

The work at this clinic developed gradually during the early months of the year.

Twelve new applicants were added to the books and the maximum number of interviews given at any one session was seven.

During October to December, however, a decline in attendances occurred, the maximum attendance at any session during this period being two.

Some cases seen.

Mrs. A., aged 34 years, a housewife with three children, was referred by her general practitioner for advice concerning her younger son of 3½ years. The child was extremely timid with other children, aggressive with his parents and a very slow talker.

The marriage was a "mixed" one. Considerable trouble with relatives on both sides and financial stringency due to the husband's stay in hospital, had caused the wife to feel very insecure and unhappy.

The mother proved co-operative and appreciative of the support and guidance given. Before long the child improved under her greater stability and understanding, and his symptoms began to fade.

The father attended on several occasions and the latest report, in November last, was that the family as a whole was doing very well. The child concerned had started school, and had settled surprisingly well.

Mrs. B., a housewife of 21 years of age with three children all under seven years, was referred by the Mental Health Department because of matrimonial difficulty. She had been referred to them earlier because of depression and suicidal tendencies. Her husband, aged 28, a lorry driver, was a difficult type. He never attended our centres and proved quite unco-operative with the Mental Health Department.

The mother was temperamentally a very unstable and immature person, and needed a good deal of care and supervision during the period before legal separation was secured. This was finally advised after several attempts at reconciliation had failed.

Liaison with the Probation Service proved most helpful in this case.

It was intended to continue support for the wife after separation, but she failed to attend the centres on several occasions. A "follow-up" letter will be sent shortly.

Mrs. C. was an intelligent young woman of 24 years, with one son of seven months.

She was referred by the Maternity and Child Welfare Office after contact had been made with them through the Probation Officer of the town in the south in which she had lived. She had run away from the home of her parents-in-law, taking her baby, and had come to her mother's house in Salford. The Probation Service here agreed to leave her in our hands.

She proved to be very deluded and in real need of full psychiatric investigation and treatment. After her husband had been interviewed contact was made with her own practitioner and she was finally admitted to mental hospital and treated there. Links were made with a lady doctor practising psychotherapy in the same hospital and she was seen by her weekly. Progress was slow, but Mrs. C. finally recovered sufficiently to go home again with her husband, to make a new home for themselves away from his parents, and she was last heard of considerably improved and able to cope with life again.

The help of Miss Hardwick proved invaluable in this case. She did frequent home visits, and also saw her in hospital several times, and supplied the friendly interest so much needed by this girl.

Mrs. D., a widow aged 32, with two children aged 14 and 11 years, was referred by a Probation Officer. She was in urgent need of help but refused to see her own doctor. She was accepted as an emergency case.

Her husband had committed suicide five years ago, his wife stumbling over his dead body in the dark. Ever since she had shown morbid fears, had become unable to sleep and found great difficulty in maintaining any sort of family life.

The son (14) was on probation for stealing and it was felt that the mother's condition was largely responsible.

After a few sessions the mother began to respond and the improvement continues to date.

2. *Langworthy Road Centre.*

This has become a very busy clinic during the year. Thirty-nine new cases were added to the register, and the maximum number of interviews given at any one session was 10.

Typical cases seen.

Mrs. E., aged 34, had one child of four years. She was referred by her general practitioner who stated that the child was "wild with doctors," and the product of a "pathological father" and an "unhappy mother."

The husband had come from a very poor, hard background, but through intelligence and hard work, had entered one of the professions and become very successful. They had built up a beautiful home with every comfort, but were most unhappy in it.

Constant quarrelling took place, especially over money and their sex relationship.

Both partners attended, but the husband proved unco-operative and exceptionally rigid in his outlook.

In spite of this the support given to the wife has helped to improve her attitude and her contribution to the home life.

Both partners were anxious to have another child and had blamed each other for its non-appearance. The latest report was that the wife was pregnant and both were happy about this.

The case continues.

Mrs. F., a housewife, aged 26, with a son of three years and a baby girl aged eight months, was referred by a Probation Officer to whom she was related by marriage.

She was in a psychotic state, and with the consent of her own doctor, she was referred to Lady Jefferson for private treatment.

The case is of interest here, however, because of the help and support given to the young husband during this difficult period.

He attended regularly each week and was most grateful for the advice and explanation afforded in discussion. He was an intelligent young fellow—a member of one of the professions.

Practical help was achieved with the help of Dr. Brown, who arranged for the admission of the small boy to a day nursery, and with the help of the Health Visitor, who made regular visits to support and encourage the wife on her return to family life.

The case continues, the last report being of continued improvement in the wife's condition.

Mrs. G., aged 31 years, with a child of three, helped her husband to run an "off licence" business. She was referred by her own doctor because the child had "begun to hold on to her motions for days on end." She had been seen by the Pædiatrician who found no organic cause.

The mother was in a very unstable, emotional state. There was much family trouble on her side, but her own marriage was happy.

She stated that the child "had been constipated from birth," and, the product of rigid training herself, she had obviously instituted a harsh routine of toilet training from that day onwards. The child was registering a protest.

In many ways the mother was fussy, over-protective, over-anxious and spoiling an otherwise healthy little girl. Father, too, was adding his share to the process.

Both parents attended and proved very co-operative and grateful for any help given.

The situation gradually improved, and, when last seen (December), the mother reported that the child had started school and was very well and happy.

Mrs. H., a housewife of 28, has two small boys aged 2 years and 8 months.

She referred herself after hearing of the help given to a friend. The small boy of 2+ was bed-wetting and showing temper tantrums.

The mother herself comes from Australia. She had met her husband while nursing over here. She has been very lonely and homesick, although happy in her marriage. The children had come quickly and prevented getting out with her husband and making friends.

She is an intelligent girl and responded quickly to advice and encouragement; and wise handling of the two children, especially avoiding, as far as possible, causing the older to be jealous of the younger, resulted in a real improvement.

The case continues.

Mrs. I., aged 30, was self-referred—she has two children aged 7 and 5 years. She was suffering from depression and obsessional fears.

Matrimonial disharmony causing frustration and bitter disappointment appears to be the cause of much of her difficulty.

Her husband, an intelligent professional man of 33 years of age, has made one attendance so far, and seems likely to co-operate. A real improvement is hoped for before long.

The case continues.

Psychological Clinic. (MISS SCHOFIELD.)

								<i>Attendances.</i>	
								<i>New.</i>	<i>Old.</i>
Murray Street	...	...	...	...	...	...	...	180	176
Police Street	...	...	...	...	...	...	...	224	290
Langworthy	...	...	...	...	...	...	...	178	245
Regent Road	...	...	...	...	...	...	...	238	252
Cleveland	...	...	...	...	...	...	...	163	259
Regent Road (ante-natal)	...	...	...	...	...	...	...	715	

Five group talks given to mental health patients at Cleveland Clinic.

Talks to nurses from Salford Royal, Pendlebury, Ladywell and Prestwich Hospitals.

Several visits to nurseries to discuss children's behaviour with staffs.

In the early part of the year attendances at the clinics were smaller than usual, due, I believe, to the very inclement weather, and the amount of sickness so prevalent at the time. Attendances improved during the spring.

Housing difficulties are as numerous as ever in some districts and consequently depressed and irritable mothers provide many opportunities for me to listen to their sad stories. Although one is not able to give material help, there is no doubt that the pouring out of the worries on to someone who has time to listen does give much relief. This is particularly noticeable in the ante-natal clinics where mothers usually spend more time in the waiting rooms. High cost of living bring much anxiety. Often I find mothers are sacrificing their own health because they give to their families food and clothing which they themselves need. Here I emphasise the vital need for the mother to keep herself well. In a few cases recently I have suggested that mother should not buy expensive toys for Christmas, as children play most happily with common household things. A number of these parents have bought clothing instead and, after experimenting with the "junk" play, have admitted that young children are happier imitating the adults with a brush, a scarf, etc.

In all the clinics mothers speak freely of their difficulties. Very few definite appointments are made, because most problems can be nipped in the bud while mingling with the mothers in the open clinics. By dealing with the difficulties in this way, mothers do not feel that they have failed in their handling of the children, as so many tend to do, if they are referred for a special appointment. The majority are willing to make adjustments when reasons are given and the result is usually a quick solution of the difficulty. Housing and the high costs of living are also responsible for many parents fearing further pregnancies. Some would like more children, but dread the shouldering of additional responsibilities. The remedial work has been as varied as in previous years and preventive teaching given through the group or to individuals.

Three very frequent problems are :—

- (1) Mother of first baby—child cries between 6 p.m. and 10 p.m.
- (2) Jealousy of toddler when new baby arrives.
- (3) Irritability in older mothers with young children.

In each of these problems one can give advice which usually brings a happy solution and restores the mother's calmness and ability to carry on more happily in the future, and mothers are most grateful for help. The ante-natal clinics provide excellent opportunities for group and individual talks on these common difficulties and for emphasising the benefits of breast feeding—both physical and mental—to mother and child. It has been a real help to have the Breast Feeding Sister in the clinics because she can interview the mothers after I have given the talks.

The Unmarried Mother and Her Child.

For full report see Health Visiting Section.

Physiotherapy Service.

During the year all branches of the physiotherapy work have continued in a satisfactory manner.

The shortage of trained physiotherapists persists, and as long as salaries and working hours remain the same in all areas, people will naturally prefer appointments in pleasant surroundings where the work is less arduous.

No clerical help has been given in any way throughout the year, and much valuable time, which should be given to the treatment of patients, must be spent in doing junior clerical work and running upstairs delivering forms to the various clerical departments.

Sunlight Clinics.

Sessions are held twice weekly at the following clinics :—

1. Regent Road Clinic.
2. Langworthy Health Centre.
3. Police Street Clinic.
4. Murray Street Clinic.

Owing to the abundance of natural sunlight during the summer of 1955, there was a drop in the number of children requiring artificial sunlight treatment, and it was only children with marked bow legs, knock knees or definite bronchial chest conditions or suffering from debility after prolonged illness who actually required treatment.

With the onset of winter, the number of children requiring artificial sunlight treatment again increased. In spite of the controversy as to whether or not any benefit is obtained from a course of artificial sunlight the proof remains that children gain in weight, have increased appetite and energy, slow teethingers cut teeth with less difficulty, and, above all, the mother is satisfied that the child is making better progress.

Massage and Exercise Clinic.

These are held twice weekly at the same clinics as the sunlight ones, and accommodation being available, on the same day, so that if a child is having sunlight and further treatment her number of attendances at clinics is cut down to the minimum. An additional clinic is held twice weekly for massage and exercises only, at Cleveland Clinic, but it has not so far been found possible to reopen Ordsall and Encombe Place Clinics, owing to a shortage of physiotherapists.

The number of children suffering from minor orthopædic defects remain high and there is always a long waiting list for the knock-knee and foot exercise classes.

More children under five are now referred for breathing exercises and, although there is difficulty in getting a small child to co-operate in breathing exercises, the effort is worthwhile, because if these small mouth breathers are taught to breath correctly whilst young it should help to minimise the ear, nose and throat troubles developing in the school child.

More babies seem to be attending for treatment as diagnosed spastic babies, this is probably due to much earlier diagnosis, and this early treatment will prevent many of the deformities found in older spastics and by careful training will enable the child to make the fullest use of all the powers he has.

No new cases of paralysis resulting from poliomyelitis attended the clinic during the year, and the number of tiny babies with congenital foot deformities or mild torticollis remained about the same.

In treating small children, the mothers, where possible, are encouraged to help the child with his exercises so that mother may continue treatment at home and so help her own child's recovery.

Medical Officers' Clinics.

1. ORTHOPÆDIC CLINIC.

This has been held weekly at Regent Road Clinic. The largest number under the age of five who attend usually have minor orthopædic defects such as knock knees, bow legs and flat feet. This emphasises the fact that it is now realised the importance of early treatment of these defects before they become fixed deformities as the child grows older. Some congenital deformities such as club feet and birth injuries are also seen, but fortunately these remain small in number.

The orthopædic technician attends on the same day as the orthopædic specialist to fix appliances and attend to the wedging of shoes. These orders are usually completed in a week which is a great help to parents who find it so difficult to spare children's shoes for any length of time.

The policy of admitting all children on a temporary basis and giving priority to those most urgently in need has been maintained and the Nursery Service has been in great demand throughout the year.

A recent survey showed that of a total of 336 children on the registers 73·8% had urgent need of the Nursery Service on the grounds of illness of the mother, or separation of the parents, because the mothers were widowed or unmarried, or because of acute social or public health reasons.

Staffing Problems.

During the year twelve members of staff (in addition to students previously mentioned) left the nurseries. The delay in replacing these people caused an almost continuous shortage—a shortage which is becoming increasingly worrying. The number of students accepted for training and the number of trained nursery nurses have been reduced in accordance with the recommendations of the Establishment Committee, thus reducing not only the number but the quality of staff available to satisfactorily supervise the children. In addition, an average of 4·9 weeks' sick leave per head is recorded for 1955, which creates further strain on the remaining staff. One hears of the "metal fatigue" of aircraft causing accidents. I feel that human fatigue in nurseries is a matter which needs careful consideration, not only to maintain accepted high standards of child care, but to avoid any possibility of these standards falling below the safety level. We owe this to the children in our care and to the parents who trust us.

The appointment of a Teacher Superintendent, Miss M. G. Quayle, after the nurseries had been without one for nine months, has helped considerably to improve the work of the Wardens and the training of students.

Her keenness and enthusiasm are infectious and her ability to collect and use scrap material for making toys and books saves a great deal of expense.

Meetings of Wardens and staff in charge of tweenie rooms are held alternately every four weeks, the staff benefiting greatly from the discussions and from the visits to other nurseries.

By an arrangement with the librarian at Peel Park Library, wardens are now able to borrow books to show to the children and books on child development. Most wardens take advantage of this arrangement.

Two of the nurseries—Howard Street and Wilmur Avenue—were visited by Her Majesty's Inspector and approved for the training of students.

Visitors to the Nurseries.

During the year many visits of observation have been paid to Salford nurseries by officials and students interested in various aspects of the child welfare and of the health service, not only of this country, but of other lands in the Commonwealth. Over 150 people have visited the nurseries during the year. These include doctors, health administrators, student hospital and district nurses, student health visitors, pupil midwives, members of the Nursery School Association, Nursery Matrons and Wardens taking refresher courses, schoolgirls and girl guides.

These visits are obviously useful and interesting to the visitors and, although they cause some disturbance of the routine of the nursery, they

give the nursery staff an awareness of the importance of their work in the social welfare services of the City, and give a chance to spread this fact to a wide variety of people.

Medical Officer's Report on Day Nurseries.

It has not been possible to visit the Day Nurseries this year as frequently as in former years due to the B.C.G. programme in the early months of the year. The new entrants to the nurseries have been examined as soon as possible after admission and the children in the "tweeny" and toddler groups have been examined as near as possible to the month in which their birthdays fell, and the babies have been examined at each visit. The children who have returned after an absence of any length of time or due to illness have been seen on re-admittance.

The increasing number of new entrants for short temporary stays has meant less frequent examination of the older age groups. The constantly changing population of the nurseries has thrown an ever increasing strain, both mentally and physically, on the staff, and may well be a factor in the high rate of absenteeism among them.

The general condition of some of the children admitted, particularly among those meriting priority has been below average, and the failure to gain weight after admission has caused concern. Weighing these children on Friday afternoon and again on Monday morning after a week-end at home has shown in every case that the loss of weight, sometimes as much as 12 ozs., has occurred at home. The mothers of these children have been seen individually and diet and rest discussed with at least some temporary improvement.

The following is a table of infections in the nurseries during this year :—

Infectious Illness	Howard Street	Eccles Old Road	Hayfield Terrace	Summerville Road	Hulme Street	Bradshaw Street	Wilmur Avenue	Total
Measles	23	10	8	6	3	4	...	54
German Measles	16	6	...	23	2	16	...	63
Chickenpox	4	38	...	3	2	23	...	70
Mumps	...	...	...	...	4	5	...	9
Whooping Cough	2	...	...	...	...	...	...	2
Dysentery	8	...	32	1	46	31	...	118
Scarlet Fever	1	...	...	2	...	...	...	3

One hundred and eighty-nine of the nursery children were mantoux tested—this represents the number of children who were in the nurseries in November and December, 1955, and had not previously been mantouxed. Eleven children were found to be positive to 1 in 1,000 dilution, and seven children were absent or had left the nursery before the result could be read : of these eleven children who were positive, two had received B.C.G. vaccination which had not previously been disclosed by the mother, and nine were referred to Hope Hospital for investigation. One child defaulted for investigation. He was known to have a strong family history of tuberculosis and, in spite of repeated interviews with the parents—the mother, herself a defaulter from the chest clinic—remained adamant. Of the remaining eight children, six

presented no clinical evidence of infection and two were found to have had a recent primary complex and were kept under investigation by the hospital.

The difficulty of getting the mothers to attend the clinics for special treatment, particularly the dental and eye clinics, remains a major problem. Orthopædic and ultra violet ray treatment is given to as many children as possible in the nursery if they require it.

HEALTH VISITING SERVICE

In this age of serious national shortage of health visitors it gives some degree of satisfaction to report that the number of health visitors employed throughout the year was increased—an average of 28.5 per month compared with 25.2 in 1954. At the end of the year, 32 health visitors, 20 clinic nurses and 10 lay assistants were employed.

As in previous years health visitors were occupied wherever possible in the medico/social/educational work which only they can do. Appropriate duties were relegated or delegated to State Registered Nurses known as Clinic Nurses and to lay assistants.

The work of the section is directed by the Superintendent Health Visitor and her Deputy, assisted by five Specialist Health Visitors who act in an advisory capacity to other health visitors and where appropriate, and in collaboration with the district health visitors, may take over for a time the actual field work in certain cases. Work connected with aged and infirm persons, most of whom live either alone or with a partner, and are not living within a family group, is undertaken almost entirely by specialist staff.

General Staff.

Combined health visiting/school nursing/tuberculosis visiting was carried out by the general health visitors. As expected, with an increase in staff, the number of visits paid by health visitors was increased—by 6,900. Much more time was taken up with the mental health aspects, and health visitors have become increasingly aware of early signs of deterioration. We are fortunate in having Dr. Cameron, Medical Officer for Mental Health, to whom health visitors can refer in difficult cases, and Dr. Cashmore, Consultant Child Psychiatrist, who has given invaluable advice and assistance to staff in dealing with emotional problems of childhood.

More attention was paid to the ascertainment and supervision of potential problem families, in addition to the intensive work carried out with established cases.

Domiciliary work in relation to children of school age, although administratively a matter for the Education Committee, cannot be divorced from general family welfare. Visits concerning children in this age group were increased by some 500 to 2,510.

B.C.G. follow-up was again carried out for adolescents over the age of 15 years. These visits (525) most of which were paid in the evening, provided opportunities for health education and discussion for an important and often overlooked age group.

Co-operation with general practitioners was good. With few exceptions family doctors collaborate well with health visitors, and in those (few) cases where liaison is not well established the reason seems to be due to lack of understanding of the health visitors' role rather than lack of goodwill. Health visitors are encouraged to telephone and call on family doctors in their respective areas to discuss individual problems and in so doing it is hoped that the foundation of good relationship and mutual understanding already established in some cases will be strengthened and extended.

The changing field of the health visitors' work has been discussed at length at national level over recent years. Re-housing of families to flats and other housing estates is one of the modern developments contributing, if not to a changing field, to a change in emphasis on certain aspects of work. In Salford, some 70 blocks of flats are now in use, most of which have come into being within the last decade. Not all families are easily able to make the necessary adjustments to the change in their environment.

Re-housing is nearly always an occasion for rejoicing. It also, alas, brings its problems—a strange neighbourhood ; new patterns of behaviour, feelings of loneliness and isolation ; children not settling well in new schools, and often financial strain. It is not easy financially to transfer, for example, from two rooms to a five-roomed flat. The problem of hire purchase commitments added to increased rent and fares to work, give rise to worry and anxiety which predispose to stress diseases and mental strain, and the family (and the health visitor) may find they have merely exchanged one set of difficulties for another.

The care of children formerly day-minded by relatives or friends is sometimes a problem. In a new district and with strange neighbours a mother may be compelled to give up work at a time when extra money is most needed because neither she nor the health visitor can find anybody to care for her child.

Home safety teaching takes on a new slant for many of the families. Toddlers coming from slum clearance areas have sometimes never seen an electric plug, and find great adventure in the easy access to fire-grates, gas cookers and boilers and electric fittings. The marked absence of fittings for fireguards ; no safety gate at the door leading to main stairways ; too easily accessible hot water taps and pipes—many of these are unfamiliar hazards not always recognised by the families as such. Where potential dangers are recognised, efforts by individual families to prevent home accidents are discouraged by the fact that all fittings and fixtures must be carried out by the Corporation, who charge the tenant.

Facilities for drying washing are poor, except in the multi-storied flats. Wet clothes draped round the fire are not conducive to a healthy atmosphere. Tenants are not permitted to fix drying racks—again corporation workmen must be sent in and the tenant charged.

The problem of stair climbing, dragging a perambulator, carrying babies, toddlers, groceries, vegetables, etc., up and down stairs, is one of the greatest disadvantages and adds enormously to the fatigue of flat dwellers—particularly mothers.

The lack of safe facilities for child play is another problem—a small verandah gives little scope for playing and is often a danger. The provision

of an estate nursery would meet a great need—a grass patch, a sand pit—a place where a mother could leave her child for a few hours whilst she goes shopping or to the wash-house, or finishes her housework, would be an inestimable boon.

Good liaison between the health visitor and the estate caretaker has been found to be valuable. His daily observations and contact with the tenants give him a unique opportunity to discover, and pass on to the health visitor, early, problems such as deterioration in the condition of aged persons, or families finding it difficult to adapt themselves to their new environment.

Clinics.

Attendances compared with those before implementation of the National Health Service Act, have fallen considerably in nearly all clinics in the country as well as in Salford. This is not necessarily to be entirely deplored. Overcrowded clinics cannot offer an adequate service to individual mothers, and what has been lost in quantity has gained in quality.

At five clinics, weekly sessions were held with a health visitor only in attendance (no doctor). Mothers and babies are seen and advised—immunisation carried out in appropriate cases, and all teaching and other facilities of the Infant Welfare Centre (apart from medical examination) are available.

Educational activities in the Centres included (namely) group talks, film strips, and exhibition of models loaned from the Health Office. Special emphasis was placed on prevention of home accidents to the old as well as the young. Mothercraft talks at Ante-Natal Clinics in conjunction with midwives are now firmly established and have been extended to include all Ante-Natal clinics except Regent Road (which is attended by Miss Schofield).

Refresher Courses—In-service Training.

Two health visitors attended a two weeks' refresher course and all the health visitors have attended short courses arranged locally.

Groups of eight health visitors at a time were taken by Dr. Cashmore, Consultant Child Psychiatrist, for twelve sessions each to discuss the psychological and emotional problems of childhood. Actual cases were the subject of discussion. This form of in-service training was found to be of greater value than many other courses arranged in recent years. Our thanks are due to Dr. Cashmore for his interest in the further education of health visitors and for his kindness in taking these groups.

Royal Society of Health Prize-Winning Essay.

Miss I. Windmuller, Specialist Health Visitor, for care of children neglected in their own homes, shared the first prize of £20 awarded by the Society for the best essay entitled "Suggestions for the training of health visitors to meet the present-day conception of health visitors' work."

Clinic Nurses.

The work of clinic nurses has been set out in detail in previous reports. Duties are divided roughly speaking into clinic work of all kinds, and domiciliary

visiting to carry out the immunisation of children under five years, and to aged and infirm persons.

The change-over from immunisation against diphtheria only to the use of Triple Antigen which aims to protect against three diseases (diphtheria, whooping cough and tetanus) necessitated an increase in the number of home visits. Three injections of triple antigen are required against two formerly given for diphtheria immunisation only. Separate injections for whooping cough were previously given in the clinics. An increase in the establishment of clinic nurses for care of the aged ensured that the home visiting of this age group was not adversely affected by this demand. Comparative figures are as follows :—

	1954	1955
Number of visits paid re immunisation	4,016	6,722
" " " " to elderly persons	3,807	4,322
TOTALS	7,823	11,044

Hygiene Attendants.

A new development during the year was the provision of a domiciliary "foot hygiene" service for the aged and infirm, which was carried out by hygiene attendants.

Suitable cases are referred by the specialist health visitor for care of the elderly. Simple foot hygiene—washing the feet and nail cutting—has brought comfort and freedom of movement to many elderly persons unable themselves to perform this task. This is a truly preventive service and prevents the gradual decline into inactivity which painful feet can cause. In some cases when first seen, toe nails have grown under or over the toes to a length of two or three inches—shoes are then uncomfortable or cannot be worn at all and restriction of movements begin. One elderly woman was able to go out for the first time in two years as a result of this simple service. In all 401 visits were paid by female hygiene attendants for bathing purposes and a further 414 for foot hygiene.

In addition, two male bathing attendants were employed from October, but owing to limited office accommodation they worked from the District Nurses Home. An account of their work is therefore included under the Home Nursing Section. A decline in the need for treatment and follow-up of scabies was shown and an increase in the demand for syringes and needles (prepared by attendants). Facilities for preparation of this equipment are poor ; it is hoped next year, when further accommodation becomes available, that a complete and up-to-date Syringe Service will be set up.

Work in the clinics and assistance given by attendants to health visitors generally, followed the same lines as last year.

Mothers' Clubs.

Clubs at Murray Street, Langworthy and Ordsall Centres continued to flourish throughout the year. Meetings were held fortnightly, with an average attendance of about 24. Activities, social and educational, followed more firmly established lines.

Clinic Work.

Type of Clinic	Health Visitors	Clinic Nurses	Hygiene Attendants	Total
Infant Welfare	2,692	290	203	3,185
Ante- and Post-Natal	502	130	...	632
Chest Clinic	1	256	...	257
School Minor Ailments	5	2,377	1,128	3,510
Mobile " "	...	421	388	809
School Clinic (General Medical)	1	922	19	942
" " (Specialist)	...	746	596 (eye clinic)	1,342
Infant Welfare (Specialist)	68	...	...	68
Miscellaneous	40	45	67	152
Chiropody	...	...	351	351
Scabies	...	...	22	22
Orthopaedic	...	...	43	43
Disinfestation	...	...	124	124
Aged Persons	2	109	15	126
B.C.G.	4	15	...	19
TOTAL CLINICS	3,315	5,311	2,956	11,582

Aged and Infirm

A specialist health visitor, assisted by clinic nurses and hygiene attendants, undertakes practically all the work for aged and infirm persons.

The number dealt with during the year was 3,669, *i.e.*, 17.06% of the elderly population (21,500); of these, 1,164 were new cases.

AGE DISTRIBUTION.

	New cases.	Number dealt with during the year.
60-64 years	185	573
65-69 "	218	726
70-74 "	350	1,007
75-79 "	212	751
80-84 "	151	470
85-89 "	37	111
90-100 "	11	31

STATE OF ACTIVITY.

Ambulant	696	1,971
Semi-ambulant	257	815
House-bound	94	637
Bedridden	117	246
	468	1,698

LIVING ALONE

... ..	211	898
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CASES WERE REFERRED BY :

Hospitals	94
Found by Specialist Health Visitor whilst visiting	148
Home Help Service	159
District Nurses, Blind Welfare, N.A.B. and other Statutory Bodies	516
General Health Visitors	37
Relatives, friends and aged persons themselves	87
Civic Welfare	50
Family Doctors	53
Voluntary Organisations	16
Housing Department	2
Mental Health Department	2
Visits paid during the year	5,597
Additional "no access" visits	1,135

These figures show that new cases were referred to the department at the rate of three per day.

Although the establishment of clinic nurses was increased by six, these appointments had not all been filled by the end of the year. The number of visits paid, therefore (5,597), although 880 greater than in 1954, averaged only 1.5 visits per person. When it is considered that almost half the number of people on the register were partially or completely housebound, the inadequacy of the service is obvious.

One of our greatest difficulties is experienced in attempting to care for elderly people who have reached the stage when they are no longer capable of looking after themselves or their rooms, but who refuse to leave their homes to be cared for either by relatives or the local authority. Many such people are kept above the border-line of the "problem" category by the co-ordinated efforts of the health visitor, home help, hygiene attendant and other appropriate workers. But some defy the concerted efforts of both statutory and voluntary organisations, and gradually deteriorate in their standard of living until they finally reach a state of degradation and squalor. Ten such cases required constant supervision and help throughout the year.

Relationships with doctors in the area was good. The co-operation of officials of the Welfare Department, National Assistance Board and other statutory agencies as well as those of the W.V.S. and other voluntary bodies, was most helpful and very much appreciated.

Domiciliary services included help with bathing as in former years and the setting up of the foot hygiene service described under "Hygiene Attendants." Many of those helped, in this and in other ways, are almost pathetically grateful for what is done for them. Some have had the same hygiene attendant visiting fortnightly or monthly for two or three (or more) years and regard them with real affection. The services rendered often go beyond official scope and hours of duty—make-do and mend for some not able to sew—a birthday cake for a lonely old person—a pot of home-made jam—a Sunday visit. One attendant went out on Christmas Day with a hot Christmas dinner for one of her old ladies.

We were again indebted to Marlborough Road School for gifts of fruit and vegetables and other foodstuffs sent following the Harvest Festival for distribution to old age pensioners. Fifty baskets of assorted foodstuffs were assembled and distributed by the staff of the section and were very much appreciated by the old folk.

The Elderly Persons' Fund was used as in previous years to help those whose needs did not come within the scope of any of the recognised statutory or voluntary relief agencies, *e.g.*, wireless licences and repairs, fireguards, Christmas gift parcels (to the value of £20 13s. 6d.), payment of certain outstanding debts, etc. The Fund was initiated some years ago by the health visiting section, following a "Bring and Buy Sale," which has since become an annual event.

Elderly Persons Clinics.

Two clinic sessions one for men the other for women are held each week, and are now firmly established and well attended. Each person is seen by the specialist health visitor, or a member of the public health nursing staff so that any social or other problems may be dealt with in addition to the medical examination undertaken by the doctor.

The transfer of the chiropody clinic service to the Welfare Department took place towards the end of the year. Cases are now referred from Langworthy Centre to the Welfare Chiropody Clinic and as in previous years to Hope Hospital.

During the year the number of elderly persons :—

(a) Admitted to hospital	304
(b) " " Local Authority Homes	58
(c) Removed from Salford and/or not in need of further visiting...	104
(d) Died	408
Number of cases still on the register, 31st December, 1955	3,121

The Unmarried Mother and Her Child

In all 96 mothers were dealt with during the year, 70 were new cases, the remaining 26 being carried over from 1954.

NEW CASES. Of the 70 new cases, 26 were expectant mothers, 23 of whom were single girls expecting first, and three expecting second babies. Two girls were married but living apart from their husbands, and one a widow, all expecting second illegitimate babies.

In the remaining 44 cases, babies had already been born. Of the 35 girls in this category who were single, 32 had had their first, two their second, and one a third child. Five mothers were widows all with one illegitimate child, and four married but separated from their husbands, three of whom with first, and two with second illegitimate children.

CASEWORK. During 1955, 614 home visits were made by the worker and 151 interviews were conducted in the office. Added to these figures are 73 miscellaneous visits which are comprised of attendance at Court, visits to the homes of relatives of unmarried mothers, calls on landlords re accommodation problems, on solicitors re the question of affiliation orders, visits to hospitals and clinics to accompany unmarried mothers, visits to factories and Ministry of Labour offices to help in placing girls in employment, and visits to other social work agencies to discuss cases and gain co-operation. This roughly summarizes the different aspects of the work, certain of which merit further consideration.

AFFILIATION ORDERS. Advice is given by the worker to all cases before and after the birth of the baby. In many cases a great deal of help is given in preparing a case for Court, advising re witnesses, securing the help of a solicitor through the Poor Man's Lawyer, often personally accompanying the unmarried mother to Court on the day of the hearing. During 1955, 12 girls were successful in obtaining Affiliation Orders, all were advised by the social worker and eight of them were accompanied to Court.

EMPLOYMENT. Many unmarried mothers return to work soon after the birth of their baby, mainly to provide the income to enable them to keep their child ; most of them stay at home until their Maternity Benefit ceases, six or seven weeks after their confinement, and then prefer to return to work rather than exist on National Assistance Allowance. Surprisingly, the majority return to their original place of employment ; they appear to be accepted by both colleagues and management and indeed are often treated with extra kindness. Some, however, either prefer to change their job or else have lost it through a long period of absence. These are the girls who can be helped

by the worker for the unmarried mother. In 1955, six girls were helped to obtain employment, and a great deal of co-operation was received from the staff of the Employment Exchange; in some cases girls were accompanied there to be personally introduced to the staff. Occasionally it was necessary to accompany a girl to a prospective employer. It is interesting to note that, of the 26 girls who are known to have returned to work in 1955, only six of them have their child cared for in a Day Nursery—the rest are day-minded. In spite of the fact that unmarried mothers have priority for their children in Day Nurseries, so many of them refuse these amenities, one can only hope that this is because they realise the advantages of an ordinary home life over a communal life, and feel that this way they can compensate for the lack of one big aspect of family life, namely a father.

The most satisfactory way of summarizing the work done for the unmarried mother and her child is to present a case history. The one chosen cannot be called a typical case for no case is typical, everyone is different for the simple reason that every human being is different from his neighbour. It is chosen rather because it illustrates many of the different aspects of the work.

Betty was referred to the worker by a health visitor at one of the Ante-Natal Centres. In an office interview the social worker learnt that the girl lived at home with her parents and that both were ignorant of her condition. Although adamant for a long time, the girl at last agreed to allow the worker to break the news to her parents and enlist their sympathy. The blow to the parents was softened, as is frequently the case, by the fact that the worker could follow up the news by practical suggestions and advice, such as the possibility of hostel accommodation, arrangements that could be made for ante-natal care and the confinement and the financial help that could be received. Thus the parents were assured of help and advice for their daughter at the decisive moment! Arrangements were made for the girl to be confined in hospital. Contact between the worker and the girl and her parents was maintained up to and after the birth of the baby, when the question of Affiliation Order arose. A great deal of time was spent in preparing the case for Court. Efforts were made to trace the putative father, witnesses were sought, and finally she was accompanied to Court, where an affiliation order was granted. The girl has now returned to work and her baby is day-minded by her mother, who with her husband, has accepted the child as part of the family.

Training of Students

A specialist health visitor is responsible for the practical training of students. She also assists in lecturing to other students who visit the Department, and takes part in the in-service training of health visiting and clinic nursing staff.

STUDENT HEALTH VISITORS sponsored by this authority receive theoretical training at the Manchester College of Technology, and are given practical training in Salford. Experience is given in every aspect of health visiting and is so arranged that continuity with selected families is possible—a necessary constituent of casework training.

STUDENT NURSES from five hospitals visited the Department for varying periods to learn something of the Social Aspects of Disease. Prevention of illness and health education methods were prominent features of each programme, but special emphasis was laid on the problems of the handicapped

person, both child and adult, and the ways in which they can be helped to lead a full life.

Many of the situations which the adolescent student nurses met during their visits they found rather disturbing, coming as so many of them do, from comfortable homes—the apparent hopelessness of the problem family, the accumulation of debts projecting far into the future, the dirt and discomfort, and the physical and mental distress of old age. More subtle, and therefore more difficult for their understanding were the mental health problems which so upset the balance of family life—ill-adjusted parents, bad relationships and lack of sensitivity, leading to broken homes, delinquency, and the evils of separation of children from parents.

So brief a glimpse of these human situations could be distressing and harmful to the student if they were not brought to some more satisfactory conclusion, by the methods of group discussion, during, and at the conclusion of, each course.

Much has been said about the needs of the patient in restoring him to full health. Not the least of these is the need for a fuller understanding of his problems by those who nurse him.

Courses were organised as follows :—

SALFORD ROYAL HOSPITAL.

29 Junior students	...	} Attended for a one-week course. The students came in six groups, each group accompanied by a ward sister. The senior students had attended previously as junior students.
34 Senior	„	
6 Ward Sisters	...	
—	—	
69		
—		

PRESTWICH MENTAL HOSPITAL.

36 Junior students	...	} Attended for a one-week course, which was arranged to run concurrently with the Salford Royal Junior Course. The students attended in three groups.
1 Tutor	...	
—	—	
37		
—		

LADYWELL HOSPITAL.

7 Pupil assistant nurses	} Attended for three days in groups of three and four pupils.
—	
7	
—	

ROYAL MANCHESTER CHILDREN'S HOSPITAL.

22 Junior students	attended for two days	} The students came in three groups.
4	„ „ „ „ one day	
—	—	
26		
—		

HOPE HOSPITAL.

24 Junior students	attended for one day.
1 Ward Sister	attended for one day.
12 Senior students	and one ward sister attended for two days.
—	—
37	
—	

TOTAL — 168 students, 8 ward sisters, 1 sister tutor.

<i>Junior Students.</i>	<i>Assistant Nurses.</i>	<i>Senior Students.</i>
28 attended for one day.	7 attended for three days.	34 attended for one week.
22 " " two days.	—	12 " " two days.
65 " " one week.	7	—
—	—	46
115		—
<i>Ward Sisters.</i>		<i>Tutors.</i>
6 attended for one week.		1
1 " " two days.		
1 " " one day.		
—		
8		
—		

OTHER STUDENTS. Two students taking a public health nursing administration course in London each spent two weeks seeing the organisation of the Department. Two social science students also attended, and a total during the year of 75 student teachers from adjacent teachers' training colleges each spent a day learning something of the health visitors' work.

Distinguished visitors from our own and other countries also visited the Department.

The specialist health visitor arranged and assisted less experience health visitors to prepare talks and lessons to be given in schools and at meetings outside the department, as well as personally participating in such work. Requests for speakers from Parent Teachers' Association, Co-operative Guilds, Mothers' Union and other Church Organisations were met.

Hospital Liaison

Liaison between health visitors and Hope and Ladywell Hospitals continued to run smoothly and amicably. Co-operation of the utmost value was achieved and there was a continuous call on the services of the specialist health visitor by both hospital and health department. As in former years the interchange of information was mainly concerned with children.

Hope Hospital.

Admissions were slightly reduced—1,237 (against 1,612 in 1954 and 1,857 in 1953) 628 of which were children admitted for tonsil operations.

Of the 599 admissions for other reasons children with dietary upsets were only 10 (16 in 1954, 21 in 1953, 38 in 1952). Home accidents accounted for 12 admissions (19 in 1954). This steady decline gives some slight indication of the value of the general health visitor's work. Emotional factors with no organic reason for signs and symptoms were present in 15 cases—the same figure as last year. Seventy children were admitted more than once during the year.

The relationship between the type of home and admission of more than one child from any particular family is shown below.

Single admissions came from 499 families and two or more children were admitted from 36 families (involving 100 children).

Homes are classified below :—

<i>Single admission.</i>		<i>Two or more admissions.</i>	
A (Good)	200 (40·07%)	16 (16%)	
B (Fairly Good)	182 (36·48%)	37 (37%)	
C (Poor)	60 (12·02%)	27 (27%)	
D (Bad)	57 (11·42%)	20 (20%)	
	499	100	

Ladywell Hospital.

Admissions were slightly increased—228 (against 213). Fifty children were re-admitted during the year.

Single admissions came from 140 families, and two or more children admitted from 36 families (involving 88 children).

Homes are classified below :—

<i>Single admission.</i>		<i>Two or more admissions.</i>	
A (Good)	40 (28·58%)	6 (6·81%)	
B (Fairly Good)	46 (32·86%)	21 (23·86%)	
C (Poor)	30 (21·43%)	26 (29·54%)	
D (Bad)	24 (17·14%)	35 (39·77%)	
	140	88	

Children admitted suffering from gastro-enteritis numbered 19—the same figure as for 1954. Sonne dysentery admissions were fewer—20 (against 48), but cases of infection with salmonella typhimurium rose from 3 to 13. Intensive follow-up of these cases was undertaken, but as many of the children came from the poorest (in every case) type of home, effective preventive and after-care work was very difficult.

For medico-social reasons, as a result of the health visitors' collaboration :—

	<i>Hope.</i>	<i>Ladywell.</i>	<i>Total.</i>
Children for whom convalescence was arranged ...	36	10	46
" " " discharge was delayed	10	8	18
" " " " expedited ...	8	2	10

The following cases will illustrate how liaison between hospital and health department can be of value.

Case A. A baby of seven months was admitted to the pædiatric ward but did not settle down well and made poor progress. This was thought to be due to maternal deprivation and the mother was asked to visit daily and give baby at least one of his feeds. The mother seemed reluctant to agree at first. The district health visitors reported that there were five other children in the family and one of the two children under five years should be having artificial sunlight treatment twice a week. On three days during the week it was impossible for the family or neighbours to arrange for care of these children during the mother's absence at the hospital. Day nursery was offered but did not meet the need of the child. Eventually a hygiene attendant was sent to act as minder, caring for the two children and taking them for light therapy as required, so that the mother was enabled to make the necessary daily visits to the hospital.

Case B. The specialist health visitor for children neglected in their own homes saw that a child brought by a "problem" mother to the day training centre (where the mother was having cookery lessons) was obviously ill and in need of hospital care. After contacting the family doctor she took him to Hope Hospital. The liaison health visitor contacted the pædiatrician who agreed to admit the child. Consultation took place between the hospital sister, pædiatrician and specialist health visitors. The ward sister helped by teaching the mother the special handling and feeding of the baby. The pædiatrician delayed discharge of the child until he was well into the convalescent stage. The specialist health visitor for neglected children then had a chance further to help and teach the mother at home. The liaison health visitor meanwhile effected an interchange of information between all others concerned with the welfare of the child and family.

Scabies and Verminous Conditions

There was again a large reduction in the number of cases referred for treatment. During some months in the year the clinic was not opened for even one session as there were no patients to treat. In all only 17 sessions were held throughout the year.

Patients and contacts are treated at Ladywell Hospital and are seen by appointment. Those people who for varying reasons such as age, physical handicap, pregnancy, sickness, etc., could not attend the clinic were treated by a hygiene attendant (who also staffs the clinic) at home. There were 92 such cases.

Number of adults treated	...	...	...	...	...	84
" " children treated, 5-15 years	...	...	...	...	...	55
" " " " 0-5 "	...	...	...	...	...	29
TOTAL						168 (204 in 1954, 303 in 1953)

These figures include seven cases of body vermin (four elderly persons with body lice and three young people with pubic lice).

Children Neglected in their Own Homes.

Since the issue of Ministry of Health Circular 27/54, "The prevention of break up of families," the Minister has made a request to local authorities for information about the measures taken to implement its recommendations. A summary of developments since 1950 is therefore given below.

Circular 27/54 gave detailed consideration to the economic and social cost and the personal suffering arising from family break up, and made several recommendations which supplement and reinforce those of the earlier Joint Circular 78/50. In particular, it called on local authorities to re-deploy their health visiting staffs so that the latter would be enabled to play their full part, in co-operation with other social workers, in promoting the unity and stability of the "problem families" in their care. These recommendations were anticipated in Salford by nearly five years.

Review 1950-1955

In 1950 the Council nominated me to the position of Designated Officer for "children neglected or ill-treated in their own homes," under the provisions of the Joint Circular 78/50. The terms of reference were interpreted widely

to include all families in which parents were either unable or unwilling to fulfil their minimum obligations towards their children or which were in danger of breaking up.

Information already in the case files of the health visiting section was used to compile a register (a) of neglectful families, and (b) of "potentially neglectful families." As awareness of the problem has grown, so registration has become more frequent. Families showing permanent improvement have been removed from the neglectful families list and kept under special supervision as potentially neglectful.

TABLE 1.
REGISTER CHANGES, 1951-1955.

	1951	1952	1953	1954	1955
Families with neglected children	120	164	154	144	135
" " potentially neglected children	...	5	43	118	166
Total number of families	120	169	197	262	301

The primary aim has been to keep families together except in the gravest circumstances. Above all, the Case Conference has been concerned to eliminate undue over-lapping and duplication of effort, enabling one or two workers to establish that personal relationship with the family so necessary to social casework. In a majority of families the main responsibility for family casework has remained with the health visitor, who has sought the co-operation of other services as need arose.

The Specialist Health Visitor.

In 1951 a health visitor with special interest in, and aptitude for, social work with problem families, was appointed as "specialist health visitor for children neglected in their own homes." The following functions were assigned to her.

1. To ensure the health visiting staff's full participation in this branch of social work.
2. In collaboration with general health visitors to carry out family casework with families requiring intensive care.
3. To promote co-operation with other social workers.
4. To study the problem of socially handicapped families.
5. To assist in the administration of this service.

The newer circular 27/54 has suggested the appointment of a social worker for the prevention of family break up; it will be seen that the above-named appointment fits this concept very closely.

From 1951 to 1954 the specialist health visitor was engaged in carrying a case load of problem families. The average number of families in her care at any one time was 47, in addition to a very small general health visiting district. During the last two years her work has developed mainly in another direction.

As the specialist health visitor gained insight and experience so she has developed the casework guidance aspect of her work, through regular and detailed casework consultations with the health visiting staff. In this way she has extended her influence to a far greater number of families, whilst the area health visitor remains the responsible case-worker for her problem

families. In many cases they have worked together with a family for a time, through joint visits, interviews and social action, in order to settle some domestic emergency, or to help the health visitor in her "social diagnosis." One example of "joint social action" may be mentioned.

A mother who had left her husband and children after a series of quarrels about personal and money matters was persuaded to return to her family. She had come to the verge of breakdown because her husband had left her to carry all responsibility. Their weekly debts amounted to over £6. Her husband was helped to realise how much his care and leadership was needed by his wife and children. The children were thrilled at their mother's return home. Neither husband nor wife were willing to seek the help of the Marriage Guidance Council.

Other social action has resulted in prevention of evictions and in payment of rent arrears, reconnection of electricity supply, resumption of coal delivery, urgent medical attention to mother or children and many other benefits. The joint planning and carrying out of such action has been a means of "in-service training" especially to new and inexperienced staff.

The re-deployment of health visiting staff to enable them to concentrate their efforts where most needed was started by this authority in 1941, when two clinic nurses were appointed to relieve health visitors of certain clinic duties in order to give them more time for educational work. Lay assistants (two) were first appointed in 1943. Since then and following amalgamation of the Health Visiting and School Nursing Services in 1944, there has been a large increase in the establishment of these workers (and of the health visiting staff).

A detailed discussion of family casework, its principles and difficulties, appeared in the Annual Report for 1954. Factors associated with child neglect, such as illegitimacy, marriage failure, delinquency, were analysed and discussed in the Annual Report for 1953.

Annual Statistics, 1955.

TABLE 2. CASE WORK ANALYSIS FOR 1955 (1954 FIGURES IN BRACKETS).

Casework Responsibility	Old Cases 1955 (1954)		New Cases 1955 (1954)		Total 1955 (1954)	
1. Number of families in Specialist Health Visitor's care	15	(26)	34	(27)	49	(53)
2. Number of families in joint care with area health visitor	29	(48)	40	(20)	69	(68)
3. Number of families in area health visitor's care in consultation with Specialist Health Visitor	196	(82)	89	(35)	285	(117)
4. Number of families in other care in consultation with Specialist Health Visitor ...	22	(41)	10	(23)	32	(63)
Total number of families requiring special care	262	(197)	173	(105)	435	(302)

Total number of children in these 435 families—1,634.

This table shows that 173 new cases were dealt with during the year. As will be seen in Table 4, only 45 of these were added to the register, the remaining 128 families requiring social first-aid or observation, but not entry on the problem family register. These 173 new cases came from the following sources.

TABLE 3. NOTIFICATION OF NEW CASES.

		1955	1954
(a) BY HEALTH DEPARTMENT STAFF.			
1.	Health Visitors	54	22
2.	Clinic Nurses	4	4
3.	Assistant M.O. for M. and C.W.	2	—
4.	School Medical Officers	9	7
5.	Consultant Pædiatrician	1	—
6.	Consultant Psychiatrist	1	—
7.	Midwives	6	1
8.	Day Nursery Matrons	3	1
9.	Worker for unmarried mothers	3	2
10.	Sanitary Inspectors	1	2
11.	Others	—	2
		84	40
(b) BY OTHER STATUTORY AGENCIES.			
1.	Other Local Authorities	2	1
2.	Education Welfare Department	3	3
3.	Teachers	5	12
4.	Housing Department	3	—
5.	Children Department	11	2
6.	Civic Welfare	1	2
7.	Probation Officer	5	5
8.	National Assistance Board	2	—
		32	25
(c) OTHER MEDICAL SERVICES.			
1.	General Practitioners	4	4
2.	Hospital Almoners	5	2
3.	Greengate Open-Air Hospital	3	—
4.	Hospital Matrons	1	2
		13	8
(d) VOLUNTARY SOCIETIES.			
1.	N.S.P.C.C.	5	4
2.	District Provident Society	1	—
3.	Brentwood Recuperation Centre*	4	—
		(other) 1	—
		10	5
(e) GENERAL PUBLIC.			
1.	Family	25	18
2.	Others	10	9
		35	27
TOTAL		173	105

* Follow-up investigation of former Brentwood families.

TABLE 4. ANNUAL REGISTER CHANGES, 1954-1955

	Neglected children	Potentially neglected children	Total
On register, 31st December, 1954	144	118	262
Additions to register, 1955	19	26	45
Total registered in 1955	163	144	307
Transfer of families improved	-29	+29	...
" " " deteriorated	+5	-5	...
Removals from Salford	4	2	6
Remaining on register, 31st December, 1955	135	166	301

CASE CONFERENCE STATISTICS, 1955.

See Almoner's Report, page 96

OTHER INFORMATION.

The Specialist Health Visitor held 298 interviews in her office ; at 66 of these the area health visitor was present. In addition to this many health visitors have interviewed "problem parents" at the Welfare Centres. Countless telephone calls and consultations with other social workers from outside agencies took place and especially close co-operation was established with Probation Officers.

On an average, seven staff consultations per day took place between the specialist health visitor and her colleagues. She made 227 visits to problem or potential problem families, and 163 such visits were paid under her direction by the social worker for unmarried mothers, who took over a number of problem families. The total of the area health visitors' visits to such families must run into several thousands.

EDUCATIONAL ACTIVITIES.

The Specialist Health Visitor took an active part in the Department's educational work.

The Day Training Centre.

The Warden of the Pupil Midwives' Hostel helped a number of mothers once a week to cook simple dishes that would be nourishing as well as popular with the families. Miss Gittens gave her own time to this work of practical teaching, which took place in the hostel kitchen. The mothers were able to bring their young children, who were looked after in another room by a helper with a real interest in children. Not only were these mothers enabled to make up a little for the shortcomings of their own childhood training, but they enjoyed the friendly atmosphere which made these afternoons a social occasion. They responded in some measure to the warden's cheerfulness and encouragement. No pressure was put on them to attend. The mothers were introduced by their health visitor who had encouraged their wish to learn.

Here is a service that should be extended and intensified as and if the means become available. In some cases it promises better results than residential rehabilitation.

In one respect the year 1955 showed an improvement over its predecessor. The number of prosecutions for neglect fell from nine in 1954 to four in 1955, due in some measure to earlier help and keener co-operation amongst social workers.

Whilst many favourable results have been achieved it is too early to discern the appearance of long-term trends of improvement. The children who have been helped in so many ways may develop into more successful adults than their parents. The most important of all trends is that towards greater family stability. Even the smallest signs of this will give encouragement to those who work for it.

HOME NURSING SERVICE

Staff.

The staffing situation at the end was not quite so good as it was at the beginning of the year from the point of view of numbers of staff, but there were more qualified staff—ten Queen's Nurses (eight female—two male) as compared with eight in 1954. There are no part-time staff. One male nurse resigned to take up an appointment with a firm of manufacturing chemists. Other nurses have taken up appointments in areas where the amenities are better than those in Salford.

Students.

Five student nurses took their district training during the year and all were successful at the examination for the Queen's Roll, one nurse passing with credit in the written examination.

Statistics.

The number of patients attended by the staff of the Home Nursing Service continues to increase. At the beginning of the year there were 420 cases on the books. To these were added during the year 2,828 new cases, making the total number of cases nursed to be 3,248. The number of visits paid was 57,029, an increase of 3,893 from those of the year before.

Of the patients nursed, 1,542 were over the age of 65 at the time of the first visit. Twenty-nine thousand two hundred and twenty-one visits were paid to these patients.

Five hundred and forty-eight patients received more than 24 visits each during the year.

Three patients aged respectively 77, 74 and 62 years, and all diabetics, have each had 365 visits.

As before the greatest number of cases (81.2%) were referred by family doctors: 15.6% from the various hospitals in the region: 45 patients made application for nursing care on their own account, and the remainder were from the maternity and child welfare and other sections of the Health Department.

Of the new cases treated, 1,361 (48.1%) were classified as acute medical and 298 (10.5%) as chronic medical. There were 117 cases of carcinoma, among whom are some of the most distressing cases with which the staff have to deal—inoperable cases of mammary cancer with growths extending over nearly the whole of the front of the chest.

There were 66 new cases of diabetes and 277 patients were given treatment in preparation for X-ray examination.

The table below shows how the work of this service has increased during the past five years:—

Year	New cases	Number of cases nursed	Number of visits
1951	2,246	2,479	38,233
1952	2,589	2,848	45,786
1953	2,668	2,927	47,855
1954	2,743	3,094	53,156
1955	2,828	3,248	57,029

Transport.

One member of the staff has had the use of a car from the Central Garage for from three and a half to four hours each morning. This has enabled her to do more relief work when other members of the staff are off duty.

The extension of this service to other members of the staff would be greatly appreciated.

Co-operation with Hospitals.

The good co-operation with the hospitals in the area has continued and we have welcomed visits from both trained staff and student nurses to see the work of the Home Nurses.

INCIDENCE OF BLINDNESS

- A1. Registered Blind Persons.
A2. Registered Partially Sighted Persons.
B. Ophthalmia Neonatorum.

A1. FOLLOW-UP OF REGISTERED BLIND PERSONS.

Total number of cases registered during 1955 — 33.

(i) Number of cases registered during the year in respect of which Section "F" of Forms B.D. 8 recommends :—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	11	1	Nil	11
(b) Treatment—				
Medical	1	1	Nil	...
Surgical	6	...	Nil	...
Optical	...	1	Nil	1
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment.	5	2	...	1

A2. FOLLOW-UP OF REGISTERED PARTIALLY SIGHTED PERSONS.

Total number of cases registered during 1955 — 47.

(i) Number of cases registered during the year in respect of which Section "F" of Forms B.D. 8 recommends :—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	6	2	Nil	7
(b) Treatment—				
Medical	4	5	Nil	8
Surgical	2	...	Nil	...
Optical	4	...	Nil	9
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment.	10	4	...	16

B. OPTHALMIA NEONATORUM.

(i) Total number of cases notified during the year	1
(ii) Number of cases in which—	
(a) Vision lost	Nil
(b) Vision impaired	Nil
(c) Treatment continuing at end of year	Nil

ALMONER'S DEPARTMENT

Home Help Service

The service was further increased during 1955 and at the end of the financial year 1955-56, 250 home helps were employed, all on a part-time basis. No increase of administrative staff has yet been made, though if adequate visiting is to be maintained, this will undoubtedly be necessary during 1956. Routine visiting is an essential part of this service. Whilst on the whole the home helps conduct themselves remarkably well and are most reliable, a service where no immediate supervision is possible lends itself to a certain amount of abuse. Such difficulties as have arisen might have been averted by more frequent visiting and it is hoped that the Almoner's first three assistants will in due course be appointed as assistant home help organisers and that one additional clerk will be appointed.

The following figures show the extent of work during 1955 :—

Home helps employed at 31st December, 1955	...	...	...	238
Average hours of duty per week	...	...	...	4,213
Number of households assisted	...	...	...	1,064
Number of households being assisted at 31st December, 1955				729

Of the 729 households being assisted at the end of the year 415 (56·92%) are persons living alone.

The financial circumstances of persons receiving the services of a home help were found to be as follows :—

559 (76·66%) are in receipt of National Assistance or incomes equivalent thereto.

142 (19·4%) are in receipt of Old Age Pensions, plus Superannuation, Army Pensions, etc.

28 (3·84%) are dependants of persons in employment.

In no case is the service rendered entirely free of charge. The usual charge to persons in receipt of National Assistance is 2d. to 3d. per hour.

Efforts have been made to spread the service even more thinly during 1955 than in former years, in order to include as large a number of households as possible.

At the end of 1955, 31·84% were having 4 hours' service per week or less.

"	"	"	"	"	8·91%	"	"	6	"	"	"	"	"	"
"	"	"	"	"	56·37%	"	"	8	"	"	"	"	"	"
"	"	"	"	"	·68%	"	"	10	"	"	"	"	"	"
"	"	"	"	"	2·05%	"	"	12	"	"	"	"	"	"
"	"	"	"	"	·13%	"	"	20	"	"	"	"	"	"

The following analysis shows the type of case assisted :—

Infirmity due to old age	291
Bronchitis and Asthma	67
Blind	56
Arthritis and Rheumatism	130
Heart Condition	138
Cerebral Hæmorrhage	42
Skin and Ulcers	33
Diabetes	19
Cancer	25
Fractures	26
Blood Pressure	46
Pulmonary Tuberculosis	17
Muscular Paralysis	4
Parkinsons Disease	8
Post-op.	15
Scalds and Burns	2
Neurotic	12
Pre-Natal	8
Maternity	42
Post-Natal	14
Anæmia	8
Pagets Disease	2
Disseminated Schlerosis	5
Cripple	18
Hodgkins Disease	1
Mothers with young children	35

VISITS.

Number of visits paid	2,285
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REASONS FOR VISITS.

Application for help	626
Routine visits	1,901
Application for employment	27
Nursing equipment	20
Miscellaneous	213
No access	308

Ninety-one home helps terminated their employment during the year ; the reasons given were as follows :—

Ill-health	32
Removed out of area	4
Obtained other employment	25
Home circumstances	12
Pregnancy	6
Work found to be uncongenial	12

Sick Room Equipment

The following articles were issued on loan during 1955 (in addition to issues made from the Home Nursing Service) :—

Air rings	105
Bed pans	107
Bed rests	103
Pieces of rubber sheeting	96
Sputum mugs	15
Urinals	64
Hospital type beds, etc.	3
Invalid chair	1

Laundry Service

The laundry service was commenced in November, 1951, and its prime purpose was to assist relatives who were nursing incontinent aged persons in their own homes. Whilst the service has remained small, it has been of very real value to those who have used it. An average of four cases are using the service at any given time. During 1955, eleven cases have been served, two of whom have had the service continually throughout the year, one case remained on the books for nine months and the remainder for periods varying from two to six weeks. The short-term cases have been either in their terminal illness or awaiting admission to a geriatric ward. A gift of sheets from the Salford Inner Wheel Committee has been of great value in this service.

The greatest demand is made during the winter months when it is more difficult to dry goods laundered at home. Not only the lower income group has been assisted, help has been sought and greatly valued in respect of the father of two professional people.

Method.

Collections and deliveries are made twice weekly by the Health Department van. The soiled linen is placed in containers with lids (dustbins) and conveyed to the Hospital Management Committee's laundry. The laundry manager stipulates that each article must be clearly marked with the owner's name and address and the letters "E.P." (elderly person). The van driver keeps a record of goods collected and checks that these are duly returned.

Finance

A monthly account is rendered to the Health Department by the Hospital Management Committee and the service is charged at commercial rates. The charge to the household is fixed at 4s. 6d. per week irrespective of the number of articles laundered, and accounts are rendered monthly. This includes two collections, laundering and two deliveries per week. Householders in receipt of National Assistance are advised to apply for a special grant to cover this expenditure.

Very little "additional" expenditure is involved. The van used is the Health Department's general purposes vehicle and journeys are planned to avoid extra mileage. The funds recovered from householders approximate very nearly to the charges made by the Hospital Management Committee.

General Comments.

In several cases this Laundry Service has been the means of preventing the admission to hospital of an incontinent patient, several such patients have been cared for and died in their own homes.

Health visitors, home helps, National Assistance visitors, Civic Welfare workers, and almoners, all help to make the service known and offer it in appropriate cases.

The advantages of the service are obvious and the difficulties can be overcome. Here is a resumé of the difficulties that have been found.

- (1) The marking of the linen.

- (2) Listing of laundry. (In one instance the laundry manageress declined to receive a parcel of laundry which was unaccompanied by a list. It was difficult to arrange for this to be made as the old lady was paralysed and the only other occupant of the house was her widowed son-in-law who was out at work all day). It will be realised that this service is, to a great extent, in the hands of the householder, who may be incapacitated, the van man and the laundress.
- (3) The laundry staff have in some instances refused to accept sheets, etc., which have not been sluiced. The difficulty here is that there is nobody at home competent to sluice them.

These difficulties have been overcome usually by :—

- (i) The Home Help Organiser or the Health Visitor, marking the linen.
- (ii) In one instance where there was no hope of a list being made regularly, the laundress was persuaded to accept the goods and list them on arrival at the laundry—on another occasion a neighbour was asked to do it.
- (iii) Sluicing presents the greatest trouble and has not been wholly overcome. Usually after a complaint from the laundress, a visitor calls to see what arrangements can be made—on one occasion the Home Help Organiser found some old sheets which were torn up into squares and used as napkins in order to save soiling sheets.

Voluntary Funds and Gifts, etc.

Soroptomists' Fund.

During the year 1955, the Almoner has disbursed a second gift of £50 from the Salford Soroptomists. As in 1954, this money was used to enable families to take a holiday.

Six women and 21 children spent two weeks at the Church Army Holiday Home at Southport. This is one of the very few establishments in the north-west able to accept children with their mothers.

One woman and two children were sent to spend Christmas and New Year at the Brentwood Recuperative Centre, Marple. This woman (separated from a very troublesome husband) had spent most of 1955 nursing her mother who died from cancer in November. She returned with great joy to Brentwood, where she had spent a month some years ago.

The remaining woman, the widow of a tuberculous patient had determined last year to take her family on a caravan holiday. Despite great efforts she had not quite enough money to complete the payment of her deposit and was in danger of losing the small payment already made. She was given 30/- and loaned another 30/- (since repaid). Thus, for the timely expenditure of only 30/- a holiday for four was secured, and thoroughly enjoyed.

The money has in most cases been used to subsidise the parents' efforts rather than to provide the full cost of the holiday, and has proved a very constructive piece of social work.

The total number of persons benefiting from this gift was eight mothers and 26 children.

Salford Children's Welfare Fund.

This fund is raised and controlled by a Committee of the Health Department staff, the almoner, acting as Chairman, and the City Treasurer as Honorary Auditor.

Grants—sometimes loans—are made :—

- (1) as part of a constructive plan for the rehabilitation of families where children are handicapped (perhaps more than any others) by having inadequate or neglectful parents ;
- (2) to encourage and help the children of striving parents in some temporary distress.

Application is made to the fund by the worker dealing with the family—often, but not always, a health visitor. Each application must be endorsed by four members of the Committee and applications in respect of neglectful families are “vetted” by the Specialist Health Visitor.

Recent grants have included :—

- (a) Part payment of arrears of rent in order to prevent eviction of a family and its attendant disruptive effect on the lives of the children.
- (b) Part payment of arrears to the Electricity Authority to secure the reconnection of power and light.
- (c) Help with clothing and railway fare for an ailing mother and her children for whom a convalescent holiday had been arranged.
- (d) Help with clothing and bedding.

A total of £188 was disbursed by this fund during the financial year ended 30th June, 1955.

Health Department Elderly People's Fund.

This is another small fund raised and disbursed by members of the Health Department staff. Visitors to the aged often find that they have small but urgent needs which are not covered by any statutory authority. During 1955 a total of £63 was spent by the fund and the items include the provision of fireguards, payment of electricity accounts, wireless licences, the taxi fare for an old lady to visit her husband in hospital, removal expenses, tea and sugar for the old people's clinics, sweets and tobacco for Christmas gifts, and one wedding ring redeemed from pawn !

Gifts of second-hand furniture have been received from the W.V.S. and several other sources. The almoner has arranged for these to be issued to appropriate families, often those who have just obtained a house or flat after living for years in lodgings. Staff of the Health Department are most grateful for these gifts and for the zeal of W.V.S. members who are ever on the lookout for discarded furniture. Their vigilance has improved the sleeping accommodation for many a Salford child and for several elderly people.

Children Neglected in their Own Homes

The Almoner deputises for the Medical Officer of Health as Chairman of the Case Conference. She prepares reports upon the families discussed and keeps family records. The Specialist Health Visitor's report upon this subject includes a note as to the attendances at Case Conferences, etc.

Convalescence and Recuperative Treatment

Pre-school Children's Convalescence.

Arrangements were made for convalescence for twelve children under the age of five years.

5 children were at Hillary Home, Prestatyn, for	4 weeks
2 " " " Hilbre Nursing Home, Gwespyr, for	4 "
2 " " " Tanllwyfan Home, Colwyn Bay, for	4 "
1 child was " " West Kirby Home, for	4 "
1 " " " Tanllwyfan Home, Colwyn Bay, for	5 "
1 baby to St. Teresa's Home for segregation following B.C.G....	7 "

School Children's Convalescence.

One hundred and thirty-one school children were sent for periods of convalescence during 1955.

Of this number, 73 were referred by school medical officers, 44 were referred from hospitals, where the children were in-patients at the time of application, and five were referred by general practitioners.

73 children were away for four weeks or less.
10 " " " " five " " "
22 " " " " six " " "
2 " " " " seven " " "
14 " " " " eight " " "
1 " " " " twelve " " "

The Homes used, and the number of children sent to each, is given below :—

West Kirby Convalescent Home	9
Taxal Edge (for boys 9 to 15 years)	11
Ormerod Home, St. Annes-on-Sea	30
Margaret Beavan Home, Heswall	13
St. Joseph's, Freshfield	9
Boys' and Girls' Refuge Home, Tanllwyfan, Colwyn Bay	33
Hillary Convalescent Home, Prestatyn	8
Hilbre Nursing Home, Gwespyr	6
South Meadow, Pensarn	3
TOTAL	122

On the recommendation of the orthoæpdic surgeon, nine spastic children went to the White Heather Home, Colwyn Bay, for two weeks each.

Adult Convalescence.

5 men were sent to Westhill Convalescent Home, Southport, for 2 weeks	
8 women " " " " " " " " " " " "	2 "
2 " " " " Evelyn Devonshire Home, " " " "	2 "
1 woman was " " Binswood, Didsbury, " " " "	5 "
1 " " " " Evelyn Devonshire Home, " " " "	4 "
1 " " " " Cheam, Surrey, " " " "	4 "
{ Mental health cases.	

Mothers with Young Children.

1 mother and 2 children to Brentwood Recuperative Centre for 4 weeks.	
1 " " 3 " " " " " " " "	1 "
1 " " 4 " " " " " " " "	4 "
2 mothers " 5 " (each) " " " " " "	4 "
3 " " 2 " " Church Army Home, Southport, " " " "	2 "
3 " " 3 " " " " " " " "	2 "
1 mother " 3 " to Spofforth Hall " " " "	8 "

Tubercular Cases.

- 2 colonists at East Lancashire Tuberculosis Colony for the year.
- 1 person at Preston Hall for 10 weeks.
- 1 „ convalescent to St. Barnabas' Home, Torquay, for 2 weeks.

CASE CONFERENCE

The first Case Conference was held in June, 1951, since when meetings have been held at fortnightly intervals. The Health Department's Almoner deputises for me as Chairman. Full accounts of its composition, policy and procedure appear in the annual reports for 1952 and 1953.

The conference met on twenty occasions during 1955; there were 109 discussions dealing with 101 families, 31 of whom were "new cases" to the conference. Seventy-one individual officers or representatives attended, the total attendance for the year being 236, an average of 11·8 per conference. The representation of various bodies concerned was as follows :—

	<i>Number of individual officers.</i>	<i>Number of attendances made.</i>
N.S.P.C.C.	4	25
Probation Department	7	17
Local Education Authority	2	12
Family Service Unit	5	10
Housing Department	2	19
Children Department	6	17
Hospital Almoners	4	7
Civic Welfare	2	9
Specialist Health Visitor	1	17
District Health Visitors	18	27
Mental Health Department	4	16
Manchester and Salford Council of Social Service ...	2	16
W.V.S.	1	10
Child Guidance Clinic	3	4
Other members of the Health Department staff (including Chairman of Conference)	6	26
Clergy	3	3
General Medical Practitioner	1	1
TOTAL	71	236

Observers, including students and others interested in the case conference method averaged two per session.

MENTAL HEALTH SERVICE

1955 proved a difficult year for the Service. Further staff changes and the shortage of beds in mental and mental deficiency hospitals were two main causes. The care and after-care service suffered through the former and a longer waiting list for admission resulted from the latter.

Emphasis was still on voluntary admission. Full use was made of psychiatric out-patient clinics for suitable cases, and good liaison maintained with the consultant psychiatrist. In many difficult cases the social worker accompanied the patient to the out-patient clinic.

Close liaison with the D.R.O. Section of the Labour Exchange has been maintained, which has meant, in many cases, a speedy return to work of a

discharged patient. Mental health visitors, by personal contact with sympathetic employers, have also been successful in placing several chronic patients in employment.

Several gifts of good second-hand clothing and footwear have been made to the service which has led to a small stock being kept at the office for emergencies. The W.V.S. have also assisted in the rehabilitation of patients and families with supplies of clothing ; no appeal has gone unheeded.

Family Guidance Clinic.

Dr. Barbara Oldham again gave invaluable assistance to the social workers by seeing families with a difficult domestic situation referred to the service because of a background of mental ill-health either in husband or wife. Further details of this service are given later in the report.

Students.

During the year, four university students have done short periods of practical work with the service. Also groups of student nurses and others were shown the working of the department, with arranged visits to the Occupation Centres.

Staff.

Further changes of staff took place during the year. The vacant post of Psychiatric Social Worker was re-designated to that of Mental Health Visitor / Duly Authorised Officer.

Staff at present consists of the following full-time officers :—

One Senior Mental Health Visitor and Duly Authorised Officer	Male
„ Mental Health Visitor and Duly Authorised Officer ...	Female
„ Mental Health Visitor	Female
„ Mental Health Visitor and Trainee Duly Authorised Officer	Male
„ Trainee Mental Deficiency Worker	Male
„ Clerk / Shorthand-Typist	Female

The post of Mental Health Visitor and Relief Duly Authorised Officer (female) and Mental Health Visitor and Duly Authorised (male) Officer remained vacant.

During the year, Mr. G. Adam, Duly Authorised Officer, left the service to take up duties in Nottingham, and Mrs. D. Wilson left the service for domestic reasons. Miss D. Ashworth, Typist, left to take up duties with the Parks Department, being replaced by Mrs. J. Orme. Mr. B. Nightingale filled the vacant post of Mental Deficiency Worker (male).

Lunacy and Mental Treatment Acts.

Five hundred and eighty-two persons were notified to the Mental Health Service, six cases being carried forward from 1954, making a total of 588 cases dealt with during the year. Of these, 273 cases were admitted to mental hospitals. There were also 32 direct admissions of voluntary patients, *i.e.*, through general practitioners or out-patient clinics. A summary of the disposal of these cases is appended.

Prevention and After-care of Mental Illness.

At the 31st December, 1955, 191 persons were being visited by the Mental Health Service, of this number, 125 were after-care cases. During the year, 302 cases have been supervised, some for short periods until their return to work or re-settlement in their homes, others required more intensive visits and assistance. Three thousand one hundred and forty-seven home and other visits have been made and 504 interviews were given at the office.

The advisory service to other social workers and agencies has developed greatly. Though this increases the burden on the mental health visitor, the service is appreciated and in many cases has meant the prevention of family break-up.

Psychotherapeutic Day Centre at 224, Eccles Old Road—Women only.

Open Monday to Friday, 1-30 p.m. to 4-30 p.m.

The Centre continued to play its part in the preventive side of the service, more use being made of it by the general practitioners.

Members of the W.V.S. have again given their services on two afternoons per week throughout the year, assisting with play reading and handicrafts.

Dr. R. A. Blair, Consultant Psychiatrist and Medical Superintendent, Springfield Hospital, has attended one session per week for the purpose of interviewing new patients and to give guidance on the activities of the centre.

At the 31st December, 1955, there were 15 patients on the register and, during the year, 1,363 attendances were recorded. In all, 38 patients attended.

Occupation Centres.

The search for more suitable premises for the Broughton and Oldfield Centres continued, I regret, without success.

With regard to Oldfield Centre, a very successful year can be reported. Four of the male defectives attending the Centre were found employment, having reached a sufficiently high standard in their training; five new defectives were taken on the register. I am pleased to report a 90% attendance throughout the year. The standard of leather work has improved and some experiment in woodwork has been tried.

Miss Manson, the Supervisor of Seedley Centre, successfully completed the diploma course of the National Association for Mental Health.

Many of the children attending the Occupation Centres were enabled to enjoy a holiday at Prestatyn through the kindly offices of the Salford Poor Children's Holiday Camp Committee. I am hopeful that this will continue as an annual event.

Supervision.

One thousand seven hundred and seventy-eight home and other visits were made and 341 interviews given at the office. The value of supervision was amply proved by the number of cases helped to settle in employment and of the many day-to-day family problems which the social worker helped to smooth out. It was also gratifying to see patients discharged from order or supervision voluntarily attending at the office to seek advice from the social workers.

LUNACY AND MENTAL TREATMENT

DISPOSAL OF CASES REPORTED DURING 1955.

					Over 65.		Under 65.		Total.
LUNACY ACTS.					M.	F.	M.	F.	
Section 16.	Summary Reception Order	...	...	...	6	5	22	25	58
" 20.	Three-day Order	...	...	...	2	3	30	27	62
" 21.	Fourteen-day Order	...	...	...	12	8	41	33	94
" 11.	(Urgency Order)	...	...	...	...	...	1	...	1

MENTAL TREATMENT ACT.

Section 1	...	...	...	...	4	...	26	28	58
" 1.	Direct admission (through G.P. or Out-patient Clinic)	...	...	...	...	...	22	10	32
					20	20	142	123	305

OTHER DISPOSAL.

Referred to Psychiatric Clinic	...	...	...	...	1	...	20	24	45
" " other agencies	...	...	...	...	6	10	5	17	38
Home supervision by Mental Health Service	...	...	...	...	3	11	43	27	84
Died after notification	...	...	...	...	2	1	1	2	6
No action	...	...	...	...	8	18	37	36	99
Application withdrawn (remitted or relatives accepted responsibility)	...	...	...	...	3	7	3	5	25
Awaiting admission or disposal on 31st December	...	...	...	...	2	11	1	11	18
					25	58	110	122	315

ADMITTING HOSPITALS.

	Males.	Females.	Total.
Prestwich Hospital	116	109	225
Springfield Hospital	28	24	52
Other Hospitals	15	13	28
			305

MENTAL DEFICIENCY

					Under 16.		16 and over.		Total.
1. PARTICULARS OF CASES REPORTED DURING 1955.					M.	F.	M.	F.	
(a)	Cases at 31st December, 1955, ascertained to be defectives "subject to be dealt with"	...	...	...	5	9	6	2	22
Number in which action taken on reports by :									
(1)	Local Education Authorities on children	...	...	...					
(i)	While at school or liable to attend school	...	...	...	2	6	...	...	8
(ii)	On leaving special schools	...	...	...	...	...	1	...	1
(iii)	On leaving ordinary schools	...	...	...	2	3	1	...	6
(2)	Police or by Courts	...	...	...	...	...	1	...	1
(3)	Other sources	...	...	...	1	...	3	2	6
(b)	Cases reported who were found to be defectives but were not, at 31st December, 1955, regarded as "subject to be dealt with" on any ground	...	...	...	...	...	1	2	3
(c)	Cases reported who were not regarded as defectives or in which action was incomplete at 31st December, 1955, and are thus excluded from (a) or (b)	...	...	...	2	...	...	2	4
TOTALS					7	9	7	6	29

2. DISPOSAL OF CASES REPORTED DURING 1955.

(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1 (a), number					
(i) Placed under Statutory Supervision	...	4	9	5	2 20
(ii) Placed under Guardianship	...	...	...	1	...
(iii) Taken to "Places of Safety"	...	...	...	...	...
(iv) Admitted to Hospitals	...	1	...	...	...
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e., at 1 (b), number					
(i) Placed under Voluntary Supervision	...	...	...	1	2 3
(ii) Action unnecessary	...	...	...	...	...
TOTALS	...	5	9	7	4 25

3. NUMBER OF MENTAL DEFECTIVES FOR WHOM CARE WAS ARRANGED BY THE LOCAL HEALTH AUTHORITY UNDER CIRCULAR 5/52 DURING 1955 AND ADMITTED TO

(a) National Health Service hospitals	...	1	...	...	3 4
(b) Elsewhere	...	1	3	...	...
TOTALS	...	2	3	...	3 8

4. TOTAL CASES ON REGISTER AT 31/12/55.

(i) Under Statutory Supervision	...	37	35	96	73 241
(ii) Under Guardianship	...	...	...	4	...
(iii) In "Places of Safety"	...	2	...	...	...
(iv) In Hospitals	...	6	11	177	132 326
(v) Under Voluntary Supervision	...	1	...	9	15 25
TOTALS	...	46	46	286	220 598

5. Number of cases awaiting admission to hospital at 31st December, 1955

...	7	3	1	2 13
-----	---	---	---	------

Number attending Occupation Centres	24	17	20	20 81
-------------------------------------	----	----	----	-------

6. Cases ceased to be under care	Males.	Females.	Total.
...	15	8	23
Died, removed from area, or unable to trace	12	2	14
TOTALS	27	10	37

IMMUNISATION SECTION

The immunisation of children has continued during 1955, 2,320 children aged 0-15 years being immunised.

Appended are statistics showing the results of the year's work.

	0-5	5-15	0-15
	years.	years.	years.
Number immunised during year ended 31st December, 1955	2,258	62	2,320
1954	2,409	73	2,482
Total immunised at 31st December, 1955	9,167	25,851	35,018
1954	9,909	25,832	35,741
Population figure, 1955	13,900	27,000	40,900
Per cent. immunised at 31st December, 1955	65.94%	95.74%	85.61%
1954	68.33%	98.60%	87.81%

The children were immunised as follows :—

At Child Welfare Centres	1,323
By public health nursing staff in the homes of the children	666
„ nursing staff at schools	58
„ General Practitioners	230
At Day Nurseries	20
„ Hope Hospital	23
TOTAL	2,320

Of the 2,320 children completing immunisation, 2,008 received diphtheria, pertussis and tetanus (triple antigen) injections, 83 received combined diphtheria and pertussis injections, 229 were immunised against diphtheria only.

The special sessions for the immunisation of month-old children against diphtheria, pertussis and tetanus continued throughout the year. With the completion of the three injections of triple antigen, arrangements are being made to give the children a booster dose twelve months later, and invitations will be sent to the parents as the children attain this age group ; explanatory leaflets are now being sent with birthday cards as the children reach the age of one year. A further “ booster ” dose will be necessary as the children attain school age. Also at the completion of triple antigen immunisation the parents are given a Patient's Record Card showing the details of all the injections given. It is explained to them at this stage that if any of their children should be involved in an accident and it is thought necessary to give tetanus injections, they must show this record card to the medical or nursing staff attending.

There have been 21 reactions reported after triple antigen immunisation during 1955.

Two thousand five hundred and eleven “ booster ” doses against diphtheria were given during 1955 to children just commencing school, this shows a slight increase of 66 over 1954.

Whooping Cough.

A total of 2,337 children (including those who received triple and combined antigen) were immunised against whooping cough during 1955. This shows an increase of 842 over the previous year.

Mantoux Tests.

The mothers of children aged one year are now given the opportunity to have their children Mantoux tested at their nearest Child Welfare Centres, also children 0-5 years who attend Day Nurseries are receiving this service which started during November, 1955.

Appointments to see Dr. R. I. McKay at Hope Hospital are being made for those children who have positive reactions to the tests.

Below are set out statistics relating to these tests.

	<i>Age group 0-5 years.</i>
Number of children who had a Negative reaction	168
„ „ „ „ „ Positive	7
Number of children who had a Mantoux Test but did not attend for reading	4
Number of children who had a Mantoux Test but the reading of the test was queried	4
TOTAL	183

B.C.G. Vaccination of School Children.

The scheme for the vaccination against tuberculosis of school children in the age group 13 to 14 years, which started in 1954, continued during 1955. All the schools who have children in the above age group were visited during the year, and below are set out statistics relating to these children.

			FIRST MANTOUX TEST					SECOND MANTOUX TEST						
	No.	Con-Refu- inv'd sents sals	Posi- tive	Nega- tive	D.N.A. D.N.A.	D.N.A. for reading	Total	Posi- tive	Nega- tive	D.N.A.	Total	B.C.G.	D.N.A.	Total
Girls	1,156	700 456	84	480	108	29	700	56	409	15	480	396	13	409
Boys	1,141	713 428	98	522	78	14	713	66	443	13	522	420	23	443
TOTAL ...	2,297	1,413 884	182	1,002	186	43	1,413	122	852	28	1,002	816	36	852

VACCINATION AGAINST SMALLPOX

During the year 1955, the total number of persons vaccinated (or re-vaccinated) in Salford was as follows. The total number being 288 less than those dealt with in 1954.

Age at date of vaccination in year.	Under 1 year.	1 year.	2-4 years.	5-14 years.	15 years and over.	Total.
Primary vaccinations ...	876	32	22	28	54	1,012
Re-vaccinations ...	...	...	7	34	170	211

Primary vaccinations under one year represents 32.4% of the live births in Salford during 1955 as compared with 41.1% during 1954 and 48.6% in 1953.

A comment on the above-mentioned figures is included in the introduction to this report.

AMBULANCE SERVICE

The Ambulance Service continued to operate effectively during the year 1955.

The appended particulars apply to that year.

- (1) Number of vehicles in use at 31st December, 1955 :—

Ambulances ...	10
Sitting Case Ambulances ...	2
„ „ Cars ...	3

- (2) Total number of patients carried during the year by :—

Ambulance ...	59,514
Car ...	6,427

- (3) Total mileage during the year :—

Ambulances ...	175,827
Sitting Case Cars ...	52,701

- (4) Number of whole-time staff at 31st December, 1955 :—

Assistant Ambulance Officers ...	2
Driver Attendants ...	41

The following is the analysis of patients carried between 1955 as compared with 1954.

	1955	1954
Spastic	3,941	4,316
Midwifery	2,173	2,507
House Conveyance	45,814	44,811
Inter-Hospital	2,033	2,043
Maternity	1,568	1,672
Gas and Air	604	479
Mental	1,262	293
Infectious	380	409
Emergency	2,847	2,699
Handicapped Persons	5,261	3,862
Miscellaneous	—	—
Re-chargeable to other areas	58	69
TOTALS	65,941	63,160

The following statement is an analysis of miles run in respect of various types of patients :—

Spastic	6,320
Midwifery	14,695
House Conveyance	148,031
Inter-Hospital	13,024
Maternity	10,437
Gas and Air	3,165
Mental	8,127
Re-chargeable	849
Emergency	12,728
Miscellaneous	2,591
Infectious	3,475
Handicapped Persons	5,086

HEALTH EDUCATION

The Health Education Officer, Mr. H. L. Latham, ceased to be employed in that capacity on 1st June, 1955. As a decision to appoint a successor to Mr. Latham in the post of Health Education Officer was not made during the remainder of the year, considerable interference with the normal health education service was experienced. The work, however, continued to be carried on as far as possible after the cessation of his appointment.

As in previous years, lectures were given by the Health Education Officer and others to similar types of audiences, *e.g.*, church women's groups; Co-operative Women's Guilds; Parent-Teacher Associations; and other organisations.

The showing of films to other sections of the Health Department, as well as to audiences of a more general type, continued—these included the following :—

CHILD CARE AND PSYCHOLOGY	"The Feeling of Rejection."
	"Why Won't Tommy Eat?"
AIR POLLUTION	"Guilty Chimneys."
HOME SAFETY	"Salford Home Safety Film."
MENTAL HEALTH	"Out of True."
MIDWIFERY	"Childbirth Without Fear."

In addition to the normal duties of the Health Education Officer, much assistance was rendered in connection with the activities of the Mass Miniature Radiography Service, which operated in Salford during August, September and October, 1955.

Special mention should be made of the fact that the Health Education Service was responsible for the production and distribution of the Salford Clean Food Handbook during the year, and much progress was made in connection with a new edition of the Salford Health Services Handbook.

SCHOOL HEALTH SERVICE ANNUAL REPORT

TO THE CHAIRMAN AND MEMBERS OF THE SCHOOL HEALTH SUB-COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

"Every penny spent on public health and on preventive medicine is a saving of a far greater sum later on."

This statement of the President of the Royal College of Physicians is one we believe to be true, and we who work amongst school children and their parents know that it is true. We deal with some of the causes of disease, we know many of the factors which militate against good health, we are sure that the educative work among parents and children in teaching a healthy way of life is far more valuable than curative work. Years have been added to the life of man, but we should see that they will be vital, happy and healthy years. It is all the more important to pay attention to the health of the school child, as experience of diagnosis and treatment of adult diseases show ; for example, the study of respiratory disease teaches one that damage to the lungs is often done in the years of childhood. The frequent health surveys by doctors and nurses which provide a check-up, and the other ways to supervise and care for the school child, are therefore of great importance.

The Annual Report for 1955 herewith submitted is the work of many hands :—

Dr. D. E. Jeremiah	... ..	Medical Officer with Special Duties.
Mrs. F. Cavanagh	... ..	Consultant Ear, Nose and Throat Specialist.
Dr. R. I. Mackay	... ..	Consultant Pædiatrician.
Dr. J. Scully	... ..	Consultant Oculist.
Dr. M. Maxwell-Reekie	... ..	School Medical Officer.
Mr. W. C. Parr	... ..	Senior Dental Officer.
Mr. Franklin Charlesworth	... ..	Consultant Chiropodist.
Miss B. M. Langton	... ..	Superintendent Health Visitor.
Miss P. K. Fogg	... ..	Physiotherapist.
Miss G. M. Gordon	... ..	Speech Therapist.
Miss M. R. Potts	... ..	Speech Therapist.
Mr. F. E. Birtwistle	... ..	Chief Clerk.
Mr. G. A. Kelly	... ..	Scabies Technician.
Miss J. Maher	... ..	Audiometer Technician.

I am indebted to Dr. D. E. Jeremiah, the Medical Officer with Special Duties, for his great help in the School Health Service during the year, and also for his work in the preparation of the Annual Report.

Dr. Jeremiah has paid particular reference to two important problems, that of enuresis in school children and of how children sleep, to which I would refer your attention.

The account of the service will well repay study. Not that our schemes for the care of the child are complete for knowledge of common diseases of childhood is still incomplete. But the School Health Service offers opportunity of research into common disorders such as sinusitis, the common cold, respiratory and rheumatic disease. Medical officers and public health nurses have an opportunity to see children before serious disease has made inroads, sometimes before indeed the symptoms occur. Thus we should be able to nip disease in the bud and so build up health. What a wonderful opportunity; may we be worthy of it!

Perhaps the chief way we shall do this will be through *health education*, through the parents to the child, and through the child to the parents. Health teaching should go on throughout the whole of school life. We agree that this must be done by the teacher, who is the right and proper person—provided the teacher possesses the necessary knowledge and teaching facilities (demonstration material, etc.), some of which can be provided best through the School Health Service—with the staff of the School Health Service always ready to advise and help. The natural aptitude and training of the born teacher—whether she be on the teaching or health staff—is a great asset in getting over essential points dealing with matters on life and health. In the past, perhaps too much concentration has been on physical training, whereas health has psychological and social components. Many children are often unaware of the reason and value of physical education. Whilst we are anxious not to interfere, we are able to offer specialist knowledge on health and resources to help the teacher. Health inspection can provide not only an important check-up on the health of the child and the opportunity of early ascertainment of defects and disease, but perhaps best of all it is a contribution to health education. For example, a week before medical inspection, a talk could be given to the pupils explaining the need for health supervision. Again, the value of remedial exercises should be explained to the child and also the parents who are invited to attend medical inspections. We wish to develop contact with the teacher in order that we can discuss education in all its implications, not, for example, merely sex education as a special subject, but of merging it into human biology and thus giving it a true and healthy place in the curriculum. We wish to seek suggestions from the teachers, not only on the subjects to be taught, but how they can be put across to the children.

All will agree that an extension of health education provision in schools is desirable. Fortunately in Salford a number of doctors and health visitors know the children outside school. The health visitor knows the family and the disorders and diseases from which members of the family may suffer, she knows the home, the psychological and the social environment. Doctors and health visitors have expert knowledge of their subject and they have access to rich sources of information as well as demonstration material; they keep abreast of the changing knowledge on health and disease. In one school the health visitor has introduced subjects which can be developed by the teacher alone during other school sessions, e.g., the girls in one school spend time following the lesson by the health visitor. The teacher has discussed the health principles dealt with during the lesson and the girls write notes in a special book, with illustrations, cuttings from journals and newspapers, coloured and plain. The girls make a complete layette, cot, and toys under the teacher's

supervision—linking this lesson with a series on “child care.” I have seen an example and the result is a thing of beauty. Through it laws of health have been taught, but more important the imagination has been caught with the attractiveness of health and the ideals of good family life.

I should like to express my thanks to Mr. F. A. J. Rivett, M.Sc., Director of Education, and to his teaching and administrative staff for a pleasant and effective co-operation. I should like to place on record my gratitude for the support which you, Mr. Chairman, Ladies and Gentlemen, have given to the work of the School Health Service during the year.

I have the honour to be,

Your obedient Servant,

Principal School Medical Officer.

Medical Inspection and Treatment.

MEDICAL INSPECTIONS.

The School Health Service and Handicapped Pupils Regulations, 1953, made under the Education Act, 1944, require Local Education Authorities to ensure that, in regard to pupils attending schools maintained by the Authority, a general medical inspection is carried out of every pupil on not less than three occasions at appropriate intervals during the period of his or her compulsory school life and other medical inspections of any pupils on such occasions as may be necessary or desirable.

Previously, these examinations were carried out on the 5, 10 and 14 year old age groups. In 1955, however, vaccination against tuberculosis was offered to all children in the 13 year age group. In order at the same time to follow-up these children satisfactorily, the medical inspection of senior children was shifted from the 14 year group to that of the 13 year group.

Age groups inspected and number of children examined in each :—

								1954.	1955.
5 years	...	...	...	...	...	...	...	2,663	2,886
10 „	...	...	...	...	...	...	...	2,237	353
13 „	...	...	...	...	...	...	...	...	3,441
14 „	...	...	...	...	...	...	...	1,791	...
Total								6,691	6,680
Additional periodic inspections								529	657
Grand Total								7,220	7,337

It will be seen that the number of senior children inspected was relatively higher than in the previous year, as it was set out to give the 13 year group the maximum cover in view of the B.C.G. campaign. Correspondingly fewer were inspected in the 10-year group as a result of this.

Amongst other difficulties was the fact that one of the doctors, a senior member of the medical staff, has been away for most part of the year, and further, the B.C.G. campaign was undertaken with no extra staff, but just redeployment of existing services. The total number of inspections in all groups, however, shows a small numerical increase over the previous year.

EXAMINATION OF TEACHERS.

In accordance with the Ministry of Education Circular No. 249, medical inspections (male and female) were carried out on entrants to courses of training for teaching and to the teaching profession. Each candidate is required to have an X-ray examination of the chest to exclude the presence of tuberculosis. These X-rays in most cases have been carried out by Mass Miniature Radiography Units. Forty-seven entrants to courses of training for teaching and 45 entrants to the teaching profession had complete medical and radiographic examinations during the year.

MISCELLANEOUS EXAMINATIONS.

In addition to the ordinary work of routine and special examinations, and reinspections undertaken during the year, the following work was carried out in connection with the employment of children :—

<i>Employment of children.</i>	<i>Total.</i>
Newspapers	462
Grocers	21
Butchers	9
Fruiterers	1
Milk	2
Ironmongers	5
Reinspections ...	567.

FINDINGS AT MEDICAL INSPECTIONS.

With the change in pattern in the relative numbers inspected this year as compared to previous years in the various age groups, the following figures are noteworthy :—

(1) *Defective Vision.* The number of children requiring treatment rose from 228 to 290 and there was a similar increase from 180 to 206 in the number requiring to be kept under observation as compared with 1954.

(2) *Nose and Throat.* The number requiring treatment is about the same, whereas the number requiring to be kept under observation has increased to 1,433 from 1,099 of the previous year. This is remarkable, when it is considered that a fair number of children would have had some form of E.N.T. treatment (tonsil and adenoid operations being the commonest form of operation) before their examination in the senior year. The number of otitis media requiring treatment was slightly less, being 24 cases as against 33 of the previous year, whereas the number requiring to be kept under observation, but not requiring treatment, is about the same.

(3) *Speech Defects.* A corresponding rise in the number of speech defects requiring treatment and requiring to be kept under observation is also higher. A different finding for older children would have been expected, as children tend to improve their speech with age.

(4) *Lung Defects.* The number of lung defects remains the same in both categories. This is also surprising when we recognise that children "grow out" of conditions such as asthma and the earlier bronchitic infections of childhood.

(5) *Cervical Glands.* There is an increase in the number of cervical glands requiring to be kept under observation from 575 to 741 in 1955.

(6) *Hernia Cases.* A number of hernia cases has been found. Defects of development requiring to be kept under observation have risen from 138 to 164.

(7) *Orthopædic Defects.* The number of Orthopædic defects, both requiring treatment as well as requiring to be kept under observation, is also greater than the previous year. Considering the overall picture, it can be said that 938 defects requiring treatment were found in 1955, as compared with 933 defects in 1954, and 5,279 defects requiring to be kept under observation but not requiring treatment as compared with 4,761 defects in 1954.

TREATMENT.

The arrangements outlined in previous reports for the provision of medical treatment under Section 43 of the Education Act, 1944, have been continued.

(1) *Minor Ailments.* A list of the Minor Ailments Clinics is given below :—

Regent Road.	On school premises :
Police Street.	Broughton Secondary Modern School.
Murray Street.	Clarendon Secondary Modern School
Langworthy Centre.	Blackfriars Road School.
	Barr Hill Open-Air School.
	Claremont Open-Air School.

(2) *Skin Defects.* For skin conditions of a simple nature, treatment continued to be provided at the Minor Ailments Clinics. More serious conditions were dealt with by hospitals and specialist services in consultation with the family doctor. In this connection, the number of impetigo cases reported did not reach the same epidemic proportions of the previous year. Dr. Parker, and his staff of the Public Health Laboratory Service, provided invaluable expert services in the matter of diagnosis of skin conditions, including fungal infection.

Mr. Kelly reports on the Scabies and Ringworm position as follows :—

Scabies. The past year has shown a most satisfying 33% reduction in the number of scabies cases in children aged 5 to 15 years.

Only 55 school children required treatment (compared with 82 in 1954) and not all of these were positive scabies cases, many being treated as a precaution because of contact with others who were infested. Only persons from whom a "mite" is extracted are classed as positive.

Home treatments. Forty-one of these children had treatment at home, necessitated by sickness or the extreme age or youth of some member of the family, making it difficult to attend the special scabies clinic.

This home visit gives the opportunity to find contacts who might otherwise be missed, thus preventing reinfestation from untreated cases. To this follow-up we may attribute the fact that no "old cases"—i.e., persons reinfested within six weeks—have occurred this year.

SCABIES FIGURES FOR 1955.

NEW CASES.

Month.	Adults.	School children.	Under 5 years.	Total.
JANUARY	6 (Inc. 1 B.V.)	4	2	12 (Inc. 1 B.V.)
FEBRUARY	14	5	3	22
MARCH	5	...	2	7
APRIL	1	3	1	5
MAY	17 (Inc. 3 B.V.)	10	6	33 (Inc. 3 B.V.)
JUNE	2 (Inc. 1 B.V.)	4	1	7 (Inc. 1 B.V.)
JULY	3	3	1	7
AUGUST	3 (Inc. 1 B.V.)	1	1	5 (Inc. 1 B.V.)
SEPTEMBER	5	10	2	17
OCTOBER	17 (Inc. 1 B.V.)	10	2	29 (Inc. 1 B.V.)
NOVEMBER	...	...	...	...
DECEMBER	11	5	8	24
GROSS TOTALS	84 (Inc. 7 B.V.)	55	29	168 (Inc. 7 B.V.)

B.V. = Body Vermin (i.e., 4 elderly people with body lice.

3 young people with crab lice.

Home Treatments = 92.

Old Cases (i.e., re-treated within six weeks) = Nil.

Ringworm. Children suspected of having ringworm are first examined under a Wood's Lamp, then skin scrapings and specimen hairs are submitted to the Public Health Laboratory for microscopic examination.

Forty-two examinations of suspected ringworm were carried out and, of these, 4 were declared to be positive, being head 2, body 1, and one ringworm of the foot.

Three were eventually referred to Manchester Skin Hospital, whilst the other was treated in the School Health Service Minor Ailments Clinic.

Infestation. Minor Ailment Clinics continued to be used in addition, for an opportunity of carrying out useful health education work with parents and others, especially at the clinics, where cases of infestation are treated. Emphasis is on the treatment of the whole family, and not just the individual child.

(3) *Visual defects* were investigated and treated at the Chapel Street Eye Clinic and Orthoptic services were provided as well.

(4) *Mobile Minor Ailments Clinic.* The Mobile Minor Ailments Clinic is a feature of the service which deserves special mention.



The first Mobile Clinic was put into operation in May, 1953, and has proved to be a success. From May until December, 1953, 24,639 treatments were given and 14 schools were visited. During 1954, 47,004 treatments were given and 13 schools visited, and during 1955, 40,987 treatments were given and 14 schools were visited. The schools which are visited by the Mobile Clinic at the present time are :—

Broomedge.
 North Salford Girls.
 North Salford Boys.
 Marlborough Road.
 St. James's C.E., Broughton.
 St. Thomas's R.C., Broughton.
 Cheetham Hill Methodist.

Wellington Street.
 Summerville.
 Broomhouse Lane.
 St. John's C.E., Irlams-o' th'-Height.
 St. Luke's R.C.
 St. Sebastian's.
 Primrose Hill.

The first consideration in the provision of a Mobile Clinic was to provide a service for the schools not within reasonable travelling distance of a clinic. The second consideration was the conservation of time of nursing staff, which

is an important (and expensive) item. The provision of Minor Ailments Clinics on school premises is not always the answer because a matter which causes concern is the effective use of the time and skill of the nursing staff. The clinic nurse must travel to the school, set out the clinic, treat the children, and then clear up the clinic, etc. In those schools where there are only a small number of children, she must then travel to another school and carry out a similar process. The medical inspection rooms in schools can be used, of course, for minor ailments, but far more important is their use for routine inspections, routine dental inspections, tests of hearing and vision, cleanliness inspections, and for the vaccination of children against tuberculosis and poliomyelitis. Head Teachers have welcomed the visit of the Mobile Clinic because it saves many hours which otherwise would have been spent by children in travelling to and from clinics. There is always the constant danger of children crossing busy roads. During 1955, 95 children were involved in road accidents in Salford, three of whom received fatal injuries.

(5) *Ear, Nose and Throat Clinics.* The pre-tonsillectomy clinic and the ear, nose and throat specialist clinic continued to function during the year. The number of children awaiting tonsil and adenoid operation has been considerably reduced. Children requiring operation can now be dealt with within about two or three weeks.

Routine audiometric surveys are carried out in schools, and children requiring more detailed examination are referred for examination at one of the static clinics with a pure tone audiometer. Children requiring more expert opinion are referred to Professor Ewing of the Manchester University Department of Education of the Deaf.

Towards the end of the year an investigation of all children who have previously suffered or are suffering from otitis media was started. This work is to be continued in 1956 and will be reported on in due course.

(6) *Orthopædic Conditions.* School children found on routine medical inspection to be suffering from orthopædic conditions continued to be seen by a specialist on the staff of the Regional Hospital Board. One specialist session per week is held at the Regent Road School Clinic, and, where practicable, children seen at hospitals have their physiotherapy treatment either in one of the physiotherapy clinics of the Authority or at one of the units attached to the Claremont or Barr Hill Open-Air Schools. This arrangement is of considerable benefit to the children. Apart from the treatment, the amount of school time lost is reduced to the barest minimum.

(7) *Dental Clinics.* The school population for which the Committee has a statutory obligation to provide a comprehensive dental service is approximately 28,000. In addition to routine inspection and treatment, orthodontic services are provided.

The clinic, run by the Oral Hygienist, is a popular service with the children, and an invaluable means of imparting knowledge of dental care and hygiene. This service was specially extended to all children in attendance at the Barr Hill and Claremont Open-Air Schools, and the Headmistresses were extremely pleased with the change which occurred in some of the children after treatment, both in their physical health and general appearance.

(8) *Chiropody Clinics.* A foot health service is essential to the growing child, and the importance of preventing foot defects need not be emphasised. During the year, in addition to routine inspection and treatment, the Chiropody Service dealt with an outbreak of epidermophytes of the feet in one of our large Secondary Modern Schools. Were it not for early inspection and immediate and intensive treatment of all cases, a serious epidemic might have occurred, with perhaps a large carry-over of chronic cases of this very difficult-to-treat condition.

INFECTIOUS DISEASES AND NOTIFIABLE CONDITIONS.

A list of cases confirmed in 1955 in children aged 5 to 15 years is given below :—

Scarlet Fever	71
Poliomyelitis	2
Pulmonary Tuberculosis	12
Other forms of tuberculosis	1
Dysentery	71
Pneumonia	13
Measles	465
Whooping Cough	109
Food Poisoning	2
Scabies	6
Rheumatism	19
Total	771

Diphtheria Immunisation. Summary of injections given January to December, 1955, to children in age group 5-15 years :—

					<i>Completed Immunisations.</i>		
					<i>Safety</i>		
					<i>injections.</i>	<i>A.P.T.</i>	<i>T.A.F.</i>
Schools					2,299	58	...
General Practitioners					20	1	2
District					1	...	...
Clinics					1	1	...
Totals					2,321	60	2

Our diphtheria immunisation programme for the school child was satisfactory. Two thousand three hundred and eighty-three children were protected against diphtheria, 2,321 having safety injections, i.e., those children who had a primary immunisation in their first year of life and who received a booster dose as school entrants. It will be noted that the bulk of immunisation was carried out in the schools, and a relatively small proportion by the General Practitioner service.

Diphtheria in schools. Nose and throat swabs are taken from all contacts of confirmed cases of diphtheria. Fortunately, in none of the cases confirmed was a virulent type of organism isolated.

Tuberculosis in schools. During the year it came to the notice of the Authority that one of its teachers had contracted the disease. The teacher concerned had had previous Mass Miniature Radiography examinations. On

notification, steps were taken to offer all contacts in school a mantoux test, and positive reactors were examined further at the chest clinic.

B.C.G. vaccination of school children. As a result of the Ministry of Health Circular 22/53, giving approval to the extension of B.C.G. vaccination to include school children, the Committee agreed to facilities being provided by the Health Committee for school children in their fourteenth year who, on testing, are found to be mantoux negative. The arrangements provided for approved school medical officers to carry out the vaccination after attending for instruction in technique at the Department of Child Health, Manchester. The arrangements also included a circular letter being sent to all general practitioners, enlisting their co-operation in the scheme, and a suitable letter of explanation to parents, incorporating with it the necessary consent form. The programme of vaccination in schools is, briefly :

First Mantoux Test	Friday.
Reading first Mantoux Test and second Mantoux Test for negative reactors	Monday.
Reading second Mantoux Test	Wednesday.
B.C.G. for negative reactors	Friday.

All tests and vaccinations are carried out on school premises.

The simplicity of the skin tests and the B.C.G. vaccination astonished the children. The growth of public opinion that the technique is such a painless and simple procedure should encourage parents in the future to agree to have their children vaccinated.

Children whose parents have given their consent and who happen to be absent or fall out of the scheme through illness or other cause of absence, are given a further opportunity at a later session held at one of the static school clinics.

Children who are rejected by the medical officers, primarily for some reason of health, are examined further at the clinics or the chest clinic, or by the pædiatrician, before B.C.G. is given at a special session where the whole process of testing and vaccination is again repeated.

It is apparent that every possible care is exercised to avoid accidents. To date, no serious complication of B.C.G. vaccination has arisen in the 13-year-old group of school children who have been vaccinated. In this connection, all the positive mantoux children of the B.C.G. scheme were offered a Mass Miniature Radiography examination. Of those 326 children, I am happy to report that only one case from those who were examined further at chest clinics was eventually referred for further investigation, and the final opinion expressed was that the condition was not due to tuberculosis.

Of some 1,413 children, in respect of whom consents were obtained from parents, 852 were found to be negative after the second Mantoux Test. Of these, 816 received B.C.G. vaccination.

Scarlet Fever, Measles, Dysentery and Whooping Cough had a very much lower incidence than in the previous year, but anterior poliomyelitis claimed two victims, although not with serious crippling consequences.

CO-OPERATION OF PARENTS, TEACHERS AND SCHOOL WELFARE OFFICERS.

(a) *Co-operation of parents.* During the year, 7,337 children were inspected and parents were present at 4,257 examinations.

Nursery	...	...	...	...	...	...	91.5%
Entrants	...	...	...	...	...	...	92%
Intermediates	...	...	...	...	...	...	50%
Leavers	...	...	...	...	...	...	24%

Parental interest in the inspections diminishes progressively as children get older. This is unfortunate, as parental co-operation is required if defects found at medical inspections are to be adequately corrected. A catarrhal child, for example, needs to be taught correct nasal hygiene, and reminded frequently of the rules to be followed if any lasting improvement is to be made.

(b) *Co-operation of teachers.* Arrangements made for medical, dental and chiropody inspections, and immunisation and B.C.G. campaigns on school premises worked smoothly during the year. Thanks are due to the Head Teachers of the schools for their co-operation. In some of our older buildings, were it not for the unstinting courtesy and co-operation of the Head Teachers, our work may not have been carried out with such ease and success. Whenever possible, a well-heated room, with running hot water, was put at the disposal of the Medical Officers.

(c) *Co-operation of the school welfare officers.* The staff of the School Welfare Department continued to do valuable work, and close contact was maintained with the School Health Service. The School Welfare Department undertook the task of inviting all positive mantoux children of our B.C.G. campaign for an X-ray at the Mass Miniature Radiography Unit.

HOW OUR CHILDREN SLEEP.

CENTRAL AREA.

School	Number examined	BEDS			ROOMS		
		Own bed	Shared	Three or more	Own bedroom	Shared	Shared by three or more
TRAFFORD ROAD ...	56	12	35	9	25	31	...
STOWELL MEMORIAL ...	37	8	22	7	24	13	...
ST. ANN'S R.C. ...	73	16	51	6	30	40	3
ST. STEPHEN'S C.E. ...	34	7	10	17	12	10	12
ST. JOHN'S R.C. ...	56	7	38	11	25	27	4
ST. PHILLIPS C.E. ...	48	7	14	27	20	20	8
W. LIVERPOOL STREET	108	19	59	30	49	48	11
SEEDLEY ...	176	53	86	37	113	63	...
HOPE STREET ...	49	7	28	14	17	21	11
MOUNT CARMEL R.C.	80	11	53	16	36	36	8
TOTAL ...	717	147	396	174	351	309	57

PENDLETON AREA.

School	Number examined	BEDS			ROOMS		
		Own bed	Shared	Three or more	Own bedroom	Shared	Shared by three or more
ST. LUKE'S R.C. ...	36	10	22	4	26	10	...
ST. JAMES'S R.C. ...	68	10	33	25	32	21	15
BROOMHOUSE LANE ...	27	11	8	8	23	3	1
LIGHTOAKS C.P. ...	73	41	30	2	64	9	...
TOOTAL DRIVE ...	129	47	57	25	95	33	1
TOOTAL ROAD ...	67	30	31	6	44	21	2
WELLINGTON STREET ...	94	18	42	34	54	37	3
BRINDLE HEATH ...	78	21	26	31	48	27	3
STRAWBERRY HILL ...	38	4	18	16	16	8	14
ST. GEORGE'S C.E. ...	41	1	9	31	2	15	24
ST. THOMAS'S C.E. ...	55	3	30	22	16	31	8
JOHN STREET ...	73	4	27	42	32	30	11
TOTAL ...	779	200	333	246	452	245	82

BROUGHTON AREA.

School	Number examined	BEDS			ROOMS		
		Own bed	Shared	Three or more	Own bedroom	Shared	Shared by three or more
ST. JAMES'S C.E. ...	15	7	5	3	10	5	...
ST. SEBASTIAN'S R.C. ...	80	10	36	34	38	29	13
SACRED TRINITY ...	34	7	25	2	18	15	1
ST. PETER'S R.C. ...	44	8	32	4	18	24	2
BROUGHTON HIGH ...	27	12	13	2	17	10	...
BLACKFRIARS ROAD ...	55	8	46	1	25	30	...
ST. MATTHIAS'S C.E. ...	70	13	29	28	40	26	4
ST. CLEMENT'S C.E. ...	43	6	17	20	27	13	3
ALBERT PARK ...	43	5	35	3	24	17	2
ASCENSION ...	110	23	41	46	66	33	11
NORTH GRECIAN STREET	187	55	129	3	137	48	2
ST. BONIFACE'S R.C. ...	70	17	41	12	24	46	...
TOTAL ...	778	171	449	158	444	296	38

The foregoing are tables showing schools where particulars of sleeping arrangements were obtained on information from parents or others, teachers, health visitors, or from the children themselves. The information recorded is correct, and gives an indication of the children's sleeping arrangements for the respective school. Broadly, it shows the remarkable progress of re-housing in certain areas which were overcrowded for generations, and it also helps to indicate where other black spots still exist and show up more in relief with the removal of others. It might give some idea of a changing picture of housing from a completely new and unbiassed angle. One fact, however, remains: that of the 2,274 children recorded, 578 sleep three or more in one bed, i.e., approximately 24%; and 176 children sleep three or more in one room, i.e., approximately 8%. In other words, in one in every three homes,

the sleeping arrangements for children are inadequate. Public opinion is not quite fully alive to this factor of communal sleeping in one bed.

MILK AND MEALS.

It would appear that it is more difficult in the Secondary Modern Schools and Grammar Schools to get children to have school meals than at the Primary Schools, as shown from the relatively larger number of children not having meals or milk at the former types of schools. Of 21 children recorded as nutrition 'C,' 11 had milk only, 7 had milk and meals, and 3 had none at all. As a whole, school milk and school dinners are received very favourably by the children, it is a feature of school life which has definitely come to stay. Canteen and dining arrangements made in new schools should be adequate and not be given second place in the construction of new buildings. Where possible, schools should have canteen and cooking arrangements which are complete units.

ENURESIS IN SCHOOL CHILDREN.

In 1955 a greater effort was made to discover cases of incontinence amongst school children. At routine medical inspections, 394 cases of enuresis were reported. Of the entrants, 257 had enuresis regularly, whilst 120 had occasional enuresis. Of the leavers, 13 had enuresis regularly and 4 had occasional enuresis. In most cases the cause of the condition is faulty management of the child; others have an organic or psychological cause.

Enuresis Clinic. Three hundred and thirty-eight children (175 boys and 163 girls) were on the books for the year 1955. Forty-four new cases of boys and 32 new cases of girls were referred during the year. Twenty-seven children were removed from the list as having ceased to be troubled with the condition.

THE EDUCATIONALLY SUBNORMAL CHILD.

EDUCATIONAL SUBNORMALITY.

TOTALS FOR 1955.

NUMBER EXAMINED. Classification	BOYS		GIRLS		TOTALS		GRAND TOTAL
	Exami- nations	Rein- spec-tion	Exami- nations	Rein- spec-tion	Exami- nations	Rein- spec-tion	
1. Education in an ordin- ary school	59	...	12	3	71	3	74
2. Education in an ordin- ary school with special educational treatment	36	7	21	1	57	8	65
3. Education in a Day Special School ...	24	2	19	2	43	4	47
4. Education in a Board- ing Special School...	9	1	4	2	13	3	16
5. Notified under Sub- section 3... ..	3	...	7	1	10	1	11
6. Notified under Sub- section 5... ..	9	4	2	7	11	11	22
7. To be re-examined in twelve months ...	26	3	7	2	33	5	38
8. Home Tuition	2	...	...	...	2	...	2
TOTALS	168	17	72	18	240	35	275

INTELLIGENCE TESTS.								Examinations.	Reinspection.	TOTAL.
Boys	...	...	...	...	...	...	...	168	17	185
Girls	...	...	...	...	...	...	...	72	18	90
								240	35	275
Number of invitations sent to parents								...	...	402
Number attended								...	...	275
Number did not attend								...	...	127

Two hundred and seventy-five children were examined during the year as against 211 children in 1954. Of these, 33 children were notified to the Local Health Authority. This is equivalent to 12% of the children examined compared with 10% of the previous year. Twenty-seven per cent. of those examined were considered fit for continuance at ordinary school; 47% were recommended some form of special educational treatment.

One favourable feature in 1955 as compared with 1954 is the fact that of the 402 invitations sent to parents, only 127 did not attend as compared with 363 invitations sent and 152 not attending, in 1954.

The Day E.S.N. Special Class in St. John's R.C. School had to be suspended during the year owing to lack of numbers. No doubt if numbers justify it in the future it will be reopened.

EPILEPTIC CHILDREN.

EPILEPTIC REGISTER.

Number of Epileptic Children on the register at end of 1954 : 32 boys, 16 girls, Total—48.

EPILEPTIC REGISTER, 31ST DECEMBER, 1955.				
		BOYS.		GIRLS.
		Examinations.	Reinspection.	Examinations.
				Reinspection.
Unclassified	...	8	3	3
Petit Mal	...	17	6	5
Grand Mal.	...	1	1	...
Idiopathic	...	3	...	2
Traumatic	...	1	...	...
Cryptogenic	...	2	1	...
Psycho-Motor	...	...	1	...
TOTALS	...	32	12	14
				8

GRAND TOTAL — 66.

Dr. Parkinson continued to take a keen interest in all our children requiring expert neurological investigation. It will be noted that there appears to be a relative increase in the number of children who have been placed on the Epileptic Register. This increase I feel is primarily due to increased vigilance on the part of the Medical Officers in ascertaining from parents a history of fits and obtaining their co-operation in seeking expert neurological opinion.

RHEUMATISM.

RHEUMATISM REGISTER.

Number on register at end of 1954 : 27 boys, girls 41, Total—68.

	RHEUMATISM REGISTER, 31ST DECEMBER, 1955.			
	Boys.		Girls.	
	Examined.	Reinspected.	Examined.	Reinspected.
Acute Rheumatism	15	8	27	5
Rheum. Carditis	2	...	...	...
Rheum. Arthritis	2	...	...	...
Rheum. Chorea	1	...	3	...
Post Rheum. Fever	2	...	2	...
TOTALS	22	8	32	5

GRAND TOTAL — 67.

Acute Rheumatism, with its complications, is a notifiable disease in Salford under the Acute Rheumatism Regulations, 1953. The incidence of new cases was less in 1955 than in 1954, but the number on our register is about the same.

OPEN-AIR SCHOOLS.

An important change with regard to day open-air school accommodation in Salford was the reduction in accommodation of the Barr Hill Open-Air School from 100 pupils to 90 pupils, which took effect on the recommendation of the Ministry of Education at the end of 1955. Accommodation at the Claremont Open-Air School stands at 150 delicate pupils and 15 partially-sighted children. The position of placement in the respective schools is shown in the following paragraphs, after discharges were made at the end of 1955 and before new admissions were made to the schools.

Attending Claremont Open-Air School : Delicate, 64 ; Asthma, 13 ; Bronchitis, 15 ; Bronchiectasis, 12 ; Rheumatism, 2 ; Partially-sighted, 14 ; Epilepsy, nil ; Physically Handicapped, 9. Total, 129.

Attending Barr Hill Open-Air School : Delicate, 55 ; Asthma, 11 ; Epilepsy, 2 ; Bronchitis, 11 ; Physically Handicapped, 2 ; Rheumatism, 1. Total, 82.

New cases refer to children admitted during 1955. Waiting admission to open-air school, 42.

The parents of seven children refused places in an open-air school during 1955.

School Health Visiting

During the year there was an all-round increase in the number of sessions devoted to school health, both in schools and clinics, and in the homes of the children.

As school medical inspection sessions were fewer owing to the B.C.G. campaign, health visitors were themselves able to devote more time to seeing children in schools and to use this opportunity for individual and group health talks. Home visits, an important feature of school health work, were also increased by over 500. This is especially satisfactory; the opportunities of the School Health Visitor to assist with social problems in their relation to the school child are great, the linking up of the home and parent with the school and teacher, and the co-ordination of effort to ensure the full development and well-being of the child are of tremendous importance.

Whilst not neglecting cleanliness and general hygiene, health visitors have paid increasing attention to fatigue, posture, nutrition, and to psychological conditions, and in so doing have tried to emphasise the promotion of health as well as the detection of defects.

A still unsatisfactory feature is that of infestation of the hair. In assessing the size of the problem the standard remains high—a child found with one nit once in the year is deemed to be infested and influences the infestation "rate" as much as a child infested with vermin and nits several times a year. Several experiments with insecticides have been carried out with varying degrees of success. The real problem is not the cleansing of the child so much as the problem of reinfestation. The daily examination, application of insecticide and combing where appropriate, are routine chores which the careless mother just will not do. Moreover, many of these mothers, together with other members of the family above school age, have been infested—not all of whom will co-operate in having family treatment. Cleansing of the child is then merely palliative. These families form the core of the problem and are responsible for the reinfestation of many children whose mothers make a real effort to keep their children clean and free from vermin.

One experiment, with a new proprietary form of liquid shampoo, showed particularly good results, as follows:

One hundred and forty-four children and adults were treated for infestation; 77 children and 9 adults were infested with lice, in addition, 48 children and 10 adults were infested with nits. Twenty-two persons were treated once, 31 were given two treatments at weekly intervals, 42 were given three treatments, 28 were given four treatments, and 21 were given five treatments. At the end of the five weeks, 129 people were found to have their hair completely cleansed, and of the remainder, 11 had just a few dead nits remaining.

The preparation caused the nits to soften and become easy to remove from the hair with a steel comb. Many of the children treated were heavily infested, including some of our most persistent offenders. The report on one child—13 years—who lived in Manchester but attended a Salford school, ran: "This is the longest period during the whole of Mary's school life that she has remained free from infestation for so long (ten weeks)." No other member of this family was treated. Another family of seven included five children with luxurious thick curly hair heavily infested with nits and lice. Both mother and father were infested also. The mother and children were treated at the

centre ; the father, who was sick, at home. The mother was instructed to wash the hair weekly with the shampoo, but not to use a steel or other tooth-comb, following the initial cleansing at the centre. This mother has always found it difficult to cope with her family and household duties. All water for domestic use and personal hygiene has to be heated on the fire ; the house is small, inconvenient and overcrowded. Yet all these children have since (for nearly three months) remained free from verminous infestation, although in contact with infested playmates ; the only precaution the mother takes is to use the shampoo weekly.

On the other hand, one child only in a family of five was treated and she was found to be reinfested three days later.

The number of examinations was increased by over 7,000 compared with 1954, which may account for the increase in the number of individual children found to be infested—15% against 14%. Calculated on the number of examinations made, however, the percentage was 13.2%. In December, an all-time low percentage of 8.7% was recorded (10% in December, 1954, 16% in December, 1953).

SCHOOL WORK.

In trying to raise the standard of work in schools, health visitors are hampered by the inadequate facilities for inspections, tests, etc., prevailing in some of the schools. For example, vision testing needs a certain amount of space, good lighting and quiet surroundings ; privacy is needed for all examinations, and in winter a warm room is essential. Not all schools can provide these amenities. A corridor, a cloakroom, storeroom, a corner of a large hall in which lessons are being conducted, part of a classroom screened off by a blackboard ; all are offered as the only available space in some schools for the health visitor to carry out her work. Again, in a minority of cases, the health visitor feels rather diffident about approaching the school to arrange examinations, as her proposed visit is so obviously difficult for the teaching staff to fit in with other activities. In the large majority of schools, however, the health visitor is welcomed ; every effort is made to improve inadequate facilities where these exist, and she enjoys a very happy relationship with teaching staff. It is hoped eventually that arrangements can be made in all schools for the health visitor to visit once a week—apart from the intensive examinations necessary at the beginning of each term.

Annual Surveys.

The number of children undergoing a comprehensive annual examination by the health visitor was increased by over 3,000, to 18,826 (15,534 in 1954). The general improvement in the health of the children is shown by a reduction in the number referred by the health visitor for further investigation—1,155 out of 18,826, compared with 1,246 of the 15,534 referred the previous year.

Vision and other tests were carried out in age groups not attempted in previous years.

Infectious Disease.

Some 42 sessions were spent in investigation and follow-up of outbreaks of infectious disease ; during which 2,205 children were examined.

Nursery Schools and Classes.

Nursery schools were visited where possible every day and very good liaison between the homes and nursery schools established. The health visitor is able to give much useful information about home circumstances, which is useful to the Superintendent in assessing priority of admission as well as in relation to children already attending. Nursery classes were visited where possible weekly.

Open-Air Schools.

Clinic Nurses attend each school daily in order to treat minor ailments and to supervise the general health of the children. They are also present during all medical examinations and carry out weighing, measuring and any special testing as required. Collaboration between Clinic Nurses and the Specialist Health Visitor for children neglected in their own homes was continued.

Clinics held in Schools.

A further Minor Ailment Clinic was opened in 1955 at Clarendon Secondary Modern School, bringing the number of schools at which minor ailment clinics are held daily to three—the other two being Broughton Modern and Blackfriars Road respectively. Each is attended by a Clinic Nurse.

Clinic Work.

School Clinics have been attended mainly by nursing staff; hygiene attendants are used where appropriate.

In addition to the use of clinic premises for minor ailments and general or specialist medical examinations, arrangements were made for children from certain schools to attend a clinic for routine medical inspection, as school premises were unsuitable for this purpose.

The Mobile Clinic has been used to full capacity, 14 schools being visited and 40,987 treatments given, and has more than justified its existence.

School Health Teaching.

Class teaching was continued along the lines laid down in previous years, i.e., health teaching related to the interests of the children.

Health education in its widest sense is concerned with aspects of physical and emotional development, or human relationships, and should be continuous throughout the whole of school life. Thus it is the main concern of the class teachers. Some schools carry out health teaching objectively, e.g., elementary biology and simple nutrition. In addition, and often with poor facilities and under difficult conditions, teachers teach indirectly principles of health living, as, for example, during supervision of school meals, and in the ventilation of classrooms, insistence upon hand-washing and other habit-forming activities.

This necessary framework of health knowledge, valuable though it is, does not adequately meet the needs of adolescents. Curiosity about their growing bodies; and interest in their figures and fashion, which is stimulated by their approaching adulthood, necessitates a differing approach to personal and intimate problems.

The school health visitor is particularly fitted to carry out this personal health teaching. She knows the children outside school, their homes and families, the prevailing customs, local habits and prejudices. She knows where the emphasis must lie. Moreover, she has access to up-to-date health information and health education material. If she possesses the necessary aptitude and interest, the health visitor, whilst she cannot and should not replace the class teacher, is particularly well placed to carry out health teaching as a special subject in collaboration with her.

At the schools where this is carried out, a programme, mutually approved, is drawn up, and arrangements made for the school health visitor's regular weekly teaching session, with opportunities for questions and discussion. Arising out of this lesson, the class teacher continues during further sessions; health principles are reiterated, discussions recorded in note-books, with attractive illustrations. Child care is linked with sewing and handicrafts—the making of children's clothes and toys. In this way teaching does not become stereotyped and unrealistic as often happens when teaching is centred round “hygiene” or “mothercraft.”

Whilst we do not expect, or wish, our children to assume the responsibilities of adults whilst they are still adolescents, this is the time for influencing attitudes, inculcating standards of behaviour and developing critical faculties along the right lines.

This opportunity to lay the foundations for healthy living and future successful parenthood is being developed slowly. If we have been able to give a little we have learnt much. We would like to take this opportunity to place on record our appreciation of the interest and help given by the teachers in the schools concerned.

Nursery Classes.

Dr. M. Maxwell Reekie reports :—

During 1955 the following four schools have been visited :—

Nashville Street ...	6 times.	120 seen.	63 A	57 B
Ordsall	8 „	131 „	76 „	55 „
Trafford Road ...	7 „	125 „	68 „	57 „
St. John's R.C. ...	7 „	123 „	78 „	45 „
Total		499 examinations.	285 „	214 „

About 20 children are seen at each session. Roughly slightly more than half the children have been of good physique and good nutrition ; the smaller half are suffering from some complaint. This complaint may be relatively minor in character or it may be a severe condition. There was only one child who had a lesion of the heart and that was known about previously.

The number of children showing defective teeth was most alarming (96)—about 1 in 5. Far too many mothers still have the idea that first teeth do not matter because “they come out anyway.” Their other idea is : “I’ll have the tooth taken out, but *not* filled.” They therefore tend to leave early caries until only extraction can be done—a pity.

Genu Valgum of varying degree from 1in. separation to 3in. was noted. In some cases the child could correct this, in others due to laxity of the ligaments or relative overweight the child was advised to have treatment.

A total of 34 children were recommended to have massage and exercises ; mostly for leg conditions.

The nose and throat conditions were noticed in 58 children when the tonsils were markedly enlarged, although they rarely caused trouble. A number were referred to their own doctors. Eighty-six of the children had enlarged cervical or tonsillar glands.

Obviously no really ill child was seen, because they would not be in school.

The general impression gives a healthy pre-school child.

The Ear, Nose and Throat Clinic.

Each week a clinic has been held by the Aural Surgeon. Two additional sessions were run by an Aural Registrar in the first quarter of the year, but unfortunately Dr. Philip Cole then left Salford to work at the Manchester Royal Infirmary and the post here has not yet been re-filled. This means that children needing attention at the E.N.T. Clinic have to wait several weeks before being seen. If, however, these children require surgical treatment it is encouraging to know that the waiting list has now been reduced and that admission can be arranged almost at once.

The pre-tonsillectomy Clinic is run jointly by Dr. Florence Cavanagh and Dr. Margaret Griffiths. The children, therefore, benefit by having a pædiatric examination as well as an E.N.T. consultation.

The class for the partially deaf has been running to capacity and in fact we now have a waiting list. A second such class is an urgent necessity. It is known that there are three partially deaf children whose education is not progressing satisfactorily—they are all intelligent but their deafness is interfering with their work and at the moment there seems no prospect of giving them the help they need.

The education of deaf children is a problem which has received much thought and investigation over the last few years. In the past it was necessary to send children with partial or severe deafness to a school for the deaf. Later we arranged for the children with partial deafness to attend separate schools or classes—as they can progress more quickly than the totally deaf. This was a great improvement and Salford should be proud of having had a class for partially deaf children for the last seven years.

Now we are beginning to hope that partially deaf children may be educated in ordinary schools, though they must have tuition in lip reading and they must wear hearing aids. At the moment it is difficult to achieve this as so many children with hearing aids are teased by their playmates and, as a result, refuse to wear their aids. We must, therefore, try to ensure that teachers and parents will co-operate with us and encourage the deaf child to continue with his instrument. It is even more important that instruction should be given to the normal children by their teachers and parents so that they will appreciate the difficulties of the handicapped deaf child.

If the deafness is detected early—before school age—children accept a hearing aid gladly, and then, given a sympathetic teacher, they have every chance of progressing well. If, however, the deafness is detected later—when perhaps the child's school work is deteriorating, it is no use expecting him to regain his position in class merely by giving him a hearing aid. In these circumstances a period of rehabilitation is necessary in a class for the partially deaf. Here the child is taught to use his aid properly, and is given instruction in lip reading. He also has individual attention for his work, since the class is small, and we repeatedly find that these youngsters are stimulated and begin to learn rapidly. They can then, after two or three terms, return to an ordinary school. It is in this sphere of rehabilitation that the class for the partially deaf will perform its most useful task if we are to follow the new trend in the education of deaf children.

Two investigations of Salford children are to be carried out over the next two years or so. The first is to enquire into the causation of deafness—some children are severely deafened—others are only slightly deaf. It is hoped that much useful knowledge will be acquired and that the deaf children will be greatly helped by this work. The second investigation concerns the frequency of the "running ear" in childhood—and how modern treatment is dealing with the problem.

Ophthalmic Clinic.

Dr. J. Scully reports :—

Of the various defects and diseases discoverable in school children, as a result of school medical inspection, defective vision and squint occupy the highest place among conditions requiring treatment. Approximately 10% of children, and a figure sometimes greater than this, are found to have some form of visual defect, and this figure is representative of the country generally. Apart from the rapidly treatable external eye disease and the occasional incidence of infections of the internal eye, the greater majority of cases of visual defect referred to myopia, and hypermetropia, are frequently complicated by astigmatism ; and if it is remembered that all these conditions frequently result in a sufficient interference with vision as to affect seriously the child's education, the magnitude of the problem can be assessed. In addition, uncorrected myopia may result in an increase in its progression and untreated squint may result in the permanent loss of the vision of one eye.

For these reasons it becomes a matter of first importance to discover visual defect at the earliest possible age. Early detection of defect is effected adversely by the fact that children do not enter school until the age of 5 and the majority do not become literate until the age of 8. The greatest incidence of squint occurs before the age of 5, and myopia frequently appears before the age of 8. It becomes desirable, therefore, to test the visual acuity of children as soon as possible after entry into school. To test visual acuity before the child knows the alphabet requires the use of the illiterate " E " test and such testing is more time consuming and is less reliable due to the undeveloped powers of concentration of the child, and ideally requires the services of a health visitor or an attendant.

Children are referred to the Eye Clinic from clinic and school examinations by school medical officers and health visitors. In addition, children may also be referred directly from schools by head teachers, and even as a result of observations made by the parents themselves. Appointments are also given for children attending grammar and secondary modern schools as a result of 'phone calls made from these schools by the school clerks. Following the receipt of requests for invitation from their various sources, a waiting list is compiled and cases are sent for in order of referral. Emergency cases involving injuries, inflamed eyes, etc., are sent direct from schools and treatment is given the same day.

Each morning, ten new cases are invited to attend by the nurse in charge of this clinic. A test of visual acuity is given and a short history of the patient's complaints taken from the parent, or from the child in the absence of the parent. The patient or the parent is then given a bottle of mydriatic drops and invited to attend again for examination by the oculist and a dark room test. Following this examination the parent is told of the state of the child's eyes and whether glasses are necessary. A date for a final test is then given, and, in the case of children who cannot read, instructions are given in the use of the illiterate " E " test. This entails referring the child for orthoptic supervision in two or three months when the child is accustomed to wearing glasses.

Myopic children are examined at six-monthly or twelve-monthly intervals, depending on the degree of short sight, and the child is instructed to return to the clinic if there should be any breakage of glasses.

Long-sighted children are asked to attend for an examination with drops, at intervals of twelve to eighteen months. Frequency of examination is not so desirable as in the case of children with short sight.

Children suffering from squint are referred, as previously mentioned, to the orthoptist, who supervises the visual acuity of the younger children of illiterate age and over. When the vision in each eye is comparable they are given the benefit of orthoptic exercises with a view to curing the squint. During this process of supervision and orthoptic exercises, it is frequently necessary to re-test the child and referral is made to the oculist for examination under a mydriatic. He prescribes any change of glasses found necessary.

Following the orthoptist's supervision and treatment, cases which have achieved a good degree of binocular vision are referred to the out-patient department, Hope Hospital, for surgical treatment if the angle of squint is of such a degree as to require it. The usual stay in hospital is ten days, after which the child is referred to the clinic for post-operative orthoptic exercises and further supervision.

Partially-sighted class. If the vision is 6/60 or less in each eye, the child cannot as a rule be educated by sighted methods and requires admission to a school or class for partially-sighted children. There is one such class at the Open-Air School at Claremont for Salford children. There is close co-operation between the teacher in this partially-sighted class and the oculist, so that the state of vision of the children is reviewed at three-monthly intervals. It has been the practice in Salford in recent years to place the class of partially-sighted children in the open-air school, where they can mix with normal children in play activities in which they are capable of sharing. The class consists of not more than 15 pupils, and precaution is taken to restrict the age range from the age of 5 to not more than 10 or 11. Efforts are made to provide as full an education as possible within the visual capabilities of the child, and each child receives individual tuition having regard to its own degree of visual defect. It is inevitable that oral, rather than visual, methods of teaching are used in greater degree. Books with larger sized type than those found in the ordinary schools are used and, for the younger children, writing and drawing on boards with chalk or crayon is encouraged. Indication of the level of education reached may be gauged when it is reported that a girl having bilateral dislocation of her ocular lenses passed the scholarship for entrance to a grammar school this year. When at all possible, each child at the age of 9 to 11, if its visual powers permit this, and if there is no further deterioration in vision to be expected, is given every encouragement and help to enter for this examination.

School Dental Service.

Early in the year, Mr. May tendered his resignation from the service upon his taking over a private practice. Unfortunately, it has not been possible to replace his services and the consequent depletion in full time staff is reflected in the annual statistical returns appended hereto.

Of the 10,000 children examined in the course of routine school inspections, a slight reduction was noted in the percentage of children found to be needing treatment compared with the previous year ; but in view of the fact that staff shortages render impossible any attempt at accurate assessment of dental fitness, other than the recording of the need for a particular form of treatment, no true significance can be read into this decrease. The vital fact is that the number of children who do not need any treatment at the time of examination is relatively very small.

Whilst some 2,000 less children were examined at routine inspections during the year, the number of children seen at "special inspections" was the same as in previous years. These "special inspections" are mainly of children who are either suffering from toothache or who have been referred by the medical officers as suffering from obvious dental decay.

The treatment of these children is inevitably of a radical nature, and whilst this delays the routine examination and treatment, it is recognised that the numbers in need of this emergency treatment must inevitably be great so long as routine examinations can only be carried out at such infrequent periods.

The high incidence of caries and its relative increase of recent years has been the subject of much comment elsewhere. In my last report I referred to this and suggested that not only was there an increased incidence of caries but that there was a greater prevalence of the rapidly spreading type of caries. Further observation tends to confirm this conviction. This factor has to be taken into consideration when deciding whether or not conservative treatment of a particular tooth is desirable and is likely to be of lasting value.

The end of the year finds us in a far better position in respect of orthodontic treatment. During the year it has been possible to commence treatment for a large number of new cases, and we are now in the reasonably satisfactory position of having a waiting list of approximately six months only, and able to commence urgent cases almost immediately these are notified. The policy of only undertaking orthodontic treatment when the full implications of this have been explained to the patient and parent and their co-operation has been assured, has had the gratifying result that very few courses of treatment have had to be abandoned because of flagging interest on the part of the patient.

During the year, 56 children were fitted with partial dentures mainly to replace teeth which were lost or fractured accidentally.

One child, who was undergoing numerous operations for the repair of a cleft palate, was fitted with an obturator at the request of the surgeon in charge of the patient.

One thousand and thirty-six children, who made 1,889 attendances, were treated by the Oral Hygienist. Each child normally makes two visits to the clinic in this respect. Primarily the teeth are scaled and cleaned and the necessity for oral hygiene is pointed out. Instruction is given in this and advice as to the type of brush to be used. The co-operation of the parent is sought in this as in all matters. Provided a satisfactory hygiene is established the treatment is concluded at the second visit, but in a few cases it becomes necessary to carry out gum treatments over a period of a few days to establish healthy gingivæ. All children seen in this way are reinvited after a period of six months to check the progress and occasionally it is found necessary to remove further small deposits of calculus.

It is the practice for the Hygienist to accompany the Dental Officer to all school inspections, when the opportunity arises to give instruction in hygiene, both individually and collectively, to groups of children at the time of their dental examination.

It has indeed been very gratifying to note the large number of children who were referred for oral hygiene at previous inspections and who were subsequently maintaining their mouths in an immaculate manner.

Foot Health Service.

Mr. Charlesworth, Consultant Chiropodist, reports :—

During the past year a total of 4,418 children were examined, covering all age groups from 5 years to 15 years of age. A study of the statistical report will show a confirmation of the trends in the various defects already published in previous reports. For example, whilst the percentage of hallux valgus in boys remains low in all age groups, there is a marked progressive increase in girls in the age groups from 9 to 15 years of age. This, of course, brings us back to footwear, which has already been extensively discussed in previous reports. For one thing, boys' footwear is basically of a sensible shape, whilst girls' footwear in the age groups referred to shows an increasing defect in both last design and type, relating to the ascending age groups.

There has been some increase in the number of cases treated for *Tinea Pedis* at the various foot clinics. This, of course, associated itself with two principal factors ; the plimsoll wearing cult (Fig. 1) among children and the exceptionally warm summer.



FIG. 1. Plimsolls' several sizes too small is instanced by the holes forced through the toes.

Epidemic of ringworm of the feet. In one school, the vigilance of the teaching staff in bringing to the Headmaster's notice a large number of boys who appeared to have a skin infection occurring on the feet, averted what could have been a serious epidemic.

The Headmaster reported to the School Health Service and immediate arrangements were made for me to examine all the boys in the school. One hundred and eighty-three cases of varying degrees of severity were diagnosed clinically, and prompt treatment given.

The co-operation of the Minor Ailments Clinic was enlisted and the clinic nurse carried out daily treatment on my instructions.

As a result of this combined operation, the situation was quickly under control, and all cases responded to treatment.

It was noted that the condition manifested itself in two distinct forms, some cases presenting macerated areas interrupted by fissures, whilst others presented areas of acute inflammation with blisters and encrustations (Figs. 2 and 3). Experience in the treatment of these cases revealed that the macerated

type reacted most favourably to Castellani's Carbol Fuchsin paint and dusting with fungicidal powder. The blistering and incrustated type responded most favourably to "Pragmatar," which contains colourless coal tar, sulphur, and salicylic acid.



FIG. 2. An acute Tinea Infection involving the interdigital aspects and Dorsum of the foot.

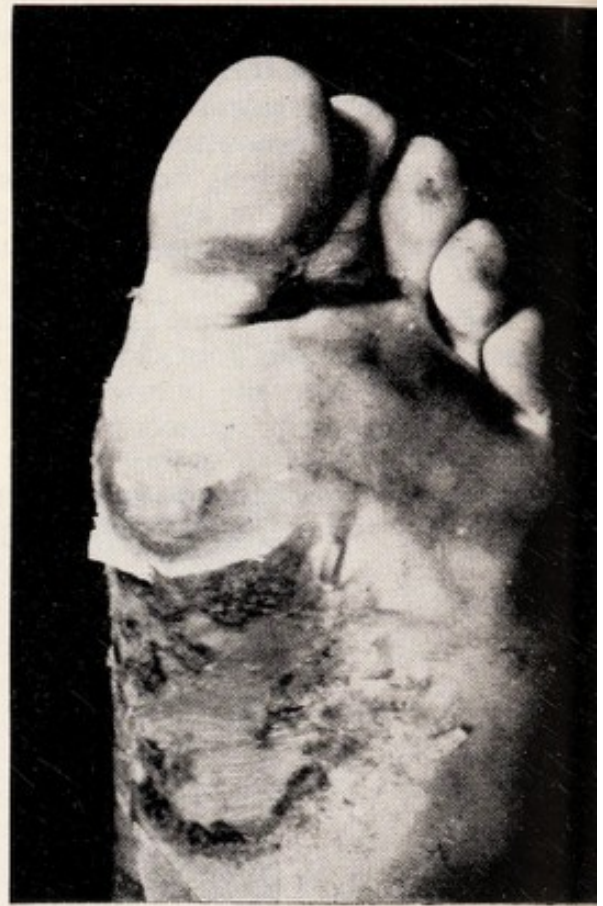


FIG. 3. Tinea Pedis affecting the whole Plantar area of the foot.

A feature in the treatment of all cases was the insistence on the daily Cetavlon footbath. This measure of hygiene, in my opinion, played an important part in the successful treatment of the cases. An important factor in the treatment technique is the removal of dead tissue prior to the further application of the medicament. This is particularly significant should the fungus be saprophytic.

The severe winter through which we have just passed brought to my clinics a substantial number of chilblain cases. I feel disposed, at this stage, to refer to a local treatment technique for this condition which is dramatically effective yet quite simple. It consists of applying an occlusive dressing of Tinct. Benz. Co. and elastoplast. In the case of toes they are first painted with Tinct. Benz. Co., which is allowed to dry. A piece of elastoplast of appropriate size is passed round the toe and the opposing adhesive surfaces firmly nipped together close to the toe. The surplus is then cut away flush with the toe and the joining secured with a strip of adhesive tape passed along it. Finger stall dressings of this type are allowed to remain in position for a period of seven days when, if necessary, the treatment is repeated. The neatness and security of this form of dressing enables it to be worn with convenience and comfort. In a great many cases, one treatment has been found to be all that is necessary. When the application of this form of treat-

ment is required to localised areas other than toes it can be carried out by the application of the medicament followed by the elastoplast with the corners rounded off. To prevent the edges curling up, they should be secured to the skin by strips of zinc oxide plaster.

Ingrowing toe-nails have occurred among the teenage boys. In my endeavour to trace the cause I have perused my recent statistical reports and have investigated the footwear and other possible contributing factors which have led me to the conclusion that the wearing of tight-fitting gym shoes have caused excessive lateral pressure, forcing the lateral edge of the nail plate deep into the sulci. In a number of cases it was noted that the nails had been trimmed exceptionally short. In some cases this was a misdirected effort by the patient to obtain relief whilst in other cases this unskilled treatment was the actual cause of the symptoms and often resulted in the complication of hypergranulation due to piercing of the sulci with scissors and other unsuitable instruments.

There has been the usual substantial attendance of cases of warts, but with very few exceptions treatment by potential cautery has proved speedy and effective.

Speech Therapy.

There seems to be some connection between speech defect and dyslexia (reading disability). A significant number of children were found unable to read and had to have specialised help during the clinical sessions. It would be interesting to know if these children would have read at the normal reading age if their speech had not been defective. It is probably a mixed "visual" and "auditory" memory defect. It seems they cannot look at a word and remember its structure but have to be taught the sounds of which the word is composed and learn to build up the word from its sounds. Looking at the letter and saying the sound tend to stimulate their visual and auditory perception of the sound. This automatically makes the child aware of end consonants, of the vowels in words, and of the construction of words and sentences generally. There are several cases of vowel distortion. Three children being treated say, for example, "mah-ee-ke" for "make." Some of the children say "aa" for "eh," and one child has difficulty with "o," as in "hot."

We have found it profitable during reading practice to learn the sound of the letters from a picture which follows the shape of the symbol. The children look at the picture, draw it, write down the letter and say the sound.

A lot of children referred this year seem to have speech defects typical of those found in the hard of hearing. They omit ends of words (li- for lip), (pu- for puff); medial consonants (bu-er for butter), (la-y for lady); they confuse "m" and "n" (pemmy for penny) and "b" and "d" (rodin for robin, or reabing for reading). In speaking and in writing, they have difficulty with sibilant sounds. When investigated, there is often no longer any hearing defect—or only a slight hearing loss—but it seems possible that there may have been a hearing defect of a temporary kind (probably due to catarrh, enlarged tonsils or ear troubles) during the speech learning period—say 12 months to 2½ years. The speech then develops defectively because the children do not hear the sounds correctly, the habits are established and persist even when the hearing has become normal. In the cases we have had under observation and treatment, the notable factors have been measles and whooping-cough, catarrhal troubles and nasal stuffiness—especially in winter—enlarged tonsils, earache and running ears.

In July, printed attendance cards were started at the clinics. These have helped towards punctuality and regular attendance; the child being required to show the card (indicating time of arrival and departure) to his class teacher on each occasion.

Owing to the heavy waiting list at the Broughton Centre, an additional session was started in October, on Wednesday afternoons, as a temporary measure. This session is normally reserved for interviewing and school and home visits, on alternate weeks, and these have been suspended meantime. Cases already interviewed and waiting admission to this centre go back to the previous year.

Audiometry.

The procedure was continued of using the individual pure tone audiometric "sweep" test for the ascertainment of deafness amongst school children.

This year, in order to detect any hearing defects at the commencement of their school life, "sweep" tests were carried out on children who had reached the age of 5 years 3 months. This particular age was chosen as a result of the 1950 survey carried out by a fully qualified teacher of the deaf who maintained that although the tests could be carried out with children of all ages down to 4 years 9 months, it was felt that 5 years 4 months was the lowest general age at which the test could be 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. Also the unsatisfactory conditions in many schools make it difficult for the very young children to concentrate due to extraneous noises. In addition, any child either younger or older than this specific age group was tested in school at the request of the teacher who may have had doubts regarding his deafness or backwardness. Children as young as 4+ years have also had threshold audiometric tests at the school clinic at the request of the school medical officers.

During the year, 2,200 "sweep" tests were carried out on the five-year-old children and, of these, 9.9% failed the initial test at school. Subsequent threshold testing of these failures at the school clinic revealed the true failures to be 6.6%.

There were 905 individual audiometer tests carried out at the clinic. This number includes not only "sweep" test failures but also all children referred by school medical officers, teachers and speech therapists. Many educationally subnormal children have had individual audiometer tests in order to exclude deafness being the cause of backwardness.

At present there are known to be 101 school children attending ordinary schools who have either a permanent or temporary loss of 35 decibels on one or more frequencies in both ears. All children who fail an audiometric test are referred to the ear, nose and throat clinic for the otologist's advice.

The partially deaf class at Regent Road School has its full complement of ten pupils, and seven children have been referred by the ear, nose and throat specialist as needing special educational treatment in this class when vacancies occur. Sixteen Salford children are now receiving their education in the Royal Residential School for the Deaf at Old Trafford.

School Consultant Clinic

Dr. R. I. Mackay reports :—

The School Consultant Clinic has continued its weekly sessions throughout the year, providing diagnostic service very much akin to a hospital out-patients' department. A list of conditions diagnosed in these children is very similar to that which may be obtained from the figures of any children's hospital out-patients' session. Considerable assistance can be given to the children and their parents by simple examinations and consultations, though the more restricted laboratory service means that a substantial proportion require an extra visit to the hospital laboratory. An X-ray of the chest can still be done on the premises.

An examination of the list of disorders encountered shows that respiratory troubles are still the commonest cause of reference, and form nearly half of all the children seen. About half of those are children with chronic upper respiratory infections. Every parent realises the amount of distress and loss of school time that may follow the common cold, and it is certain that more vigorous treatment for these simple infections at an early stage might prevent the relapsing illness that is so often seen. Other factors, such as ill-ventilated classrooms, overcrowding, and the prevalence of the common cold itself, are obviously very important in the reduction of this problem ; at the same time many of these children with chronic upper respiratory catarrh have been allowed to continue far too long without active measures of treatment being undertaken. When case histories of children with all sorts of respiratory troubles are examined, it is quite clear that the vast majority are relieved during periods they may spend outside the smoky atmosphere ; on return from holidays or convalescence almost all these children experience a return of symptoms. It has been notable that particularly severe periods of smog have not disabled those with severe chest trouble as much as one might expect—certainly one does not see the acute exacerbation of symptoms that one sees in the elderly. Nevertheless, it is clear that the atmosphere is taking its toll.

Emotional disturbances account for about 10% of the cases seen, a point worthy of comment in view of the excellent local facilities for dealing with these problems. Parents and teachers may be greatly worried by symptoms in children which may seem to indicate organic disease, but which could be explained and treated with an understanding of their emotional problems. There is room for a great deal of explanation and education in the home and in the school on matters concerning the normal development and mental stability of otherwise healthy children. When a child is physically handicapped, it may be accepted more readily that difficult behaviour is a result of the handicap, but there is room for further enlightenment in the management of children with epilepsy, whose problems of behaviour often rise from the attitudes of those who are responsible for the children.

It will be noted that only five children were discovered with active tuberculous disease, although such cases are often dealt with in other clinics. This figure does in fact reflect a fall in the incidence of tuberculosis in children, and is comparable to the great reduction in the incidence of tuberculous meningitis in children in recent years. Only fourteen children were seen with rheumatic complaints, though there is still a significant proportion of rheumatism in the child population. In general, however, this rheumatism is not as severe as formerly, and does not leave the children with such extensive heart disease.

Child Guidance Clinic.

Due to the discovery of the antibiotics, diphtheria immunisation and better care of children from conception onwards, infant mortality and the incidence of many physical diseases have decreased considerably in the past thirty years. At the same time we are recognising that many symptoms cannot be understood in terms of physical illness but rather of emotional disturbance. If we take the problem encountered by very many parents of a difficulty over feeding at the toddler stage we can see that the physical symptoms of lack of appetite and vomiting may not be due to a "weak stomach" but to some fear or anxiety in the child, which shows itself at meal times because meal times are a very important part in a child's life. Similarly, at a later stage, anxiety may show itself through sickness or abdominal pain, and once again it may be necessary to recognise that there is an anxiety over school rather than a physical illness. Similarly, asthma, eczema, constipation and diarrhoea may be physical manifestations of an emotional disturbance.

The treatment of these and other early signs of anxiety is important if we want to prevent more serious disorders later in life. Equally important is the skilful handling of these children in their every day life, including the art of knowing when to "give in" and when to be firm so that the child has a security within which he can develop.

The Child Guidance Clinic welcomes the Report of the Committee on Maladjusted Children (published by H.M. Stationery Office, 1955). The report reminds us that normal behaviour is not always "good" behaviour. It stresses the fact that maladjusted children are insecure and unhappy and that they fail in their personal relationships. The report states that the Child Guidance Clinic can treat most maladjusted children referred to it without the necessity of removing them from their normal environment of school and home—a statement with which we wholeheartedly agree.

The report is a human document and well worth the attention of those concerned with the upbringing and education of children.

We are aware of the distressingly long waiting list for treatment which can produce impatience in some and unhappiness in others.

Special Class for Partially Deaf Children.

The majority of the children attending this special class at Regent Road School, whilst not being completely deaf have, nevertheless, very severe hearing losses. Because of this their vocabulary is very restricted, and therefore their aptitude for reading, writing and self-expression is also limited. This lack of verbal ability can have many side issues. There is the fear of repeating words inaccurately heard in case their attempts are met with ridicule—like the small girl who asked for "some more naughty pudding," having lip-read "naughty" for "Yorkshire"; the frustration by not being able to describe their thoughts and ideas fully in words; the disinterest in reading and books because most of the words hold no real meaning; the inability to follow colloquial speech; the colourless written expression with consequent dissatisfaction with the results; the slow learning when progress depends on text books and the written word.

These are some of the scholastic problems of the partially deaf child. Socially, the ability to hear some sounds makes their condition of deafness to be regarded with some scepticism by many of their normal hearing colleagues. Hearing inaccurately, they often misconstrue conversations and become suspicious. Rather than enter into discussions, therefore, they wish to be left alone, and are in consequence deemed sulky, anti-social and lazy.

Children with defective vision soon make their handicap noticeable by squinting, screwing up their eyes and peering at written and printed words. But partially deaf children, apart from a general slowness often attributed to low mentality, show very little visible signs of their defect. It becomes increasingly obvious that many psychological difficulties have their beginnings in deafness or hardness of hearing.

Bearing these things in mind it has been necessary, whilst continuing with the original aim of the restoration of self-confidence and rehabilitation, to attempt by prolonged tuition to increase and consolidate the working vocabulary of these children. The results so far have been most encouraging. One girl has increased her reading capacity by nineteen months in the past year, a boy by ten months, and another girl by eight months. This has been possible by systematic dictionary work and similar exercises.

Practice in lip-reading, use of the hearing aid and speech correction, still continues as before, and the use of sign and gesture is very rarely seen. But the vocabulary grows and, with it, interest in living and in conversing with normal children.

These methods, however, whilst taking longer to teach, are much more permanent. The pupils need to stay with the class for two or three years, sometimes longer. But it is time well spent and the change in social outlook is most noticeable.

Claremont Open-Air School.

The year 1955 has been a happy one for the school which is now running very smoothly. The children have worked hard at their lessons. One girl in the partially-sighted class was transferred to Pendleton High School and is now very happily settled there. Our ship, the "Port Hardy," provides a great stimulus for letter writing, all classes sending reports of their activities, and in return, receiving very interesting information from ports of call. These journeys are eagerly plotted out on the map, cargoes exchanged are noted and entered. We sent an album of photographs of the school, its environment, and many of our activities, to Captain Potter, O.B.E. A most appreciative letter was received expressing great pride and admiration for "their school." For Christmas, each class vied with the others to produce small suitable inexpensive gifts, particularly such articles as are needed by sailors. We held a small exhibition, so that all children might see what the others had made.

The school's animals—rabbits, guinea pigs, budgies, etc., continue to give great pleasure. The rabbits are now splendidly housed. Some children change amazingly when given care of an animal. For example, one rather "difficult girl" is now determined to be a kennel maid when she leaves school.

The medical side of the school continues to flourish, though there is insufficient space for its many activities.

The additional physiotherapists—five are now attending—have deservedly won the love of the children. Morale is high and the will of the children to get well is very strong, though they hate to leave.

The domestic side of the school has improved. Blankets are very satisfactory and the new heating in the store where the rests are kept, ensures well-aired beds. Tooth brushes, combs, towels and showers are all good.

SCHOOL LEAVERS, 1955.

DIAGNOSIS	GIRLS	BOYS	TOTAL
Nutrition 'C'—Delicate	23	10	33
Asthma	5	5	10
Bronchitis	6	4	10
Bronchiectasis	2	...	2
Anæmia	3	2	5
Post Rheumatic Fever	1	...	1
Post Chorea	...	1	1
Rheumatic Heart	...	1	1
Nervous Debility	...	1	1
Coeliac Disease	...	1	1
Partially Sighted	2	2	4
TOTALS	42	27	69
	GIRLS	BOYS	
Average gain	lbs. 16·3	lbs. 15	
Length of stay	weeks 115	weeks 103·5	
Average age on admission	yrs. mths. 9 1	yrs. mths. 8 3	
	GIRLS	BOYS	
Reasons for leaving—			
1. Fit for ordinary school	33	24	
2. Transferred to residential school	1	2	
3. Transferred to High School	1	...	
4. 15 years old	5	...	
5. Parents' wishes	...	1	
6. Religious grounds	1	...	
7. Removed from Salford	1	...	
TOTALS	42	27	

Barr Hill Open-Air School.

As a result of a review of the accommodation of the school, the number of children allowed on the roll has been reduced to 90 instead of 100. Renewed criticism has been made of the building and its amenities, and some improvements are planned for the near future, pending the provision of a new school. A door and partition have been provided to protect the serving end of the dining room (also the senior classroom) and, in December, three light wooden screens on wheels were delivered to be used chiefly to cut off this section from the open rest-shed. Although the meagre heating is the same, these improvements have made this part of the school more comfortable. A folding screen has also been supplied for use in the section of the "cloak room" used by the nurse.

The interior of the school has been brightly decorated. The old dining tables have been replaced by a newer type holding eight children instead of twelve.

The kitchen has been cleaned and decorated, and a refrigerator and additional cupboards supplied.

In spite of the numerous difficulties presented by the building itself, the children thrived and improved in health.

Seventeen children have had asthma exercises twice a week, and about 33 have had special breathing exercises with the visiting therapist, Mrs. Gregory.

During the year, 44 children (22 boys and 22 girls) were admitted and 50 (23 boys and 27 girls) were discharged.

REASONS FOR DISCHARGE.						Boys.	Girls.
Fit for ordinary school	...	...	...	...	...	16	21
To try	"	"	...	...	...	2	2
Removed	...	...	...	...	...	1	1
Behaviour problems and improved health	...	...	...	...	...	2	...
Parents' request	...	...	...	...	...	2	...
Occupation Centre	...	...	...	...	...	...	1
15 plus	...	...	...	...	...	...	2
LEAVERS.							
Average increase in weight	...	...	...	...	...	10.3 lbs.	13 lbs.
Average stay in weeks	...	...	...	...	...	84 weeks	116 weeks
Average age on admission	...	...	...	...	...	7 yrs. 10 mths.	7 yrs. 10 mths.
DIAGNOSIS, ON ENTRY, OF LEAVERS.						Boys.	Girls.
Nutrition 'C'	...	...	...	...	...	...	2
Delicate	...	...	...	...	...	6	10
Delicate plus Nutrition 'C'	...	...	...	...	...	1	4
Asthma	...	...	...	...	...	2	2
Post severe Impetigo Debility	...	...	...	...	...	...	1
Post Infection Debility ? Healing Prim. Complex	...	...	...	...	...	...	1
Petit Mal	...	...	...	...	...	...	2
Congenital Heart Disease	...	...	...	...	...	...	1
Recurrent Bronchitis	...	...	...	...	...	4	3
Hilar (L) T.B.	...	...	...	...	...	...	1
Bronchitis	...	...	...	...	...	1	...
Bronchial Catarrh	...	...	...	...	...	2	...
Bronchiectasis	...	...	...	...	...	1	...
Chronic Nasal Catarrh	...	...	...	...	...	1	...
Anæmia	...	...	...	...	...	1	...
Chronic Upper Respiratory Infection	...	...	...	...	...	1	...
Post Primary Complex	...	...	...	...	...	1	...
Allergic Rhinitis and Asthma	...	...	...	...	...	1	...
Old Perthe's Disease 'R' Hip and Nutrition 'C'	...	...	...	...	...	1	...

Seventy seven children remain in the school.

DIAGNOSIS OF THESE CHILDREN.

	Boys.	Girls.
Nutrition 'C'	...	2
Delicate	11	14
Delicate plus Nutrition 'C'	9	8
Asthma	11	2
Recurrent Bronchitis	2	3
Bronchiectasis	1	...
Epilepsy and Bronch. Nasal Catarrh	1	...
T.B. Hip Joint	1	...
T.B. 11th and 12th Dorsal Vertebrae	...	1
Post T.B. Meningitis	...	1
Bronchitis	...	2
Rec. Bronchitis ? Asthma	...	1
Allergic Rhinitis ? Asthma	...	1
Post Chorea	...	1
Anæmia	...	1
Post Whooping Cough Debility plus Residual Bronchitis	...	1
Transplantation of Ureter into Rectum	1	...
Coeliac Disease	1	...
Congenital Heart Pulmonary Stenosis	1	...

PAYMENTS.

Of these 77, 66 pay 2s. 11d. a week and 11 are free.

Hope Hospital School.

There have been rather more long-term children than in previous years, occurring mostly as orthopædic cases in the junior age range. One children's medical ward was closed for some months for renovation and decoration. This has made the other wards very mixed as regards age and sex, and correspondingly difficult from a teaching point of view.

Every advantage was taken of the good summer and beds were out of doors almost continuously for weeks, the children becoming very bronzed. Much time was spent in the autumn preparing for the exhibition in November. The occasion itself was very disappointing as thick fog prevented most people from attending, with the exception of the hospital staff. All saleable articles were disposed of. The children's Christmas Service on 21st December was most enjoyable. All the hospital children who were at all fit attended, and the singing was augmented by the hospital cadets.

SPASTIC CLASS.

The attendance has much improved this year, probably owing to the good weather. Two of the boys have spent many months in hospital.

The Open Day in July was a new venture and seemed successful. It was bright and sunny and most of the afternoon was spent in the garden. It was well attended by educational and medical staff as well as parents and friends. For the first time the children gave a dramatic performance in public. This was enjoyed by everyone, and particularly by the children themselves.

The Christmas Party was held on 21st December, when all the children were able to take part in games and competitions.

Home Teaching.

There were six children on the roll at the beginning of the year. Normally, each child receives tuition on *two* half-days per week but, because of their disability, *one* session was considered sufficient for each of two pupils.

Apart from bronchial colds the children have kept very well. At the beginning of the midsummer holidays, the youngest pupil had a fall which disturbed the fluid on the brain and greatly retarded his educational progress.

In November, the only girl on the Home Teaching Register was deemed fit to take her place in an ordinary school, and here she has proved capable of keeping up with her own age group in the three R's. In her place, a twelve year-old boy had been admitted, capable of little real school work but eager and interested.

The least responsive pupil, who has caused much anxiety to the Home Teacher, reaches the age of fifteen early in January. Another young child has been admitted and visits to him will commence in January.

Except for the child who had the fall and the indifferent fifteen-year-old, all the pupils have maintained steady, if slow, progress according to their ability.

Broomedge School.

The school provides accommodation for sixty educationally subnormal children in the junior age-range. This allows for three classes, each of not more than twenty children, with a staff of three teachers and a headmistress. From January, 1955, until June, 1955, one member of the staff had leave of absence to take a University course, and on her return was transferred to an infant department. In January, 1955, another member of the staff, who had been with us from the school's opening, died, and it was not possible to replace her until April. In that month a teacher from Lingfield, Surrey, joined the staff, and since then conditions of staffing have been more stable.

During the year, eighteen children left to go to Secondary Modern Schools. Two had reading ages which compared well with their chronological ages, fifteen were reading fairly well, and only one was a non-reader. All were noticeably more stable and better adjusted emotionally than they had been on entry. One of our more important tasks is gradually to prepare our children for the less sheltered and wider life of the secondary modern school, and we are gratified to find that most of our children, who frequently visit us after leaving, settle well into the new life.

Three children who had only reached the age of eleven a few days before 31st August stayed on at Broomedge. Two of these children had had an emotionally upsetting time at home, and one needed the extra security of a small family life at school for a little longer. In all cases the Education Authority considers the individual needs of each child, and we are most grateful for the wonderful help and understanding we receive from all departments of the Education Office.

All our children stay to school dinners, and greatly appreciate the meals. Most do well physically and make satisfactory gains in height and weight. During the summer we spent a large proportion of our time in the sun and air, and the children were brown and bonny.

Every child who had parental consent was able to spend a week at Prestatyn. We lay great stress on the nourishment and physical well being of our children, as we feel that they cannot enjoy their work unless they are fit and well clad and shod. The School Welfare Department helps us where necessary with clothing and shoes. All our children drink their milk.

Many of our children have limited backgrounds, and it is necessary to provide in school interests which are often lacking in their home lives. We have added to our bees, tropical fishes, rabbits and pigeons, and now have hens and a budgerigar. The children raised the hens from day-old chicks, and helped to build the hen run. During the year we have had many outings, parties and visits of interest. We had a day at Belle Vue in August, and took with us an excellent packed lunch provided by the School Meals Department. In November we had a big bonfire, with fireworks and treacle toffee, and a guy we made ourselves. The Mayor visited us in December and we held our Christmas party.

Throughout the year, work, with emphasis on the practical, has continued happily and satisfactorily. The children enjoy school and attendance is good. We have not had one case of truancy. Our children quickly learn to enjoy work, which is kept well within their scope, and which enables them to learn confidence and achieve a desire to stretch out a little and explore further. It is a great joy to consider that most of them show signs of being well on the way to becoming happy, balanced, useful citizens.

Physiotherapy Service.

The year has been one of hard work for the physiotherapy staff. The amount of specialised work has increased, which usually means that more time is required for giving individual treatment. To obtain the maximum improvement, this must be given daily.

Artificial Sunlight Clinics.

These have been maintained twice weekly at four clinics :—

1. Regent Road Clinic.
2. Langworthy Health Centre.
3. Police Street Clinic.
4. Murray Street Clinic.

An artificial sunlight clinic has also been held at the Clarendon Open-Air School. Unfortunately there is still no accommodation available for this work at Barr Hill Open-Air School and the children have to come out of school and attend a clinic. The quarterly servicing of the apparatus keeps the lamps at maximum efficiency and break-downs rarely occur.

The monthly visits of a school medical officer to each clinic have been curtailed by the B.C.G. programme, and in some cases many months have elapsed before it has been possible to invite a mother to bring her child to see the doctor. This tends to nullify the purpose of the visit as the beneficial effects of a course of artificial sunlight needs to be assessed fairly soon after the course has been completed. As far as possible, the practise has been continued of weighing the child soon after completion of a sunlight course, and of the Medical Officer and the parent discussing the child's progress.

Remedial Treatment Clinics.

These are held twice weekly at five centres, and at the two open-air schools :—

1. Regent Road Clinic.
2. Langworthy Health Centre.
3. Cleveland Clinic.
4. Police Street.
5. Murray Street.

Much effort is spent on explaining to the parents the value of early concentrated treatment for minor orthopaedic defects which, however seemingly trivial, might cause suffering and partial disablement in later life. The co-operation of the parent is also needed to encourage the child to practise his exercises. Emphasis is laid on the fact that the exercises are learned at the clinic, but that it is regular practise at home, with the parents' help, that results in a cure.

The breathing exercises taught after tonsil and adenoid operations are now more beneficial because by increasing the number of classes at the clinics it has been possible to catch up with the waiting list, and even at some clinics to give defaulters more than one invitation. The child is now invited for exercises two to three weeks after the operation, and faulty breathing technique can be corrected at once. Many parents still do not take advantage of this valuable follow-up, apparently thinking the removal of tonsils and adenoids the magic end to all their children's troubles.

Individual children still attend for specialised treatment at the clinics ; many mothers ask the hospitals for transfers to the clinic because of the convenience, and children with chest conditions and cerebral palsy who do not attend the special schools, come for treatment. Fortunately, Salford escaped the infantile paralysis epidemic so there were no new cases for treatment.

SPECIAL SCHOOLS.

Cleveland Special Class.

During the larger part of the year a physiotherapist attended four half days and one full day per week. This was an improvement of one session on the previous year, and meant that the children requiring treatment the most, had an increase of one treatment per week. Children who are so handicapped that they are unable to walk unaided, show great improvement on daily treatment in mental as well as physical alertness ; this is borne out by observation by their school teacher. Unfortunately, through lack of staff, treatment is once more curtailed and the children quickly show the effect of this.

Much interest was shown in a one-day course at Ancoats Hospital given by Dr. and Mrs. Bobath to explain and demonstrate their method of treatment for cerebral palsy. As the course was held on a Saturday, all the physiotherapists were able to attend. Two children from the Cleveland spastic class and one baby, who attends a clinic, were invited with their mothers to the demonstration, and Mrs. Bobath treated them by her exercise method. The physiotherapists and the mothers were very grateful to Dr. and Mrs. Bobath for this opportunity to see their work.

Claremont Open-Air School.

The work has progressed much more smoothly this year. Better co-ordination has been obtained with the teaching staff and every effort has been made by the physiotherapists to fit in treatment times when most convenient from a teaching point of view, and to keep the child out of the classroom as short a time as possible.

The amount of specialised classwork has again increased over the year, and there are now twenty-seven children receiving postural drainage. The aerosol machine is found most helpful in loosening and increasing the expectoration of mucous. Unfortunately, as a quarter-hour minimum is required for each aerosol treatment, only a small number of children can benefit.

The improvement shown by the children in happiness and well-being as their general health improves, makes all the hard work put in very worth while.

Severely Handicapped Children.

All handicapped children under the care of the orthopaedic surgeon, except one, have been found places in either ordinary schools or mostly at Claremont school. The community life with ordinary children appears to be of tremendous value in fitting a handicapped child into normal life. There are no signs of any inferiority complex amongst the children; they are eager to join in with every activity. A little girl with an artificial leg climbs on gymnastic apparatus as confidently as any two-legged child, and scorns any help, whilst a child with two completely paralysed legs can do acrobatics using her arms.

Classes for Asthma Exercises.

Asthma classes are held at Claremont school four times weekly and prove of considerable benefit especially when combined with the meals and fresh air obtained at school. An improvement has been noticed in the children's co-operation, as greater numbers now practise the exercises at home and attend the remedial exercise clinics during the school holidays. Children who have been discharged to ordinary schools have not returned to clinics for further exercises so the improvement must have continued.

Barr Hill Open-Air School.

A physiotherapist has attended the school twice weekly, but unfortunately, owing to shortage of physiotherapists, only one visit a week is being made at present. The provision of screens to partially close the front of the long open-air shed has been greatly appreciated, as a protection from the worst of the weather, and has enabled the children to obtain improved benefit from the remedial class, because not being so numbed with cold, they have been capable of greater concentration. Asthma exercises, breathing, posture, and foot classes are held at the school and any individual treatment as required.

Specialist Clinics.

Weekly visits of the orthopaedic consultant are made to Regent Road Physiotherapy Department. The consultant is punctual, and the parents and children are not kept waiting very long for their interview. The invitation to attend the clinic is sent out the following week, after the school medical officer has sent in a request for consultation. This is a great improvement on the time taken to make an appointment at the majority of hospitals.

The children in Cleveland special class are examined once a term, their parents being invited to attend at the same time. Opportunity is taken to encourage the parent to co-operate at home in the best training of the child ; any problems and difficulties the parent may have are discussed and help given wherever possible.

The orthopaedic technician attends at the same time as the consultant, and continues to give invaluable help in altering shoes and repairing appliances quickly. An improved standard of footwear has been noticed during the year, and it has been interesting to note that the mothers have remarked how much more economical they have found it to be, as although at the outset, the cost of the shoes is greater, they last so much longer, and, in the end, financial saving has been made.

Report of the Organisers of Physical Education.

It is pleasing to report that progress can be reported in some parts of the programme, though in common with most industrial areas there are difficulties, such as staffing, which inevitably make progress very difficult to achieve.

In a city so short of conveniently situated playing space a notable achievement is the laying out and opening of two new playing fields. One at Stott Lane of approximately 18 acres is a well-laid grass covered playing area with a cinder track of 130 yards, long and high jumping pits, and pitches for various games as well as a hard surfaced playing area of approximately 50 square yards. The other, on the opposite side of the City, at Northumberland Street, is a much smaller area of approximately six acres, which has been partially developed so that one hockey pitch is available during the winter months and two rounders pitches for the summer season. There is room here for extension when circumstances permit.

The opening of another secondary modern school for 500 children in April, 1955, provides another gymnasium in the City, making a total of eleven fully equipped gymnasia (nine Salford Education Committee and two rented from outside bodies).

Following the pattern of previous years, the various activities which make up the physical education programme, both in and out of school hours, are reviewed in the following order :—

1. The P.T. training lesson (including clothing and equipment).
2. Organised games.
3. Swimming.
4. Out of school activities (including Schools, Youth and Further Education).

THE PHYSICAL EDUCATION LESSON.

Many difficulties still remain and hamper the work, and in some instances the conditions have worsened during the year under review. The major difficulties are listed below.

1. The difficulty of providing large apparatus (both fixed and portable), which is very costly, in all types of schools.

2. The lack of indoor facilities in many schools. Owing to an increased number of classes, more schools have had to use the hall to house either one or two classes, thus preventing use of the hall for the P.T. lesson. This in many instances is likely to continue for some years.

Allied to the lack of indoor accommodation is the difficulty of making *suitable* provision for the work of children in the 11+ age group whether in all-standard or secondary schools. Ideally they should work in a gymnasium and have the challenge which is provided by the large portable and fixed apparatus.

3. The large number of children still in unreorganised schools, although there is improvement in so far as another secondary modern school has been opened and four all-standard schools as a consequence have now become junior departments.

4. The difficulty of obtaining teachers and the continued movement of teachers from the area, with a resultant instability of staffing, progression and continuity in work.

5. All Education Committees employ a percentage of teachers of less than average ability and Salford is no exception to this. Normally this percentage is a low one. Whilst there are still many competent and really able teachers the percentage of teachers of lower calibre appears to be higher than previously, possibly due to the best of the teachers going to the more attractive areas. It is feared that the standard of work will deteriorate under these conditions.

Regular P.T. lessons are taken in all schools in the City. Top clothing is removed for this lesson in a fairly high percentage of schools, although prejudice still exists against the practice, and in a minority of schools the changing is poor.

The Salford Education Committee made an allocation of 2,700 pairs of plimsolls for distribution to the schools, and this earns the appreciation of the teaching staff, and materially assists the work, particularly with regard to work on big apparatus. It also helps to preserve the apparatus.

The supply of small apparatus (balls, playbats, hoops, skipping ropes, skittles, etc.) has been maintained and it has been possible to supply more schools with large apparatus.

A general course in a variety of subjects was organised in October, 1955, and attended by all teachers working under the Salford Education Committee. These classes included an infant school physical education course and junior school physical education course. Some 80 teachers attended each course, the greater number of infant and junior schools being represented by at least one member of their staff. The courses were most practical and instructive in character, and were much enjoyed by the teachers participating in them. They should have a good influence on the work in schools of this age range.

ORGANISED GAMES.

All schools (excepting infants) make provision for a weekly period of organised games.

As mentioned earlier, progress has been made in so far as two new playing fields have been opened.

The use of the field at Stott Lane is limited at present owing to the absence of a pavilion. This will be built shortly, when it will be possible to make more extensive use of the facilities available, by schools not in the immediate vicinity of the ground.

The Northumberland Street Field is used extensively by a local secondary school, thus freeing other grounds for use by other schools.

The work has suffered a definite setback in the Ordsall area, where the area reserved for games in Ordsall Park has been closed for approximately two years in order that it may be developed as a grass covered playing space. Although the area available was limited, and the playing surface of an indifferent nature, this Park, in this very congested area of the City, where in the main the school playgrounds are small, was the most heavily used of all the City's parks for organised games.

As a temporary measure, provision is made for the girls to play their netball in the school yard, whilst effort is being made to provide some facilities for football for the senior boys at Peel Park.

Various games courses for teachers were held during the year with the aim of raising the standard of performance of the children, and of umpiring for the teachers.

Swimming.

Interest in this important branch of Physical Education is maintained. Facilities now available are such that all children, at some period of their school career are given the opportunity of learning to swim, and very few children need leave school without being able to do so.

BOYS' SWIMMING.

There are approximately 60 classes of 30 boys to a class throughout the year, and the instruction is given by one full-time male instructor assisted by 10 part-time men and a number of responsible class teachers who hold the necessary qualifications to act as instructors. The number of school galas now being held by various schools and associations is increasing, which is to be commended as it is chiefly by competitive swimming that the general standard of performance can be improved. Some children this year have been entered for the first time for the advanced and medal awards of the Amateur Swimming Association. The various results for the boys were as follows :—

Education Committee :	One Length Certificate	...	...	779
	Two	„	„	611
	Four	„	„	371

which shows an increase of 52 in the one length certificate. To the 779 holders of the one length certificate this year the City Baths Committee have given a free season ticket which will be available during the 1956 swimming season.

In the Royal Life Saving Society examinations the awards gained by the boys throughout the year were :—

Elementary Certificate	...	...	...	...	167
Intermediate Certificate	...	...	...	...	125
Bronze Medallion	...	...	...	...	98
Bar to Bronze Medallion	...	...	...	...	18
Bronze Cross	...	...	...	...	3
Unigrip	...	...	...	...	1

Eight boys were again awarded medals by the Humane Society of the Hundred of Salford for proficiency in life-saving. In the Amateur Swimming Association Tests the awards gained by the boys were :—

Medal	...	...	...	...	...	...	...	23
Advanced	...	...	...	...	...	...	...	2

GIRLS' SWIMMING.

The work is in charge of one full time and four part-time women, the number of part-time staff employed being dependent on the hours of opening of the baths and the free time that the staff have available. The girls have been unfortunate this year in so far as the full time teacher was absent, due to illness, for two months, and three afternoons (13 classes) had to be cancelled throughout the summer season, when most swimming is done, owing to shortage of part-time staff. During the summer season, provision is made for 89 classes of 30 girls and 19 classes of 20 girls to have swimming lessons. It is during this period that the main body of beginners is given instruction, although some provision is made for girls who can already swim. At the end of the summer, 1,380 girls were examined for the certificates awarded by the Education Authority with the following results :—

Advanced	...	...	26 out of 56 passed.
First Class	...	...	50 yards breast, 50 yards back, 180 out of 238 passed.
Second „	...	...	50 yards breast, 392 out of 442 passed.
Third „	...	...	25 yards breast, 616 out of 644 passed.

The Baths Committee awarded 616 free season tickets, for use in 1956, to the girls who gained their first certificate.

It is felt that in order to raise the standard of work as children become more skilled in swimming and so take higher awards, not only should the distance they are expected to swim be increased, but also the standard of performance required should be of a much higher quality. Many of the girls who failed in these examinations can swim the full distance, but fail on skill and style. That this policy has borne some fruit is shown by the fact that for the first time in the history of Salford, two schoolgirls have been selected by the English Schools' Swimming Association to represent their county, their territorial division and, in the case of one girl, her country. In addition, the same girl had the signal honour to be selected by the Amateur Swimming Association to swim for England in the Junior International against Scotland.

During the winter season arrangements are made for 54 classes of 30 girls to have instruction. This is an increase on last year, as during this winter it has become possible to arrange five classes at the Cheetham Bath, which is not normally available during the winter months. During these months greater emphasis is laid on the general coaching of all-round swimming and on instruction in life-saving. The average of attendance is unfortunately not high during the winter months, owing to a great deal of prejudice which exists, particularly with girls, and there is work which could be done in informing parents that both the bath and the water are heated. It is noticeable that at baths where the winter swimming has been established over a longer period the attendance is higher. For the examinations of the Royal Life Saving Society, 202 girls were entered, and 99.5% passed, the awards being given below :

Elementary Certificate	154
Intermediate Certificate	63
Bronze Medallion	46
Bar to Bronze Medallion	7
Bronze Cross	1
Unigrip	17
Scholar Instructor	2

These figures show an increase of 46 awards on those gained in 1954 and, at each examination, the examiner commented on the high standard of swimming produced.

The Humane Society of the Hundred of Salford offered four medals, which were all gained by girls in Primary Schools.

It was decided this year to enter the children for the recently inaugurated Schools' Awards, instituted by the Amateur Swimming Association, the Education Committee paying the entrance fee and for the costume badges. In both the Medallist and the Advanced Awards the standard of swimming demanded is a high one, emphasis being laid on good style.

Twelve girls were entered for and nine passed the Medallist Award (75%).

Eight girls were entered for and four passed the Advanced Award (50%). The average age of the examinees was 13 years, so that those who failed should have another chance of passing before leaving school.

Out of School Activities.

(a) SCHOOLS.

There has been no slackening in the very wide variety of activities organised by the Salford Schools Sports Federation in which large numbers of children participate in out-of-school-hours. The various activities covered include rugby and association football, netball, cricket, rounders, athletics and swimming. In addition, during the current year, a new section in the Schools' Boxing Association has been started. Each winter, some 5,000 boys and girls take part in league fixtures for the winter sports of association football, rugby, and netball, entailing either dinner time or Saturday morning matches. Each association through its City teams has taken part in the programmes arranged by the County Associations.

The Athletic Section arranged three very successful meetings (two afternoons, one evening) for the inter-school sports. The swimming section held two very successful galas, at which the high standard of performance caused favourable comment. In addition, eight individual schools each held its own swimming gala.

INDIVIDUAL HONOURS.

Football	City team reached the Final of the Lancashire Cup.	
(Association).	One boy—International Trial.	
	Three boys—County Caps.	
Athletics.	Two boys in the Lancashire team.	
Swimming.	Two girls selected to swim for Lancashire against Cheshire and Yorkshire.	} Under the Schools' Swimming Association.
	Two girls selected to represent Division 2 (Lancashire, Cheshire and Cumberland).	
	One girl to represent England.	
	One girl to represent England under the Amateur Swimming Association.	

(b) PHYSICAL ACTIVITY WITHIN THE YOUTH SERVICE, 1955.

Physical activities both indoor and outdoor continued to maintain progress during 1955 in spite of the restricting action of the weather in the early months with regard to outdoor activities. The Authority continued to play its part in the development of Cricket Coaches and to extend this work by introducing Group Coaching Courses for boys between 15 and 18. All the leagues established by the Authority for Football, Cricket, Table Tennis, Netball and Rounders increased in membership, and interest was well maintained in the Ninth Annual Athletic Sports. Early in 1955, a second Boxing Centre was opened in the North Salford area, and the Girls' Netball Section will have two leagues, under 18 and over 18.

(c) FURTHER EDUCATION.

Eight evening classes with an average membership of fifteen functioned at four evening school centres during the year. There were classes for boys and girls in recreative physical training, netball and judo.

School Leavers' Rally.

In July, just prior to the end of the school year, a School Leavers' Rally was held in conjunction with the Central Council of Physical Recreation. The aim of this rally is to show girls leaving school the various kinds of physical activities which they can take up on leaving school. Activities shown included Keep Fit, Dancing, Camping, Archery, Pony Trekking, Tennis, Padder Tennis, and mention was made of canoeing, mountaineering and horse riding. The course was very well attended and appeared to be well enjoyed.

Schoolchildren's Convalescence.

One hundred and thirty-one school children were sent for periods of convalescence during 1955.

Of this number, 73 were referred by school medical officers, 44 were referred from hospitals, where the children were in-patients at the time of application, and five were referred by general practitioners.

73 children were away for four weeks or less.

10	"	"	"	"	five	"	"	"
22	"	"	"	"	six	"	"	"
2	"	"	"	"	seven	"	"	"
14	"	"	"	"	eight	"	"	"
1	"	"	"	"	twelve	"	"	"

The Homes used, and the number of children sent to each, is given below :—

West Kirby Convalescent Home	...	...	...	...	...	...	9
Taxal Edge (for boys 9 to 15 years)	...	...	...	...	...	...	11
Ormerod Home, St. Annes-on-Sea	...	...	...	...	...	...	30
Margaret Beavan Home, Heswall	...	...	...	...	...	...	13
St. Joseph's, Freshfield	...	...	...	...	...	...	9
Boys' and Girls' Refuge Home, Tanllwyfan, Colwyn Bay	...	...	...	...	...	...	33
Hillary Convalescent Home, Prestatyn	...	...	...	...	...	...	8
Hilbre Nursing Home, Gwespyr	...	...	...	...	...	...	6
South Meadow, Pensarn	...	...	...	...	...	...	3
Total	...	...	...	...	...	...	122

On the recommendation of the Orthopædic Surgeon, nine spastic children went to the White Heather Home, Colwyn Bay, for two weeks each.

School Meals Service

During the financial year which ended on 31st March, 1955, meals were supplied as follows :—

	Maintained Schools.	Other Persons (Independent Schools, Occupation Centres, Sports Association, etc.).	Total.
Dinners	*2,231,388	55,743	2,287,131
Breakfasts	62,867	...	62,867
Snacks	39,114	...	39,114
Teas	426	2,101	2,527

* Includes 61,000 dinners served in school holiday periods.

Gross expenditure in the year was : Food £85,616
Overheads £94,711

In addition, and for the first time, expenditure on school milk was met initially by the Local Education Authority. The total expenditure was £25,280 covering a six-month period.

Following the lifting by the Ministry of Education of the limit of expenditure on Minor Capital Works it was possible to carry out more work aimed at improving working conditions particularly at prefabricated canteen buildings. The detailed review of all canteen premises commenced in the previous year, following receipt of Ministry of Education Circular 272 dealing with the prevention of food poisoning, was completed and action taken to meet many of the recommendations as part of the Minor Capital Works programme.

One canteen kitchen (formerly a British Restaurant) was closed during the year, and one canteen kitchen, at a new secondary modern school, was opened. In addition, a service of dinners to an independent school was commenced.

With the approval of the Ministry of Education a revised and more generous income scale for determining the granting of meals free or on partial payment was introduced in September.

In August, 1955, the Ministry of Education issued a Circular dealing with the nutritional standard of the school dinner. The nutritional standard of the school dinner served in Salford school canteens compared very favourably with the standard recommended in the Ministry Circular.

During the period that equipment was supplied from the Ministry of Works, large quantities of plastic plates and beakers were received. In use, they did not prove very satisfactory, being particularly vulnerable to both stain and breakage. Now that the purchase of equipment is the direct responsibility of the Local Education Authority opportunity has been taken, and is continuing to be taken, to test in use several different types of plates and beakers.

SCHOOL CLINICS.

<i>Location of School Clinics.</i>	<i>Treatment carried out.</i>	<i>Attendance of School Medical Officer.</i>
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Pædiatric, Orthopædic.	Daily (mornings).
Police Street	Dental, Physiotherapy, U.V.R., Minor Ailments.	Daily (afternoons).
Murray Street	Dental, Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.	Daily (afternoons).
Langworthy Centre	Physiotherapy, U.V.R., Speech Training, Chiropody, Audiometry, Minor Ailments.	Daily (mornings).
Encombe Place	Dental (including Orthodontics and Oral Hygiene).	—
Landseer Street	Physiotherapy, Audiometry	—
Regent Street	Speech Training	—
Broughton Secondary Modern School.	Speech Training, Minor Ailments ...	—
Blackfriars Road School ...	Minor Ailments	—
Barr Hill Open-Air School ...	Physiotherapy, Minor Ailments ...	Thursday afternoon.
Claremont Open-Air School ...	Physiotherapy, U.V.R., Speech Training, Minor Ailments.	Monday „ Tuesday „
Education Office	Ophthalmic	Daily (afternoons).
Cleveland House	Physiotherapy, Speech Training ...	.....

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1955.

Defect Code No.	Defect or Disease.	Periodic Inspections.		Special Inspections.	
		Number of Defects.		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	96	390	509	247
5.	Eyes—				
	(a) Vision	290	206	102	82
	(b) Squint	41	175	31	31
	(c) Other	16	53	65	71
6.	Ears—				
	(a) Hearing.. .. .	32	135	274	211
	(b) Otitis Media ..	24	166	386	183
	(c) Other	10	136	156	141
7.	Nose or Throat	149	1,433	725	1,150
8.	Speech	16	169	80	148
9.	Cervical Glands	12	741	62	440
10.	Heart and Circulation ..	3	137	34	211
11.	Lungs	18	273	172	448
12.	Development—				
	(a) Hernia	2	19	1	9
	(b) Other	5	164	9	76
13.	Orthopaedic—				
	(a) Posture	19	123	27	62
	(b) Flat Foot	42	153	12	23
	(c) Other	142	474	183	231
14.	Nervous System—				
	(a) Epilepsy	1	18	3	9
	(b) Other	—	75	43	262
15.	Psychological—				
	(a) Development ..	3	77	2	3
	(b) Stability	9	147	59	227
16.	Other.. .. .	8	15	417	1,560

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN AGE GROUPS.

Age Groups Inspected. (1)	No. of Pupils Inspected. (2)	A. (Good).		B. (Fair).		C. (Poor).	
		No. (3)	% of Col. 2. (4)	No. (5)	% of Col. 2. (6)	No. (7)	% of Col. 2. (8)
5 years	2,886	1,640	56·8	1,221	42·3	25	0·9
10 „	353	184	52·1	167	47·3	2	0·6
13 „	3441	2053	59·6	1,382	40·1	6	0·2
Additional Periodic Inspections... ..	657	371	56·5	279	42·5	7	1·0
TOTAL	7,337	4,248	57·8	3,049	41·6	40	0·5

TABLE III.

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school
nurses or other authorised persons 90,242
- (ii) Total number of individual pupils found to be infested.. .. 4,428

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—DISEASES OF THE SKIN.

	Number of cases treated or under treatment during the year.	
	By the Authority.	Otherwise.
Ringworm—		
(a) Scalp	3	..
(b) Body	11	..
Scabies	6	..
Impetigo	286	..
Other skin diseases	853	..
TOTAL	1,159	

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	284	..
Errors of refraction (including squint)	*2,510	..
TOTAL	2,794	
Number of pupils for whom spectacles were—		
(a) Prescribed	*1,611	..
(b) Obtained	*1,611	..
* Including cases dealt with under arrangements with the Supplementary Ophthalmic Service.		

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	..	9
(b) Adenoids and chronic tonsillitis	..	711
(c) Other nose and throat conditions	..	35
Received other forms of treatment	..	120
TOTAL	..	875

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority.	Otherwise.
(a) Number treated as in-patients in hospitals	28	..
(b) Number treated otherwise, e.g., in clinics or out-patient departments	350	..

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 ..	120	..

GROUP 6.—SPEECH THERAPY.

	Number of cases treated.	
	By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	191	..

GROUP 7.—OTHER TREATMENT GIVEN.

	Number of cases treated.	
	By the Authority.	Otherwise.
(a) Miscellaneous minor ailments	15,181	...
(b) Other—		
(i) Sun Ray	594	...
(ii) Chiropody	1,076	...
(iii) Treatment by Neurologist	27	...
(iv) " " Pædiatrician	237	...
(v) " " Pre-Tonsillectomy	306	...
(vi) " " Breathing Exercises	1,062	...
(vii) " " Postural Drainage	57	...
TOTAL	18,540	...

TABLE V.

DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils inspected by the Authority's Dental Officers—		
(a) At Periodic Inspections	10,799	
(b) As Specials	4,128	
TOTAL	14,927	
(2) Number found to require treatment	11,275	
(3) Number offered treatment	11,275	
(4) Number actually treated	9,495	
(5) Attendances made by pupils for treatment	14,916	
(6) Half-days devoted to—		
(a) Inspection	89	
(b) Treatment	1,534	
TOTAL	1,623	
(7) Fillings—		
(a) Permanent teeth	3,081	
(b) Temporary teeth	868	
TOTAL	3,949	
(8) Number of teeth filled—		
(a) Permanent teeth	2,777	
(b) Temporary teeth	868	
TOTAL	3,645	
(9) Extractions—		
(a) Permanent teeth	2,322	
(b) Temporary teeth	8,948	
TOTAL	11,270	
(10) Administration of general anaesthetics for extraction	3,124	
(11) Other operations—		
(a) Permanent teeth	1,756	
(b) Temporary teeth	129	
TOTAL	1,885	

HANDICAPPED PUPILS

	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Subnormal.	Maladjusted.	Epileptic.	TOTAL.
Number <i>newly placed</i> in special schools or boarding homes...	3	5	2	...	119	2	30	2	...	163
Number <i>newly assessed</i> as needing special educational treatment at special schools or in boarding homes... ..	4	6	1	...	132	4	89	1	...	237
(i) Number on the registers of special schools as— (a) day pupils	...	14	...	...	220	6	49	...	...	289
(b) boarding pupils	7	...	16	...	17	4	49	5	3	101
(ii) Number on the registers of independent schools under arrangements made by the Authority...	...	...	...	...	...	...	...	1	...	1
Number being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	..	...	...	...	...	1	...	...	...	1
(ii) in other group	..	...	...	...	...	...	...	...	...	...
(iii) at home	..	...	...	...	...	6	..	..	...	6

HANDICAPPED PUPILS—Continued.

	Blind.	Partially Sighted.	Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Subnormal.	Maladjusted	Epileptic.	TOTAL.
Number requiring places in special schools—										
(i) TOTAL (a) day	..	1	...	..	7	..	101	..	..	109
(b) boarding	2	..	..	..	5	9	15	1	..	32
(ii) Number included in the totals above who had not reached the age of 5—										
(a) awaiting day places	..	1	..	..	..	..	..	..	..	1
(b) awaiting boarding places	..	..	..	..	..	..	..	..	..	..
(iii) Number who had reached the age of 5 but whose parents had not consented to their admission to a special school—										
(a) awaiting day places	..	..	..	..	..	..	..	..	..	..
(b) awaiting boarding places	..	..	..	..	1	..	9	..	..	10
Number of children reported to the local health authority—										
(a) under Section 57 (3) (excluding any returned under (b))	...	...	...	...	...	...	7	...	...	7
(b) under Section 57 (3) relying on Section 57 (4)	...	...	...	...	...	...	1	...	...	1
(c) under Section 57 (5) of the Education Act, 1944	...	...	...	...	...	...	9	...	...	9

SPEECH THERAPY.

Langworthy Centre, including Cleveland House.

There were 50 children still on the register at the beginning of this year. Forty-one new children have been admitted for treatment during the year, making the total number treated 91.

<i>From previous year.</i>		<i>During this year.</i>	
Stammer	10	Stammer	7
Stammer and Dyslalia	1	Stammer and Dyslalia	2
Dyslalia	27	Stammer and Sigmatism	1
Sigmatism	1	Dyslalia	19
Cleft Palate	3	Sigmatism	5
Idioglossia	1	Severe Dyslalia	4
Spastic (Cleveland)	7	Cleft Palate	3
TOTAL	50	TOTAL	41

Total number of attendances for treatment, 1,594 (Langworthy, 1,433 ; Cleveland, 161).

Thirty-four cases were called for interview at the clinic. Of these, 19 required treatment and were admitted, 2 are awaiting treatment ; in 4 cases treatment was improbable, 2 children were no longer requiring treatment, 2 were unable to be treated. Five cases did not attend.

Forty-two others were seen in school. Of these, 7 were in need of treatment and are awaiting admission ; 8 may not require treatment. Twenty-seven cases did not require treatment or the defects were too slight for clinical attention but guidance was given to the teachers.

DISCHARGES.

Final satisfactory	26
Final improved	3
Provisional	10
Left area	4
Left school	1
Hospitalized	1
Gone to new schools (one to Residential Deaf School)	2
Temporary discharge (for re-admission)	4
No attendance	3
TOTAL	54

There were 71 home visits and 59 visits to schools.

Broughton and Regent Street Centres, and Claremont Open-Air School.

Children still on the register at the beginning of this year number 48. (Broughton, 20. Regent Street, 21. Claremont, 7).

New cases admitted for treatment total 65. Of these, 5 failed to attend ; 4 were defaulters and one had left Salford. One on admission was found no longer in need of treatment. Actual number treated, 59. (Broughton, 34. Regent Street, 18. Claremont, 7). Nine of these were re-admissions after previous temporary discharge. General total, 107.

BROUGHTON CENTRE.

<i>From previous year.</i>		<i>During this year.</i>	
Dyslalia	6	Dyslalia	7
Stammer	4	Stammer	13
Dyslalia and Sigmatism	5	Sigmatism	2
Dyslalia and Stammer	1	Dyslalia and Sigmatism	6
Dyslalia and Lalling	1	Stammer and Dyslalia	1
Stammer and Lalling	1	Lalling and Dyslalia	4
Cleft Palate	2	Sigmatism, Lalling and Dyslalia	1
TOTAL	20	TOTAL	34

REGENT STREET CENTRE.

<i>From previous year.</i>		<i>During this year.</i>	
Dyslalia	11	Dyslalia	8
Stammer	7	Stammer	5
Sigmatism	1	Sigmatism and Dyslalia	2
Sigmatism and Dyslalia	1	Lalling and Dyslalia	1
Stammer and Dyslalia	1	Stammer and Sigmatism... ..	1
		Stammer, Lalling and Dyslalia	1
TOTAL	21	TOTAL	18

CLAREMONT OPEN-AIR SCHOOL.

<i>From previous year.</i>		<i>During this year.</i>	
Dyslalia	2	Dyslalia	3
Stammer	3	Stammer	1
Dyslalia and Stammer	1	Lalling and Dyslalia	2
Sigmatism and Dyslalia	1	Sigmatism and Dyslalia	1
TOTAL	7	TOTAL	7

Children interviewed and waiting admission number 27. (Broughton, 16—six of these from previous year; Regent Street, 11). In addition, there are 5 children waiting re-admission.

Called for interview but failed to attend, 5.

On waiting list and not yet interviewed, 57 : (17 of these have received a preliminary home visit).

Interviewed and not requiring special treatment, 2.

DISCHARGES.

Final satisfactory	27
Final improved	1
Provisional satisfactory	14
Stood down temporarily	5
Own discharge	1
Lapsed	6
Defaulted	4
Left Salford	4
Transferred	7
TOTAL	69

Total attendances for treatment, 1,770. (Broughton, 850. Regent Street, 752. Claremont, 168).

There were 119 home visits (21 of these, no reply to knock) and 26 visits to schools.

General total of attendances for treatment for all centres	3,364
„ „ „ admissions „ „ „ „ „ ..	100
„ „ „ children treated from previous year	98
„ „ „ „ interviewed and waiting admission (8 were transfers, and 4 from previous year. Nine possible re-admissions).	59
„ „ „ „ awaiting interview	133

CHILD GUIDANCE CLINIC.

Cases referred in 1955 by—

Schools	19
Education Office	6
Children's Officer	5
School Medical Officer	38
Hospitals	4
Private Doctor	19
Court / Probation Officer	11
Parents	5
Others	15
Neighbouring Authorities	3

TOTAL 125

Referred because of—

Enuresis and allied difficulties	17
Stealing and truancy	22
Stammer	1
Backward	11
Tic	7
Aggression	21
Food and sleep difficulties	13
Nervousness	15
Other behaviour difficulties	16
Advice <i>re</i> placement	2

TOTAL 125

I.Q. of those seen—

130 plus	8
120 "	4
110 "	9
100 "	11
90 "	11
80 "	7
70 "	...
60 "	2
50 "	1
Untested	6

TOTAL 59

Children seen for diagnosis	59
" " " treatment	64

Number of individual children (82 boys, 38 girls) 120

Clinic interviews	1,646
Home and school visits	278

Children waiting diagnosis, January, 1955	48
" referred during 1955	125

TOTAL 173

Diagnostic interviews in 1955	59
Closed with diagnostic interview in Clinic	22
Waiting diagnosis at 31st December, 1955	92

TOTAL 173

Waiting treatment at 31st December, 1955 29

Of those closed without diagnostic interview—

Refused or failed	10
Improved	12

TOTAL 22

CHIROPODY SURVEY SUMMARY, 1955

Age Group (years)	Sex	5 to 6			7 to 8			9 to 10			11 to 12			13 to 15			Total						
		M		F	M		F	M		F	M		F	M		F	Total						
		B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C				
Defect Group																							
																					</		

B = Slight defect (not requiring treatment) C = Marked defect (requiring treatment)