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City of Salford

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1956

BY

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

MEDICAL OFFICER OF HEALTH

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Members of the Health Committee,

1956.

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STAFF—1956.

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Chief Public Health Inspector	J. C. STARKEY, M.R.S.I.

MENTAL HEALTH.

Senior Mental Health Visitor and Duly Authorised Officer ...	J. H. HOPE.

SOCIAL WELFARE INCLUDING DOMESTIC HELP.

Almoner	Miss B. CHADWICK.

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VITAL STATISTICS

The estimated population of Salford, according to figures received from the Registrar General at mid-year 1956, was 167,400—a decrease of 1,900 as compared with that for 1955.

The death rate for the year was 12·30 which is unchanged as compared with the previous year (National Rate—12·2).

The birth rate for the year was 16·88 as compared with 15·95 for the year 1955—an increase of ·93 (National Rate—16·7).

The infantile mortality rate for 1956 was 29·37—a reduction of ·63 compared with 1955. This represents a new low record in respect of infant mortality for Salford (National Rate—25·0).

The maternal mortality rate was 1·03 per 1,000 total births.

INTRODUCTION

To the Chairman and Members of the Health Committee,

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the health of the City of Salford for the year 1956.

DAY NURSERIES

At the end of 1956 Salford had seven day nurseries, all non-residential, with a total of 325 places, and an average attendance of 277 children aged six months to five years. It would be untrue to say that there is any falling off in the demand for day nursery accommodation in this area, but it would be equally untrue to assert that the whole of the demand arises from people who are in real need of such accommodation. The fact is that in many cases places have been occupied by children of parents who, owing to the low maximum charge, have been able to avail themselves of another source of income. When one considers that this has been achieved partly at the expense of the ratepayers of Salford and partly as a charge to the National Exchequer, one is driven to the conclusion that many of those people whose children are in day nurseries are privileged members of society. It is, of course, for the Council alone to decide whether provision should continue to be made for cases other than those needing accommodation for reasons of peculiar difficulty such as :—

(*a*) Children whose mothers (including confinement cases) or fathers are ill.

(*b*) Children of separated parents.

(*c*) Children of unmarried mothers, widows, or widowers.

(*d*) Children needing places because of acute social or public health reasons (*e.g.*, problem families, overcrowding, imprisonment of parent, mental illness, maladjustment, debts).

(*e*) Children needing places for economic reasons (*e.g.*, low income of father saving to buy or buying own house).

PROTECTION AGAINST PARALYTIC POLIOMYELITIS

In January, 1956, the Ministry of Health announced its intention of making available a vaccine against paralytic poliomyelitis as part of the National Health Service. The vaccination was offered free of charge to local health authorities to enable them to offer vaccination as part of their arrangements under Section 26 of the National Health Service Act, 1946. In the first instance the Minister decided that vaccination should be offered on a voluntary basis for children born between 1947 and 1954 inclusive, the offer to include all children in the Council's area in the eligible groups. Vaccination was available, of course, only to eligible children whose parents or guardians signed a written consent.

Knowing the public fear of poliomyelitis and its consequences, the Minister's scheme was received by your committee with enthusiasm and the parents or guardians of every known eligible child were invited to consent to the vaccination of their child or children. Out of 21,000 eligible children, 8,896 consents were received. This number represented 42·3 per cent. of the total number of eligible children—a very high proportion.

Unfortunately, however, sufficient vaccine was not available to enable the whole or even a majority of the children to be vaccinated by the end of June, when it was decided by the Minister of Health that vaccinations must be completed before the beginning of the summer "poliomyelitis season" in July.

Early in November, 1956, the Minister of Health decided that vaccinations could be resumed.

By the end of 1956, 52 children had received one injection and 879 had received two injections, the latter figure representing the number of children who had been completely vaccinated against poliomyelitis. It is readily admitted that the total number of children vaccinated was relatively disappointing, but this apparent lack of headway was due solely to a shortage of vaccine.

I am very glad to be able to report that at the time of writing this report supplies of vaccine are becoming regularly available and in larger quantities. Quite recently, following advice tendered to the Ministry of Health by the Joint Committee on Poliomyelitis Vaccination, it has been announced that the distribution of vaccine to local health authorities will be continued throughout the year as supplies become available.

A detailed note upon this subject appears on page 96 of this report.

HOME HELP SERVICE

The continued increase in the cost of maintaining a patient in hospital is in itself sufficient justification for the employment of a large home help service. After all, a hospital for all its hygiene and cleanliness is a poor substitute for a home, carrying with it as it does separation from familiar possessions, surroundings, families and friends.

Salford now employs 266 home helps, mostly part-time of course, and still the limit has not been reached. In the near future it is hoped to conduct a survey as to the effect of this service upon the lives of those who receive help from it.

HOME NURSING

Early in 1956, much concern was felt regarding the staffing of the Home Nursing Service in relation to the public needs, and, in January, I decided to invite the attention of the Health Committee to the fact that the establishment of the Home Nursing Service then current gave a ratio of one nurse to 9,527 of the population as compared with the ratio recommended by the Queen's Institute of District Nursing of one nurse to 6,000/7,000 of the population.

It is gratifying to be able to report that following the Health Committee's representations to the Establishment Committee, a much improved establishment of home nursing staff was agreed upon.

Of recent years it has become obvious that it is important that the whole of the Home Nursing staff should not continue to be housed in one building. There are several reasons for this view. First of all, many Home Nurses are married and, while they are prepared to carry on their vocation from their own homes, they would not be willing to leave their husbands and families for the greater part of their working lives and to live in a Nurses' Home. This trend of events is very similar to that which has taken place with regard to hospital nursing staff. Secondly, it is of equal importance that Home Nurses should live among the people who need their services, and should be familiar with them and their ways of living.

From the point of view of both of these considerations, it is evident that the old idea of the concentration of the Home Nursing Service in a building operated on semi-institutional lines is doomed to perish. For this reason the Health Committee decided to buy " Grange House," Mandley Park, Broughton, which has provided excellent accommodation for four Home Nurses in an area which badly needed this service.

The decentralisation of the Service will be continued and it is expected that before the end of another year the whole of the members of the Home Nursing staff will be housed as are the Midwives in the parts of the City in which they are needed, with a minimum loss of travelling time, and a much closer contact with the local residents.

MENTAL HEALTH

Occupation Centres

At the beginning of 1956 the Health Committee maintained occupation centres at Langworthy Road (the " Seedley " Centre) for junior males (under 15 years) and for junior and senior females (all ages)—36 patients in all ; at Broughton Union Church (the " Broughton " Centre) for 27 cases ; and at Hope Chapel, Liverpool Street (the " Oldfield " Centre) for 24 adult males.

As the Council is aware, apart from the Seedley Centre, none of the premises has been completely satisfactory, and they have continued to be used for the purpose of occupation centres only because no other accommodation has been available. Throughout 1956 I was hopeful that other more suitable premises might come into the Corporation's possession and I am now able to say that in a short time a new adult centre for males will be established in premises in Broad Street, Pendleton, which were used formerly as a Civic Restaurant. These premises after being suitably adapted and equipped will provide accommodation for 30 adult higher grade male defectives and 10 low grade defectives in a creche. The number of patients will be 16 more than are at present accommodated in the Oldfield Centre.

The release of the Wilmur Avenue Day Nursery from its use for nursery purposes has made it possible to provide much improved accommodation for the Broughton area and the agreement with the Church Authorities will be terminated in November of this year. The new centre will enable teaching to be sub-divided into three classes which will provide not only better indoor accommodation but much better play space out of doors.

The Seedley Centre continues to be conducted in the premises in Langworthy Road, formerly known as the Friends' Meeting House, which provide really good accommodation for the purpose.

It is gratifying to know that residents of the district in which the Seedley Centre is situated have shown their appreciation of the work of the centre by contributing to a fund which has been established with the object of providing amenities for children attending the occupation centres.

I am hopeful that authority will be given for the provision of an additional occupation centre when the premises which have been known as the Royal District Nurses' Home cease to be used for that purpose.

The report of the Royal Commission on the law relating to Mental Health and Mental Deficiency gives strong grounds for believing that much greater attention is to be devoted, both by the Government and local authorities in the future, to the amelioration of the lives of the mentally afflicted in relation to the community generally. I feel sure that local authorities will respond readily and sympathetically to any calls which may be made upon them in this connection and to any new duties which they may be invited to undertake.

CLEARANCE AREAS

The face of Salford is being changed and improved day by day. It is literally a case of face lifting for many of the poor grim little houses in which so many of Salford's families have lived for generations are being uprooted and replaced by fine blocks of flats equipped with every modern aid to comfort and health. The building of the flats has not been the business of the Health Committee who officially have been concerned only with the condemnation of unfit homes ; but to one concerned with environment and its aid in the production of positive health the sight of this new Salford rising from the ashes of the industrial revolution gives much hope and encouragement.

This subject is dealt with in greater detail on pages 11 to 17 of this report ; nevertheless, in view of its importance (and there can be no doubt that the re-building of Salford is the most important and far-reaching of the activities carried on within its boundaries at the present time), I have thought it desirable to make a special reference to it in this part of my report. The re-housing programme for Salford provides for the clearance of 12,000 unhealthy dwellings and the re-housing of between 40,000 and 50,000 people—the equivalent of a new township of considerable size—all of whom will be given the opportunity of living fuller and far healthier lives than were enjoyed by their forerunners. It is known that the full completion of this programme will take more than 20 years, but the ultimate results will be so immense that future generations of Salford people will look back with gratitude to that which brought about its accomplishment.

CLEAN AIR

For many years Salford like many other industrial towns has lived under a cloud of vapour through which at times is visible a blurred sun and a sky which in the absence of cloud should be blue but is usually a variant of that colour and grey. For a considerable part of that time efforts have been made by law givers and those who are paid to bring about the observance of the law intended to prevent the fouling of the air, to ensure that the law is observed. In this they have often made themselves extremely unpopular for in this country until 1956 those who objected to the pollution of the air by men were frequently dubbed faddists or cranks, or both, and were regarded generally as interferers with the proper activities of industrious men of business.

The passing of the Clean Air Act will do much to remove these illusions, for it can and will if its provisions are thoroughly applied, not only give a cleaner atmosphere in which to live and a healthier air to breathe, but it will save large sums of money by conserving fuel, avoiding damage to buildings and other property, and above all, particularly in a town like Salford, it will improve the health of its people.

In the past, the health authorities of industrial areas have fought the battle against foul air with zeal but with few means and regrettably without much support from the public. In future, they will have the knowledge that the nation is better informed regarding the evils attending the fouling by smoke of the air they breathe and in this to a much greater extent will lie their strength.

PUBLIC TOILETS

Salford's position in relation to the provision of public toilets is still unsatisfactory. There must be very few towns in the country with a 'bus station of the size of Salford's which is either completely lacking in that respect or is not in close proximity to suitable accommodation. The writer's attention has been drawn to the subject on many occasions, so much so that he is astonished that there has been no public out-cry, particularly as so many 'buses depart for and arrive from long journeys. He is gravely concerned at the danger to the health of individuals which may be caused by the absence of toilet accommodation, and strongly urges the Council to make suitable provision at the earliest possible moment.

In conclusion I wish to express my appreciation of the untiring efforts of the staff and their constant endeavours to give of their best. To Heads of other Departments I offer my thanks for their advice and co-operation throughout the year.

To the Health Committee I offer my warmest gratitude for their continued support and encouragement at all times.

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

Your obedient Servant,

J. L. Burn.

Medical Officer of Health.

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

CONTENTS

STATISTICAL SUMMARY, 1956.

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

Population.—(Registrar-General's Estimate at Mid-year, 1956)	167,400
„ (Census, 1951)	178,036

Density.—The Mean Density of the City is equal to 32·18 persons per acre.

Live Births	**Legitimate**	**1,404 Males, 1,278 Females**	2,682
	Illegitimate	**72 „ 72 „**	144
		TOTAL..	2,826

Annual Rate of Births per 1,000 of the Population	16·88
Still Births { **Males 49** / **Females 33** } **Total**	82
Annual Rate of Still Births per 1,000 Total Births	28·20
Deaths { **Males 1,093** / **Females 966** }	2,059
Annual Rate of Mortality per 1,000 of the Population	12·30
Percentage of Total Deaths occurring in Public Institutions	47·84%

Deaths from Puerperal Causes :—	Deaths.	Rate per 1,000 Total Births
Puerperal Sepsis	1	0·34
Other Puerperal Causes	2	0·69
TOTAL..	3	1·03

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

Legitimate, 28.31. Illegitimate, 20.83. Total	29·37

Perinatal Mortality Rate (stillbirths plus deaths under one week per 1,000 total births) :—

Stillbirths	82	
Deaths under one week	49	TOTAL, 131 — 45·05

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 1956.

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
1956	2826	2682	144	5·1	83	80	3	29	30	21

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 1956.

Years	Population estimated to middle of each year	Rates per 1,000 Population							
		Births	Deaths from						Deaths under one year of age per 1,000 Births.
			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**	**1·40**	**0·55**	**41·40**
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
1956	167,400	18·88	12·30	0·20	2·43	3·48	1·46	0·78	29·37

* Civil population.

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1931-1956 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
1956	244	145·8	407	243·1	583	348·3	131	78·3	33	19·7	2059	1230·0

CAUSES OF DEATH—Registrar General's Return of Deaths in the City of Salford during the year 1956

	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	28	5	33	...	...	...	1	8	13	10	1
„ Other	...	1	1	...	...	...	1	...	...	...	...
Syphilitic Disease	6	2	8	...	...	...	...	...	2	3	3
Diphtheria	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	1	...	1	1	...	...	...	...	...	...	...
Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	...	2	2	...	2	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...
Other Infective and Parasitic Diseases	1	2	3	...	...	1	1	...	...	...	1
Malignant Neoplasm—Stomach	37	22	59	...	...	...	...	1	25	21	12
„ „ Lung, Bronchus	92	12	104	...	...	...	1	7	51	37	8
„ „ Breast	...	35	35	...	...	...	...	2	11	8	14
„ „ Uterus	...	12	12	...	...	...	...	5	4	2	1
Other Malignant and Symphatic Neoplasms	105	92	197	...	2	...	...	9	65	65	56
Leukæmia, Aleukæmia	...	3	3	...	...	1	...	...	2	...	...
Diabetes	4	8	12	...	...	...	...	...	4	6	2
Vascular Lesions of Nervous System	87	118	205	1	...	...	...	7	50	63	84
Coronary Disease, Angina	150	100	250	...	...	...	...	8	91	92	59
Hypertension with Heart Disease	14	14	28	...	...	...	...	...	5	13	10
Other Heart Disease	118	187	305	...	1	...	2	10	51	74	167
Other Circulatory Disease	38	37	75	...	...	...	...	2	16	25	32
Influenza	5	3	8	...	...	...	...	...	3	...	5
Pneumonia	63	68	131	19	1	1	...	2	24	29	55
Bronchitis	156	88	244	1	...	...	...	5	85	88	65
Other Diseases of Respiratory System	8	7	15	...	...	...	1	1	8	1	4
Ulcer of Stomach and Duodenum	19	6	25	...	...	...	...	3	7	6	9
Gastritis, Enteritis and Diarrhœa	4	7	11	...	...	...	1	2	3	2	3
Nephritis and Nephrosis	13	4	17	...	...	...	2	2	4	8	1
Hyperplasia of Prostate	15	...	15	...	...	...	...	...	3	2	10
Pregnancy Childbirth, Abortion	...	3	3	...	...	...	...	3	...	...	...
Congenital Malformations	12	7	19	15	...	...	...	1	2	1	...
Other Defined or Ill-defined Diseases	81	92	173	44	5	1	4	8	36	29	46
Motor Vehicle Accidents	5	5	10	...	1	...	1	1	1	4	2
All Other Accidents	25	19	44	2	...	3	1	5	9	6	18
Suicide	10	4	14	...	...	...	...	3	9	2	...
Homicide and Operations of War	2	1	3	...	...	...	...	1	2	...	...
TOTAL	1,099	966	2,065	83	12	7	16	96	586	597	668

SANITARY CIRCUMSTANCES

The year 1956 is notable for the Clean Air Act. Last year was a year of consolidation and amendment in the Food and Drugs Act, 1955, with the addition of comprehensive Food Regulations. Next year will no doubt see the new Rent Act in operation. And so the legal machine turns out statute after statute concerning the " sanitary circumstances " of our communities. It is possible that henceforward we shall refer to them as " public health circumstances," but, whatever the description may be, the control of those conditions which affect our health and well-being is ever increasing.

The responsibilities are cumulative. New responsibilities do not cancel the old. Neglect of those public health measures which ousted typhoid and cholera will again bring typhoid and cholera. Thus it is that whilst looking into the heavens with the Clean Air Act we dare not neglect the drains under our feet.

In selecting items for special mention it means simply that they are " in the news " but are not necessarily any more important than the 47,813 inspections made by the Department as a whole.

Staffing problems do not improve ; nevertheless we have tried to do our best with the resources available.

WATER

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 50,667 dwellinghouses in the City and the population is 167,400 (Registrar-General's estimate at mid-year 1956).

HOUSING

Although the Salford Council already had underway a post-war Slum Clearance Programme, this year, 1956, has seen the commencement of implementation of the Salford scheme submitted under the 1954 Act, and approved by the Minister, for the clearance of slums and town redevelopment.

The Salford programme entails the clearance of as many as 12,000 unhealthy dwellings, a large total programme which will take some 24 years to complete.

Allowing for the building of new dwellings at reasonable speed it is, nevertheless, obvious that demolition of houses in many clearance areas will be deferred for varying periods. The work accomplished in this field, this year, is shown in the appended table.

ORDERS MADE BY THE SALFORD CITY COUNCIL IN RESPECT OF CLEARANCE AREAS DURING 1956.

Areas	Number of buildings involved	Order made by Council	Confirmation by the Minister	Type of Order	Implementation
Trinity No. 5	228	5/10/55	30/6/56	Compulsory Purchase Order	Immediate demolition
Trinity No. 6	72	5/10/55	30/6/56	Do.	Do.
Regent Street	38	7/11/55	28/8/56	Do.	Do.
Trinity No. 7 (10 areas)	351	1/2/56	24/10/56	Do.	Demolition deferred 1962
Trinity No. 8B	21	2/5/56	30/8/56	Do.	Do.
Do. 8G	74	2/5/56	30/8/56		
Do. 8J	6	2/5/56	30/8/56		
Do. 8C	7	2/5/56	6/12/56	Do.	Do.
Do. 8H	6	2/5/56	6/12/56		
Do. 8A	64	2/5/56	—	See note below	Do.
Do. 8D	14	2/5/56			
Do. 8E	3	2/5/56			
Do. 8F	8	2/5/56			
Do. 8I	9	2/5/56			
Blackburn Street ...	10	5/9/56	—	Clearance Order	Immediate demolition
St. Matthias' No. 2 ...	516	5/9/56	—	Compulsory Purchase Order	Do.

With regard to Trinity No. 8A Clearance Area comprising 64 houses, the Minister had before the end of the year notified the Authority of his intention to confirm the Compulsory Purchase Order, but where Trinity Nos. 8D, 8E, 8F and 8I Areas are concerned, Order procedure was still held up at the end of the year pending consideration by the Minister, the Local Authority and the owners of the correct procedure to be adopted, i.e., clearance order against compulsory purchase order, having regard to—

(*a*) that the localities are zoned for primarily industrial development ;

(*b*) that the owners concerned desire to retain the land for that purpose ;

(*c*) the Authority is required to fulfil patch maintenance commitments throughout the six-year demolition deferment period.

I shall be able next year to make interesting comments on practical application of the current legislation involving the practicability of Clearance Order Procedure with tenancy rights negotiated by the Council.

In the case of every order in the above list, objections were lodged with the Minister and it proved necessary for local public enquiries to be held.

Of the 803 buildings involved in the orders confirmed by the Minister after holding enquiries, only one building was excluded, and the colouring in the maps to the confirming orders altered in the cases of six buildings from pink or pink cross-hatched yellow to grey.

Rehousing of the 350 families required to be displaced from the Trinity No. 5, Trinity No. 6 and Regent Street clearance areas was well in progress by the end of the year, and clearance of sites was well advanced. The actual

number of clearance area families rehoused during 1956 is 308, some of which were from the areas listed in the above table, whilst the remainder were rehousing arrears to complete the clearance of buildings concerned in orders operative in 1955.

In addition to the operation of orders in respect of clearance areas many individual houses had to be dealt with under the provisions of Part II of the Act of 1936 or Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953.

During 1956, nine demolition and nine closing orders have been made by the Council, displacing 23 families.

The actual transfer of families, their furniture and effects, from unhealthy houses in clearance areas to new houses is carried out by the Corporation. Removal expenses entailed in contracts are borne by the Council. It is also routine procedure that all furniture being transferred to new accommodation is treated with D.D.T. before removal.

Corporation entry was effected in the 15 areas affected by the deferred demolition provisions of Section 2 of the Act of 1956 and patch maintenance works were put in hand immediately after entry.

The provisions of the Slum Clearance (Compensation) Act, 1956, have added somewhat to the work of my Department. Many owner-occupiers qualify for consideration of claims ; to co-operate with the district valuer in his assessments I have issued four reports on the state of the properties with photographs attached.

RODENT CONTROL, ETC.

With effect from 1st April the work of rodent control was transferred from the Cleansing Department.

12,110 premises have been visited and 1,731 surface infestations received complete treatment, i.e., rats 823, mice 908. Premises treated for rats show an increase of 155 over the previous year. This would appear to be due to the mild winter offering prolonged breeding facilities.

The problem of rats from drainage systems is a constant worry, but it is hoped that research now proceeding in Salford concerning methods of laying poison baits in the sewer system will result in fewer surface infestations in the future.

Many complaints have been received regarding fouling and damage to property by pigeons ; 500 birds have been caught and painlessly destroyed.

Pigeons are usually attracted to property by scraps of food in the streets. Efforts are being made to persuade the public that the most effective measure is not to feed the birds.

DISINFESTATION SERVICE

The disinfestation service continues to flourish. This year there was a total of 1,927 disinfestations as compared with 1,221 last year.

D.D.T. formulations were used and still appear to be very effective despite the theory on " fly immunity."

Disinfecting Station—Ladywell Hospital

Disinfection was carried out efficiently during the year. The following table depicts the volume of work done.

NOTE.—The term laundry bag is a bag comparable with a kit bag and contains anything from 30 to 50 articles.

Bedding from Clearance Areas	879	laundry bags
Infected bedding or clothing	359	,, ,,
Verminous bedding and clothing	165	,, ,,
Clothing of patients from out-districts entering Ladywell Hospital	297	,, ,,
Bedding from Ladywell Hospital	972	,, ,,
Beds from Ladywell Hospital	129	,, ,,
Bedding and clothing from Salford Royal Hospital	25	,, ,,
Bedding and clothing from Eccles and Patricroft Hospital	27	,, ,,
Bedding and clothing from Hope Hospital	209	,, ,,
Bedding and clothing from Stretford Health Department	49	,, ,,
Bedding and clothing from Eccles Health Department	29	,, ,,
Bedding and clothing from Urmston Health Department	6	,, ,,
Bedding and clothing from Port Sanitary Authority (four ships)	6	,, ,,
Manchester Ship Canal Company	16	beds
Blankets from Ambulance Services—Salford, Eccles, Stretford, Urmston	239	
Blankets from Salford Fire Brigade	254	
Beds from Salford Fire Brigade	31	
Pillows from Salford Fire Brigade	37	
Sterilising apparatus from Ladywell	1,207	drums

In addition to the above work on the Station the following disinfections were carried out by spraying with formaldehyde.

Ladywell Hospital—Beds sprayed	260
Ladywell Hospital—Cubicles sprayed	509
Salford Royal Hospital—Wards sprayed	20
Ambulance Service—Ambulances sprayed	53
Houses—Houses sprayed	39
Library books sprayed	147

Forty demonstrations for student nurses were also arranged at this Station.

SMOKE ABATEMENT

It has been somewhat of a disappointment to find that the Clean Air Act has not yet become fully operative.

On the last day of the year parts came into operation which can be regarded as the preliminaries necessary to full implementation of the Act. Control of dark smoke, grit and dust emission from furnaces, locomotive engines and shipping is deferred to a later date, but it is felt that industrialists should now be preparing to face up to their ultimate obligations. Many will be called upon to make long-term decisions involving boiler installations. All in the City have been written on the subject, followed by a meeting attended by representatives from 52 industrial concerns at which the Clean Air Act requirements were explained and discussed. Judging by subsequent enquiries the object of the meeting was well served.

One very powerful incentive has been the renewal of investment allowances in respect of direct and indirect fuel saving equipment.

As from 31st December all local authorities are empowered to establish Smoke Control Areas subject to ministerial agreement. They differ from established Smokeless Zones inasmuch as control is exercised by restricting the types of fuel which may be burned instead of banning smoke from any type of fuel. Fuels authorised for use are anthracite, briquetted fuels carbonised in the process of manufacture, coke, electricity, gas, low temperature carbonised fuels and low volatile steam coals. Another feature is the introduction of grants toward costs necessarily incurred in altering firegrates, etc., leaving the owner or occupier to bear only 30 per cent. of the costs involved.

I am happy to report that after lengthy negotiation the three hospitals in the City will soon be better equipped, either with new boiler plant or mechanical stokers and smoke alarms. Much improvement is expected.

Three firms have been prosecuted, Orders to abate industrial black smoke nuisances being made in two cases, the third being fined £5 for failure to comply with an Abatement Order.

In this transitional period the old methods must perforce continue to be employed and once again details of the work are summarised below.

INDUSTRIAL BLACK SMOKE NUISANCES.

Complaints	11
Observations carried out	1,131
Black smoke emissions recorded :	
Up to 2 minutes aggregate per observation	232
From 2 to 4 minutes aggregate per observation	37
„ 4 „ 10 „ „ „ „	23
Over 10 „ „ „ „	7
Observation notices served	58
Abatement „ „	2
„ „ complied with	*3
Inspections of furnace plant	42
Advisory visits	19

* One served in 1955.

NUISANCES FROM INDUSTRIAL SMOKE-NOT-BLACK.

Complaints	13
Observations	16
Nuisances detected	6
Abatement notices served	1
„ „ complied with	1
Inspections of furnace plant	12
Advisory visits	12

GRIT, ASH AND DUST EMISSION.

Complaints	4
Nuisances detected	5
Observations and investigations	12
Abatement notices served	—
„ „ complied with	—

PRIOR APPROVAL OF STEAM-GENERATING, ETC., FURNACES.

Details of eight new furnace installations were received, all of which were approved ; two after modification.

SHOPS ACT, 1950

Although further legislation has not been passed to clarify controversial phrases in the above Act, compliance with the early and half-day closing provisions and with the Sunday Trading restrictions, was fairly good. In the case of contraventions, occupiers of shops were interviewed and written. They co-operated well and in no case was it found necessary to prosecute.

The amenities required by the Act necessitated the issue of Notices as follows :—

Re sanitary conveniences	11
,, washing facilities	5
,, facilities for the taking of meals	6
,, seats for female assistants	2

All these Notices were subsequently complied with.

The introduction of legislation to implement the recommendations of the Gower's Committee would improve the position ; and the provision of first-aid outfits and facilities for the drying of clothes, suggested in that report, would be welcomed by many employees in the distributive trade.

TOILETS

In the City there are 21 toilets for men, four of which are staffed, and five toilets for women, four of which are staffed.

After many delays plans have been approved for the erection of toilets at Summerville Road, Irlams-o'th'-Height, which will provide accommodation for men and women. Plans have been approved for the provision of toilets for men in Trafford Road, opposite the main Dock Entrance, and also for men and women on the site opposite Salford Royal Hospital. Proposals are under consideration for the provision of toilets at the main City Bus Station at Victoria Bridge to cater for the large number of people using this terminus.

One difficulty encountered is the misuse of unstaffed toilets, particularly at Mandley Park, Broughton, and consultations will take place on the best means of overcoming this problem.

FOOD HYGIENE REGULATIONS, 1955

The initial difficulties which were created when the Food Hygiene Regulations, 1955, were first introduced have now been settled and the regulations are working smoothly. Certain of the regulations did not come into force until the 1st July, 1956. Regulation 7, relating to preparation and packing of shrimps, prawns and onions on or about domestic premises, has now been deferred. Many traders have reached standards in their premises far in excess of those required by the Regulations. Hygienic conditions achieved by co-operation are far more desirable that those achieved by force and furthermore are more likely to be observed and practised.

There appears to be some difference of opinion regarding the provision of wash-hand basins mentioned in Regulation 16 and sinks or other facilities for washing food and equipment mentioned in Regulation 19. Until there is a test case the exact meaning of these regulations will not be known. Our view is that the regulations aim at separating personal washing from the washing of food and equipment.

FROZEN WHOLE EGG

The above product is manufactured by breaking shell eggs and freezing them in a container and is used in large quantities in many bakehouses. Frozen egg has to stand melting for several hours and it is the practice to leave opened tins in the bakehouse from the afternoon until the next day before using. During the course of sampling frozen egg for bacteriological purposes, a variety of salmonellæ were isolated, the commonest being typhi murium ; choleræ suis and others were also found.

Positive and negative results were obtained from the same tins at different times and it became obvious that this commodity must always be regarded as potentially dangerous unless some effective method of temperature control can be evolved. I understand that experiments are proceeding in that direction and the matter is being taken up with the countries of origin.

As it is most improbable that the baking trade and others concerned could manage without frozen egg, an interim measure is that this egg should be used only under the supervision of the Public Health Inspector and then in baked products subject to high oven temperatures. This arrangement is probably the best that can be achieved in present circumstances but it is far from satisfactory.

The consumer is entitled to demand that his food be pure and safe, and the bakery worker that he is not exposed to salmonellæ infection. There is risk to both whilst egg products are sold untreated. It is imperative that effective treatment of the raw material before distribution should be established without delay.

LIQUID EGG

A short note on liquid egg and its manufacture would not be amiss. For the purpose of manufacture a machine is used in which a perforated gauze basket is placed in a container. The basket is partly filled with shell eggs and made to revolve at high speed. The eggs are flung against the sides of the basket and the liquid passes through a central nozzle to the collecting vessel. The shell is shattered into fragments and retained in the basket. With this method of manufacture, general contamination of liquid egg is inevitable and even washing of the shells will only reduce gross contamination.

Contamination of machinery will occur and remain a constant source of infection.

This again spotlights the need for effective treatment prior to the sale of liquid egg.

CHANNEL ISLANDS MILK

The Milk and Dairies (Channel Islands and South Devon) Milk Regulations, 1956, require that milk sold as either South Devon, Jersey, Guernsey or Channel Islands shall contain not less than 4% of milk fat. The presumptive standard laid down for milk fat in milk other than the grades described above is 3%. Because of the higher fat content Channel Islands' milk is sold at 2d. per pint dearer than pasteurised milk, and 1½d. per pint dearer than tuberculin tested pasteurised milk.

Samples are taken frequently within the City and a number of instances have been found in which the milk contained less than the 4% required. It may be that the standard cannot be maintained at all times by producers of Channel Islands' milk and indeed it would appear to be difficult to maintain this standard. At the same time the public pay for quality and are entitled to receive it. Despite the vigilance of Sampling Officers it is doubtful, in view of the difficulties of production, whether the public are consistently receiving the quality demanded.

BUTCHERS' SHOPS

The perishable nature of meat and offal no doubt prompted the butchers of bygone days to be cleanliness conscious. This trait has continued and it is now usual to associate butchers' shops with clean, well lighted and hygieni-

cally fitted premises. The modern trend to refrigerate windows and counters in which the meat, etc., can be displayed reflects credit upon the owners of these businesses.

There is also a deeper lesson to be learned. The advocates of " keep it covered " may have been increasing the possibilities of bacterial multiplication, but the butchers apparently have learned a better lesson—" keep it covered and keep it cool."

GREENGROCERS

It is pleasing to note that it is becoming customary to pack certain vegetables, including potatoes, in polythene bags. Not only does this obviate dirt and soiling of hands but improves the appearance of the contents.

In this part of the country where many greengrocers sell fish, a source of contamination of the fish is obviated by such packing. Whilst most greengrocers have separate scales to weigh fish, one wonders if, in busy times, the soft fruits and apples are weighed on the fish scales. Some of the stuff tastes fishy.

STATISTICS, 1956

Complaints and Notices.

Complaints received	6,597
Statutory notices issued	4,216
Statutory notices abated	4,072
Intimation notices issued	3,058
Intimation notices abated	2,309

Nature of Inspections.

Sanitary defects	32,957
Sublets	147
Seamen's lodging houses	21
Common lodging houses	28
Caravans	105
Canal boats	1
Factories with power	75
Factories without power	5
Workplaces	15
Outworkers' premises	3
Shop Act inspections	605
Schools	6
Cinemas and theatres	27
Public conveniences	720
Stables	21
Piggeries	13
Pet shops	7
Diseases of Animals Act	6
Dairies	273
Food shops	1,002
Food stalls and vehicles	808
Food manufacturing premises	142
Restaurants and snack bars	130
Canteens (factory and school)	75
Unsound food	415
Food samples and others	1,585
Infectious diseases	566
Food poisoning	410
Smoke observations	1,131
Disinfestations	1,927
Miscellaneous	2,761
Housing Act inspections (Section 11)	7
Housing Act inspections (Clearance Area)	1,819
TOTAL	47,813
Calls (no admittance)	5,206

Cases Heard before the Magistrates

Offence	Number of cases	Decision of Magistrates
For failing to comply with the requirements of Notices under the Public Health Act, 1936, to remedy defects at dwellinghouses.	94	89 Nuisance Orders 5 Adjourned sine die
For failing to comply with the requirements of Notices under the Public Health Act, 1936, to prevent the emission of black smoke from factory chimneys.	2	2 Nuisance Orders
For failing to comply with a Nuisance Order prohibiting the emission of black smoke from a factory chimney.	1	Fined £5
For failing to comply with the requirements of a Notice under Section 11 of the Housing Repairs and Rents Act, 1954, requiring the provision of adequate domestic amenities in a house let-in-lodgings.	1	Order to comply with the Notice.

Registered Food Premises

The following are the number of food premises by type registered under Section 16 of the Food and Drugs Act, and the numbers of dairies registered under the Milk and Dairies Regulations, 1949 :—

Butchers' shops manufacturing sausages and cooked meats	125
Fish and chip shops	154
Dairies	3
Bottled milk shops	749
Ice-cream manufacturing premises—hot mix	9
„ „ „ —cold „	9
„ shops	546
TOTAL	1,595

There are about 1,500 food shops and other food premises which are not subject to registration.

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	79	5	1	Nil
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	1,073	75	27	Nil
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	Nil	...	...	...
Total	1,152	80	28	Nil

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred To H.M. Inspector	Referred 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	30	7	...	7
(*c*) Not separate for sexes	...	...	...	...
Other offences against the Act (not including offences relating to out-work)	...	...	...	...
Total	30	7	Nil	7

Outworkers

SECTION 110 :

Number of out-workers in August list required by Section 110 (1)	163
Nature of work :	
Making, etc., of wearing apparel	142
Making or repairing of umbrellas, sun shades, parasols, or parts thereof	1
Making of boxes or other recepticles, etc.	14
Textile weaving	6
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

List of Samples Taken

Food and Drugs Act samples other than milk	237
Milk for Phosphatase Test	543
Milk for Methylene Blue Test	580
„ „ Fats and Solids-not-Fats, etc.	699
„ „ Turbidity Test	101
Ice-cream	162
Fertilisers and Feeding Stuffs Act samples	10
Pharmacy and Poisons Act samples	5
Water supply samples	6
Swimming bath water samples	121
Rag flock samples	3
TOTAL	2,467

Results of Milk Samples

Test	Milk	Number tested	Passed	Failed	Per cent. failure
Phosphatase	Pasteurised	359	353	6	1·69
,, ...	T.T. Pasteurised	184	183	1	0·54
Turbidity Test	Sterilised	101	101	...	...
Methylene Blue	Pasteurised	359	356	3	0·84
,, ,, ...	T.T. Pasteurised	184	184	...	...
,, ,, ...	T.T.	37	31	6	16·21
T.B. Inoculation	Pasteurised	4	2	2	50
,, ,, ...	T.T.	4	3	1	25

Ice-Cream—Results of Samples

Number of samples tested	Grades
113	1
24	2
17	3
8	4

Unsound Food

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

	lbs.
Meat (canned)	8,503
Fruit (canned)	3,252
Vegetables (canned)	2,577
Soups (canned)	182
Milk (canned)	338
Fish (canned)	184
Poultry (canned)	99
Bacon	451
Cheese	85
Butter	36½
Cereals	10
Frozen Egg	868
Dried Fruit	120
Gammon	273
Sausage	78
Uncooked Meat	154
Lard	28
Ribs and Shanks	240
One Carcase of Irish Lamb	38
Fresh Tomatoes	24
Mussels	40
Miscellaneous	1,032
TOTAL	18,612½
Fish Cakes	84
Chicklettes	56

Food Poisoning

SUMMARY OF FOOD POISONING OUTBREAKS, 1956.

Total number of outbreaks	Number of cases	Number of deaths	Organisms or other agents responsible	Foods involved
21	32	Nil	15. Salmonellae	Cooked Meats ; Cream Cakes.
			1. Cl. Welchii	Boiled Brisket.
			2. S. Aureus	Trifle.
			3. Not known	Not known.

HOME SAFETY COMMITTEE

President :

THE MAYORESS.

Chairman :

MRS. HILDA SOUTHERN.

Hon. Treasurer :

R. CARTER, Esq.,
482, Bury New Road, Kersal, Salford, 7.

Hon. Secretary :

RONALD COOKE,
143, Regent Road, Salford, 5.

The Committee maintained its activities to reduce accidents in homes, and members of the panel of speakers addressed meetings at Parent Teachers' Associations, Darby and Joan Clubs, Co-operative Guilds and Missions, etc.

During the year a Home Safety Handbook was printed and distributed to various organisations connected with Social Welfare, to Schools, Libraries and Clinics. This handbook was well received and has played a serious contribution to the campaign. An expression of appreciation of this handbook was received from the Home Safety Organisation of the U.S.A.

Mr. Ashton resigned when he retired as Chief Officer of the Fire Brigade, but we are assured of the continued support of the Brigade by the new Chief Officer, Mr. Howe.

CITY ANALYST'S REPORT

SUMMARY OF SAMPLES

Food and Drugs Act Samples from the City of Salford	936
Fertilisers and Feeding Stuffs Act Samples	11
Pharmacy and Poisons Act Samples	5
Waters (including Swimming Bath Waters)	147
Contract Samples examined for the Purchasing Committee	135
Miscellaneous Samples	6
Tests connected with the Investigation of Atmospheric Pollution ...	739
TOTAL	1,979
Samples from the Borough of Eccles	144
Samples from the Borough of Sale	84
Samples from the Borough of Stretford	174
GRAND TOTAL	2,381

FOOD AND DRUGS ACT, 1955

Table 1 summarises samples taken under the Food and Drugs Act, 1955. The percentage of adulteration was 2·7 compared with 3·5 for 1955.

The majority of samples submitted were purchased informally by the Sampling Officers, 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 Part I of the Seventh Schedule of the Food and Drugs Act, 1955, 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 is retained by the Sampling Officer for production in Court, when in a case of dispute it can be submitted to the Government Analyst.

TABLE 1
FOODS

Sample	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent. adulteration
		Preservatives only	Other ways	
Milk	703	...	11	1·5
Almonds, Ground	3	...	1	33·3
Barley, Pearl	6	...	...	...
Beer	1	...	...	...
Biscuits	2	...	...	...
Bovril	1	...	...	...
Brazils, Buttered	1	...	...	...
Bread	5	...	...	...
Brislings in Tomato	2	...	...	...
Butter	3	...	...	...
Butterscotch	1	...	...	...
Cheese	2	...	1	50·0
Cheese Spread	2	...	...	...
Cherries, Glace	1	...	...	...
Chicken, Minced	1	...	...	...
Cigarettes, Confectionery	1	...	...	...
Cocktail, Tomato Juice	1	...	...	...
Coffee and Chicory Essence	4	...	...	...
Coconut	1	...	...	...
Cornflour	1	...	...	...
Cream, Bottled	1	...	...	...
Cream, Tinned	4	...	...	...
Cream of Tartar	1	...	...	...
Eccles Cakes	1	...	...	...
Fish Paste, Salmon	1	...	1	100·0
Flour, Plain	3	...	...	...
Flour, Self-Raising	5	...	...	...
Gelatine Compound, Unsweetened	1	...	...	...
Ham, Chopped	1	...	...	...
Herring Roes	1	...	...	...
Ice-Cream	14	...	3	21·4
Jaffa Juice Sweetened Orange	1	...	...	...
Jam	5	...	...	...
Jelly, Table	5	...	...	...
Lard	1	...	...	...
Lemonade Crystals	1	...	...	...
Lemon Curd	1	...	...	...
Lentils, Split	1	...	...	...
Margarine	7	...	...	...
Meat Paste	4	...	...	...
Meat, Potted	2	...	...	100·0
Milk, Condensed	5	...	...	...
Milk, Evaporated	2	...	...	...
Mincemeat	3	...	...	...
Mustard	1	...	...	...
Mustard Compound	1	...	...	...
Mustard, French	1	...	...	...
Orange Drink	6	...	...	...
Orange Juice	1	...	...	...
Orange Squash	1	...	...	...
Paste, Salmon and Shrimp	1	...	...	...
Pepper Flavoured Compound	1	...	...	...
Pepper, White	6	...	...	...
Piccalilli	2	...	...	...
Pickles, Mixed	1	...	...	...
Pilchards in Tomato Sauce	1	...	...	...
Pork Luncheon Meat	1	...	...	...
Pudding, Christmas	2	...	...	...
Rice	3	...	...	...
Rum	1	...	...	...

Sample	Number examined	Number adulterated or otherwise giving rise to irregularity		Per cent. adulteration
		Preservatives only	Other ways	
Salad Cream	2	...	...	...
Salmon, Cream of	1	...	1	100·0
Sandwich Spread	1	...	...	...
Sardines in Olive Oil	1	...	...	...
Sauce, Mustard	1	...	...	...
Sausage, Beef	4	1	...	25·0
Sausage, Pork	7	...	...	...
Sausage, Vienna	1	...	...	...
Sherry, British	1	...	...	...
Silver Sild in Tomato Sauce	1	...	...	...
Sild in Olive Oil	1	...	...	...
Soup, Cream of Celery	1	...	...	...
Soup, Chicken Noodle	1	...	...	...
Soup, Cream of Chicken	2	...	...	...
Soup, Cream of Tomato	2	...	...	...
Spaghetti in Tomato Sauce with Cheese	2	...	...	...
Spice, Mixed	1	...	...	...
Sponge Mix, Prepared	2	...	...	...
Sweets, Glucose, Rum and Butter	1	...	...	...
Tapioca	4	...	...	...
Tea	3	...	...	...
Toffee, Invalid Butter	1	...	...	...
Tomato Ketchup	4	...	...	...
Tomato Piquant	1	...	...	...
Tomatoes, Tinned	3	...	...	...
Ulster Fry	1	...	...	...
Vinegar, Malt	7	...	...	...
Whisky	1	...	...	...
Wine	3	...	...	...
Youghourt Cultured Milk Flavoured	1	...	...	...
TOTAL FOODS	905	1	20	2·3
DRUGS				
Antacid Tablets	1	...	...	...
Aspirin Tablets B.P.	3	...	...	...
Borax and Honey B.P.C.	2	...	...	...
Cod Liver Oil Emulsion	1	...	...	...
Diuromil	1	...	...	...
Epsom Salts	3	...	...	...
Glauber Salts	3	...	...	...
Glycerin, Honey, Lemon Oil with Liquid Extract of Ipecacuahna and Citric Acid	1	...	...	...
Glycerin, Lemon and Honey	1	...	1	100·0
Glycerin of Borax B.P.	1	...	1	100·0
Glycerin of Thymol B.P.C.	1	...	...	...
Halibut Liver Oil Capsules	1	...	...	...
Liquid Paraffin	3	...	1	33·3
Milk of Magnesia Tablets	1	...	...	...
Parrish's Food B.P.C.	1	...	...	...
Raspberry Vinegar	1	...	...	...
Rochelle Salts	3	...	...	...
Seidlitz Powder	3	...	2	66·6
TOTAL DRUGS	31	...	5	16·1
TOTAL SAMPLES	936	1	25	2·7

Milk

A total of 703 samples of milk were analysed of which 19 were designated Channel Islands' milk.

Of the 684 samples of ordinary milk, six were deficient in fat (0·9%) and five were deficient in non-fatty solids (0·7%). Without the freezing point test these five latter samples might have been adjudged to contain extraneous water. As a result of this test the cause of the poor quality of each of these milks has been presumed to be due to natural causes inherent in the feeding and breed of cow.

The average composition of the milks analysed (excluding Channel Islands milk) was as follows, the corresponding figures for the previous five years being given for comparison. The adulteration rate of 0·9% was the lowest recorded since the establishment of this laboratory.

	1951	1952	1953	1954	1955	1956	*Minimum requirements.*
Fat %	3·57	3·53	3·52	3·61	3·58	3·62	3·00
Non-fatty Solids % ...	8·70	8·68	8·73	8·71	8·69	8·81	8·50
Total Solids %	12·27	12·21	12·25	12·32	12·27	12·43	11·50

Channel Islands milk, for which a higher price may be charged, is produced from cows of Channel Islands and South Devon breeds, and on average is appreciably richer in fat (and to some extent in non-fatty solids) than ordinary milk. A standard of 4% of fat (as against 3% for ordinary milk) is applied to this milk.

Of the nineteen samples analysed five failed to comply with this higher standard for fat, but all these were from the same producer. The Milk Marketing Board were notified of these results and their enforcement officer visited the farmer in question, since at that time legal proceedings could only be instituted by a local authority in respect of milk the composition of which fell below the usual standard.

On 1st July, by the issue of the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, the Ministry of Agriculture, Fisheries and Food, and the Minister of Health, acting jointly, enabled the local authority to enforce the higher standard for Channel Islands milk in its area by legal proceedings if necessary.

TABLE 2

ADULTERATED OR IRREGULAR SAMPLES (OTHER THAN MILK)

Number	Description	Nature of Adulteration or Irregularity	Action Taken
A.605	Almonds, Ground ...	Contained other nuts.	Retailer cautioned.
B.1496	Cream of Salmon ...	Misleading label.	Packer undertook to amend label.
B.1632	Fish Paste, Salmon ...	Misleading label.	Packer amended label.
B.1566	Glycerine of Borax B.P.	Official description is now Glycerin of Borax B.P.C.	Pharmacist interviewed.
B.1844	Glycerine Lemon and Honey.	Incorrectly labelled.	Manufacturer communicated with by letter.

TABLE 2—*Continued.*

Number	Description	Nature of Adulteration or Irregularity	Action Taken
A.435	Ice-Cream	4·0% deficient in milk solids other than fat.	Maker warned to comply with Food Standards (Ice-Cream) Order, 1953.
B.1705	Ice-Cream	6·6% deficient in milk solids other than fat.	Further sample taken, see Sample No. B.1895.
B.1895	Ice-Cream	1·3% deficient in milk solids other than fat.	Maker warned to ensure that the quantities used in his mixing would be sufficient to produce ice-cream complying with the legal standard.
B.1641	Liquid Paraffin	Did not comply with standard required for medicinal use.	Further samples found to be satisfactory.
B.1974	Potted Meat	Contained 18·8% cereal filler.	Formal sample taken, see Sample No. A.607.
A.607	Potted Meat	Contained 20·4% cereal filler.	Warning letters sent by Town Clerk to retailer and wholesaler.
B.1896	Sausage, Beef	15·8% deficient in meat calculated on 50% basis.	Formal sample taken of this source of supply found to be satisfactory.
B.1734	Sausage, Beef	Contained 325 p.p.m. of undeclared sulphite preservative.	Shop visited, declaration notice replaced.
B.1544	Seidlitz Powder, Extra Strong B.P.C.	4·9% deficient of sodium bicarbonate.	Deficiency pointed out to pharmacist.
B.1545	Seidlitz Powder	Consisted of "Double Strength" Seidlitz Powder.	Pharmacist re-labelled the stock correctly.

Samples prefixed by the letter "A" were taken formally following the procedure laid down in the Seventh Schedule of the Food and Drugs Act, 1955, whilst those prefixed by the letter "B" were taken informally.

Meat and Fish Products

The foodstuffs coming under this heading which are most frequently submitted to the Public Analyst are fish paste, fish cakes, meat paste, potted meat, and sausages. The composition of fish paste, fish cakes, and meat paste is rigidly controlled by appropriate Food Standards Orders, but since the repeal of the Meat Products Order no such standard exists for sausages.

The question of whether the consumer should have the protection of minimum standards for the meat content of sausages has been taken up by the Food Standards Committee, who have been supplied with the results of analyses of sausages made by Public Analysts throughout the British Isles. The report of this Committee, published at the end of May, recommended that a minimum standard of meat content of 65% for sausages made wholly or mainly with pork, and of 50% for all other meat sausages, together with a proviso that the proportion of fat should not exceed 50% of the total meat content.

The meat content of the beef sausages analysed during the year was of a reasonable standard, although the price bore little or no relationship to the meat content. Only one sample, No. B.1896, which on analysis was found to contain only 42·1% of total meat, was reported against as being deficient

in meat. Further samples which were obtained had a meat content well in excess of the 50% minimum. A number of pork sausages contained between 50% and the 65% minimum meat content recommended by the above Committee, but in the absence of a legal standard it has been found impossible to enforce this higher meat content as many legal attempts have ended in failure up and down the country.

All the meat and fish pastes analysed conformed to the statutory standards although in some cases their description left much to be desired, instances of which are commented upon below.

POTTED MEAT, SAMPLES NOS. B.1974 AND A.607.

Informal sample No. B.1974 was found on analysis to contain 18·8% of moist cereal filler. In my opinion, potted meat should consist solely of meat with only traces of condiment, since if it contains cereal filler, it should be designated as meat paste. This opinion has been consistently upheld in Courts of Law throughout the country. A formal sample, No. A.607, was purchased and analysis showed it to contain 20·4% of moist cereal filler.

Enquiries showed that the retailer's invoice only mentioned dishes, and that the retailer took it upon herself to sell it as potted meat. This was, in my opinion, a case of the retailer not showing due diligence in failing to ask for a warranty or a clear statement from the wholesaler as to the nature of the product. The matter was referred to the Town Clerk, who sent warning letters to both retailer and wholesaler to give the product its correct designation as meat paste.

GROUND ALMONDS, SAMPLE No. A.605.

This formal sample did not consist solely of ground almonds but contained a considerable proportion of ground cashew nuts. Subsequent enquiries revealed that this commodity was displayed as "Nut Mix" and that an assistant had inadvertently sold it as ground almonds. Since there was no intention to defraud, and it had been sold at a price much less than that of ground almonds, a representative of the concern was interviewed.

It was also pointed out to him that since it was sold as a pre-packed article it should bear a label stating the appropriate designation of its ingredients as set out in Part II, Section (3) (b) of the Labelling of Food Order, 1953. The representative gave an undertaking to conform to these requests.

The Public Health (Preservatives) Regulations

These regulations prohibit the use of any preservative in food except sulphur dioxide and benzoic acid, although there is a limited use of antioxidants in fats and fatty foods. 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.

Of the 792 samples examined for preservatives, only one, a sample of beef sausage, failed to conform to the above regulations. Sausage 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 this case the limit of 450

parts per million was not exceeded, but no intimation was given to the purchaser of its presence. When the shop was re-visited the necessary notice was on display, the shopkeeper being cautioned that it must be evident every time a sale is made.

Metallic Contamination

Systematic testing of foodstuffs which are subject to metallic contamination has been carried out. These comprise all canned foods and articles such as beer and ice lollipops, which in their processing have been in contact with metals. The Food Standards Committee of the Ministry of Agriculture, Fisheries and Foods has issued recommendations for limits for arsenic, lead, copper, tin and zinc in foods. All the samples analysed during the year under review have been well under the limits recommended by the above Committee.

It is hoped to carry out some research into rapid methods using polarographic and spectrophotometric techniques for the determination of trace metals as soon as a full establishment of laboratory staff can be attained.

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 stated 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 the description of food is given in Section (6) Paragraphs (1) and (2) of the Food and Drugs Act, 1955, which may be summarised as follows : 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 or advertisement, 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.

Cream of Salmon, Sample No. B.1496.

In the case of this informal sample the ingredients were listed in very small print as follows : " Salmon, Potato Starch, Egg Yolk, Vinegar, Salt, Spices." Analysis showed this declaration to be true, but exception was taken to large coloured captions on the label depicting stakes of salmon, whereas the product was really a high grade salmon paste. In my opinion casual inspection of the label would mislead an intending purchaser to believe that it was pure tinned salmon which was being offered for sale instead of salmon mixed with starchy filler and other ingredients. In addition, the words " cream of " were printed in such a colour as to be indistinguishable from the background of the label. The packers were communicated with by letter and in their reply they submitted an amended label which I regarded as satisfactory.

Fish Paste (Salmon), Sample No. B.1632.

This informal sample was labelled in large clear letters " Salmon." On a close scrutiny the words " Fish Paste " could be discerned against a neutral background. Analysis showed the product to consist of fish paste, i.e., it contained considerable cereal filler. I am of the opinion that the correct designation should show the words " fish paste " as clearly and legibly as the word " salmon " so that an intending purchaser would know exactly what was being offered for sale. A representative of the packer was interviewed and the label was subsequently amended in a satisfactory manner.

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. The majority of the samples, particularly those of the large manufacturers, were much superior in quality than required by the above Standard. It is the opinion of most Public Analysts that the Standard might well be raised. Only three samples, two of which were from the same maker, were found to be unsatisfactory.

ICE-CREAM, SAMPLE NO. A.435.

This formal sample was found on analysis to contain only 7·20% of milk solids other than fat and thus on comparison with the Food Standards (Ice-Cream) Order, 1953, which requires ice-cream to contain not less than 7·5% of milk solids other than fat the sample is deficient to the extent of 4·0%. The vendor, who was also the maker of this sample, was visited by the Sampling Officer, and it transpired that the maker had used extra sugar and reduced the quantity of cold mix powder recommended. The need for full conformity with the above Order was pointed out and she was cautioned that any further deficiencies would result in the matter being referred to the Town Clerk with a view to instituting legal proceedings.

ICE-CREAM, SAMPLES NOS. B.1705 AND B.1895.

Informal sample No. B.1705 showed on analysis a deficiency of 6·6% of milk solids other than fat. The vendor was warned to increase the skimmed milk powder content of his ice-cream. The shop was re-visited at a later date and informal sample No. B.1895 obtained, which was found to be still slightly deficient in milk solids other than fat to the extent of 1·3%. The vendor was again cautioned in strong terms to use sufficient quantities in his mixing to ensure that the above Food Standards Order would be complied with. Further samples taken at a later date were found to be satisfactory.

Drugs

LIQUID PARAFFIN, SAMPLE NO. B.1641.

This informal sample on testing was found to fail to comply with the British Pharmacopœia test for carbonisable impurities. Although it was not sold as Liquid Paraffin B.P. it was recommended as a medicine for internal consumption and I felt therefore that it should satisfy the tests laid down in the British Pharmacopœia for medicinal liquid paraffin. Enquiries showed that the pharmacy where this drug was sold bought the liquid paraffin in bulk and bottled it for sale on the premises. A formal sample was procured from the bulk supply, but this, on test, satisfied British Pharmacopœia requirements. I could therefore only conclude that the impurities had originated from the bottles.

SEIDLITZ POWDER, SAMPLES NOS. B.1544 AND B.1545.

The British Pharmaceutical Codex specifies the amounts of the ingredients composing this drug, and allows quite a wide limit of tolerance in its composition. In the case of informal sample No. B.1544, even after taking into consideration these wide limits of variation, it was found on analysis to be 4·9% deficient in bicarbonate of soda, one of the principle ingredients. This deficiency was pointed out to the pharmacist.

Analysis showed informal sample No. B.1545 to be of different composition to that laid down in the British Pharmaceutical Codex, its composition corresponding closely to " Double Strength " Seidlitz Powder. The pharmacist was instructed to re-label his stock of this drug.

The Pharmacy and Medicines Act, 1941

A food and drugs authority within the meaning of the Food and Drugs Act, 1955, has the power to enforce the provisions of Sections 8, 9 and 11 of the above Act. Sections 8 and 9 prohibit the advertisement of drugs purported to cure certain diseases or to bring about abortion in women. Section 11 requires that any article recommended as a medicine shall bear a label showing the appropriate designation of the substance or substances composing it, together with their quantitative particulars.

Glycerine of Borax B.P., Sample No. B.1366.

Analysis showed this informal sample to conform to the standards set out in the British Pharmacopœia, 1948. It had, however, been deleted from the current British Pharmacopœia, 1953, and has been included in the British Pharmaceutical Codex. It should therefore be described as Glycerine of Borax B.P.C., or alternatively, as Glycerine of Borax, and the appropriate designation and quantitative particulars of the ingredients composing it be stated on the label. The packer has had these irregularities brought to his notice.

Glycerine Lemon and Honey, Sample No. B.1844.

This informal sample contained five ingredients of which three were incorrectly designated on the label, namely, " Purified Honey B.P. 20% w/v" ; " Syrup of Squill B.P. 22·2% " ; and " Syrup of Ipecacuahna B.P.C. 5%." Purified Honey and Syrup of Squill are not included in the British Pharmacopœia, 1953, and Syrup of Ipecacuahna is not included in the British Pharmaceutical Codex, 1954. Also the quantitative particulars of the latter two ingredients are vague, no statement in what terms the percentages are expressed being included. The attention of the packers has been drawn to these errors.

Pharmacy and Poisons Act, 1933

Two samples of phenol disinfectant and four samples of household ammonia were examined. One of the samples of household ammonia was incorrectly labelled, whilst two were deficient of their stated ammonia content. These irregularities have been pointed out to the packers and the stocks have been withdrawn from sale.

Fertiliser and Feeding Stuffs Act, 1926

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.

Six samples of feeding stuffs and five of fertilisers were examined under the above Act. One of the fertilisers purchased at a Salford shop, submitted informally as superphosphate of lime with a declared content of 18·5% of water soluble phosphoric acid, was found on analysis to contain only 0·35%

of water soluble phosphoric acid. A formal sample was therefore obtained and an identical result was obtained on analysis. Further investigation showed the samples to be crude gypsum.

These results were communicated to the Ministry of Agriculture, Fisheries and Food, whose investigation failed to reveal any further lots of this material at the wholesalers from whom the Salford shop proprietor alleged that he purchased a 14-lb. bag. It was, therefore, only the parcel sent to the shop proprietor which was under suspicion, and there seemed to be no evidence as to how the bag sampled by the Inspector on the retailer's premises and which bore particulars relating to superphosphate came to contain material which was comparatively worthless for fertilising purposes and was certainly not superphosphate. On the information available the Ministry were of the opinion that a prosecution brought under the above Act would be unsuccessful since the retailer would be in a position to avail himself of a warranty defence and there would be no evidence to summon the wholesaler in respect of this parcel.

Contract Samples

One hundred and thirty-five samples have been analysed during the year under review on behalf of the Central Purchasing Committee. These samples range from foodstuffs such as cocoa and preserves to cleansing materials, polishes and synthetic detergents for use in schools and institutions throughout the City. Specifications to which these commodities must conform have been drawn up by the City Analyst thus ensuring that satisfactory articles are obtained at competitive prices. Whilst the best quality product would be preferred it is often essential for economical reasons to choose one which is reasonably good and likely to prove satisfactory in use. In this case a selection based on analytical data is especially useful rather than being guided on price alone which experience has shown on numerous occasions to bear little relation to quality.

Swimming Bath Waters

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 so that a satisfactory level of chlorination can be maintained. One hundred and forty-three samples were submitted during the year, 10 needed a slightly higher content of free chlorine for an adequate safety margin and in 26 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.

Samples from Neighbouring Authorities

The City Analyst also acts as Public Analyst for the boroughs of Eccles, Stretford and Sale. During the year, 123 samples under the Food and Drugs Act, and 20 swimming bath waters, and one drinking water were received from the borough of Eccles, 174 samples from the borough of Stretford, and 84 samples from the borough of Sale, both these latter submitted under the Food and Drugs Act. Fees totalling £628 19s. 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 atmosphere, 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	3·04	3·18	3·02	2·82
Tar	0·37	0·39	0·33	0·31
Carbonaceous matter	3·51	5·93	4·70	2·27
other than Tar	13·70	24·20	19·53	10·10
Ash	9·82	17·88	14·50	7·52
Insoluble matter.				
Soluble matter	6·55	7·52	7·60	5·42
Total Solids	20·25	31·72	27·13	15·52
Chlorides (Included in Soluble matter)	1·63	1·73	1·52	1·45
Sulphates (Included in Soluble matter)	2·61	3·07	2·81	2·55
pH value	3·70	3·70	3·90	3·80

The pH value of 3·80 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 following table 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	5·81	4·39
February	5·62	4·29
March	4·69	3·48
April	3·30	4·14
May	2·19	3·29
June	1·95	2·56
July	1·81	2·34
August	1·94	3·07
September	3·04	2·44
October	3·17	4·45
November	3·37	4·60
December	4·13	4·27

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	0·83	0·238
February	0·75	0·185
March	0·41	0·114
April	0·49	0·128
May	0·37	0·093
June	0·28	0·081
July	0·21	0·060
August	0·35	0·080
September	0·30	0·079
October	0·51	0·149
November	0·35	0·216
December	0·67	0·200

The concentrations of smoke and sulphur gases in the atmosphere during the winter months were somewhat higher than for the last few years, but this may have been due to the cold still dry weather which was experienced. The results for the spring, summer and autumn months showed no variation.

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

Statistics

Births. For the first time since 1948 I have to record an increase in the number of births in the City, the total number notified (including live and stillbirths) being 3,002 and the adjusted births 2,908, as compared with 2,883 and 2,798 in 1955, giving an adjusted live birth rate of 16·88.

There has been a slight reduction of stillbirths, the number being 82, as compared with 98 in 1955, thus giving an adjusted stillbirth rate of 28·20, which is still high compared with the figures for the rest of the country.

Infant Deaths. For the first time on record the Infant Death Rate is below 30—29·37 to be exact. This represents a total of 83 infant deaths, 57 of which occurred in the first month of life and 49 in the first week. The neo-natal death rate is 20·1.

Twenty-seven of the neo-natal deaths were classified as being due to prematurity, 18 to congenital defect and debility. There were only three deaths from pneumonia and bronchitis. Ten of the deaths were classified as due to birth injury.

Deaths of Children 1 to 5 years. There were twelve deaths among children of this age group. Included among these was one due to cerebral tumour, two from acute anterior poliomyelitis, three from some form of respiratory disease, one from tubercular broncho-pneumonia and one accidental death. Other causes included strangulated hernia, appendicitis, acute liver necrosis and paroxysmal tachycardia.

Maternal Deaths. Three Salford mothers died from conditions associated with pregnancy or childbirth.

The first case was found at onset of labour to be suffering from carcinoma of the cervix uteri. She was transferred to hospital and delivered by Cæsarean section. She was transferred to another hospital for treatment for the carcinoma. She died soon after, the cause of death being pulmonary embolism.

The cause of death in the second case was spontaneous rupture of the uterus, and in the third case, pyæmia and pelvic abscess following septic abortion.

STATUTORY SUPERVISION OF ALL MIDWIVES

(MIDWIVES ACT, 1951)

In accordance with the provisions of the above Act, the following midwives notified their intention to practise within the area :—

As Midwives :			
(*a*) Institutional	... ...	45	
(*b*) Domiciliary	... ...	27	
		—	72
As Maternity Nurses :			
(*a*) Institutional	... ...	1	
(*b*) Domiciliary	... ...	1	
		—	2
TOTAL	... ...		74

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

Notification	Institutional	Domiciliary	Private Practice	Total
Stillbirth	Not required	15	...	15
Death	,, ,,	2	...	2
Laying out of dead body	,, ,,	12	...	12
Infection	,, ,,	42	...	42
Artificial Feeding	132	163	...	295
Medical Aid	Not required	811	...	811

DOMICILIARY MIDWIFERY SERVICE

The Domiciliary Midwifery Service has attempted during the past year to fulfil its duties as part of the National Health Service. Its responsibilities have been great but only represent a small portion of the care given to the mothers and babies of this City. Midwives and other workers in the health team have been painfully aware of the lack of integration of the many services available outside the scope of the Local Health Authority and have long desired closer liaison. This is not just a local reaction but has become a matter of national importance, thus during the past year we have seen the setting up of the Cranbrook Committee to investigate the Maternity Service in this country as it is today and to make recommendations for better integration of the various parts in the future. We all await the Report of this Committee with eager anticipation.

A request by the Central Health Services Council to all the administrative bodies concerned with the maternity services to consider "Ante-Natal Care Related to Toxæmia" was welcomed by all workers. Representatives of the Regional Hospital Board, Executive Council and the Local Health Authority met on several occasions to discuss the submitted memorandum and to make recommendations. It was agreed by all that toxæmia was not an important cause of death of the mother or infant in this area, the reason for this being rather obscure. Nevertheless, it did emerge from these rather informal discussions that there was a real need to avoid duplication of ante-natal care and to arrange for better interchange of records between hospitals, general practitioners, medical officers of the local authority, and last, but not least, the midwives.

For the first time since 1952 the Domiciliary Midwifery Service can record an increase in the number of domiciliary births by almost one hundred cases. This is partly accounted for by a slight rise in the birth rate but may also indicate a "turn of the tide" towards home confinement.

The scope of the midwife's work has gradually increased and includes many more duties than just delivering a baby, therefore the old assessment of so many cases per annum no longer indicates precisely how much work she has done in any given year. One example of this is found in the much debated question of early discharge of mothers and babies from hospital. Whether the principle of early discharge is right or wrong is beyond the scope of this report but the truth remains that the district midwives of Salford have nursed an ever-increasing number of mothers and babies who have been sent home before the statutory fourteen days after delivery have been completed (the greater proportion have been discharged from hospital before the tenth day). Very often these mothers have been difficult to contact in their homes

as they do not realise their need of further professional care. This involves far more work for the midwife than that necessary for the mother confined in her own home who appreciates that the midwife is legally responsible for a much longer period.

At times, the midwife as a professional woman seems to be rapidly disappearing. Maternity hospitals and units have had staff difficulties for some time, but as far as Salford's domiciliary service is concerned, replacements have been made despite minor delays. Nevertheless, the " red light " was beginning to show even in this interesting field by the end of the year. The main reasons for this serious loss of manpower are (*a*) loss of status, (*b*) overwork, and (*c*) uncertainty as to the future of this profession.

These problems are mainly national, but a good deal of competition exists between the various local authorities in their bid to attract domiciliary midwives. Examples of methods used includes (*a*) assisted purchase of cars and furniture at low rates of interest, (*b*) the provision of modern, nicely situated flats and houses at low rentals, etc.

Industrial areas like Salford will fare badly in the future in the light of these attractions. Nevertheless, it has been very gratifying to obtain through the housing committee two modern flats for midwives working in the Trinity area and also to obtain furniture on a hire basis.

As the Domiciliary Midwifery Service primarily exists for the benefit of mother and child it is of importance to indicate progress in this direction.

" Natural Childbirth " classes have continued under the direction of the physiotherapist. Two more trilene machines have been purchased and put into circulation. Demonstrations of " Suggestion Relaxation " have been attended by the midwives, but this treatment has not been considered as suitable for district practice as yet. Mothercraft instruction has been available in various centres throughout the year. Education of the mother in the ante-natal period cannot be over-emphasised and must become a more prominent feature of ante-natal care.

The stillbirth and neonatal death rates on the district are no worse than elsewhere, but this is no reason for complacency. The more intensive investigation into all perinatal deaths has been attempted on a small scale but nothing of dramatic importance has emerged.

Staff.

	Establishment.	*Staff* (31/12/55)	*Staff* (31/12/56)
Non-Medical Supervisor	1	1	1
Assistant Non-Medical Supervisor	1	1	1
Approved District Teachers	5	5	5
Non-Teaching Midwives	20	16	16
TOTALS	27	23	23

Despite a greater output of work per midwife absence on account of sickness had declined. Maternity leave accounted for 252 days of absence from duty, but this cannot be added to sick leave as temporary staff were appointed for this period.

Sick leave equals 273 days. Average per midwife 13½ days approximately.

Liaison with Hospitals, General Practitioners and Local Authority Staff.

Closer liaison between the services is the crying need of the moment, as we all recognise, but how to achieve it remains a problem. Meetings at an executive level continue to be held, but in the ultimate issue it is the field worker, whether the orbit of his work be the hospital or home, who must put the **need** of the mother and child before his or her personal likes or dislikes.

Interchange of records between hospital and local authority remains good, but improvement is possible between the general practitioner and the midwife.

Ninety-six per cent. of the mothers booked for home confinement engaged a doctor—of these, approximately 10 per cent. had a doctor present at the time of delivery. Of the 4 per cent. who did not book a doctor, approximately 6 per cent. of this number required a doctor at the time of birth.

Liaison between the Medical Officers of the Local Authority and the midwives remains at a very high level and interchange of records is simple and adequate.

Statistics of the Midwifery Service

Ante-Natal Care.

1. CLINICS (38 sessions per month).

Number of women who attended	1,818
,, ,, clinic attendances	7,357

2. HOME VISITING.

(*a*) Non-attendance at clinic visits.
(*b*) Routine visiting.
(*c*) Investigation of home conditions for hospital.

Number of visits (*a*) and (*b*)	6,700
,, ,, investigations (*c*)	508

ANALYSIS OF HOME INVESTIGATIONS (*c*).

Condition	Booked	Not booked	No report received	Total
Good	22	181	5	208
Fair	72	67	7	146
Bad	128	6	5	139
Booked at Nursing Home	...	4	...	4
No access	2	2	...	4
Removed from area	...	7	...	7
TOTALS	224	267	17	508

COMPARATIVE STATISTICS.	1953	1954	1955	1956
Number of ante-natal visits (*a*) and (*b*)	10,827	7,139	5,765	6,700
,, ,, home investigations (*c*)	479	419	306	508

3. NATURAL CHILDBIRTH.

As far as the staffing situation has permitted classes of instruction on "Natural Childbirth" have been held at the same time as the midwives' ante-natal clinic sessions at the following three centres: Crescent Clinic, Ordsall Clinic and Langworthy Centre.

4. MOTHERCRAFT CLASSES.

Nine sessions of Mothercraft Classes have been held in four different ante-natal clinics throughout the City. A health visitor and a midwife have attended each class giving their instructions in the form of short talks, demonstrations or film shows.

In spite of difficulties the courses have been successful from the angle of attendances and produces greater efficiency in the mothers who attend. Total attendances—709.

5. BOOKINGS.

Total number of bookings	1,594	
,, cancellations	235	
SUMMARY OF REASONS FOR CANCELLATION.		
Removed from area	39	
Decided on Nursing Home confinement	6	
	—	45
Referred to hospital :		
(*a*) Bad home conditions	14	
(*b*) Obstetric complications	149	
(*c*) Medical or surgical complications	19	
	—	182
Not pregnant	4	
No reason available	4	
	—	8
TOTAL		235

Deliveries.

1. STATISTICS.

Doctor engaged and not present at delivery	1,044
,, ,, ,, present at delivery	89
,, not engaged and not present at delivery	45
,, ,, ,, ,, present at delivery	3
TOTAL	1,181

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

COMPARATIVE STATISTICS (excluding doctors' cases).

	Live births.	*Stillbirths.*	*Total.*
1952	1,324	7	1,331
1953	1,260	22	1,282
1954	1,183	11	1,194
1955	1,089	16	1,105
1956	1,173	17	1,190

N.B.—Nine sets of twins were delivered by domiciliary midwives, which accounts for the difference between the two sets of statistics given above.

2. ANALGESIA.

As was expected, the introduction of trilene caused a decline in the use of nitrous oxide as a pain-relieving drug, nevertheless it is gratifying to observe that such a high percentages of mothers were able to take advantage of analgesia in one form or another. The main reason why some mothers did not have analgesia was the shortness of labour which precluded the use of pain-relieving drugs.

STATISTICS.

Nitrous oxide :	(*a*) Doctor present	15	
	(*b*) ,, not present	235	
		250	= 21·17%

STATISTICS—*Continued.*

Trilene :	(*a*) Doctor present	51		
	(*b*) ,, not present	693		
		744	=	62·99%
Pethidine :	(*a*) Doctor present	52		
	(*b*) ,, not present	736		
		788	=	66·72%
Total analgesia :	(*a*) Inhalational			84·16%
	(*b*) Pethidine alone			4·80%
	TOTAL			88·96%

3. STILLBIRTHS (including one doctor's case).

STATISTICS.

	Number of Stillbirths.	*Number per 1,000 Live and Stillbirths.*
1952	7	5·3
1953	23	17·9
1954	12	10·1
1955	16	14·4
1956	18	15·05

COMPARATIVE STATISTICS.

SUMMARY OF CAUSES.

(*a*) Following post-mortem examination :—

Cause		Presentation	Weight		Gestation	Fresh or macerated	Remarks
			lbs.	ozs.			
(1) Intrapartum Anoxia.	1.	Vertex	4	6	36 weeks	Fresh	Placentitis.
	2.	Vertex	6	0	40 ,,	Fresh	Prolonged compression of the head.
	3.	Breech	8	8	38-39 ,,	Fresh	? Placental separation.
						?	Compression of cord.
	4.	Vertex	6	7¾	38 ,,	Slightly macerated	? Placental separation.
(2) Ante-natal Anoxia.	1.	Vertex	7	0	40 ,,	Macerated	History of early bleedings.
(3) Intra-uterine Infection.	1.	Vertex	8	3	43 ,,	Fresh	Placentitis.
	2.	Vertex	2	2	30-32 ,,	Macerated	Placentitis.
(4) Intra-uterine Aspiration.	1.	Breech	11	4	40 ,,	Fresh	Delay in delivery of head.
(5) Intracranial Hæmorrhage.	1.	Vertex	5	4	38 ,,	Fresh	Second twin short labour.
(6) Placental Degeneration.	1.	Vertex	6	15	42 ,,	Macerated	History of two abortions and one congenital heart.
(7) Unknown Causes.	1.	Vertex	3	10½	36 ,,	Macerated	Toxæmia of pregnancy.
	2.	Vertex	3	7	34 ,,	Macerated	No placentitis, fœtal abnormality or placental infection.

N.B.—Special thanks are due to Dr. H. B. Marsden, Pathologist, Pendlebury Children's Hospital, for the excellent post-mortem reports which have given those interested a better understanding of some of the problems associated with the stillbirth rate.

(*b*) Others :—

Cause	Presentation	Weight	Gestation	Fresh or macerated	Remarks
		lbs. ozs.			
Congenital Abnormality.					
1. Hydrocephalic.	Breech	1 5	32 weeks	Macerated	Nil.
2. Anencephalic.	Breech	1 12	36 ,,	Macerated	Nil.
Unknown Causes. 1.	Not known (B.B.A.)	3 4	34 ,,	Macerated	Emergency—no ante-natal care.
2.	Not known (B.B.A.)	6 4	36 ,,	Fresh	Referred to Coroner.
3.	Vertex	3 14	28 ,,	Macerated	Too macerated for post-mortem examination.
4.	Breech	3 8	31 ,,	Fresh	Nil.

4. Emergency Obstetric Unit.

The " Flying Squad " was called out from Hope Hospital on eight occasions, seven of these requests were for cases of post-partum hæmorrhage and the remaining one for obstetric shock with a retained placenta.

Seven cases were admitted to Hope Hospital for further treatment and one remained at home after the emergency was over. All mothers made an uneventful recovery.

Puerperium.

The nursing care of the lying-in mother and her child has been the biggest problem of the midwifery service. The mothers delivered in their own homes have continued to receive attention for a minimum period of fourteen days. The district midwife's problem has been centred round the mother and baby discharged from hospital before the fourteenth day, the majority of these being before the tenth day of the lying-in period. These mothers do not appreciate their need of further professional attendance and are very difficult to contact. Quite frequently they go to different addresses to the one known in the hospital. All this leads to repeated no-access visits and lack of continuity of care.

Number of visits to own booked patients	20,552
,, ,, ,, ,, hospital discharges	448
Number of cases visited for hospitals :	
Under 10 days	225
Over 10 ,, but under 14 days	60
Total	285

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

1. Infection.

	Hospital.	*District.*	*Totals.*
Puerperal Pyrexia	3	4	7
Ophthalmia Neonatorum	1	...	1
Pemphigus Neonatorum	...	...	...
Totals	4	4	8

Recent regulations require that the notification of puerperal pyrexia should indicate the cause of the temperature.

These are listed below :—

Acute Mastitis	3
Wound infection (Cæsarian)	1
Endometritis	1
Chest infection	1
Throat ,,	1
TOTAL	7

The case of ophthalmia neonatorum recovered completely, although the mother took the infant out of hospital before the treatment was completed. The infant remained under the care of the family doctor and midwife. The latter was refused admission to the house from the thirteenth day.

2. BREAST FEEDING.

A further rise in the incidence of artificial feeding has occurred. Lack of time on the part of midwives, the ease with which mothers are able to obtain drugs for the suppression of lactation, the lack of desire on the part of mothers, the continued employment of mothers in industry, etc., are all prejudicial to the establishment of lactation.

It is felt that more could be done in the ante-natal period by "suggestion" that breast feeding is the natural culmination of parturition and essential to the well-being of both mother and child. This is part of the treatment known as " Suggestion Relaxation."

Number of notifications of artificial feeding (district only) :—

	1952	1953	1954	1955	1956
Complementary	42	19	43	38	72
Supplementary	48	57	62	72	91

REASONS FOR SUPPLEMENTARY FEEDING.

Mother refused to breast feed	35
Medical contra-indications :	
(*a*) General	11
(*b*) Local	17
Inadequate lactation	28
TOTAL	91

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

Of the four infants born at home who subsequently died at home before the fourteenth day, three were premature, one being so small as to be incompatible with life.

STATISTICS.

Causes	1952	1953	1954	1955	1956	Totals
Abnormal fœtus	2	...	1	1	1	5
Asphyxia	2	1	2	1	...	6
Cerebral hæmorrhage	1	...	...	...	...	1
Prematurity	1	1	2	2	2	8
Respiratory infection	1	...	2	...	1	4
Other causes	...	...	...	...	...	...
Unknown causes	...	1	...	...	...	1
TOTALS	7	3	7	4	4	25 —

Five other infants born at home, were admitted to hospital and subsequently died there. Details are as follows :—

STATISTICS. *Causes.*

Extreme prematurity	1
Hæmorrhagic disease	1
Cerebral hæmorrhage	2
?Pneumonia (at nine days)	1
TOTAL	5

4. PERINATAL DEATHS.

These figures relate only to babies born on the district and include the stillbirths and neo-natal deaths up to seven days after delivery.

As stressed last year, this is the field where much more investigation and research is required.

STATISTICS.

1952	10·52	Rate per 1,000 live and stillbirths.
1953	20·28	
1954	16·06	N.B.—Includes four babies born at home who subsequently died in hospital in 1956.
1955	17·14	
1956	21·74	

5. MATERNAL DEATHS—One.

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

For the mother during pregnancy	112
,, ,, ,, ,, labour	456
,, ,, ,, ,, puerperium	77
,, ,, infant	166
TOTAL	811

Part II Midwifery Training School.

The Part II training school continues to flourish, there being a greater demand for vacancies than available places.

Twenty-one pupils commenced their training in 1956. Of these, nine came under the priority scheme from Hope Hospital and the remainder mainly from other local hospitals. One of these candidates discontinued her training within the first fortnight owing to an unavoidable domestic crisis.

Of the eighteen candidates who completed Part II training during the year, seventeen were successful at the Central Midwives' Board examination at their first attempt. The failure passed three months later at the next examination.

Two of the pupil-midwives who qualified during the year became temporary municipal midwives during the absence on maternity leave of two permanent midwives.

A third pupil-midwife was eventually appointed to a permanent post as a municipal midwife. Although this is gratifying there remains a tremendous wastage to the profession amongst these newly qualified people. This is being repeated in all training schools throughout the country and is causing great concern. The causes of this serious situation have been referred to elsewhere in their report and need no further comment.

On 25th September an Educational Supervisor of the Central Midwives' Board made a routine inspection of the Training School and expressed satisfaction with the standard of training given.

Owing to the great demand for vacancies in the Salford Second Period Training School, consideration is being given to the idea of recommending that the available places be increased from ten to twelve. Thus, by extending the training school district the shortage of midwives on the non-teaching side of the work would be slightly alleviated. Whether this will ever be necessary will depend on recruitment of midwives in 1957.

The teaching staff consists of :—

Two	approved	lecturers.
One	,,	midwifery teacher.
Five	,,	district teachers.

The curriculum for Part II training remained unchanged throughout the year.

Other Activities held in Jutland House.

1. CHILDREN'S CLUB.

Although the popularity of the Children's Club has not waned over the past twelve months, it has not been possible to hold weekly sessions. This has been due to staff shortage. For many months of the year the Warden-Housekeeper has had to do the cook's duties as well as her own. This inevitably meant the relinquishing of some voluntary work.

Despite these set-backs the children have been given instruction in first-aid, knitting and sewing, whilst the younger ones have made picture-books. The older boys are still in need of a male leader who would interest them in handicrafts.

Socially, children of both sexes continue to enjoy Scottish country dancing classes. They also had a very successful outing to Southport in the summer.

2. THE DAILY "BRENTWOOD."

Four new mothers visited the hostel for instruction in housecraft. Some required additional help with the budgeting for the family. Here, once more, the time factor has prevented the Warden-Housekeeper doing as much work in this connection as she would have liked.

One mother, who had been similarly helped the previous year, continued to keep in touch with the Warden, and has really amply rewarded all the effort expended. During 1956, this woman and her family obtained their own little home at Knutsford and showed genuine aptitude for running it along the right lines and was very proud when the Warden paid her a social visit.

STATUTORY INSPECTION OF NURSING HOMES

(*PUBLIC HEALTH ACT*, 1936)

Routine inspection of Salford's only nursing home has been carried out to the satisfaction of the officers concerned.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics.

The increase in the birth rate has resulted in increased attendances at ante-natal clinics, the number of individual mothers attending being 1,450, as compared with 1,249 last year. The number of new cases seen by Medical Officers was 1,365.

As before, all mothers attending the Centres have specimens of blood taken unless they have had specimens taken elsewhere during the current pregnancy. These include cases who have attended at Hope Hospital Ante-natal Clinic and have been referred for domiciliary confinement after home investigations have been made.

The number of specimens taken were as follows :—

For Wasserman and Kahn Tests	1,243
,, Rhesus Factor	1,224
,, Hæmoglobin Estimation	1,249

Five mothers were found to be Wasserman Positive. One was a new case. All five were referred for treatment.

One hundred and seventy-three mothers were found to be Rhesus Negative. Nine of these had antibodies and one had doubtful antibodies. A post-partum specimen was taken in this latter case, but the presence of antibodies was still reported to be doubtful.

Post-Natal Clinics.

Only 76 mothers attended during the year for post-natal examination. The reason for this low number is that many general practitioner obstetricians now carry out these examinations themselves. It would be interesting to know how many mothers do have a full post-natal examination.

Child Welfare Clinics.

For the first time since 1950 I have to report an increase in the number of attendances at Child Welfare Sessions, the grand total attendances being 33,924, as compared with 32,473 in 1955. Only two of the Centres—Regent and Ingleside—show a decrease. This was so great at Ingleside that it was decided to withdraw the Medical Officer. The premises in which this clinic is held are very unsatisfactory and not easy of access for mothers from the Bolton Road area. A new centre near Summerville Day Nursery would meet the needs of these mothers.

It is estimated that 90·6% of the children under the age of one year in Salford attended a Welfare Centre at least once during the year and that 54·24% of the total child population under the age of five years attended a clinic at least once during the year.

Toddler Sessions.

The attendances at these sessions are still disappointingly low, only about one-third of those invited attending.

During the year it was decided to carry out a Mantoux test on all children attending for the first birthday examination. Altogether, 563 tests have been done to date ; nine were found to be positive.

One Medical Officer reports that when time permits the vision of four-year-old children is tested with the Illiterate ' E ' test. This serves a dual purpose as, in addition to testing the vision, it is also a performance test and gives an estimate of the child's intelligence.

At this Centre also the hearing of the one-year-olds was tested (again if time permitted) by the cup and spoon test, and the ' S ' voice test. Any child suspected of being deaf or with a speech defect was tested more thoroughly and if any suspicion of deafness was aroused was referred for specialist advice.

Another Medical Officer reports that enquiries were made as to what accidents had occurred among 214 toddlers seen in the last six months of the year. Fortunately, there were no serious ones. The following list gives examples of some of the accidents recorded :—

1. Knocked down by a lorry when riding his tricycle but escaped injury.
2. Drank camphorated oil—no ill effects.
3. Fractured wrist when climbing over a chair.
4. Dislocation of arm caused by falling over a chair back.
5. Scald caused by pulling over a teapot—no scarring.
6. Scald caused by pulling over father's shaving water.
7. Burn on buttock caused by baby being dropped into hearth by a child aged 10.

Welfare Foods.

The distribution of these commodities continued throughout the year with increased distribution of orange juice and vitamin 'A' and ' D ' tablets, but with further drops in the sale of National Dried Milk and in distribution of cod liver oil compound.

ORANGE JUICE. One hundred and six thousand, five hundred and forty-nine bottles were distributed during the year, giving an uptake of 42·59% in the City—an increase of slightly more than 10% on the 1955 figures.

COD LIVER OIL COMPOUND AND VITAMIN 'A' AND 'D' TABLETS. As was to be expected with the higher birth rate there was an increase in the number of tablets taken up, but there was a reduction in the amount of the compound distributed. The uptake of these commodities is estimated to be 21·1% in 1956.

NATIONAL DRIED MILK. Seventy-four thousand and eighty-eight tins were sold in 1956, a considerable decrease from the 1955 rates of 81,496. There has been an increase in the sales of proprietary brands of infant foods, but this effects only 10% of the reduction in the sale of National Dried Milk.

Breast Feeding Clinic.

The past year has been one of great difficulty owing, as usual, to staff shortages—in this instance, illness of personnel.

The number of mothers accepted for treatment had to be reduced and even their continuity of care was a problem owing to the fact that one Sister was trying to keep both domiciliary visiting and clinic work functioning at the same time.

One encouraging feature has been the return of previous patients who, with their first babies, owed their success in breast feeding to the help given by doctor and nursing staff in the clinic.

As it is appreciated that prevention of breast feeding difficulties is better than the care thereof, a further ante-natal session was commenced in Regent Road Clinic. Both here and at Police Street Clinic any mother can receive advice and help with a view to creating the right psychological and physiological approach to the subject. In the future more attention must be paid to this aspect of breast feeding.

Very often a mother who has been successful with breast feeding has been of tremendous value in setting the pace for less interested women. By their example and personal contact the indifferent mothers have been encouraged to persevere and in some instances have been successful.

The year ended with the usual Mothers' Christmas Reunion.

STATISTICS.

Number of mothers referred	109
,, ,, defaulters (primary)	14
,, ,, mothers who attended	95
,, ,, attendances	291
Average number of attendances per mother	3 (approx.)

RESULTS.

Number of mothers completely breast feeding	39
,, ,, ,, giving mixed feeds	32
,, ,, ,, artificially feeding	25
Total	96
,, ,, ,, brought forward from 1955	2
,, ,, ,, still attending clinic 31st December, 1956	1

Breast Feeding in the Home.

Home visiting of mothers who cannot attend the Breast Feeding Clinic is essential. These are mainly those who live long distances from the Clinic or who have domestic duties which cannot be delegated to any other person. The earlier these mothers are referred to the specialist midwife the better. For this, midwives, health visitors and doctors must be quick to recognise potential problems. As indicated earlier in the report these mothers should receive ante-natal advice and help. This more sensible approach could eliminate one of the serious obstacles to successful breast feeding, namely, engorgement of the breasts in the early days after delivery. Workers have observed that failure to breast feed is not a rejection of the baby, but a rejection of the painful experiences associated with the initiation of lactation.

It is hoped that the Sister responsible for the home visiting of mothers with breast feeding problems will be able to attend a special course of instruction at the British Hospital for Mothers and Babies in 1957. It was here that Dr. Waller, the great advocate of breast feeding, carried out his investigation into the subject and proved beyond doubt that nature's method is best.

STATISTICS.

Number of mothers referred	108
,, ,, visits paid	617
,, ,, no access visits	44
Average number of visits per mother	5·6

RESULTS.

Number of mothers completely breast feeding	39
,, ,, ,, giving mixed feeds	29
,, ,, ,, artificially feeding	38
Total	106
,, ,, ,, brought forward from 1955	2
,, ,, ,, still on visiting list on 31st December, 1956	4

Domiciliary Premature Baby Service.

The increase in the number of domiciliary births and the earlier discharge of most babies from hospital has been reflected in the amount of work done by the personnel of the Domiciliary Premature Baby Service. All aspects of the service have shown a statistical increase and, despite a staff shortage owing to illness and post-graduate courses, the efficiency of the work done has remained at a high level. At times the provision of transport has been essential. This is an important factor in maintaining efficiency. The time spent with the premature baby cannot be reduced without jeopardising its chance of survival. Economy in the service must always start by reducing the time spent waiting for buses, etc.

Again in this field the professional voice calls for greater concentration on breast feeding particularly for mothers who are discharged from hospitals where staff shortages prevent adequate time being spent in the establishment of natural feeding.

The pædiatric clinic is proving well worthwhile and mothers are greatly appreciative of the special medical care given to these infants. Several of these babies were found to be anæmic and responded well to the treatment given.

STATISTICS.

Number of domiciliary premature live births	76
,, ,, ,, ,, stillbirths	10
Total	86

PREMATURE LIVE BIRTHS.

Number transferred to hospital	5
,, nursed entirely at home	71
Total	76

HOSPITAL DISCHARGES.

Number of premature babies discharged from hospital for home nursing	110

IMMATURE INFANTS.

Number of immature infants (over 5½ lbs.) nursed by premature baby nurses	24

The results up to 28 days of the domiciliary 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		
Birth Weights	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	1	...	2	...	1
Over 3 lbs. 4 ozs., up to and including 4 lbs. 6 ozs.	7	1	6	...	...	...
Over 4 lbs. 6 ozs., up to and including 4 lbs. 15 ozs.	21	...	21	1	...	...
Over 4 lbs. 15 ozs., up to and including 5 lbs. 8 ozs.	42	1	41	2	...	1
TOTALS	71	3	68	5	...	2

(Survival Rate—95·7%).

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	1,883
,, ,, ,, ,, ,, hospital discharges	877
,, ,, ,, ,, ,, immature domiciliary cases	256
Total	3,016

AVERAGES.

Average number of nursing visits paid to domiciliary born premature infants	25
Average number of domiciliary nursing visits paid to hospital born premature infants	8
Average number of domiciliary nursing visits paid to immature infants	10·5

PÆDIATRIC CLINIC.

Attendances :	
New mothers	32
Others	62
Total	94

Dental Care.

No regular system of dental inspection either for mothers or children is in operation, but patients are seen as a result of being recommended for this purpose by the appropriate medical officers, and consequently the greater proportion of the work required is of a medical nature. It is regretted that, particularly amongst mothers, the attendance rate on invitation is very low.

No set times are allotted for this work, which is carried out in conjunction with the treatment of school children in the school clinics.

All forms of treatment are available, including X-rays and dentures which are fabricated in the Authority's own laboratory.

A table showing the detailed forms of treatment carried out during the year is appended hereto :—

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	1/11
(ii) Dental Officers	1/11
(*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	Nil
(*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	70 (Estimated equivalent)
(*e*) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year ...	1

(2) Dental Treatment Return.

A. Numbers Provided With Dental Care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers ...	263 (288)	262 (263)	243 (272)	171 (252)
Children under five years	594 (542)	514 (442)	417 (369)	402 (329)

The figures in brackets are those for 1955.

B. Forms of Dental Treatment Provided.

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anæsthetics	Dentures provided		Radiographs
							Full upper or lower	Partial upper or lower	
Expectant & nursing mothers ...	51 (48)	38 (48)	...	...	276 (290)	46 (51)	36 (40)	10 (19)	3 (6)
Children under five years	...	78 (91)	255 (227)	...	532 (532)	206 (171)	...	...	...

The figures in brackets are those for 1955.

Family Planning.

Only seven mothers were referred to the Clinic at Encombe Place, of whom only two attended.

Cookery Demonstrations.

These demonstrations continued to be held at the Ante-Natal Clinics at Murray Street and Police Street.

During these demonstrations opportunity is taken to explain simple food values and economy in buying, *e.g.*, that it is not the most expensive meat that is the best for the family.

The feeding of children is discussed and the importance of giving them "a good mixed diet" is emphasised.

Psychological Service.

Consultant Child Psychiatrist.

The Child Psychiatrist continues to attend two sessions weekly to see cases referred to him by medical officers and health visitors.

Family Guidance Clinics. (Dr. Barbara Oldham).

During the twelve months, January to December, both centres showed a decrease in the number of attendances on the figures for 1955. The work at Langworthy Road continued steadily, but that of Murray Street showed a more marked decrease. The liaison work with the Mental Health Department, which had proved so worthwhile during 1955, had not been possible owing to the fact that suitable cases were not forthcoming. The Murray Street Centre is, of course, open on Tuesday mornings only, and it seems to be the experience generally that morning clinics are not as well attended as those in afternoons.

The numbers referred by General Practitioners, the Health Visiting Staff, and the Probation Service, have continued much as before, and I would like here to acknowledge, with very grateful thanks, the co-operation and help of the Health Visitors concerned in doing home visits and reporting regularly on the patients they referred.

An interesting result of my contact with the Probation Service in Salford occurred in November last, when I was invited to be one of a panel of lecturers at a special week-end conference of Probation Officers and Magistrates to enquire into the question of responsibility for juvenile delinquency.

1. *Murray Street Clinic.*

During the year, 14 new applicants were added to the books (as against 12 in 1955) and the maximum number of interviews given at any one session was four (as against seven in 1955). During the early summer a rise in attendance occurred, but as in 1955, a decline took place during the autumn and winter months.

At the time of preparing this report the attendances at Murray Street have already begun to rise, that of Tuesday morning last being five, i.e., higher than on any date in 1956, and it is hoped that this increase will be maintained.

Typical Cases Seen.

Mrs. A, aged 34 years, a Jewish housewife, with one child of two years of age, was referred by her Health Visitor for advice concerning marital disharmony. She had been married for seven years, having left a very difficult and insecure home background in order to do so. Her family history contained several instances of mental breakdown. She had always felt rejected by her mother, who never showed her affection or understanding.

Her husband was fond of his wife, but his patience had been sorely tried, and she was beginning to feel rejected by him. Her handling of the child was erractic and impulsive, and was resulting in behaviour problems.

Both husband and wife were seen on many occasions, the husband attending Darbishire House Centre when he was unable to have time off work. In collaboration with the Health Visitor, a period of convalescence was arranged for the wife from which she greatly benefited.

On the last occasion when they were seen a very successful joint discussion took place, and it is hoped that the improvement will be maintained.

Mrs. B, aged 31 years, had a large house into which she took a number of lodgers. She had a family of three children and was a good hard-working mother. After a recent miscarriage she had become very rundown and over-burdened by all her domestic responsibilities. She also was referred by her Health Visitor for general advice concerning her handling of the children and her general routine.

Here again the husband was seen and proved most co-operative. He showed real understanding and before long the wife's health had improved, and when last seen she was overcoming her numerous difficulties and there seemed every prospect of maintaining the improved conditions.

Although the couple have now ceased to attend they are fully aware that they can return at any time for further advice or discussion and, as with other cases, this does seem to be having a helpful effect.

Mrs. C, aged 32 years, a housewife, had two children and had suffered a recent miscarriage. Her husband, aged 27, was a labourer, and had been in a mental hospital for psychoneurosis not long before she was seen. She was suffering from a reactive depression and was referred by the Health Visitor.

In this case the husband did not attend, but, with encouragement and advice, the wife was able to become adjusted to the situation, and later she too benefited from a convalescent break.

When she was last seen the husband had been sent away to work and was himself doing quite well. The wife had reacted very well to his absence, although she had been sure that she could not tolerate his going way, and they had been able to pay a deposit on a small house of their own. The Health Visitor continues to report from time to time.

Mrs. D, aged 29 years, a housewife with two young children, was referred by the Child Guidance Clinic. She had attended there for advice concerning the older child aged two and a half years, but it had become very clear that it was the mother's personal difficulties which were the cause of the trouble.

Mrs. E was seen on several occasions, but unfortunately her mental state deteriorated rapidly and contact was made with the Mental Health Department which supervised the patient until she was admitted as a voluntary patient to mental hospital, where she is to date.

It was hoped to see the husband during the wife's stay in hospital in order to support or advise, but he has proved unwilling to attend.

Mrs. F, aged 41 years, was married to a Pole, aged 48 years. They had recently come from her home district in Scotland because a change of work had necessitated the husband's being in Manchester. She was referred by a former patient who had received help.

Mrs. F had been lonely and unhappy since coming into this area, and was most resentful and bitter against her husband. So far the husband has not been willing to attend, but it seems as if he is a very insecure man, with marked feelings of inferiority, and finding it difficult to maintain a stable outlook on life.

The constant quarrelling was having a bad effect upon the one child of the marriage and the mother had great difficulty in overcoming her feelings of resentment and disappointment.

The case continues and it is hoped that some stability in the marriage will result.

2. *Langworthy Road Centre.*

During the year, 16 new applicants were added to the register (as against 39 in 1955) and the maximum number of attendances was five (as against 10 in 1955).

In spite of the decrease in these figures the work has progressed steadily and satisfactorily.

Typical Cases Seen.

Mrs. A, aged 28 years, a housewife with three children under school age, was referred by her General Practitioner because of depression. She had experienced a very difficult childhood, with constant disharmony between her parents, who were still unreconciled. The woman herself was very insecure, with deep feelings of inferiority and, as often happens, she had repeated the pattern of her difficult childhood relationships by marrying a man in many respects similar to her father.

She was an intelligent girl and began to respond to encouragement and support, and to gain some insight into her difficulties. The case continues and one is hopeful of real improvement.

Mrs. B was referred by her General Practitioner. She was working at the time as an insurance agent in conjunction with her husband. She had been twice married and had one child of the first marriage, which had been ideally happy. Her symptoms had been loss of weight, for which no physical cause could be found, and general anxiety and inability to cope with her responsibilities.

This proved a most rewarding case as the husband was co-operative and some adjustment was speedily secured. When last seen the wife's weight was steady and she was a much happier person. The case continues.

Mrs. C, aged 28 years, was referred by the Probation Service on account of marital disharmony.

The wife admitted to infidelity, but, for the sake of the child, the husband was willing to become reconciled. Both partners were seen on several occasions and given help and advice. Unfortunately, they removed soon afterwards to another area and could no longer attend, but a recent enquiry assures one that improved relationships have been established.

Mrs. D, aged 26 years, with three young children, the eldest of school age, was referred by the School Doctor. Considerable marital disharmony was resulting, partly from the overcrowded conditions in which they were living, as they were sharing a house with the husband's two sisters and their families.

The wife was a German, having met her husband when he was in the Army during the war, and had found extreme difficulty in adjusting herself to life in this country. The wife responded readily to encouragement and understanding and an improvement ensued. Unfortunately, she has discontinued her visits, but a follow-up letter is to be sent shortly.

Mrs. E, aged 32 years, with two children, was referred by her General Practitioner for advice concerning the younger child, a boy of four, who was suffering from a nervous tic. The mother herself was very immature, and insecure in her relationships with her husband. Her irritability and unhappiness were reflected in her handling of the children, particularly the small boy, who was alternately spoiled and too severely disciplined.

To date the husband has not been seen, but considerable improvement has already resulted from the wife's attendances. The husband has himself been seriously ill with pneumonia, but his wife met the situation with real equanimity, and, in spite of her anxiety, has shouldered the additional burden very well.

The General Practitioner reports real improvement in the situation and is very grateful for the help given.

Psychological Clinic. (MISS SCHOFIELD).

	Attendances.	
	New.	*Old.*
Murray Street	217	235
Police Street	284	419
Langworthy	199	280
Leicester Road	37	38
	(commenced 18th Oct.)	
Regent Road	241	271
Cleveland	176	368
Regent Road (ante-natal)	703	

Talks have been given on several occasions to student nurses and one student psychological social worker. These students all commented on the different approach from that they had seen in other types of psychological work. The emphasis on teaching parents how to avoid later difficulty was the topic of enthusiastic discussion with the psychological social workers. They all felt that preventive work should be done in many centres they had seen.

In the Cleveland and Leicester Road clinics, with their many suburban mothers of good education, excellent opportunities occur for getting across the sound principles behind " prevention is better than cure." At the same time many of these parents have read a lot of psychological literature which they try to apply " to the letter " and fail to grasp the fact that so many things must be considered when dealing with people. Standardisation does not apply to human beings and one often has to go to some trouble to get them to a more individual approach in the handling of their children. As in previous years, many children who came for individual treatment were very much " over-mothered," *e.g.*, the child who will not eat, mother having lavished on the child the best of everything, and the child has never experienced normal pangs of hunger and so food has no interest. Or the refined type of mother who expects her child to be fastidious in behaviour and dress. After a friendly chat, in which I give legitimate praise to the mother for what is done with good intent, I point out that we can have too much of the good things and these may create difficulties. Children need to get the balance if they are to become mentally healthy and happy. We discuss the child's emotional and intellectual needs and the types of activity to bring healthy development and the expression of his personal equipment. Most parents are very co-operative. Only a few neurotic or immature ones fail to grasp the teaching, but even these get some help from the pouring out of the difficulties.

Police Street Clinic is a particularly friendly one—the tiny waiting rooms, while difficult when crowded, do provide excellent opportunities for chats to five or six mothers at a time and also for intimate chats to individual mothers.

Langworthy Clinic is quieter on Wednesdays and so I have used the consulting room for most of the cases requiring longer and individual treatment.

Regent Road Clinic provides me with good opportunities for following up the mothers who have attended the ante-natal clinics, where as in previous years, I am able to listen to the countless difficulties and joys of the mothers. When their babies arrive they are very pleased to continue the friendly chats. It is amazing how many stop me on the street with a remark such as : " Tommy has taken kindly to baby, but Mary is a little fiend. What can I do with her ? "

During inclement weather I gave many talks on " Play with Household Junk, etc." Mothers have repeatedly thanked me for the suggestions made and have told me how much happier are the children and consequently the parents.

Housing problems create many personal problems. Those denied good housing are fearful and irritable, while some with new homes find increased economic difficulties.

During the past few months I have seen a number of older mothers whose other children are now grown up. One such mother was very upset because her other child was 21 years old, and she, like several others, was very self-conscious about her pregnancy. She had warped ideas about pregnancy. All these mothers were very happy to have someone to whom they could pour out their fears.

In every clinic individual and group talks have been given and the usual wide range of problems handled. Doctors and health visitors have given me every assistance in providing the background information.

The Unmarried Mother and Her Child.

For full report see Health Visiting Section.

Physiotherapy Service.

This has been a very happy year in which steady progress has been made. Staffing problems still abound and this year they have been aggravated by the prolonged illnesses of some members, which caused a hold-up of treatment at some clinics, but, fortunately, this difficulty has now been overcome and everybody is working hard to reduce the accumulated waiting list.

Sunlight Clinics.

These have not been affected by staff shortages, and steady work has been done at the four centres. In addition, it has been possible to take a portable sunlight lamp to a nursery school and treat the children at the school in cases where it has been found impossible for mothers to attend a welfare centre. A portable lamp was also used during the winter to treat children in Green Bank Residential Nursery in cases where the medical officer thought it would be beneficial to the children. In this area where so many of the natural valuable ultra violet rays are filtered out by smoke before reaching the children, artificial sunlight treatment is still valuable. It appears to have a tonic effect and helps children with bronchitis.

Massage and Exercise Clinics.

Cases suffering from minor orthopædic defects unfortunately did accumulate during our acute staff shortage, and even though such things as knock-knees are not crippling diseases, they do require concentrated treatment usually for not less than a six months' period before definite improvement is shown. When staffing difficulties occur priority is given to children with cerebral palsy and congenital defects as it is felt that greater harm would result if they had a long wait before commencing treatment. A physiotherapist visited Green Bank Nursery twice weekly when required, and it has also been possible to visit three day nurseries and one nursery school when treatment has been urgently required.

" Follow-up."

All children, after a course of sunlight and other forms of physiotherapy, are seen at their clinic by a maternity and child welfare medical officer ; their progress is discussed with the mother and her comments on the effect of treatment noted, so that the child may be discharged from treatment or another course given.

Consultant Clinic.

The Orthopædic Specialist attends Regent Road Clinic once weekly and sees any children referred by medical officers for a further opinion. The Orthopædic Technician also attends at the same time to measure for any appliances which may be ordered or for wedging of shoes.

The clinics on the whole work very smoothly, but the physiotherapists still feel that, as the waiting lists for treatment grow long, much of their time must still be spent on junior clerical work and filling in forms.

Ante- and Post-Natal Relaxation Classes.

These classes are now held at five centres. There have been unfortunate breaks when no physiotherapist has been available. Many mothers are still apathetic however patiently and tactfully the physiotherapist tries to explain that the relaxation exercises are specially designed to help the mother through her pregnancy and confinement and to give her a more comfortable time during labour and a quicker recovery afterwards. Mothers who do attend regularly and practise relaxation at home are most enthusiastic about the benefit they have received and are the first to encourage the more hesitant mothers to join in.

DAY NURSERIES

NUMBER OF NURSERIES.

Seven (7) nurseries with accommodation for 325 children.

NUMBER ON REGISTER.

1st January.	Under 2 years		110
	Over 2 ,,		230
	TOTAL		340
31st December.	Under 2 years		91
	Over 2 ,,		214
	TOTAL		305

TOTAL ATTENDANCES.

Under 2 years		19,311
Over 2 ,,		43,251
TOTAL		62,562

NUMBER OF DAYS OPEN (excluding Saturday) ... 253

AVERAGE DAILY ATTENDANCES.

Under 2 years	76	74·1%	}	74·5%
Over 2 ,,	171	or 75·1%	}	
TOTAL	247			

DAY NURSERIES—*Continued.*

NUMBER OF NEW ADMISSIONS	373
NUMBER OF WITHDRAWALS	408
LENGTH OF STAY OF NEW ADMISSIONS.	
Less than 2 weeks	65
Between 2–8 weeks	72
Longer than 8 weeks	75

Priority of admission has been given, as in previous years, to those children most urgently in need of nursery care, and there have been many applications for admission which have had to be refused. In the majority of cases children already in the nursery have had to be excluded to make room for urgent cases. The figures given on 31st December, 1956, showed that of a total of 310 children on the register 65·5% were admitted as in need of nursery care due to illness of the mother, or separation of the parents, or because their mothers were widowed or unmarried, or for acute social or public health reasons.

Visitors to the Nurseries.

During the year many visits of observation have been made to Salford nurseries by officials and students interested in various aspects of child welfare and health services. These include visits from :—

22 Doctors taking the course for Diploma of Public Health.
10 Pupil Midwives.
8 Student Nurses from Salford Royal Hospital.
49 Student District Nurses.
10 Student Nurses from the Royal Manchester Children's Hospital.
17 Hospital Cadets.

Visits have been paid by Nursery Matrons, Deputy Matrons and Wardens who have been taking refresher courses arranged by Salford and neighbouring authorities, with benefit not only to the visitors but to the staffs of our own nurseries.

Training of Students.

Nine students successfully completed the two years' training course in July, 1956.

Six were successful in obtaining posts in day nurseries or nursery schools or nursery classes.

One entered a nursery training college.

One commenced training as a children's nurse at the Royal Manchester Children's Hospital.

One was not immediately successful in obtaining a post in nursery work and worked as a shop assistant before obtaining a nursery post with a neighbouring authority.

Staffing Conditions.

There has been, as in previous years, considerable absenteeism amongst the staff, both nursery workers and domestic workers, which changes of personnel do little to alleviate. The considerable gap between the completion of service by the staff finishing employment and the appointment of the replacement throws great strain on the remaining staff, who have always to

cover absences through holidays and illness. This, coupled with the ever-changing nursing pattern due to the policy of "short stays"—particularly those due to illness of the mother, which vary from 4 days to 28 days—throws a considerable burden mentally and physically on the staff.

Medical Inspections.

Again it has been impossible to visit the nurseries for medical inspection as frequently as in previous years due to pressure of other programmes of work. All new entrants have been examined as soon as possible after admission unless the temporary nature and shortness of stay has prevented this. All children leaving to go to school have been medically examined prior to leaving the nursery, and with very few exceptions all have received a booster dose of Diphtheria Prophylactic A.P.T.

The high standard of care for the children's health and well-being has been maintained and only two epidemics of a mild nature have occurred, namely, measles and Dysentery Sonnei.

One hundred and forty-one children were Mantoux tested in the nurseries and two were found to give a positive reaction to 1 in 1,000 dilution. On hospital investigation, both were found to have had a primary complex which had healed satisfactorily.

HEALTH VISITING SERVICE

The increase reported in 1955 in the number of health visitors employed was continued further this year ; the number per month (full-time) averaging 31·25, compared with 28·5 in 1955 and 25·2 in 1954. At the end of the year, 35 health visitors, 20 clinic nurses and 11 lay assistants were employed in addition to clerical staff.

Combined health visiting/school nursing/tuberculosis visiting was carried out by general health visitors under the direction of the Superintendent Health Visitor and her deputy. Five specialist health visitors continued to assist by acting in an advisory capacity to the general staff, in addition to other special duties. Work connected with the aged and infirm, which is usually related to persons living outside a family group, was carried out mainly by specialist staff.

The Working Party Report on Health Visiting published during 1956 stressed the need for redeployment of health visitors in order to make the most economic and effective use of the present health visitor strength. Systematic delegation of routine work and nursing tasks was suggested as the principal means to this end ; thus, freeing the health visitor for duties more appropriate to her qualifications, viz. : health education and medico-social work.

An earlier Ministry of Health Circular (27/54) on the "Prevention of Break-up of Families" also was much concerned with redeployment, and recommended that health visitors arrange their visits on a selective rather than routine basis. In other words, health visitors should devote more—though not all—of their efforts to priority groups and "families at risk."

Salford has been a pioneer in the matter of redeployment, starting with the introduction of the clinic nurse in 1942; the lay assistant (hygiene attendant) a few years later. To the system of delegation and selective visiting which followed, a third method of redeployment was added with the advent of the specialist health visitor. All three methods of redeployment were further expanded during the year.

Selecting Priority Groups.

The health visiting service exists primarily for the health education of the whole community. It has special and valuable points of contact arising from its care of individuals during the biologically vulnerable phases of life; infancy, childhood, motherhood, old age and infirmity and illness. It is thus, par excellence, a service for the protection of family life.

It must be recognised, however, that some families need more support than others in order to maintain a stable family group; not only the "problem families," but also "families with problems," and the specially vulnerable groups—mostly among mothers and children.

Children.

Among children in need of special care are handicapped children of all types, including backward children, emotionally disturbed; sick; adopted; fostered; illegitimate; unwanted; and neglected children. Work undertaken on behalf of these special groups of children has been discussed in earlier reports. Special mention might be made of the adopted child. It is often assumed that once the preliminaries and formalities required by the Adoption Act have been observed and the adoption legalised all troubles are over; this is fallacious.

At the end of 1956 there were 72 adopted children under the age of 5 years known to health visitors in Salford. The number of adoptions legalised, after a minimum probationary period of three months during the year, was 24. The legal requirements of the Adoption Act fall within the province of the Children's Officer, but child care and family relationships lie within the health visitors' sphere, being inseparable from each other. Once the adoption is legalised the Children Office's concern is finished; the problems which may beset the children and their adoptive parents remain. The modern training of the present day health visitor, with its emphasis on mental and emotional well-being, helps her to understand the strength of feeling involved and to give support and guidance where appropriate. Dr. Cashmore, visiting Child Psychiatrist, continues to take a deep interest in the development and work of the health visitor in the field of mental health, and has helped us immeasurably in the handling of psychological and emotional problems of childhood —including those of the adopted child.

Mothers.

Several categories of mothers fall into the health visitors' priority groups: unmarried mothers; deserted or separated wives; prisoners' wives; unloved wives; mothers in poor health; backward or incompetent mothers; those with social problems in pregnancy or the puerperium; and mothers with sick or physically or mentally handicapped husbands.

"Mothering the mother" is often the most effective way of helping the children, who usually benefit far more from an improvement in their mothers' morale than from direct help such as convalescence. It is not suggested that

fathers are forgotten—on the contrary it is the growing practice for the health visitor to make personal approach to the father of families in difficulties ; sometimes the men themselves require help with a personal problem or a disability.

There are strong reasons for considering mothers with personal or social problems as the health visitors' most important clients.

(*a*) They are biologically and socially more vulnerable (pregnancy, childbirth, economic dependence) than their husbands.

(*b*) The happiness and competence of mothers has a greater effect on family life than in the case of fathers, because of the closer bond existing between mothers and their young children, and the traditional function of the mother as the central figure in the home.

(*c*) Health visitors are " fellow-women," nurses and teachers of mother's skills.

Social Problems of Pregnancy.

Expectant mothers were helped with domestic problems, financial and other social difficulties ; arrangements for ante-natal care and preparation for the coming baby. In this work health visitors co-operated closely with general practitioners, midwives and Hope Hospital. Short-term stay in day nurseries was arranged where appropriate and proved a valuable help by making total separation of parents from children unnecessary where a mother needed hospitalisation. In this and other ways fathers were helped to care for their children in the mother's absence.

Health visitors meet again and again the situation where pregnancy has been added to chronic ill-health of the mother. Domestic help to share the burden of housework in the later stages of pregnancy is often the real answer to the need, but quite apart from the question of available resources, all too few husbands would agree that such relief for their tired wives is worth the expense. Much remains to be done in giving social care during pregnancy.

The Fatherless Family.

A family without a father's support and protection needs special care if deprivation and break-down are to be prevented. The unmarried mother needs special care ; the need for care and support of mothers whose husbands have deserted them or are in prison is almost equally great.

Thirty-three prisoners' wives were helped by health visitors during the year. Many go through a most difficult period of adjustment due to a sudden and drastic reduction of income. Health visitors often find a strong sense of personal failure in these mothers ; loneliness, apathy, increasing irritability with the children. Often quite a small act of support is enough to establish confidence and to make such a woman feel cared for. In this way the health visitor establishes a therapeutic relationship—that indispensable basis not only for the problem-solving process, social case-work, but also for health teaching.

The Unmarried Mother.

The problems of unmarried mothers and their children vary considerably according to individual circumstances. Whilst it could truthfully be said that most, if not all, unmarried mothers suffer considerable distress as a result of their unhappy state, it should not be implied that it is the rule for all illegitimate children to be affected with problems in later life. Many such children enjoy full and happy lives.

These children are, however, more vulnerable to misfortune and mismanagement than legitimate offspring. Problems vary according to the circumstances of the mothers. but are common to all children who are deprived during early childhood of the love of both parents and the security of a stable and happy home background.

Solution to the problem may be sought by marriage to the putative father—which is to " give the child a name " or " make an honest woman " of the mother, and not for mutual love merely lays the foundation for future unhappiness of all parties. Jealousy of another man's child may follow marriage to a man not the natural father, which may jeopardise the chances of a good father/child relationship and may lead the mother to become apprehensive, restrictive or over-protective in her attitude towards the child.

The practical difficulties of mothers attempting to bring up their children single-handed often include problems of finance, accommodation, employment. The children may be daily-minded or placed in a day nursery—all lack the masculine influence of a father and the stability of a normal home. The mother's burden of dual responsibility for earning a living and rearing a child is formidable. The combination of circumstances in many cases affects the child's emotional, mental and social development—and may result in their inability later to form normal adult social relationships.

Absorption of the child into the mother's family, often considered the best of all solutions to the problem, is not without its dangers. Often cared for mainly by the grandmother, the child is prey to conflicting loyalties ; often difficulties arise as to what the child is told about its origin ; both may seriously affect the mental and emotional well-being of the child.

During the year, care of the unmarried mother and her child was the responsibility of a specialist health visitor.

The number of mothers dealt with was 111, of which 76 were new cases, the remaining 35 being carried over from 1955.

CLASSIFICATION OF NEW CASES.

First seen as expectant mothers	Single girls	Married women	Total
Expecting first illegitimate child	16	7	23
,, second ,, ,, ...	9	1	10
,, third ,, ,, ...	3	...	3
,, fifth ,, ,, ...	1	...	1
TOTALS	29	8	37
First seen with babies already born			
With first illegitimate child	29	4	33
,, second ,, ,, ...	1	2	3
,, third ,, ,, ...	1	...	1
,, fourth ,, ,, ...	1	1	2
TOTAL	32	7	39
GRAND TOTAL OF NEW CASES	61	15	76

Of the married women dealt with, eleven were separated from their husbands, one divorced, one a widow. The two remaining mothers became reconciled to their husbands—the babies in these cases were placed for adoption through an Adoption Society.

Case Work.

During the year, 521 visits were made by the Specialist Health Visitor to unmarried mothers and illegitimate children, and 130 interviews were conducted in the Health Department. Further visits were paid to outside agencies, *e.g.*, to magistrates' courts regarding Affiliation Orders, to family doctors, and to other statutory and voluntary organisations on behalf of these mothers and their children. There is no cut and dried solution to this problem—every case is unique and needs individual consideration. The pros and cons of the various measures available are sifted and discussed and finally the mother herself makes the decision.

Affiliation Orders.

Only four Affiliation Orders were obtained during 1956, not because mothers are always averse to taking the putative father to Court, but case histories show that many mothers cannot provide sufficient evidence to prove paternity. Not infrequently the pregnancy appears to be the outcome of a brief encounter or of promiscuity.

Perhaps the greatest problem facing the health visitor in this field is the mentally retarded girl.

The following case history, summarised below, illustrates this aspect.

Jane, aged 24 years, one of a family of six children all of whom have low moral standards.

Five years ago Jane's first illegitimate baby was born. She returned home and soon proved herself to be an incompetent mother, unable to give simple basic care to the baby, although expressing her love in a childlike fashion. Eventually her mother lost patience and Jane left home to live in one room, where, as was anticipated she could not maintain proper care of the child or her room. Her mother was prevailed upon to have her back. In due course, Jane again became pregnant. Her mother flatly refused to have the second baby, who was taken into care under Section I of the Children Act, 1948. A job was found for Jane, but eight months later she was again pregnant ; this child is yet to be born, but the Children's Officer is likely to be called upon again to provide care.

Jane had been examined by the Medical Officer of the Mental Health Department, and found only to have the intelligence of a girl of 11 years. Due to difficulties in obtaining a vacancy in a suitable institution, however, she is still, and likely for some time, to remain a problem to the unmarried mother worker.

Backward Married Mothers.

During the year health visitors have spent much time and effort with families where the mother is a borderline defective just outside the province of the Mental Health Department. Many persons of low intelligence have, because of good upbringing, stable personalities and a fair degree of social

competence, attracted and married husbands who are well able to give them the guidance they need. Helping such a couple in the upbringing of their children can be very rewarding work for the health visitor.

On the other hand, backwardness combined with poor upbringing tends to produce a high degree of maternal incompetence. Such cases can cause very real anxiety to the health visitor who considers herself responsible for the safety and health of the children, infants in particular. These women seldom make good marriages ; and little help and much hindrance is usually forthcoming from the husbands.

Ten such families with 32 children between them were supervised in 1956 without a single child being removed to the care of the local authority. This was due in the main to the vigilance of health visitors concerned. The burden on the health visitors and on the Specialist Health Visitor for children neglected in their own homes was, however, heavy and only justified by the fact that in nine out of ten families these mothers had real affection for their children.

Problem Families.

As in previous years the Specialist Health Visitor for children neglected in their own homes kept a register comprising both established and potential problem families. On 31st December, 1955, 301 families were registered, to which a further 47 was added during 1956. Ninety-seven of these families were referred for Case Conference by the Health Visiting Section. (For Case Conference Report see page 88). For the first time since the register was compiled, the record number of 69 families was removed entirely from the register and their case files closed, the families having maintained improvement over a number of years. Of 14 families who removed from the area, four had lived in Salford fewer than six months. These may be regarded as representatives of the modern vagrant type, continually moving from one apartment house to another, across the city boundaries. No health visitor or other social worker ever gets to know them really well enough to assess the children's needs or the parents' capabilities.

Two hundred and sixty-five families were retained for supervision during 1957.

The Specialist Health Visitor had personal dealings with 58 families in collaboration with area health visitors. Between January 1st and August 31st (no statistics were kept during the last four months of the year) she paid 146 visits to households—some of which were made jointly with area health visitors—involving 480 visits to individuals. She held 125 office interviews with parents ; and 15 informal *ad hoc* conferences with other social workers. An average of two hours daily was given to case consultations with health visitor colleagues ; these extended far beyond the scope of " neglected children " to cover all the social problems requiring case-work. Many cases of adults with personal or social problems were brought to her for advice.

Other activities of the Specialist Health Visitor, recorded to the end of August, included 15 attendances at Case Conferences, 18 lectures to students of various kinds, 13 attendances at the Langworthy mothers' group, which is described below.

Day Training Centre.

In April a weekly session of home-making activities was started by the Specialist Health Visitor in the kitchen of Langworthy Welfare Centre. Of the six mothers invited, four attended regularly. They were selected not only because of their need for education in home-making but also because of their social isolation. The fact that these four mothers describe their afternoon's meeting as " the club " is a measure of its success. Though this is only a very modest beginning it is a venture in social group therapy in which mothers and staff form a community.

Children under 5 years accompany their mothers and are looked after in the centre's toddler room by two helpers, one a member of the Women's Voluntary Services, the other a non-nursing member of the Health Department staff. The latter also helps by visiting these mothers at home, helping them with housework and shopping at times, and escorting two of the mothers, with their children, to and from the Centre each week. Another member of the health department staff (a hygiene attendant with a qualification in domestic science) has taken over the teaching of all the home-making activities which at present cover cooking and baking, ironing, dressmaking and make-do and mend.

The Specialist Health Visitor gives individual attention to the personal problems of the mothers, sees the children, supports and encourages other staff, as well as giving a hand with any job requiring help. A day's outing to Southport was arranged in the summer months, which was much enjoyed by the mothers and their 21 children. A Christmas party, too, was very successful.

Equipment is on a very modest scale. We are indebted to the Women's Voluntary Service, who made possible an immediate and successful start to the venture by providing used cooking utensils.

There is much scope for expanding this work—which would require a much broader financial basis.

Tuberculosis in the Family.

The health visitor is required to deal with tuberculosis as a two-fold medico-social problem.

1. *That of community health ;* prevention of the spread of infection—the education of the patient regarding protection of his family, neighbours, workmates. This is the health visitor's traditional concern—the health visitor as educator. She is further concerned with the tracing of contacts and arranging for their medical examination and supervision.

2. *The patient's personal and social problems*—the health visitor as medico-social worker.

Advising the patient and assisting him to carry out the Chest Physician's instructions as to physical care is only one facet of the health visitor's work. Some patients suffer even more severely psychologically—the stigma of tuberculosis may rouse feelings of guilt or shame ; there may be isolation from friends and neighbours, fears for, and in, the family, fear of long-term illness, fear of death. All these are barriers to the patients' ability to face up to this illness.

Social and economic aspects are other factors. Sudden loss of livelihood extending over a long period, with the end of financial dependence not in sight is a major catastrophe to the patient. The health visitor may need to mobilise both statutory and voluntary social services—to obtain at sometime or another, *e.g.*, assistance with finance, extra nourishment, care of children, home help, home nurse, debts, wireless licences, clothing needs and other appropriate requirements. When the patient has recovered the health visitor may assist in his rehabilitation—contact appropriate bodies regarding occupational therapy ; educational courses ; training courses ; and future employment (usually through the Disablement Rehabilitation Officer of the Ministry of Labour). Advice is not enough ; long-term support for the family is often essential ; this kind of social care forms a basis for health education in dealing with this illness.

In May, the Chest Clinic was transferred from Regent Road to Hope Hospital, and facilities for easy access to clinic staff and for the exchange of information between health visitors and chest physicians ended.

It was decided, therefore, to establish contact between the Chest Clinic and area health visitors by the employment of a health visitor as medico-social worker in the clinic who would effect liaison between the two services. This service was started in June ; the special health visitor attended 115 clinic sessions during the six months following.

There is a great need for a health visitor to act as medico-social worker at the Chest Clinic. Here the patient is told of his condition for the first time ; often he is stunned by the news and very much in need of the sympathetic understanding and help the health visitor can offer.

Sanatorium treatment is not always readily accepted—the health visitor is able to explain its real purpose, tell the patient what to expect, dispel his fears and help to begin formulation, at this early stage, of the right attitude of mind towards his illness and treatment. The attitude of relatives, too, is important—those who attend with the patient are also interviewed and the way thus prepared for the area health visitor to take over supervision and education of the patient and his family at home.

Area health visitors are kept informed as to the progress of patients on their areas, defaulters, contact attendances, mantoux readings, B.C.G. vaccinations and any other point of importance which may help to maintain a good service for the community. The Chest Physician, on the other hand, receives information regarding the patient's progress and behaviour at home and of conditions, adverse or otherwise, which may prejudice or assist in his recovery.

Chest conditions other than tuberculosis are also discovered at the chest clinic, and the area health visitor informed where appropriate. For example, patients suffering from inoperable cancer of the lung and a large proportion of elderly persons with non-tuberculous chest conditions often benefit from home supervision by a health visitor.

Ladywell Hospital.

The special health visitor has also visited Ladywell Hospital occasionally to see patients in need of her services. She is also invited to attend the Consultant Clinic held every month for patients needing chest surgery.

The number of new cases notified during the year was again reduced. Home visits paid by area health visitors numbered 2,073.

New Cases	Non-pulmonary	Pulmonary	Total
1956	10	116 (2 Posthumously)	126
1955	20 (1 Posthumously)	144 (7 ,,)	164
1954	27	165 (2 ,,)	193
1953	29 (1 ,,)	233 (12 ,,)	252

General Hospital Liaison.

Liaison between the Health Department and the children's wards and clinics of Hope and Ladywell Hospitals continued. The specialist health visitor, who had developed this service since its inception, resigned for domestic reasons, and for some months the work was undertaken by members of the general staff. In December a new specialist health visitor was appointed.

The interchange of information between hospital and domiciliary workers is a two-fold source of help to the patient.

(*a*) By supplying information to the hospital medical and nursing staff regarding home and family circumstances, the pædiatrician is assisted to make his diagnosis and the nursing staff helped to a better understanding, and therefore handling, of the child. In cases where home conditions are bad and/or mothercraft is poor, discharge home may be deferred or convalescence arranged. Conversely discharge may be expedited where there is a good mother/child relationship plus reasonable facilities for home care.

(*b*) Knowledge of diagnosis, treatment in hospital and post-treatment required is of great help to the health visitor doing follow-up work after discharge from hospital. To see that the doctor's instructions are carried out regarding medical or surgical treatment, home nursing, proper feeding, exercise, sleep, attendance at out-patient, physiotherapy or other clinics ; these are important. Equally, if not more valuable, are the health visitor's efforts to influence the family's attitude towards and management of the sick or handicapped dischargee. It is useless to attempt to restore bodily health without giving attention to the mental and emotional changes evoked in a child by his experience in hospital and by his illness.

Hope Hospital.

Admissions were again reduced, due in some measure to the postponement of tonsil and adenoid operations, as a precaution against poliomyelitis from June to October.

Year	General Admissions	Tonsils and Adenoids	Total
1956	626	265	891
1955	609	628	1,237

Although the number of general admissions was slightly increased, the decline in admissions of children suffering from dietary upsets continued, a small measure of the success of the health visitors' teaching. Seven children were admitted during the year against 10 in 1955 ; 16 and 21 in 1954 and 1953 respectively.

Home accident admissions were also fewer—nine against 12 in 1955 and 19 in 1954. Reasons for admissions are classified below :—

Five children admitted for removal of foreign bodies, swallowed or otherwise.
One child admitted after drinking a bleaching preparation.
" " " " " " turpentine substitute.
" " was suffering from scalds.
" " " " " burns.

Of other general admissions 67 children were admitted more than once (70 in 1955).

Out-patients.

The specialist health visitor continued to attend pædiatric out-patient clinics, including a neo-natal clinic. A further clinic session was added during the year for children suffering from epilepsy. Advantage is taken at all clinics to carry out collective as well as individual health teaching.

Ladywell Hospital.

Plans to extend the work of the specialist health visitor at Ladywell were not fulfilled owing to the change of staff. Weekly visits were, however, paid and a good relationship with the hospital staff maintained. There was an increase in the number of children suffering from diseases of the enteric group ; as many of the children concerned came from the poorer (in every sense) type of home, the general health visitors found after care work in these cases very difficult.

Mothers " Without Problems."

A word of caution must be added to this outline of some of the public health social work for special families undertaken by health visitors. Concentration of priority groups can be carried too far. Salford health visitors have endeavoured really to get to know the families on their areas. Obviously, if they did not, it would be difficult for them to discover priority groups ; to assess the need for future visiting. Another (important) reason is that many of the best, most conscientious mothers, who may have no social problems, experience anxieties for which they need repeated reassurance. It is true that they can, and often do, come to the Welfare Centre for advice, but the home is a quieter and more intimate setting for an unhurried interview. Personal teaching of mothers who seek guidance in the care of their families should always remain an important part of the health visitors' work. Obviously, the longer a health visitor remains in the Salford service the more valuable she becomes. Intimate knowledge of individual families is not acquired in a day, nor are good relationships built without time as well as effort. Salford is a city presenting more problems than most, and good health visiting in many of the districts is an exhausting business. It has been suggested that recognition of these facts by payment of an annual allowance of, say, £20 a year to all with over four years' service would encourage experienced health

visitors to remain. The equivalent of 16 full-time health visitors would qualify for such an allowance in the coming year were this proposal adopted. Three months Sabbatical years leave with pay is another suggestion. For this, seven members (appropriately enough) would qualify.

This is not an extravagance. On the contrary, it is an economy. If, for example, a health visitor in a whole year prevented, say, five serious accidents, each of which would otherwise have required six weeks stay in hospital—even if she does *nothing* else throughout the year, she saves the community the cost of her salary, to say nothing of the saving of pain and disability. If the health visitor's advice and guidance prevents break-up of a single family containing four children and saves them from having to be taken into care, then the saving throughout the entire childhood of these four is greater than the health visitor's total salary. Prevention is cheaper than cure. The more experienced the health visitor the more successful is she likely to be.

The Aged and Infirm

The elderly form a particularly vulnerable group in our community.

(*a*) *Biologically*. In varying degrees, according to the individual, the body is showing signs of wear and tear ; illnesses are not so easily shaken off ; there are bony changes affecting mobility ; the heart begins to tire and the blood vessels and lungs to lose their elasticity ; the senses start to fail, affecting sight and hearing ; chronic illness is, alas, too common. Mental changes—impaired memory, rigidity of outlook, dislike of change, are also common features of the ageing process.

(*b*) *Hazard*. At greater risk to hazards varying from home accidents to loss of a life-partner and all this implies.

(*c*) *Socially*. May be failure to manage financially on reduced income ; perhaps a gradual deterioration in standards of living—eating, sleeping, personal hygiene. Social problems influence health and well-being, attempting to resolve them is as vital a part of a health visitor's duty as is the giving of health advice.

A special service for care of the elderly was set up in the health visiting section six years ago. The aims are as follows :—

1. To help elderly, infirm persons to achieve optimum health.
2. To keep them in their own homes as long as possible, especially with a view to preventing the necessity for them to receive hospital or other institutional care.
3. To help them maintain full, or at least partial, activity and thus prevent them from becoming house-bound or bed-ridden.
4. To help prevent senescence from deteriorating to senility by doing everything possible to maintain morale, to create interest and promote happiness of the old people in our care.

A specialist health visitor is in charge of the work under the direction of the Superintendent Health Visitor. She is assisted by State Registered Nurses and lay assistants.

The service given by the section is not concerned with the sick. Few elderly persons can be classed arbitrarily as sick or healthy. The vast majority are in the half-way state between perfect health and complete dependence ; it is at this stage that the health department can do the most valuable preventive work. Health visitors are trained as medico-*social* workers, and in dealing with this age group the emphasis is often on the social aspect as an essential concomitant of all efforts towards prevention or cure of disease.

The service includes (*a*) systematic visiting for health supervision and assessment of need for medical and social services ; (*b*) liaison and co-operation with those already providing services for the aged and infirm, *e.g.*, family doctors, Civic Welfare Department, National Assistance Board and other statutory as well as voluntary agencies ; (*c*) providing special services or arranging for their provision by other agencies according to individual needs. Of these, the Health Department supplies the following :—

1. Home Nursing.
2. Home Helps.
3. Laundry services for incontinent patients.
4. Home bathing service.
5. Domiciliary foot hygiene service.

New cases referred were practically the same in number as those referred the previous year—1,156 (1,164 in 1955). Sources of referral are given below :—

Referred by :	
Hospitals	106
Found by specialist health visitor during visiting	144
Home Helps	87
Home Nurses, Blind Welfare, National Assistance Board and other statutory bodies	600
Civic Welfare	37
General health visitors	30
Relatives, friends and aged persons themselves	86
Family doctors	59
Voluntary organisations	1
Mental Health Department	4
Public Health Inspectors	2
TOTAL	1,156

Ward distribution of the aged in our care throughout the year followed a pattern similar to that of other years, the greatest number coming from Albert Park—328. Langworthy, Claremont, Mandley Park, Regent and Charlestown each had between 200 and 300 cases, other wards between 100 and 200.

Medico-social problems of elderly persons living alone, often brought about by loneliness and a feeling of being unwanted, were again the most difficult of all. A surprising number have no relatives or have no idea where their relatives live, and even when this is known they are reluctant to ask, or allow anyone else to ask, for help. Neighbours, particularly in the poorer areas are a great help, but many go out to work.

Two elderly men were removed to the Homestead under Section 47 of the National Assistance Act. One was later discharged, his relatives meanwhile having cleaned and decorated his house. A home help was allocated to him, but the dirty habits of this man are such that the home help may be unwilling to continue.

Family doctors are extremely co-operative and frequently ask for the services of the section. Home nurses, who referred many cases when the need for sick nursing was over, and home helps who assisted some 577 cases on our visiting list during the year, also collaborated well.

The domiciliary bathing and foot hygiene services are undoubtedly of the greatest value in preventing both the gradual lowering of standards of personal hygiene, and the insidious decline into inactivity which painful feet can cause. They help also to maintain the morale of the elderly persons involved and thus help to prevent mental as well as physical deterioration, especially in those who live alone. Some cases have been visited regularly for these purposes for several years by the same attendant, and very happy relationships formed. This is not a curative service, but a truly preventive measure—not only from a health viewpoint—the foot hygiene service prevents development of the need for the more expensive chiropody service.

All cases are referred by the specialist health visitor in the first instance ; initially there may be mistrust and suspicion on the part of the elderly persons concerned, especially those (now decreasing in number) in the " problem " category, where deterioration has already reached an advanced level. It is seldom, however, that this resistance is not overcome. Fortnightly visits are paid for bathing purposes, where assistance rendered varies from blanket bathing in bed, a bath before the fire, in a bathroom, or washing in a bowl with a minimum of water, boiled in a saucepan on the fire. The hair is shampooed, and a change of clothing assured (an important factor !)

The foot hygiene service consists of monthly or six-weekly visits to wash the feet and trim the nails. Old people helped in this way are those unable to bend or manipulate their limbs to perform this function for themselves. The service is much appreciated and adds greatly to the comfort and well-being of the old folk.

The number of visits paid by attendants to elderly persons for bathing purposes was 697 (401 in 1955) and for foot treatment, 844 (414 in 1955).

Visits paid by the specialist health visitor and nursing staff totalled 6,397 (5,597 in 1955).

This, together with other services undertaken by the section, may have influenced the reduction in the number of bed-ridden and housebound persons on the visiting list over recent years and thus may show a measure of success of the preventive work of the section.

It is useful to record age-groups and state of activity of elderly persons under supervision, both for policy making purposes and for long-term research. The decline in the number of bed-ridden and housebound persons, shown in the table, is not related to the decrease in numbers of persons under care in the 73-90 age groups, as one might at first glance think. Persons in this age-group are by no means mainly bed-ridden or housebound, nor is the decline in numbers in this age-group commensurate with the decline in the number of bed-ridden and housebound persons.

AGE-GROUP DISTRIBUTION OVER THE PAST FOUR YEARS.

Age-Group	1953	1954	1955	1956
	(%)	(%)	(%)	(%)
60—64	12·1	15·4	15·6	16·8
65—69	17·2	20·2	19·8	22·8
70—74	24·6	26	27·4	28·5
75—79	22·7	21·5	20·4	18·1
80—84	15	12·7	12·8	10·8
85—90	5·2	3	3	2·1
90+	1·4	0·7	0·8	0·5
State of Activity	**1953**	**1954**	**1955**	**1956**
	(%)	(%)	(%)	(%)
Ambulant	47·5	50·8	53·7	57·9
Semi-ambulant ...	20	22·2	22·2	27·5
Housebound ...	22	21·6	17·3	10·6
Bed-ridden	10·3	5·1	6·7	3·5

During the year :

Persons admitted to Local Authority Homes	45
,, not in need of further visiting	69
,, transferred to care of Mental Health Department	2
Left Salford	106
Died during the year	487
Total visits paid, including 808 " no access " visits	7,202
Number in hospital at the end of the year	125
Number remaining on visiting list at end of year	3,089
Of these, the number living alone	748

Health Visitors' Co-operation with other Agencies.

Health visitors make direct contact with other statutory and with voluntary agencies. Good relationships already formed have been maintained and strengthened. One of the most important persons concerned is the family doctor ; in addition to contact by telephone, 91 visits to general practitioners were paid to the end of August—an increase of 24% over the figure for the same period 1955.

Sixty-one visits to Mothers' Clubs and 79 visits to Day Nurseries, where Matrons collaborate extremely well with the health visiting staff, were also recorded.

Not least, although seldom mentioned because it is the generally accepted rule, is the co-operation and happy relationship existing between the midwifery and health visiting sections.

The overall number of home visits paid by nursing staff was fewer by 4,841, compared with figures for 1955. This was due to a concentration of staff on work in school during the Christmas term, when a concerted and highly successful effort was made by all health nursing staff to tackle the problem of infestation of the hair of school children. (See School Health Report). Although school health nursing is administratively under the ægis of the

Ministry of Education, it is impossible from a health viewpoint, to keep school-attending members of a family as beings apart. Moreover, infestation of the hair is not confined only to school children, it is a social evil affecting the family, all members of which may need treatment.

The general fall in the number of home visits was not extended to all aspects of work undertaken by the section. Visits to elderly persons were increased by 797, and visits by clinic nurses relating to immunisation in the home increased by 868.

Home Visits, 1956.

HEALTH VISITORS AND CLINIC NURSES.

Visits to children under 1 year	12,987
,, ,, ,, 1–5 years	19,484
,, ,, expectant mothers (excluding unmarried mothers)	288
,, ,, adults needing medico-social help	958
,, ,, tuberculous patients	2,073
Medical follow-up visits—children 5–15 years	673
Cleanliness ,, ,, ,, 5–15 ,,	920
B.C.G. ,, ,, ,, 5–15 ,,	83
Miscellaneous visits—children 5–15 years	788
B.C.G. follow-up visits—adolescents	407
Mental health visits	43
Visits to aged persons	6,394
,, ,, unmarried mothers, including expectant mothers	306
Special visits (including surveys)	2,057
Visits (clinic nurses) *re* diphtheria immunisation	5,825
TOTAL VISITS	53,258
Additional "no access" visits (general)	8,932
,, ,, ,, ,, (diphtheria immunisation)	2,173
GRAND TOTAL	64,363

Clinics.

The health visitors' main functions in clinics are advisory and educational. Every effort is made to relieve her of routine and nursing functions where practicable. Health visitors undertake all duties, however, in Centres where attendances are few in number and where ancillary workers would, therefore, be under-employed.

The educational programme in ante-natal clinics has been extended and series of talks to expectant mothers are undertaken in midwives' clinics, in collaboration with midwives, as well as in all other Corporation ante-natal clinics. Informal group talks are given in child welfare centres ; models are exhibited and film strips used where appropriate.

Ascertainment of Deafness.

Screening tests were undertaken by health visitors—mainly at one centre—to ascertain hearing defects in children 0-5. The equivalent of 14 full sessions were spent on this work from January to August (records not kept during latter part of year).

Clinic Sessions, 1956.

Type of Clinic	Health Visitors	Clinic Nurse	Hygiene Attendants	Total
Infant Welfare	2,279	167	203	2,649
Polio Clinic	...	42	...	42
Ante- and Post-Natal Clinics	440	107	...	547
Chest Clinics	173	96	...	269
School Minor Ailments	5	2,357	1,033	3,395
Mobile ,, ,,	...	321	437	758
School Clinic (general medical)	...	923	12	935
,, ,, (specialist)	...	607	577	1,184
Infant Welfare (,,)	50	...	...	50
Miscellaneous	78	42	27	147
Chiropody	...	...	332	332
Scabies	...	...	38	38
Orthopædic	...	...	35	35
Disinfestation	...	...	107	107
Aged Persons	19	80	...	99
B.C.G.	5	...	...	5
Hearing Tests	14	...	...	14
TOTAL	3,063	4,742	2,801	10,606

Hygiene Attendants.

Hygiene attendants are lay assistants with certificates in First Aid, Home Nursing and Child Welfare, and are members of the National Hospital Service Reserve.

They assist health visitors and clinic nurses in schools and clinics, undertake treatment of scabies, disinfestation of verminous children, a domiciliary foot hygiene and bathing service for the elderly (see report on aged persons) and staff the sterilisation unit where syringes and needles for all purposes are prepared for use of medical and nursing staff in clinics, homes and schools. In this way, the time of qualified health visitors and registered nurses is conserved for duties more appropriate to their qualifications.

Duties in clinics may include weighing children, acting as chaperone/attendant to clinic doctors, preparation and clearing up of clinics, urine testing, treating minor ailments as directed by the health visitor or clinic nurse in charge. Under the direction of the health visitor they may be used to conduct head inspections in schools, assist at health surveys, vision testing, etc. Defaulters from the Eye Clinic are followed-up at home by the attendant attached to that clinic. Other miscellaneous duties may include assisting a mother to prepare and bring children to a clinic, and domiciliary treatment of scabies where a mother is unable to attend a centre.

HOME VISITS OF HYGIENE ATTENDANTS, 1956.

Follow-up defaulters—eye clinic	29
Visits defaulters and for home treatment scabies	153
,, for bathing elderly persons	697
,, ,, foot treatment to elderly persons	844
,, to bath baby for sick mothers	3
Miscellaneous visits (assist, prepare and bring children to Infant and School Clinic—disinfestation, etc.	53
TOTAL VISITS	1,779
Additional " no access " visits	116
GRAND TOTAL	1,895

Scabies. The total number of cases treated by hygiene attendants.

Adults	School Children	Children 0–5 Years	Total
183 (77)	75 (55)	32 (29)	290 (161)
Body Vermin 9 (7)	...	...	9 (7)

Bracketed figures—1955.

The increase shown in the number of adults and school children treated does not necessarily mean an increase in the number of actual cases. For example, 31 persons living in a hostel were treated as a precautionary measure. These, with the majority of cases treated, were contacts without signs of infestation.

Bathing Attendants.

Towards the end of April, two male bathing attendants who had previously worked from the district nurses' home owing to lack of office accommodation at the health office, were able to work from this section. One attendant left to enter hospital for general nurse training, the other remained until early August, when he successfully applied for a post as nursing auxiliary with the home nursing service.

It was felt that the appointment of *ad hoc* bathing attendants was not to be recommended for the future. This is no reflection on the work of the attendants in question, both of whom were exceptionally capable, kind and acceptable to those they helped. To spend all day, every day of every week, bathing or washing the feet of old men is not, however, suitable work for anybody. The monotony of the work was particularly felt after the variety of duties undertaken from the district nurses' home. The employment of male hygiene attendants, who can be given the varied duties now undertaken by female attendants, including bathing, etc., would be a better proposition.

Work undertaken from 7th May, 1956, to 2nd August, 1956, is given below. Some of the nursing duties already begun when working from the district nurses' home were retained to avoid undue hardship on the patients.

Number of visits for bathing of elderly men	281
,, ,, ,, ,, foot hygiene and other duties	33
,, ,, nursing visits (chronic sick)	187
"No access" visits	3
Visits to hospitals and clinic	2
TOTAL	506

Health Education.

In addition to group and individual teaching organised for mothers attending maternity and child welfare centres, already mentioned, the following educational activities are carried out by the section :—

1. *Outside Organisations.* Requests for speakers have been met and talks given at meetings of Mothers' Clubs, Women's Guilds, and Parent-Teacher Associations, etc., and on one occasion a women's factory (by request of the management).

2. *Schools.* On a small scale (see School Health Report).

3. *Student Nurses.* Groups of student nurses from Salford Royal, Hope and Pendlebury Hospitals attend the health department to learn something of the Social Aspects of Disease for periods varying from two days to two weeks. Organisation of a varied programme of visits, talks and discussion groups for senior and junior student nurses is the responsibility of a specialist health visitor who acts as practical tutor.

Accompanying health visitors and home nurses on their visits to the homes of families is undoubtedly the most important feature of this very brief public health experience. The excessive cleanliness and ordered routine of the hospital ward is a highly artificial environment which tends to depersonalise and subdue the patient. It is not easy for the student nurse to understand the whole patient when he is separated from home and family and from his customary way of life with its pleasures and difficulties.

In introducing social aspects of disease into the training syllabus the General Nursing Council not only recognises the limitations of the hospital setting, but also seeks to give an understanding of environmental and personal influences which often hold the key to the patient's sickness and ultimate recovery.

In the short time available efforts are made not only to teach the student nurses something of the " Social Aspects of Disease," but also of " Social Aspects of Health." Above all they are helped to be tolerant of different types of homes and standards of living ; to understand that a clean, tidy and comfortable home is pleasant but not the first importance ; that the healthy home is usually one in which happy family relationships prevail and good feeding is the rule.

Senior student nurses meet the specialist health visitors in discussion groups in order to gain understanding of the many social problems which affect health and sickness.

Visits to maternity and child welfare centres, school clinics and day nurseries are arranged.

One hundred and fifty student nurses were dealt with during the year.

4. *Student Health Visitors.* The full range of practical training of student health visitors appointed under the Corporation's training scheme is undertaken by the section—again under the direction of the practical tutor.

5. *Student Nursery Nurses.* In collaboration with the Education Department a health visitor attends Chaseley Field Training Centre three sessions a week to give practical training in Mothercraft to student nursery nurses preparing for the Certificate of the N.N.E.B.

6. *Nursing Cadets.* In September, following a recommendation made by a nursing official from the Ministry of Education, a health visitor was seconded to Chaseley Field to undertake lectures in Personal and Communal Health for senior nursing cadets. Here again efforts are made to give the students an understanding of the personal and environmental factors which govern community health. Classroom teaching was correlated with visits of observation, *e.g.*, to a child welfare centre, open-air school, central kitchen, babies hospital, etc., and to health exhibitions.

7. *In-Service Training of Staff.* This is an aspect of work which is becoming increasingly recognised throughout the country as one of supreme importance. In Salford it is of particular importance because, in addition to health visitors, a staff of clinic nurses and lay assistants are also employed ; for these workers no training course for work in a public health department has ever been devised. In-service training is, therefore, important for them and for health visitors for the following reasons :—

(*a*) Whilst the health visitor's training course provides the groundwork for the development of professional competence in a health visitor, it is *only a basis* upon which the standard of her future work will be formed. There are many factors involved which cannot be learned during training but depend on skilful development over a long period. Basic training, therefore, needs to be supplemented in certain fields and broadened in others in order to ensure an effective service. In-service training is not a matter exclusively concerning the young and inexperienced health visitor. Constant staff education is necessary, not only to develop and maintain a high degree of efficiency at all levels, but is valuable in helping to prevent some of the older established, but less enthusiastic, members of the staff from descending into a rut of uninspired routine. That we have no health visitors in the latter category at present should not blind us to the necessity for preventing the development of such an eventuality.

(*b*) *Clinic Nurses*, especially those who come straight from hospital, are in particular need of in-service training. Although all are state registered nurses, few have ever done any home visiting, immunisation of children, or school health work. The need to learn something of the differing approach to young parents, to the aged, to school teachers ; the keeping of records, as well as an introduction to the general organisation of work in clinics—all are essential concomitants of their employment. Moreover, clinic nurses, as a rule, are young married women, many of whom leave the service for domestic reasons after a short period, the turnover of staff, therefore, is comparatively higher.

(*c*) *Hygiene Attendants.* Basic training in First Aid, Home Nursing and for admission to the National Hospital Service Reserve provides these workers with a good background for work in the Public Health Department. Half the members of staff have been employed in the department for seven or eight years, and have acquired proficiency over the years. They, with others, however, need the stimulus of further education and in-service training. The changing needs of the community are reflected in the change in the nature of their work. The domiciliary bathing and foot hygiene service for the elderly is now well established ; the setting up this year of an up-to-date syringe service through all stages of work, including washing, drying, inspection, testing, sharpening of needles, setting up, sterilising and packing of all equipment used for immunisation, vaccination and venepuncture has shown a development undreamed of when this service was started many years ago. New ideas must be grasped, new techniques learnt, and the importance of new responsibilities realised in full.

The Superintendent Health Visitor and her deputy are responsible for arranging in-service training, assisted by specialist health visitors and other senior members of staff.

We are again indebted to Dr. Cashmore, Consultant Child Psychiatrist, who continued throughout the year to take health visitors for weekly group discussions on the psychological and emotional problems of childhood.

Two health visitors attended a two weeks residential teaching course ; the health visitor undertaking medico-social work at the chest clinic, attended a short tuberculosis course in Birmingham ; and all health visitors have attended short refresher courses arranged locally.

This aspect of work, however, needs much more time and greater effort devoted to it within the section than is possible under the present regime. Plans are in hand for the practical tutor, who is at present undergoing training for the Health Visitor Tutor's Certificate, to undertake a more intensive in-service training programme next year.

An analysis of work recorded to 31st August, 1956, is given below :—

General Health Visitors.	*General Health Visitors.*		*Clinic Nurses.*	
Home visiting	36·85%	*(38·48%)	22·75%	*(18·4%)
In clinics	23·83%	(24·63%)	51·60%	(57·5%)
In schools	10·78%	(10%)	11·78%	(11·8%)
Clerical, interviewing, etc.	23·44%	(22·21%)	11·17%	(9·2%)
Miscellaneous, including refresher courses	5·1%	(4·67%)	2·80%	(3·1%)
	100%	(99·99%)	100%	(100%)

Specialist Health Visitors.		
Clerical, office interviews, consultations, etc.	52·3%	*(57·8%)
Visits to homes, hospitals, observation visits, lectures, etc.	47·7%	(42·2%)
	100%	100%

* Bracketed figures denote percentage for same period in 1955.

It may be of interest to recall that in 1946 general health visitors spent the major portion of their time in clinics, *viz.*, 35·4% ; time spent in home visiting was 25·9% ; clerical work, 23·3% ; and schools, 6·6%.

In the intervening years, reorganisation and redeployment have given the health visitors in this City better opportunities for carrying out their most important function, the visiting and advising of families in the setting of their own homes.

HOME NURSING SERVICE

Statistics.

For the first time since the Service was taken over by the City Council I have to report a decrease in the number of new cases cared for by the Home Nursing Staff. The figures are given below : those in brackets are for 1955 :—

Number of cases nursed during the year	3,049	(3,248)
,, ,, new cases nursed during the year	2,627	(2,828)
Total number of visits paid	53,103	(57,029)

This decrease is partly due to the fact that there has been a shortage of staff during the year. By the end of the year the staff available for visiting patients in their own homes was reduced by nine, and great difficulty has been experienced in recruiting new staff to fill vacancies.

Of the patients visited, 40·8% were over the age of 65, the average number of visits paid being 21 per patient. Among the other cases, there were 102 children under the age of five who were treated for such conditions as bronchitis, pneumonia, scalds, burns, otitis media, etc. It is felt that more use could be made of the staff of the Home Nursing Service to care for sick children in their own homes.

Fifty-five per cent. of the new cases visited were classified as acute medical cases. There were 106 new cases of cancer and 89 of diabetes mellitis. Three hundred and twenty-eight patients were given treatment in preparation for X-ray examination.

Transport.

Two members of the staff had the use of cars from the Central Garage. This enables them to do more relief work when other members of the staff are off duty. Another advantage is that the nurses are protected from the weather.

It is, therefore, suggested that the question of granting car allowances and perhaps loans for car purchase be considered in the near future.

Residential Accommodation for Home Nurses.

During the year, owing to the high cost of maintaining the Royal District Nurses' Home and to the fact that for some time it had not been fully occupied, it was decided that the Home should be used for other purposes in the Health Service, and accommodation for the resident staff be found elsewhere.

A suitable house in Mandley Park Avenue was purchased. This will be converted into flats to house four members of staff, and it is hoped that the Housing Department will be able to provide other accommodation on one of the Corporation's Housing Estates.

Co-operation with other Branches of the Health Service.

As in previous years student nurses from the various hospitals in the area have paid observation visits during the year to learn something of the work of the home nurse.

The close and friendly relationship between family doctors and the home nurses has been maintained. Over 80% of cases are referred by general practitioners.

Each month the Health Visiting Section is supplied with a list of the names and addresses of men over 65 and women over 60 who have been referred for nursing treatment.

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 1956 — 38.

(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	4	Nil	18
(*b*) Treatment—				
Medical	1	2	Nil	3
Surgical	4	...	Nil	...
Optical	...	...	Nil	...
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	3	2	...	3

A2. Follow-up of Registered Partially Sighted Persons.

Total number of cases registered during 1956 — 41.

(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	1	Nil	13
(*b*) Treatment—				
Medical	...	3	Nil	6
Surgical	3	...	Nil	...
Optical	2	...	Nil	7
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	5	3	...	13

B. Ophthalmia 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 year 1956 was the tenth complete year of the Home Help Service in its present form, though Salford had operated a small but very useful maternity home help service since the early 1920's. The new service has proved itself a very flourishing infant which has grown steadily and we hope sturdily. It has been carefully watched throughout the ten years and appropriate changes have been made whenever necessary, both in policy and administration. As with most home help schemes throughout the country, Salford's service very soon became predominantly concerned with the aged and infirm. It is extremely easy to allow a sentimental attitude to govern work for the aged. Ten years

ago one regarded the scheme as an " emergency " service, and made great efforts to send prompt and frequent help to old people discharged from hospitals, only to find that the "emergencies" were still with us eight or nine years later ! The policy, therefore, during the last five or six years, has been to give as little help as possible to a new case and increase the service as the need arises. The alternative to this method would be to give perhaps daily help in one household and leave two or three others entirely without. (Details given below show how thinly the help was spread during 1956).

Despite this preoccupation with the elderly, many other types of case have been assisted and moreover have had priority. Mothers with young children and maternity cases are given immediate help. The difficulty of dealing with tuberculous households has been largely overcome ; eighteen such cases were assisted during 1956 and at the end of the year there was none on the waiting list.

The policy of spreading the service thinly and using only part-time workers, paid by the hour, was designed to make the greatest possible use of the helper's time. From this point of view it has been very satisfactory. One cannot, however, be complacent about the administrative situation. Every household served, every home help employed and every " change-over " brings its own quota of desk work. A helper who assists three or four households per week causes three or four times the amount of work which would be needed for one working full-time at one house. Added to this change of method there has also been a steady increase in the number of helps employed. There has, however, been no increase in either visiting or clerical staff since September, 1951, with the result that desk work is now taking precedence over visiting. Home Help Organisers throughout the country are greatly concerned about the reduction in the time available for visiting. They are convinced that only by regular routine visiting can abuse of the service be prevented and the helpers be deployed economically.

It has now become clear that the future field of the work will include many more mental health cases and problem families. No separate record has been kept hitherto, but experience has shown that a good home help, a reassuring " unpanicky " woman can render invaluable help in such homes. The helper is usually drawn from the same class of the community as the family she is helping and the two meet on common ground. The helper has often seen similar problems among her own acquaintance and has observed the way in which they have been overcome. Indeed it may be that she has an advantage over highly trained workers who, by reason of their background and education, are handicapped by the difficulty of meeting problem families on common ground.

Some training will be necessary for this special work, but one feels that the best training is close co-operation with the health visitor or other social worker dealing with the individual case. As one heard recently at a conference on this subject, " we should guard against too much general training with standards rising higher and higher until in the end people cease to be useful for the job for which they were originally intended, rather like having a Navy made up entirely of Admirals."

The following figures show the extent of the work during 1956 :—

Home Helps employed at 31st December, 1956	261
Average hours of duty per week during 1956	4,691
Number of households assisted during 1956	1,173
Number of households being assisted at 31st December, 1956	769
New applications during 1956	559

The policy of distributing the service as widely as possible has been continued. In 1955, 59·23% of the households served were having eight or more hours service. By the end of 1956 this had been reduced to 46·94%. The following table shows how the helps were allocated during 1956 :—

7	households had	2–2½ hours service per week	·91%
55	,, ,,	3–3½ ,, ,, ,, ,,	7·15%
238	,, ,,	4 ,, ,, ,, ,,	30·95%
10	,, ,,	4½–5½ ,, ,, ,, ,,	1·30%
59	,, ,,	6 ,, ,, ,, ,,	7·67%
39	,, ,,	6½–7½ ,, ,, ,, ,,	5·08%
339	,, ,,	8 ,, ,, ,, ,,	44·08%
8	,, ,,	9 ,, ,, ,, ,,	1·04%
4	,, ,,	10 ,, ,, ,, ,,	·52%
10	,, ,,	12 ,, ,, ,, ,,	1·30%
769			100·00%

The following analysis shows the type of case assisted :—

Pre-Natal	9
Maternity	45
Post-Natal	11
Mothers with young children	28
Pulmonary Tuberculosis	18
Neurotic or Mental Conditions	11
Infirmity due to old age	307
Bronchitis and Asthma	80
Blind	58
Arthritis and Rheumatism	146
Heart Condition	183
Cerebral Hæmorrhage	44
Skin and Ulcers	31
Diabetes	23
Cancer	35
Fractures	22
Blood Pressure	51
Muscular Paralysis	4
Parkinsons Disease	9
Post-operative	20
Scalds and Burns	1
Anæmia	12
Pagets Disease	2
Disseminated Schlerosis	6
Crippled	16
Hodgkins Disease	1

VISITS.

Number of visits paid	2,452

REASONS FOR VISITS.

Application for help	639
Routine visits	1,301
Application for employment	10
Nursing equipment	13
Miscellaneous	186
No access	303

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

Ill-health	29
Removed out of area	4
Obtained other employment	6
Home circumstances	15
Pregnancy	8
Work found to be uncongenial	8

" SQUALID " CASES.

On 60 occasions (at 19 houses) two home helps worked together. These were cases where conditions were too bad to ask a helper to work alone.

Sick Room Equipment

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

Air rings	117
Bed pans	125
Bed rests	122
Pieces of rubber sheeting	69
Sputum mugs	18
Urinals	54
Hospital type beds, etc.	1
Cot bed and mattress	1

Laundry Service

Five cases were served during the year 1956.

Convalescence and Recuperative Treatment

PRE-SCHOOL CHILDREN'S CONVALESCENCE.

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

1 child was at	Hilbre Home, Prestatyn for	4 weeks
1 „ „	„ „ „	6 „
2 children were at	„ „ „	8 „
1 child was at	Hillary „ „	6 „
1 „ „	„ „ „	8 „
1 „ „	Tanllwyfan Home, Colwyn Bay, for	4 „
1 „ „	St. Joseph's Home, Freshfield, for	4 „
1 „ „	Swancoe House, Macclesfield, for	8 „
1 „ „	St. Teresa's Home, for segregation prior to B.C.G., for	9 „

SCHOOL CHILDREN'S CONVALESCENCE.

One hundred and fifty-five school children were sent for periods of convalescence during 1956.

Of this number, 103 were referred by school medical officers, 41 were referred from hospitals, where the children were in-patients at the time of application, eight were referred by general practitioners, two by the N.S.P.C.C., and one by the Child Guidance Clinic.

75	children were away for	four weeks or less.
12	„ „ „	five „ „ „
50	„ „ „	six „ „ „
6	„ „ „	seven „ „ „
10	„ „ „	eight „ „ „
1	child was „	nine „ „ „
1	„ „ „	eleven „ „ „

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

West Kirby Convalescent Home	8
Taxal Edge (for boys 9 to 15 years)	33
Ormerod Home, St. Annes-on-Sea	34
Margaret Beavan Home, Heswall	7
St. Joseph's Home, Freshfield	14
Boys' and Girls' Refuge Home, Tanllwyfan, Colwyn Bay	42
Hillary Convalescent Home, Prestatyn	5
Hilbre Nursery Home, Gwespyr	5
Swancoe House, Macclesfield	2
TOTAL	150

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

Arrangements which proved abortive were made in 22 cases.

ADULT CONVALESCENCE.

1 man was sent to West Hill Convalescent Home for 3 weeks.
4 men were „ „ „ „ „ „ „ 2 „
4 women were „ „ „ „ „ „ „ 2 „
1 woman was „ „ Evelyn Devonshire „ „ 2 „

MOTHERS WITH YOUNG CHILDREN (REFERRED BY MATERNITY AND CHILD WELFARE DEPARTMENT).

3 mothers each with 4 children to Brentwood Recuperative Centre for 4 weeks.
4 „ „ „ 1 child
2 „ „ „ 2 children
5 „ „ „ 3 „
2 „ „ „ 4 „ } to the Church Army Home, Southport, for 2 weeks.
1 mother „ 6 „
1 „ „ 7 „
1 „ „ no „
2 mothers „ „ 1 child to the Church Army Home, Southport, for 1 day.
1 mother „ no children to West Hill Convalescent Home for 2 weeks.
1 „ „ 4 children
1 „ „ 6 „ } to the Manchester Cathedral Home, Mellor for
1 „ „ 1 child 1 week.

Once again a gift of £50 from the Salford Soroptomists has been used to subsidise the cost of sending mothers and children to the Church Army Home at Southport. Eleven of the mothers and 26 of the children included in the above statement were enabled to have two weeks at Southport without cost to the ratepayers.

We are grateful to the Soroptomists for their continued generosity and to the staff of the Church Army for the kindly welcome which they extend to Salford families. How we wish that there were more homes where both mothers and children (and perhaps even fathers !) were acceptable.

TUBERCULAR AFTER-CARE.

Two men have remained at the East Lancashire Tuberculosis Colony throughout 1956, and one man for seven months. The council have paid the colonist fees for these men.

Children Neglected in their Own Homes

CASE CONFERENCE.

The Almoner deputises for the Medical Officer of Health as Chairman of the Conferences, which are (holidays excepted) held at fortnightly intervals. Close co-operation is maintained with the Specialist Health Visitor having charge of this work.

The conference met on 22 occasions during 1956. There were 112 discussions dealing with 104 families, 33 of whom were " new " cases and for whom foundation reports were prepared. Notes are taken of each discussion, copies of which are forwarded to the Departments and Organisations concerned.

Eighty-three individual officers or representatives attended. In addition, there were " observers " on 13 occasions. The total attendance for the year was 297, an average of 13·5 per conference.

The representation of the various bodies was as follows :—

	Number of individual officers.	*Number of attendances made.*
N.S.P.C.C.	6	39
Probation Department	7	30
Local Education Authority	1	16
Family Service Unit	4	15
Housing Department	2	19
Children Department	6	18
Hospital Almoners	4	5
Civic Welfare	5	11
National Assistance Board	1	1
Institute for the Deaf	1	1
Clergy	1	1
District Provident Society	1	1
W.V.S.	1	11
Manchester and Salford Council of Social Service	1	16
Midwife	1	1
Child Guidance Clinic	1	1
Mental Health Department	4	10
District Health Visitors	33	58
Specialist Health Visitor	1	21
Almoner	1	19
Designated Officer	1	3
TOTAL	83	297

MENTAL HEALTH SERVICE

From February, 1956, Springfield Hospital became the main admission hospital for the City in place of Prestwich Hospital. This meant that the Mental Health Visitors had to make fresh contacts and liaison with the staff at the hospital.

There was also a change in admission procedure, more patients being admitted under Section 1 of the Mental Treatment Acts (Voluntary Patient). The majority of patients admitted under Section 20s and 21 of the Lunacy Acts (three and fourteen day orders) also became voluntary patients when their orders expired.

Many patients gave notice prematurely and were discharged only to be readmitted. The rate of discharge was considerably increased which eased the position for urgent cases on the waiting list. Towards the end of the year the rate of discharge slowed with a decrease in the number of readmissions. There remained only five patients on the waiting list at the 31st of December.

Close liaison was maintained with the Consultant Psychiatrists at the Psychiatric Out-patient Clinics of the General Hospitals.

The Medical Superintendent, Springfield Hospital, continued to give full support to the Psychotherapeutic Day Centre and also co-operated by interviewing patients at his out-patient clinic.

Staff

Two officers were in training during the year in the duties of Duly Authorised Officer, Mr. Mountney completing his twelve months' period and established in the post of Mental Health Visitor / Duly Authorised Officer.

The post of Mental Health Visitor / Relief D.A.O., vacant for nearly a year, was filled by Miss Ingle, in June.

Mr. Nightingale, Trainee Mental Deficiency Worker, was appointed to the post of Mental Health Visitor / Trainee D.A.O., his vacant post being filled by Mr. Baker.

Several staff changes took place in Occupation Centres. One Assistant Supervisor, female, left for domestic reasons, and one Supervisor left to take up similar duties in Bournemouth, his assistant being promoted, leaving vacant the Assistant Supervisor post.

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

Occupation Centres :

Two Supervisors	Female
One Supervisor	Male
Four Assistant Supervisors	Female
One Assistant Supervisor	Male
One Caretaker.	

Full assistance has been given throughout the year by W.V.S., with gifts of clothing and other material help. The D.R.O. Section of the Labour Exchange has been most helpful.

Students

Three students from Manchester University did short periods of practical work with the service.

In connection with the courses organised by the Health Department, visits to Occupation Centres were arranged and short talks on the Mental Health Service were given to student nurses from local hospitals.

Lunacy and Mental Treatment Acts

Six hundred and four persons were notified to the Mental Health Service, 18 cases being carried forward from 1955, making a total of 622 cases dealt with during the year. Of these, 318 were admitted to Mental Hospitals. There were also 39 direct admissions of voluntary patients, i.e., through General Practitioner or out-patient clinics. A summary of the disposal of these cases is appended.

Prevention and After-care of Mental Illness

At 31st December, 1956, 178 persons were being visited by the Mental Health Service, of this number 148 were after-care cases.

Three thousand one hundred and sixty-five home and other visits have been made and 444 interviews given at the office.

The advisory service provided for other social workers and agencies continued to be used and was greatly appreciated.

Club

Therapeutic Social Club, 221, Langworthy Road, Salford, 6.

Another successful year was recorded. Many patients benefited from attendance at the Club. Mrs. Jones, of Wilmslow, continued to give her services as a dancing instructress once a month, and during the year a visit from the Manchester Country Dancing Society was paid to demonstrate country dancing and square dancing. It is felt that the Club is well worth while in the assistance it gives to discharged patients during the interim period between discharge and return to full social activities.

Psychotherapeutic Day Centre

224, Eccles Old Road.

(Women only. Open Monday to Friday, 1-30 p.m. to 4-30 p.m.)

The Centre is now well established and proving its worth in accommodating the early psychotic and depressive patient, also assisting in the rehabilitation of the discharged patient who is not yet fully able to return to work or run a household. Dr. R. A. Blair, Consultant Psychiatrist and Medical Superintendent, Springfield Hospital, has attended one session per week throughout the year, giving invaluable help and interviewing new patients. Under his guidance free art has been introduced, with some remarkable results, one patient who had never painted before producing some excellent portraits and landscapes.

At the 31st December, 1956, there were 16 patients on the register and during the year 1,485 attendances were recorded. In all 37 patients attended.

Occupation Centres

Broughton Centre, Broughton Union Church Rooms, Great Clowes Street, Salford, 7.

Seedley Centre, 221, Langworthy Road, Salford, 5.

Oldfield Male Adult Centre, Hope Congregational Church, Liverpool Street, Salford, 5.

Many of those attending the Centres again enjoyed a holiday at Prestatyn, through the kindly offices of the Salford Children's Holiday Camp Committee.

An 8 m.m. projector, screen and accessories to the value of £50 was presented to the Health Committee for use in the Centres by Diligence Lodge R.A.O.B. Other funds were raised by parents to enable extra films to be purchased.

The high standard of work carried out at the Adult Male Centre was maintained, and there was a great demand for articles produced, these include leather goods, rugs, stools, wash leathers, etc. The attendance throughout the year was very good, two defectives were found employment.

One female Assistant Supervisor attended a refresher course organised by the N.A.M.H.

Supervision—Mental Defectives

One thousand seven hundred and forty-four home and other visits were made and 311 interviews given at the office. Many difficult cases were encountered during the year mainly domestic and employment troubles. Towards the end of the year it became increasingly difficult to place suitable defectives in employment.

Full co-operation was maintained between the local Health Authority and the Manchester and District School for Jewish Handicapped Children.

There were several instances during the year when assistance was given with Salford defectives and, in particular, a non-Jewish family was helped over a very difficult period at a time when no other agency could assist.

Thanks

I would like to record my thanks to many workers and official bodies and societies in the area who have so readily given information about cases known to them, but I would like to stress that earlier referral of all cases of mental ill-health would be an advantage.

Thanks also are due to the many Doctors and Justices for their co-operation.

LUNACY AND MENTAL TREATMENT

DISPOSAL OF CASES REPORTED DURING 1956.

LUNACY ACTS.	*Under 65.* *M.*	*F.*	*Over 65.* *M.*	*F.*	*Total.*
Section 16. Summary Reception Order	7	10	4	3	24
„ 20. Three-day Order	56	52	6	16	130
„ 21. Fourteen-day Order	22	24	5	17	68
„ 11. (Urgency Order)	...	...	1	...	1
„ 5.	...	1	...	...	1
MENTAL TREATMENT ACT.					
Section 1.	34	45	5	10	94
„ 1. Direct admission (through G.P. or Out-patient Clinic)	29	8	2	...	39
	148	138	23	48	357
OTHER DISPOSAL.					
Referred to Psychiatric Clinic	9	3	2	1	15
Home supervision by Mental Health Service	50	49	6	14	119
Died after notification	...	...	...	1	1
Referred to other agencies	5	14	4	12	35
No action	46	28	12	31	117
Application withdrawn (remitted or relatives accepted responsibility)	2	4	...	6	12
Awaiting admission or disposal on 31st December ...	2	...	...	3	5
	114	98	24	68	304

ADMITTING HOSPITALS.	*Males.*	*Females.*	*Total.*
Springfield Hospital	135	169	304
Prestwich Hospital	17	19	36
Other Hospitals	13	4	17
			357

	Under 16.		16 and over.	
1. PARTICULARS OF CASES REPORTED DURING 1956.	*M.*	*F.*	*M.*	*F.*
(*a*) Cases ascertained to be defective "subject to be dealth with"	...	...	...	...
Number in which action taken on reports by :				
(1) Local Education Authorities on children—				
(i) while at school or liable to attend school ...	...	3	...	...
(ii) on leaving special schools	...	...	...	1
(iii) on leaving ordinary schools	5	7	7	6
(2) Police or by Courts	...	...	...	...
(3) Other sources	...	2	2	4
TOTAL OF 1 (*a*)	5	12	9	11
(*b*) Cases reported who were found to be defective but were not regarded as "subject to be dealt with" on any ground	...	...	2	3
(*c*) Cases reported who were not regarded as defectives and are thus excluded from (*a*) or (*b*)	2	...	2	...
(*d*) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (*a*) or (*b*)	3	6	4	1
TOTAL OF 1 (*a*), (*b*), (*c*), (*d*) ...	10	18	17	15
2. DISPOSAL OF CASES REPORTED DURING 1956. (The total of 2 (*a*), (*b*) and (*c*) must agree with that of 1 (*a*) and (*b*) above.))				
(*a*) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at 1 (*a*) number.))				
(i) Placed under Statutory Supervision	5	12	8	10
(ii) Placed under Guardianship	...	...	...	...
(iii) Taken to "Places of Safety"	...	...	...	...
(iv) Admitted to Hospitals	...	...	1	...
TOTAL OF 2 (*a*)	5	12	9	10
(*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	...	...	2	3
(ii) Action unnecessary	...	...	...	...
TOTAL OF 2 (*b*)	...	...	2	3
(*c*) Cases reported at 1 (*a*) or (*b*) above who removed from area or died before disposal was arranged	...	...	...	1
TOTAL OF 2 (*a*), (*b*), (*c*)	5	12	11	14
3. Number of Mental Defectives for whom care was arranged under Circular 5/52 during 1956 and admitted to—				
(*a*) National Health Service Hospitals	2	2	1	1
(*b*) Elsewhere	2	3	...	2
TOTAL	4	5	1	3
4. TOTAL CASES AT 31/12/56 (ON REGISTER).				
(i) Under Statutory Supervision	36	31	101	88
(ii) Under Guardianship	...	1	3	...
(iii) In "Places of Safety"	2	...	...	...
(iv) In Hospitals	7	9	163	135
TOTAL OF 4 (i), (ii), (iii), (iv) ...	45	41	267	223
(v) Under Voluntary Supervision	...	...	14	20
TOTAL OF 4 (i), (ii), (iii), (iv), (v)	45	41	281	243

	Under 16.		*16 and over.*	
	M.	*F.*	*M.*	*F.*
(*b*) Of cases included in 4 (i), (ii) and (v) number considered suitable for—				
(i) Occupation Centre	25	20	...	41
(ii) Industrial Centre	1	...	36	...
(iii) Home Training	...	...	...	...
TOTAL OF 6 (*b*)	26	20	36	41
(*c*) Of cases included in 6 (*b*) number receiving training on 31/12/56.				
(i) In Occupation Centre	21	15	...	21
(ii) In Industrial Centre	1	...	20	...
(iii) From a home teacher in groups	...	...	...	...
(iv) From a home teacher at home (not in groups)...	...	...	...	...
TOTAL OF 6 (*c*)	22	15	20	21

IMMUNISATION SECTION

During the past year 2,227 children aged 0-15 years completed immunisation in Salford.

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

	0–5 *years.*	5–15 *years.*	0–15 *years.*
Number immunised during year ended 31st December, 1956	2,190	37	2,227
Number immunised during year ended 31st December, 1955	2,258	62	2,320
Total immunised at 31st December, 1956 ...	8,797	25,673	34,470
Total immunised at 31st December, 1955 ...	9,167	25,851	35,018
Population figure, 1956	13,500	25,800	39,300
Per cent. immunised at 31st December, 1956 ...	65·16%	99·50%	87·77%
Per cent. immunised at 31st December, 1955 ...	65·94%	95·74%	85·61%

The children were immunised as follows :—

At child welfare centres	1,209
By public health nursing staff in the homes of the children	668
By nursing staff at schools	35
By General Practitioners	265
At Day Nurseries	9
At Hope Hospital	41
TOTAL	2,227

Of the 2,227 children completing immunisation, 2,047 received diphtheria, pertussis and tetanus (triple antigen) injections, 56 received combined diphtheria and pertussis injections, and 124 were immunised against diphtheria only.

Invitations to parents to bring their children to their nearest child welfare centre for triple antigen immunisation begin as the children attain the age of three months. Three injections of 1 ml. at a month's interval are given to complete the immunisation. The first invitation is by letter, and in it parents are urged to accept this offer to have their children protected against diphtheria, whooping cough and tetanus. As the second and third injections become due, an invitation card is sent to the parents to remind them to bring their children to their nearest child welfare centre on the dates stated. If any of the parents fail to attend at the dates and times asked, and also fail to attend a week later, a further invitation is sent. After a time lapse of one month, during which two invitations have been sent and there is still no response, the records are then referred to the Health Visitors to arrange home visits.

There have been three reactions reported after triple antigen immunisation during 1956, this shows a considerable decrease compared with last year when there were 21 reactions reported.

1,701 booster doses against diphtheria were given during 1956 to children just commencing school. January, 1956, was the start of triple antigen booster injections, given to children twelve months after the completion of primary immunisation. 496 children received a booster dose of triple antigen during 1956, a further booster dose of triple antigen will be given as the children commence school.

Whooping Cough Immunisation

A total of 2,137 children received immunisation against whooping cough during 1956. This number includes children who have received triple antigen and double antigen injections.

Mantoux Tests of Children under 5 years of age

Below are set out statistics relating to Mantoux testing of 1-year-old children during 1956.

	Age group 0–5 years.
Number of children who had a negative reaction	554
Number of children who had a positive reaction	9
Number of children who had a Mantoux test but did not attend for reading	19
Number of children who had a Mantoux test but the reading of the test was queried	1
TOTAL	583

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 continued during 1956. It was decided during June to give post-vaccination mantoux tests, the first test six weeks after vaccination, the second test twelve months later, on the 2nd July, 1956, the first of these mantoux tests was given. Previously, children who had received B.C.G. vaccination were inspected six weeks later to check the results of the vaccination. These inspections are still being given by the medical officers just before the children receive a mantoux test.

Statistics relating to B.C.G. vaccination and post-vaccination mantoux tests are given below.

SUMMARY OF CHILDREN WHO HAVE RECEIVED MANTOUX TESTS AND B.C.G. VACCINATION DURING 1956.

				First Mantoux Test					Second Mantoux Test						
	No. inv'd	Con-sents	Refu-sals	Posi-tive	Nega-tive	D.N.A.	D.N.A. for reading	Total	Posi-tive	Nega-tive	D.N.A.	Total	B.C.G.	D.N.A.	Total
Boys	1,001	549	452	90	391	55	13	549	23	357	11	391	341	16	357
Girls	971	527	444	72	370	64	21	527	22	335	13	370	328	7	335
TOTAL ...	1,972	1,076	896	162	761	119	34	1,076	45	692	24	761	669	23	692

Children who have had B.C.G. vaccination during 1955 and have received post-vaccination mantoux tests twelve months later during 1956.

Number of children who had a negative reaction	10
Number of children who had a positive reaction	299
Number of children who had a mantoux test but the reading was queried	Nil

Children who have had B.C.G. vaccination during 1956 and have also received post-vaccination mantoux tests during the same year.

Number of children who had a negative reaction	2
Number of children who had a positive reaction	464
Number of children who had a mantoux test but the reading was queried	6
Number of children who were absent from school during the tests ...	47

Poliomyelitis Vaccination

During 1956, vaccination against poliomyelitis was offered to all children born in the years 1947 to 1954 inclusive, this being the age group 2-9 years. 8,896 consents were received in this age group, but during May and June only enough vaccine was available for a small proportion of these children. Children born in the months of November, in the years 1947 to 1954, and March, in the years 1951 to 1954, with a reserve month August, in the years 1947 to 1954, were the first groups of children announced by the Ministry to receive vaccination. Seven hundred and ninety-nine children in the above age groups completed two injections against poliomyelitis during May and June, 109 children received a first injection only. A further supply of vaccine was received during November to complete the children who had only received one injection at the end of June. Eighty of these children attended and received a second injection, and a further 23 children received a first injection. The totals for the year are as follows : 879 children received the full course of two injections ; 52 children have received one injection only and still require a further injection to complete the course. These 52 children will be given a second injection as soon as supplies of vaccine are received during 1957.

VACCINATION AGAINST SMALLPOX

I have commented upon the present poor state of vaccination in Salford as compared with former years so often that I do not think that any useful purpose will be served by repeating myself on this occasion.

Under existing conditions the only event which might tend to bring about a great and speedy improvement in the vaccinal state of the local public is the likelihood of an outbreak of smallpox in this part of the country.

The figures relating to vaccination in Salford during 1956 are as follows :—

Age at date of vaccination in year.	*Under 1 year.*	*1 year.*	*2–4 years.*	*5–15 years.*	*15 years and over.*	*Total.*
Primary vaccinations	1,140	50	24	23	43	1,280
Re-vaccinations	...	1	11	26	216	254

Primary vaccinations under one year represents 40·3% of the live births in Salford during 1956 as compared with 32·4% during 1955 and 41·1% in 1954.

The total number vaccinated was 311 more than in 1955.

AMBULANCE SERVICE

During 1956 the Ambulance Service continued to operate effectively.

The day-to-day operation of the service continued to be directed by the Director of the Central Garage, while the financial responsibility remained with the Medical Officer of Health, these two essential aspects of the service being co-ordinated by the Health and Central Garage Sub-Committee which met and received reports from both chief officers monthly.

The Mobile Radio Service again proved to be of great help in maintaining rapid communication between the headquarters of the service, and the vehicles provided with the essential equipment. One has no hesitation in saying after five years' experience that mobile radio equipment can now be regarded as essential to the efficient operation of a modern Ambulance Service. Above all, the service is of the greatest possible value in securing attention for accidents in which, of course, speed is of first importance.

The appended particulars apply to the Ambulance Service for the year 1956 :—

(1) Number of vehicles in use at 31st December, 1956 :—

Ambulances	8
Sitting-case Ambulances	3
Sitting-case Cars	3

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

Ambulance	61,542
Car	5,496

(3) Total mileage during the year :—

Ambulances	175,866
Sitting-case Cars	45,429

(4) Number of whole-time staff at 31st December, 1956 :—

Assistant Ambulance Officers	2
Driver Attendants	41

The following is the analysis of patients carried in 1955 as compared with 1956.

	1955.	1956.
Spastic	3,941	4,184
Midwifery	2,173	2,007
House Conveyance	45,814	46,870
Inter-Hospital	2,033	2,216
Maternity	1,568	1,715
Gas and Air	604	725
Mental	1,262	2,007
Infectious	380	344
Emergency	2,847	2,958
Handicapped Persons	5,261	3,969
Miscellaneous	—	—
Rechargeable to other areas	58	43
TOTALS	65,941	67,038

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

	1955.	1956.
Spastic	6,320	6,658
Midwifery	14,695	13,634
House Conveyance	148,031	140,921
Inter-Hospital	13,024	12,239
Maternity	10,437	10,908
Gas and Air	3,165	3,612
Mental	8,127	9,211
Rechargeable	849	514
Emergency	12,728	13,201
Miscellaneous	2,591	2,887
Infectious	3,475	3,626
Handicapped Persons	5,086	3,884
TOTALS	228,528	221,295

HEALTH EDUCATION

Although Health Education is, temporarily, not a separate section the facilities for the spread of health knowledge are still available.

During the year lectures have been arranged on such subjects as " Foot Health," " Scabies," and the " Care of Asthmatics," usually illustrated with the aid of filmstrips and flannelgraphs.

The use of sound films to Health Department personnel, Mothers' Clubs, Parent-Teacher Associations, Co-operative Women's Guilds and others, included :—

Midwifery	" My First Baby."
Child Care	" Thursday's Children."
	" Your Children's Play."
	" Your Children's Sleep."
Care of the Aged	" None to Trouble Nobody."
Food Hygiene	" Food Without Danger."

Occasionally, visits of several days' duration, were arranged for overseas visitors to study all aspects of Health Department work. These included two Doctors (an Iranian and an Italian), a Health Educationist from the Philippines, and two Colonial students of tuberculosis.

The new Salford Health Services Handbook has been published, with a full range of photographs.

Chest X-ray and Diabetic Surveys

The annual Chest X-ray Survey was conducted in two areas of the City in co-operation with Manchester Regional Hospital Board, No. 2 Mass Radiography Unit (Dr. R. Walshaw, Medical Director). Nearly 8,000 persons were X-rayed.

Attention was concentrated on special groups, i.e., food handlers, food shopkeepers, milk and ice-cream dealers, barmen, hairdressers and certain other trades and professions.

Of 141 lodging house residents who were X-rayed, 6 (4·25%) were found to require hospital treatment. Two were admitted, and discharged to their home towns later, the other four were out-patients.

The admission to a seaport hospital of a seaman with advanced pulmonary tuberculosis brought an urgent request for X-ray of 63 of the ship's company on arrival at Salford Docks. Ten of these were recalled for further examination when four were revealed as " heart cases " and six had non-active tuberculosis, of whom three were registered for further observation.

As in previous X-ray surveys all persons attending were also invited to participate in a simultaneous search for diabetics. One thousand seven hundred and twenty-seven people took advantage of this opportunity, and, of these, 79 (4·57%) showed abnormal urine-test reactions. Laboratory tests showed that 26 contained glucose and 36 had albumin.

Co-operation with family doctors resulted in further investigations with the result that seven of those persons were found to have diabetes in varying degrees, one had glycosuria due to a malignant tumour, and four had heavy albuminuria.

The diabetics commenced treatment at once and the others are undergoing further investigation.

SCHOOL HEALTH SERVICE ANNUAL REPORT

To the Chairman and Members of the School Health Sub-Committee

Mr. Chairman, Ladies and Gentlemen,

> " *Over* 100 *years ago the healthy children were usually those of the rich aristocratic families, as we see from the paintings of children of that time. Today, by first class health services, such healthy children may be found in every school.*"

I submit my Annual Report for 1956. Fifty years ago the School Health Service came into being in this area. During this time, increasing efforts have been made by the authority to promote the health of the children, to prevent preventable disease, and where disease has occurred, to detect it at the earliest possible stage so that corrective care and after-care may be given. The ideal of the service is to promote health and prevent disease rather than to cure and although the disease which has been prevented does not appear on any table of statistics, you may be confident that many defects and disorders which could have occurred have been avoided and child health and happiness not only maintained but enhanced.

A comparison between photographs of today and of fifty years ago clearly show a great improvement in physical standards of child care. Obviously there would be numerous exceptions, but if we may go on the evidence of photographs it is probably safe to say that in general the children of fifty years ago had rather a wan appearance and had not the happy " vital " look of the modern child. The normally well-shod and adequately-dressed children of today are in direct contrast to those badly clothed children, some without footwear and many wearing other people's cast-offs. I like to think that not only have the outward signs of child care become more manifest, as witness the definite improvement in child clothing and footwear and in cleanliness and nutrition of the child but that there now exists a greater glow of health and that joy in life which should be the child's heritage. In the field of physical education, for example, the modern child has fun and games denied to the child of fifty years ago. The old dumb-bell ways, the routine drill in unsuitable clothing, the " hands behind and sit up straight " attitude have now been superseded by the " play-way " to health, with greater freedom, more spontaneity and less uniformity.

The School Health Service, however, is not concerned solely with physical standards. Health has mental, psychological and social components, one aspect of which is shown in the great attention rightly paid by you to educational subnormality. Increasing emphasis in your service is laid on teaching the healthy way of life and the self-discipline of good habits which bring their own reward in the pleasure stemming from obedience to the laws of health. Throughout the last fifty years a great deal of health teaching has taken place by teachers, nurses and doctors with and through parents. Through the care of the school child have occurred higher standards of family health habits. Through home visits, now so important a feature of the School Health Service, there is now more knowledge and consequently more chance of modification of the home and social environment of the child. The Minor Ailments Clinic has ensured that many ailments have been minor, thus preventing them from developing

into major detriments to the health of the children. I cannot find a case of rickets among our school children, nor a case during the last few years of diphtheria. It is worthy of note that the last death of a child through diphtheria was in October 1946. Recently we have seen the results of a battle which has been won against infestation, although vigilance and effort will be required to consolidate the victory and eradicate this trouble completely. The main difficulty is of course that infestation can be brought in from outside. Services from head to toe (as instanced for example by the disinfestation and foot health services) show the comprehensive care given to children and include correction of speech defects, intelligence testing and special provision for the delicate.

From all these factors has emerged a clear realisation of the importance of family health. The School Health Service, together with the Maternity and Child Welfare Service, has led to a new appreciation of the need to promote good health and of the importance of vigilance to control the spread of disease within the family.

At this point it may be salutory to point out some needs still inadequately met. These include health education, preparation for making a home as well as preparation for parenthood and a lessening of the physical perils to life by drawing attention to the common avoidable accidents—particularly those classed as " accidents in the home " and road accidents. A great deal of good may be done among older children by a campaign to make clear the physical harm which may result from tobacco-smoking. I believe that parents would more than ever welcome any discouragement of this habit and would give full co-operation. Old tasks still needing attention include the ever-increasing care of the special senses of hearing and sight. Deafness has still to be alleviated if it cannot be cured. Squint and defective vision need ever-better facilities for care and aftercare. Dental disease is widespread ; caries is rampant, partly as a result of the low fluoride content of the water. If we are unable to cure we must ensure, by methods old and new, that the defects do not handicap the children.

Much care has been given to handicapped children who require special care and educational treatment. The health of the delicate child can be stepped up through good feeding and admission to an open air school. The spastic child must continue to receive a comprehensive treatment and re-education and the health of the asthmatic child must be built up with active exercises which may in some cases control the disability. The crippled child can be helped by exercises and operations. The fits of the epileptic child may be better controlled by calling in the many consultant services. In these and other ways the School Health Service will always have a vital part to play.

The salient factors in our work with the handicapped child are as follows. The earlier the ascertainment the better ; full co-operation with the parent who should retain full responsibility for the child and whose co-operation is so necessary in teaching, training and in the care of the child ; full care, bringing into play all the specialities involved ; care before, during and after school life ; an appreciation of all the aspects of school health other than the physical i.e. the psychological, social and educational aspects which are so important. Medical, nursing and educational requirements go hand in hand.

Let us consider some of the practical measures which have been taken during 1956. The screening of half of the entrants in connection with vision testing has been carried out. Special attention has been paid to the compilation

of a complete record of the child's health at school. A new form which includes all the results of examinations, home visits and other information gathered by the school health visitor is available to the medical officer on his visits. A special effort is made to secure a complete description of the home, social and medical picture of the child the first time it is examined. Co-operation with the family doctor is a cardinal principle of our work and in this connection a summary report on children nearing school-leaving age is compiled by medical officers where items of medical history obtained by the School Health Service would be useful to the general practitioner. This report gives the family doctor an indication of any defects found and on the reverse of the card space is given for any more detailed information which may be of use. In addition general practitioners are informed of any specialist examinations taking place by arrangement with the School Health Service. It is the usual practice that the general practitioner is informed of the results of such examinations by the specialist. Fortunately Salford has the advantage of having the services of a consultant pædiatrician who holds a clinic on your premises and co-operates not only with the staff of the School Health Service but also with the family doctors. Such services directed to some particular defect are, together with the periodic inspections important instruments in school health work.

The emphasis however must still be on health education. It should be borne in mind that health education cannot always be given collectively and must on occasion be individual ; it is only in privacy that many consultations and perhaps examinations can take place.

Here are some of our failures. The non-attendance of 63% of parents at medical examinations of leavers is a disappointment. Many conditions such as bed-wetting, petit mal, epilepsy and asthma can only be appreciated fully with the information and help which the parent can give. Employment as well as future adjustment of the child to society depends on this parental co-operation.

In the report for 1954 a comment was made on the health of school children in relation to absenteeism. During that year the average attendance was 90·5 for primary school children and 91·6 for secondary school children. The school welfare officers were rather concerned about this attendance in relation to absolute numbers and it was pointed out then that 2,325 primary school children and 302 secondary school children were out of school every school day of the year. The general classification of the reasons for non-attendance as given by the school welfare officers is included in the following table.

	Primary		Secondary	
	Per cent.	In actual numbers	Per cent.	In actual numbers
Truancy	·5	12	·5	2
Poverty	1·5	36	1·5	6
Home duties	5·0	116	10·0	30
Epidemics	20·0	464	15·0	45
Sickness	60·0	1,395	60·0	180
Oversleeping	5·0	116	5·0	15
Needless absence	4·0	93	4·0	12
Parents' holidays	4·0	93	4·0	12
Totals		2,325		302

In 1956 the picture is very little different and the following table for 1956 will show that absence from school varies little with the seasons.

Primary and Special Schools				Secondary Schools			
Month	No. on rolls	Average attendance.	%	Month	No. on rolls	Average attendance.	%
January	23,938	21,501	89·82	January ...	4,623	4,284	92·67
February	23,938	20,885	87·25	February ...	4,616	4,121	89·28
March	23,889	21,720	90.9	March	4,607	4,334	91·7
April	23,981	22,228	92.69	April	4,423	4,137	93·53
May	23,950	21,992	91·82	May	4,420	4,065	91·97
June	23,954	22,019	91·92	June	4,408	4,090	92·78
July	23,930	21,443	89·7	July	4,408	3,964	89·9
September	23,548	21,600	91·7	September ...	4,937	4,542	91·9
October...	23,567	21,735	92·2	October... ...	4,933	4,609	93·4
November	23,595	21,403	90·7	November ...	4,920	4,533	92·1
December	23,586	21,221	89·9	December ...	4,912	4,508	91·8

A large number of days are lost through epidemic infectious diseases. The number of children out of school on account of alleged infectious diseases as reported by school welfare officers is many times the number notified as suffering from such diseases by general practitioners. A number of children may be away owing to causes mis-stated by the parents to the school authorities but it is doubtful that this can explain the very great discrepancy in the figures. The fact remains, however, that 2,569 children were absent every day of the school year.

I should like to express my thanks for the co-operation of Mr. F. A. J. Rivett, M.Sc., Director of Education and his teaching and administrative staff. My thanks are also due to those members of the medical, nursing and administrative staffs of whose work this report gives some account. For the support which you, Mr. Chairman, Ladies and Gentlemen, have given during the year, I am extremely grateful.

I have the honour to be,

Your obedient Servant,

J. L. Burn

Principal School Medical Officer

Medical Inspection and Treatment.

Medical Inspections.

In Salford, children are examined at five, seven, ten and thirteen years of age, and in the case of children at Grammar Schools at the age of thirteen and during the last year at school. Besides these examinations there are special inspections made after a specific request by either teachers, parents, health visitors or others when some defect is suspected, or after any lengthy absence from school. In addition re-inspections are carried out at school clinics on children who at a previous inspection had some defect requiring treatment or observation. The elasticity allowed to Local Authorities with regard to these inspections allows more consideration to be given to the individual needs of every child and provides greater scope for observation and treatment of children requiring care and attention. The number of periodic examinations carried out in schools last year was 9,197, the highest ever recorded in Salford.

There appears to be, unfortunately, a rise in the number of individual pupils found at periodic medical inspection to require treatment. The figure of 176 per thousand in 1956 is not outstandingly significant but is disappointing compared with the year 1955 when the figure of 117 per thousand was one of the lowest on record.

Apart from these examinations by the Medical Officers, Health Visitors/School Nurses carry out surveys of all children at their schools periodically and are responsible for the routine eye testing of children at the ages of 6, 8, 10 and 12 years. During the last year it has been possible to carry out the screening of half the entrants to infant schools by means of the Snellen's Illiterate E chart for Eye Testing. The testing of these young children is a very much slower task than with the older age groups but it is hoped that the work will prove to be well worth doing in the fact of the early recognition of eye defects. It is hoped that the scheme might be extended to all children in the new year with the improvement in the staffing situation of Health Visitors/School Nurses.

School Medical Records.

In order to assess the progress in normal growth or otherwise it is essential that a complete record of the child's health at school be maintained. Last year for the first time form 10BM was introduced for use in our schools. By these arrangements results of all survey examinations, hair inspections, home visits and other information gathered by the School Nurse is recorded on the one card which is readily available at the school and to the Doctor at the routine medical inspection. It is hoped by this system to ensure that all information about the child and its medical surveillance during the interim periods between routine inspections will be readily available and so avoid possible failure in follow up of the previous recommendations at the inspections by either School Nurses or the Doctor. In this connection it must be emphasised that the main record Card 10M is still maintained at the main School Health Service Office, thereby ensuring that the information on this record is confidential.

Presence of Parents at Medical Inspections.

	Parents present	*No. of Pupils inspected.*	*% present.*
Entrants	2,480	2,821	88%
Intermediate	1,592	2,164	74%
Leavers	863	2,279	37%
Other Periodic Inspections	760	1,004	75%
7 years	777	929	83%

Examination of Teachers

Candidates for entry to the teaching profession and to courses of training for teaching were medically examined in accordance with the Ministry of Education Circular No. 249.

During the year forty-one candidates for admission to training college and seventy-nine candidates for employment as teachers were examined. X-ray examinations to ensure the absence of tuberculosis were carried out in each case—where possible by Mass Miniature Radiography Units.

Miscellaneous Examinations.

Examinations in connection with the employment of children 1956.

Newspapers		461
Errand Boys—Grocers		12
	Butchers	10
	Shoe Repairer	1
	Ironmonger	2
	Greengrocery	1
	Fruiterers	2
		489

Re-examinations ... 501

Handicapped Children

1414 children were registered as suffering from some form or other of physical or mental handicap, of these 685 require some form of special educational treatment while the remaining 729 children were placed on a " Special " register regarding their handicap.

" *Special* " *Register, December* 31*st* 1956.

Asthma	35
Partially Sighted	22
Heart	12
Partially Deaf including Lip Reading and/or hearing aid	13
Delicate	371
Phys. Handicapped, Cerebral Palsy, A.P.M. and Other Defects	129
Epileptic	47
Multiple Defects	8
Rheumatism	64
Maladjusted	5
Diabetes	8
Speech (Cleft Palate and Dyslalia)	15
	729

HANDICAPPED PUPILS

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Number *newly placed* in special schools or boarding homes ...	2	4*	1	—	120	11	61	3	—	202
Number *newly assessed* as needing special educational treatment at special schools or in boarding homes	2	3	1	—	139	10	177	3	3	338
(i) Number on the registers of special schools as—										
(*a*) day pupils	—	15*	—	10**	198	6	63	—	—	292
(*b*) boarding pupils ...	8	—	17	—	52	5	54	7	1	144
(ii) Number on the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	—	—	—
Number being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	—	6	—	—	—	6

* In special class in Day Open Air School.
** In special class for partially deaf.

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	—	—	—	4**	25	1	203*	—	1	234
(*b*) boarding ...	—	—	—	—	6	8	19	1	2	36
(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	—	—	—	—	1	—	—	—	—	1
(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	—	—	—	—	4	—	8	—	—	12
(*b*) awaiting boarding places	—	—	—	—	2	—	7	—	—	9

* 191 of this number are either attending or awaiting admission to E.S.N. special classes.

** Awaiting admission to special class for partially deaf.

46 children were on the registers of hospital special schools (including 11 in the spastic group).

During the calendar year ending 31st December, 1956 seven children were reported to the Local Health Authority under Section 57(3) and thirty-nine children were reported under Section 57(5).

RHEUMATISM.

RHEUMATISM REGISTER AT DECEMBER 31st, 1956.

	Boys		Girls	
	Old Cases	New Cases	Old Cases	New Cases
Acute Rheumatism	16	7	23	5
Rheumatic Carditis	2	—	—	1
Rheumatic Arthritis	2	—	—	1
Rheumatic Chorea	1	—	3	—
TOTALS	21	7	26	7

During 1956, sixteen children who were on the register left school, four left Salford, and two were discharged.

Of the new cases of Acute Rheumatism, eight were between eight and fifteen years of age and five of these were over eleven years of age.

1954

Of the twenty-nine new cases notified nine were boys and twenty were girls. There were twenty-eight cases of Acute Rheumatism and one of Rheumatic Chorea. Twenty five of the Acute Rheumatism cases were between eight and fifteen years of age and of these, sixteen were over eleven years of age.

1955

New cases notified totalled eighteen, of which ten were boys and eight girls. Of this total sixteen were suffering from Acute Rheumatism, one from Rheumatic Carditis and one from Rheumatic Chorea. Eleven of the Acute Rheumatism cases were between eight and fifteen years of age and of these six were over eleven years of age.

TREATMENT.

The arrangements outlined in previous reports for the provision of medical treatment under Section 48 of the Education Act 1944 have been continued.

(1) *Minor Ailments.* These continue to be treated at the clinics situated at Regent Road, Police Street, Murray Street, Langworthy Clinic, on school premises at Broughton Secondary Modern School, Clarendon Secondary Modern School, Blackfriars Road School, Barr Hill and Claremont Open Air Schools. The mobile minor ailments clinic now visits fifteen schools which are not within reasonable distance of a clinic.

(2) *Skin defects.* Simple skin defects are dealt with at the minor ailments clinics. Mr. Kelly however reports on the question of scabies and ring worm as follows :—

Scabies Figures for 1956.

	New Cases		
	School	*Under*	
Adults	*Children*	*5 years*	*Total*
192 (Inc. 9 BV)	75	32	299 (Inc. 9 BV)

B.V. = Body Vermin i.e., 5 Elderly people with Body Lice.
4 Young people with Crab Lice.

There were 147 home-treatments and of these 31 were contacts in a hostel who were treated as a precautionary measure only.

Old Cases (i.e. persons retreated within 6 weeks) = Nil.

Although there has been a 36% increase in the number of school children treated for Scabies, i.e. 75 compared with 55 in 1955, this does not give cause for particular concern. A careless family which was infested on three separate occasions over a period of seven months and each time withheld details of contacts, was responsible for infection spreading to 11 families.

Intense questioning, involving a full weeks work over three areas of Salford and a diligent follow-up of all contacts eventually broke this cycle of infection.

Contacts. The importance of treating all contacts simultaneously cannot be too strongly emphasized. There was an increase of 20 (against 1955) in the number of children treated. Many of these were not " positive " scabies cases, only contacts, but the value of precautionary treatment—which must be simultaneous to be effective—is satisfactorily demonstrated by the fact that there were no " Old Cases." In other words, no child required re-treatment within six weeks.

In this connection it is of importance to note that the problem of scabies infestation is not the problem of the school child but of the community in general, and that any reduction in infestation in the school population must also be effected in the other older members of the family if any gross reduction in incidence is to result. Herein lies the importance of inculcating in the minds of children the feeling of well being in being free from the scourge of infestation so that in the future we would have an adult population who would not tolerate being infested themselves.

Ringworm. The number of examinations for Ringworm, under a Wood's Lamp, is much reduced—from 42 in 1955 (4 positives) to 28 in 1956 (6 positives) —and although the percentage of positive cases is obviously higher it must be pointed out that three of these were brothers so that the spread of infection was not unusual.

The Public Health Laboratory readily assisted in the diagnosis of these Ringworms by microscopic examinations of, and culture from, hair specimens and skin scrapings.

The three brothers were referred to Manchester Skin Hospital whilst the remaining three were successfully treated at the School Health Service Minor Ailment Clinics.

(3) *Ear, Nose and Throat Clinics.* The pre tonsillectomy clinic and the E.N.T. specialist clinic continued to function during the year. Routine audiometric surveys are carried out in schools and children requiring more detailed examination are referred for examination to one of the static clinics where an individual test with a pure tone audiometer is carried out. Children who still require more expert opinion are referred to Professor Ewing at the Manchester University Department of Education of the Deaf.

An enquiry into the number of children who have undergone the operation of tonsillectomy and adenoidectomy is detailed overleaf :—

	Boys	Girls	Total	No. of children examined	%
Entrants	132	86	218	2821	7·7
7 year olds	62	64	126	929	13·7
10 year olds	217	205	422	2164	19·5
13 year olds	192	265	457	2279	20·0
Other Periodic Inspections	7	18	25	1004	2·4
TOTALS	610	638	1248	9197	13·6

It will be seen that 20% of the older children and 13·6% of all children have had the operation. Compared to other parts of the country and taking into account the fact that the atmosphere of Salford is conducive to upper respiratory infections, the figure is relatively low. One point however is clear, Tonsillectomy is not a fashionable type of operation to the public and the pre-tonsillectomy clinic has justified itself.

(4) *Orthopædic Conditions.* School children found on routine medical inspections to be suffering from orthopædic conditions continue to be seen by a specialist on the staff of the Regional Hospital Board.

(5) *Dental Clinics.* In addition to routine inspections and treatment, orthodontic services are provided. The clinic attended by the oral hygienist continues to function.

(6) *Chiropodic Clinic.* Chiropody services are provided apart from routine inspections and examinations. Great emphasis is laid on the prevention of foot defects.

IMMUNISATION AND VACCINATION'

Diphtheria Immunisation. The actual number of children immunised is very much less than last year. During May, 1956 diphtheria booster injections to school children were discontinued for a few weeks because of the start of the poliomyelitis vaccination. This resulted in a decrease in children immunised when compared with last year. Less some concern be felt it must be said, however, that the actual number of children under five who were given primary immunisation injections was maintained.

It will be noted as in previous years that only a very small proportion of the immunisations were carried out by general practitioners and that the bulk of immunisation was carried out in schools.

Summary of injections given January to December, 1956. 5 to 15 years.

		Completed Immunisation.	
	Safety injections.	*A.P.T.*	*T.A.F.*
Schools	1,538	34	1
General Practitioners	19	2	—
District	—	—	—
Clinics	—	—	—
Totals	1,557	36	1

Vaccination of School Children against Tuberculosis. Arrangements for the B.C.G. vaccination of school children worked extremely smoothly during last year thanks to the co-operation of the headteachers. Out of a total of 1,076 children whose parents consented to take part in the scheme, 669 children were vaccinated and 207 children did not require to be vaccinated as they were positive reactors. The follow up of children who were vaccinated the previous year was carried out in the form of a post vaccination mantoux test. The results of the years work are tabulated below.

B.C.G. Vaccination of School Children.

SUMMARY OF CHILDREN WHO HAVE RECEIVED MANTOUX TESTS AND B.C.G. VACCINATIONS DURING 1956.

				1st Mantoux Test					2nd Mantoux Test						
	No. Inv.	Consents.	Refusals	Positive	Negative	D.N.A.	D.N.A. for reading	Total	Positive	Negative	D.N.A.	Total	B.C.G.	D.N.A.	Total
Boys ...	1001	549	452	90	391	55	13	549	23	357	11	391	341	16	357
Girls ...	971	527	444	72	370	64	21	527	22	335	13	370	328	7	335
Total ...	1972	1076	896	162	761	119	34	1076	45	692	24	761	669	23	692

PERCENTAGES FROM NUMBER OF COMPLETED MANTOUX TESTS GIVEN

Children who have received B.C.G. Vaccination = 74·42%.

Children who have received completed Mantoux Tests but did not attend for B.C.G. Vaccination = 2·56%.

Poliomyelitis Vaccination. As a result of the Ministry of Health Circular 2/56 and the Ministry of Education Administrative Memorandum No. 522 arrangements were made to provide for the vaccination of school children who were between the ages of 2—9 years in the selected age groups as outlined by the Ministry of Health. The actual vaccination procedure consisted of two injections with a month's interval between. Vaccination was carried out at a time outside the poliomyelitis season. The children selected were in the age groups nominated by the Ministry of Health from the children whose parents had given their consent. There were no untoward incidents with regard to the vaccination in Salford.

POLIOMYELITIS VACCINATION DURING 1956.
5—15 years.

Clinic	Number invited	1st injection	2nd injection	Total injections
Regent Road	337	127	124	251
Murray Street	436	151	135	286
Langworthy	158	58	57	115
Police Street	421	146	133	279
TOTALS	1,352	482	449	931

SCHOOL CHILDREN'S CONVALESCENCE.

One hundred and fifty-five school children were sent for periods of convalescence during 1956.

Of this number, 103 were referred by school medical officers, 41 were referred from hospitals, where the children were in-patients at the time of application, and five were referred by general practitioners, two by the N.S.P.C.C. and one by the Child Guidance Clinic.

75 children were away for four weeks or less.
12 ,, ,, ,, ,, five ,, ,, ,,
50 ,, ,, ,, ,, six ,, ,, ,,
6 ,, ,, ,, ,, seven ,, ,, ,,
10 ,, ,, ,, ,, eight ,, ,, ,,
1 child was ,, ,, nine ,, ,, ,,
1 ,, ,, ,, ,, eleven ,, ,, ,,

The Homes used, and the numbers of children sent to each, are given below :—

West Kirby Convalescent Home	8
Taxal Edge (for boys 9 to 15 years)	33
Ormerod Home, St. Annes-on-Sea	34
Margaret Beavan Home, Heswall	7
St. Joseph's, Freshfield	14
Boy's and Girls' Refuge Home, Tanllwyfan, Colwyn Bay	42
Hillary Convalescent Home, Prestatyn	5
Hilbre Nursing Home, Gwespyr	5
Swancoe House	2
Total	150

On the recommendation of the Orthopædic Surgeon five spastic children went to the White Heather Home, Colwyn Bay, for two weeks each. Arrangements which proved abortive were made in twenty-two cases.

Co-operation with the Hospital and Specialist Services.

Co-operation exists between School Health and the hospital and specialist service and the links are becoming stronger. In this connection it must be mentioned that the Almoner at the hospital is a very important person in this matter. It has been found that the co-operation is at its best where the Almoner is fully aware of the after-care services available in the area from which the patient comes. In addition to this, the work of liaison Health Visitors between Hospitals and Local Authority services is invaluable for reporting on home conditions of patients. Were it not for this service many patients would be discharged from hospital to conditions which would definitely retard their complete recovery. In large cities like Salford and neighbouring Manchester with its highly specialised hospitals such close liaison is essential.

Enuresis.

Enuresis or simply bed-wetting is an extremely difficult problem. A child is considered to be an enuretic if after the age of five years, full control of the bladder has not been established. The problem has only recently been investigated in any great detail and it is astonishing to find that such large numbers of children suffer from the disability.

The factors responsible might be social, psychological or medical. Poor social training is a definite factor in the problem of enuresis and it is important that parents introduce some definite form of training early in the child's life. Over-emphasis on social training however, might lead to psychological disturbance, especially if unfortunately there happens to be an under-lying medical factor which prevents the child gaining full control. Failure to gain control on the part of the child puts an extremely heavy burden on the household.

If a child fails to develop control at the proper time it is an extremely difficult task to convince the family that the ultimate prognosis, in most cases is good. Reference to the Child Guidance Clinic is on occasion alarming. Enuresis is a problem for the School Health Service.

ENURESIS CASES—1956.

Boys			Girls			Total	Discharged			Cases		Total
NC	OC	Total	NC	OC	Total		Boys	Girls	Total	Boys	Girls	Cases
33	175	208	45	163	208	416	30	28	58	178	180	358

Educationally Subnormal Children.

This is one of the largest categories of ascertained handicapped children. The problem of educational subnormality is a difficult one and it is gratifying to note that this year 400 children (the highest number ever) were examined. The number of attendances has risen considerably and only 22% of the number of invitations sent to parents resulted in non-attendance. How far this is due to the change in the form of invitation it is hard to say, but the percentage of non-attendances is the lowest so far recorded.

For some years after the 1944 enactment this matter was dealt with in rather an informal letter in order to avoid upsetting public opinion. Now, however, general indications show that the people are more ready to receive this type of education with less disquieting consequences. We have changed the form of letter so that it now clearly indicates the parental responsibilities in a more formal manner. The medical officers concerned in the examination of these children have reported little disquiet in consequence. Indeed, some parents have made enquiries into the appropriate sections and have expressed concern about the problem in their own children and have expressed their willingness to co-operate fully in the child's treatment.

Educationally Subnormal Cases 1956.

NUMBER EXAMINED.

1.	Education in an ordinary school	93
2.	Education in an ordinary school with special educational treatment	25
3.	Education in a Day Special School	165
4.	Education in a Boarding Special School	37
5.	Notified under Subsection 3.	11
6.	Notified under Subsection 5.	23
7.	To be re-examined in 12 months	46
	Total	400

	New Cases	*Old Cases*	*Total*
Boys	201	62 =	263
Girls	89	48 =	137
	290	110 =	400

No. of Invitations sent to parents			515
Attended	(approx.)	78%	400
Did not attend	,,	22%	115

EPILEPTIC CHILDREN.

There were 56 children on the epileptic register for the year ending 31st December, 1956. Most of these children have been investigated by Dr. J. S. Parkinson, the consultant neurologist. The stabilising of these children from the point of view of actual fits is fairly complete in most cases with the modern anti-convulsant therapy available, but the question of controlling difficult behaviour in some of these cases still remains a challenge. The stage is fast approaching when the difficult features of the condition of epilepsy which need more careful investigation and attention are not the questions of the motor component of actual fits. At the moment it is difficult to obtain places for children with behaviour disorders at residential schools for epileptics. One can appreciate the difficulties of their management in school but as arrangements stand at the present the problem is acute when these children have to remain at home and make the best of local arrangements with regard to their education. Fortunately in Salford we have the services of a head teacher at one of our open air schools who is sympathetic to the problem and so it was possible to arrange for two difficult behaviour problems due to epilepsy to be suitably

accommodated at the school and settled with regard to their behaviour. Further consideration might be given to this problem of behaviour by the managers of epileptic schools now that the problem of admission of children with fits has eased considerably and more and more children are being rehabilitated in ordinary schools.

Heights and Weights of School Children

The measuring of heights and weights of school children has been carried out regularly at routine medical inspections for a number of years and it was indeed gratifying to see that children are taller and heavier for their age than those of many years ago in comparative age-groups. One does, however, see yearly variations of the averages recorded and allowing for the fullest limits and margin of error in measurement, these variations do sometimes appear significant. How far they appear to follow the periodic cycle of epidemic years of infectious diseases it is hard to say, but it does give some indication that although the pattern of mortality has changed we still have these variations in health.

Average Heights and Weights, 1956.

	Average Age	Average Height	Average Weight	No. Examined
Nursery				
Boys	4 yrs. 6·5 mths.	38·8″	38·9 lbs.	358
Girls	4 yrs. 5·3 mths.	40·3″	36·3 lbs.	384
Entrants				
Boys	5 yrs. 7·8 mths.	42·6″	42·0 lbs.	1,476
Girls	5 yrs. 7·9 mths.	43·0″	42·1 lbs.	1,282
Intermediates				
Boys	10 yrs. 10·1 mths.	53·9	70·2 lbs.	1,067
Girls	10 yrs. 6·8 mths.	53·8″	70·8 lbs.	1,007
Leavers				
Boys	13 yrs. 6·3 mths.	59·8″	94·8 lbs.	1,070
Girls	13 yrs. 8·1 mths.	60·2″	99·9 lbs.	1,283
Total				7,927

Boys						Girls					
	Weights		Heights				Weights		Heights		
Year	Average Age	Average Weight	Average Age	Average Height	No. of children	Year	Average Age	Average Weight	Average Age	Average Height	No. of children
1952	5 yrs. 6 mths.	42·8 lbs.	5 yrs. 7 mths.	42·4″	1,574	1952	5 yrs. 6 mths.	41·4 lbs.	5 yrs. 3 mths.	40·8″	1,514
1953	5 yrs. 6 mths.	41·8 lbs.	5 yrs. 8 mths.	43·0″	1,710	1953	5 yrs. 6 mths.	40·9 lbs.	5 yrs. 7¾ mths.	42·7″	1,679
1954	5 yrs. 6 mths.	42·1 lbs.	5 yrs. 5½ mths.	42·9″	1,070	1954	5 yrs. 6 mths.	41·0 lbs.	5 yrs. 5½ mths.	42·7″	946
1955	5 yrs. 6 mths.	41·5 lbs.	5 yrs. 10 mths.	44·6″	1,488	1955	5 yrs. 6 mths.	40·7 lbs.	5 yrs. 8 mths.	43·6″	1,276
1956	5 yrs. 6 mths.	42·1 lbs.	5 yrs. 5·8 mths.	43·2″	1,107	1956	5 yrs. 6 mths.	41·6 lbs.	5 yrs. 5·6 mths.	42·6″	996
1948	5 yrs. 6 mths.	41·9 lbs.	6 years	43·4″	1,494	1948	5 yrs. 6 mths.	42·3 lbs.	5 yrs. 11 mths.	43·3″	1,460
1935	5 yrs. 6 mths.	40·3 lbs.	5 yrs. 6 mths.	42·2″	1,465	1935	5 yrs. 6 mths.	38.3 lbs.	5 yrs. 6 mths.	42·3″	1,418
1925	5 yrs. 6 mths.	39·1 lbs.	5 yrs. 5 mths.	40·8″	2,130	1925	5 yrs. 6 mths.	38·0 lbs.	5 yrs. 6 mths.	40·5″	2,024

NOTE.—For the purpose of comparison, weights have been adjusted on the basis of ·35 lbs. per month to bring the average age to 5 years 6 months

School Health Visiting

The increase in the number of Health Visitors employed during the year was reflected in the additional time spent by staff in school health work. During the eight months ending 31st August, 1956 an average of 18·89 full time staff was devoted to the school health service and for the remainder of the year an estimated average of 32. This increase during the Christmas term was due to an intensification of work in schools in an all-out attack on verminous infestation of the hair of school children.

In addition to the work entailed in carrying out this survey, subsidiary record cards were introduced into the schools for the first time. This necessitated scrutiny of school registers and the writing out of names and addresses of the total school population. Again this work devolved on the school health nursing staff as no clerical staff could be spared to help. Hygiene Attendants assisted whenever possible.

Subsidiary cards are used by health visitors and ancillary workers for the purpose of recording findings at various school visits—health surveys—vision tests—hygiene inspections—weighing and measuring—special examinations and so on. The cards are left at school and relevant information transferred at intervals to the medical record cards.

School Work.

The value of the work of health visitors in schools is influenced very much by the attitude of the teaching staff towards their work. For example, in the above mentioned infestation survey, the most rapidly successful results came from schools where the head teachers themselves were as keen on achieving freedom from infestation in their schools as were the health visitors. School health is not a matter exclusively for doctors, nurses and health visitors.

The answer to the problem of verminous infestation of school children lies in unremitting vigilance on the part of school health staff, frequent contact with the children and, if necessary, their families ; and an insecticide which is both effective in use and attractive to the whole family. An attempt to fulfil all these conditions was made during the Christmas term (described later in the report).

Infectious Disease.

Outbreaks of infectious disease were fewer than in the previous year. Some 15 sessions were spent in follow-up of these conditions during which 1,462 children were examined.

Nursery Schools and Classes.

Good liaison was maintained between Nursery schools and health visiting staff. Daily visits by health visitors were made where possible. Information was given regarding home circumstances which helped nursery school Superintendents to assess priority in admission of children and was also helpful in relation to children already attending. There was an outstanding improvement in the matter of verminous infestation of the hair in these schools—which previously had, in some instances, involved nearly 50% of the children attending. Nursery classes were visited less frequently, the aim being to pay weekly visits.

Open Air Schools.

Clinic nurses continued to attend each school daily in order to treat minor ailments and to exercise supervision over the general health and well-being of the children. Routine weighing, measuring, vision and other tests and special treatment were also carried out. Collaboration between clinic nurses and the specialist health visitor for children neglected in their own homes continued.

Clinics held in Schools.

Minor ailments clinics are conducted in three schools—Broughton Modern, Blackfriars Road, and Clarendon Secondary Modern Schools. Each is in the charge of a clinic nurse.

Mobile Minor Ailments Clinic.

This clinic has again been used to full capacity, 15 schools being visited daily, making in all 18 schools in which facilities for treatment are brought to the child instead of vice versa. As several thousand treatments are involved 40,497 at the mobile clinic alone—the saving of time which would otherwise be lost to education by children attending an outside clinic is considerable.

School Health Teaching.

Lessons were continued at the schools where class teaching by the school health visitors has been established over a number of years. The programmes, as in previous years, were drawn up and mutually approved by teachers and health visitors. Opportunities were given for questions and discussion was encouraged. Personal hygiene—relating to the needs of adolescent girls, and child care were subjects mainly concerned. Films were shown to illustrate care of the teeth and suitable footwear. Posters and flannelgraphs were other visual aids used in teaching as well as model clothing, toys, etc., for growing children.

I would like to take this opportunity to record my appreciation of the interest and help given by the teachers in the schools concerned.

Infestation survey.

All schools in the city (except Grammar and Technical Schools) were involved in this survey. The majority of teachers were most helpful and co-operative and I would like at the outset to thank them for their most valuable collaboration in this huge task.

Some 26,000 children were concerned, all of whom were examined at least twice during the Christmas term. Children showing signs of infestation, active and inactive, numbered 5,286. Sufficient shampoo for two weekly treatments for the whole family, with printed instructions, and a letter for their parents were given to these children at the first examination. They were re-examined weekly—sometimes more often—until half term. Home visits were paid where appropriate. A small control group of 80 children were given shampoo containing no insecticide. Many difficulties were experienced, not the least being absenteeism from school which entailed much additional work.

The main advantages, apart from the undoubted efficacy of the shampoo to kill pediculi and larvæ were :—

(1) The weakening effect of the shampoo on the cement-like attachment of the nit to the hair, which facilitated their easy removal with a steel comb.

(2) Popularity. Both parents and children liked the shampoo. Thus more than half the battle was won at the outset as little or no time had to be spent persuading the majority of parents to use it. Senior girls in particular became quite enthusiastic, resulting in some cases in an almost unbelievable improvement in the condition (and colour!) of their hair. For the first time many girls began to take a pride in their personal appearance and cleanliness. Numerous enquiries regarding further supplies were made both verbally and by letter, and altogether there seemed no doubt that the shampoo was a most acceptable disinfesting agent. Parental opinion was succintly expressed by one small boy in conversation with a health visitor " —me Mam ses its good stuff— it doesn't 'arf shift 'em."

The result of the survey is tabled below. The final infestation figures for the control group are unrealistic. It was considered unjustifiable to leave obviously infested children untreated for too long. Once it was seen that the control shampoo had failed many children received a single treatment with the active preparation. The classification table (II) which shows the immediate post-treatment figures gives a clearer picture of the result achieved in this group.

" Shells " denote that infestation has occurred but that the nits are no longer viable.

TABLE I

Active infestation of school population before and after the survey.

	Beginning of Survey		End of Survey			
				No. actively infested		
	No. of children examined	No. actively infested	No. of children examined	Initially infested	Fresh cases	Total
Lorexane Group ...	25837	4522 (17·5%)	25263	269	+ 205	= 474 (1·9%)
Control Group ...	497	70 (14·1%)	476	13	+ 12	= 25 (5·3%)

TABLE II.

Classification and follow-up of all children showing evidence (including shells only) of infestation at the beginning of the survey.

	Lorexane Shampoo Group			Control Shampoo Group		
No. of Cases	Initial exam. 5200	Exam. at 3 to 5 wks. 5190	Final exam. 5188	Initial exam. 86	Exam. at 3 to 5 wks. 84	Final exam. 84
Not actively infested						
Clear ...		2254 (43·4%)	2848 (54·9%)		32 (38·1%)	41 (48·8%)
Shells only ...	678 (13%)	2590 (49·9%)	2071 (39·9%)	16 (18·6%)	28 (33·3%)	30 (35·7%)
Actively infested						
Nits ...	3315 (63·8%)	345 (6·6%)	249 (4·8%)	60 (69·7%)	17 (20·2%)	9 (10·7%)
Nits+ ...	909 (17·5%)	1 (0·2%)	5 (0·1%)	9 (10·5%)	1 (1·2%)	3 (3·6%)
Vermin	215 (4·1%)	—	13 (0·2%)	1 (1·2%)	6 (7·1%)	1 (1·2%)
Vermin+	83 (1·6%)	—	2 (0·1%)	—	—	—
Total ...	5200 (100%)	5190 (100%)	5188 (100%)	86 (100%)	84 (100%)	84 (100%)

We should like to thank Imperial Chemicals (Pharmaceutical Division) for the shampoo used in this trial. (" Lorexane No. 3 ").

Nursery Classes

The Nursery Classes have been visited, in four schools.

Nashville Street	6 sessions	65 boys	36 girls =	101
	5 were found unsatisfactory			
Ordsall	6 sessions	59 boys	54 girls =	113
	6 unsatisfactory			
Trafford Road	7 sessions	65 boys	52 girls =	117
	All satisfactory			
St. John's R.C.	7 sessions	51 boys	55 girls =	106
	2 unsatisfactory			

Of a total of 437 children seen, 13 different children have been found in poor health. This ranges from a Coeliac Child—who is certainly improving—to anæmia and general tiredness.

As before there are too many carious teeth : teeth that have obviously been neglected until they become so bad that only extraction could be contemplated—but the teeth did not ache and so they are kept " in situ " regardless of the fact that the child can neither bite nor chew properly with these appalling travasties of dental equipment.

There were fewer children with Genu Valgum although many had the endemic complaint of a city i.e. nasal catarrh. The tonsils and adenoids though moderately enlarged did not cause trouble either mechanically or physically.

Many children have received marked benefit from massage and exercises for legs and posture ; breathing exercises for catarrh and bronchitis ; ultra-violet ray for general condition.

Taking the overall picture I feel the health of the " under fives " in these schools is good. Their muscle tone is firm and there are very few who are grossly overweight and flabby.

DEATHS OF SALFORD SCHOOL CHILDREN FROM JANUARY, 1952, TO DECEMBER, 1956

1952

Boys	*Girls*	*Age*	*Cause of Death*
1		6	Road Accident
	1	13	Spinal Tumour
	1	4	Subarachnoid Hæmorrhage
1		6	Road Accident
1		9	Appendicitis
1		8	Drowning
1		4	Disease Brain Nerve
	1	8	Acute Leukæmia
1		10	Miliary Tuberculosis
1		13	Carcinoma Rectum
1		5	Drowning
	1	4	Congenital Debility
1		12	Nephritis
1		6	Bronch. Pneumonia
1		10	Drowning

Summary, 1952

Road Accidents	2
By Drowning	3
Other causes (non-accidental)	10
TOTAL	15

1953

Boys	*Girls*	*Age*	*Cause of Death*
1		7	Brain Tumour
1		6	Road Accident
	1	6	Bronch. Pneumonia
	1	10	Burns
	1	4	Acute Leukæmia
	1	6	Cerebral Hæmorrhage
	1	6	Hodgkinsons Disease
1		16	Hepatic Necrosis and Encephalitis
	1	4	Road accident
1		7	By drowning
1		11	Heart attack
1		15	Rheumatic Fever
1		9	Hepatic failure
1		15	Grand Mal
1		12	Bronchitis
1		4	Pheumonia
	1	8	Congenital Hydrocephalus
1		5	Cardiac failure

Summary, 1953

Road Accidents	2
By Drowning	1
Burns	1
Other causes (non-accidental)	14
TOTAL	18

DEATHS OF SALFORD SCHOOL CHILDREN—*Continued.*

1954

Boys	*Girls*	*Age*	*Cause of Death*
1		16	Myo-cardial failure
1		15	Road Accident
1		12	Cardiac failure
1		7	By Drowning
1		16	Congenital Heart Disease
1		13	Sarcoma Spine
1		11	Brain Tumour
1		10	Sarcoma Femur
	1	14	Myeloid Reticulosis

Summary, 1954

Road Accidents	1
By Drowning	1
Other causes (non-accidental)	7
TOTAL	9

1955

Boys	*Girls*	*Age*	*Cause of Death*
1		7	Crushed by piece of concrete
1		7	Electrocuted
	1	7	Cardiac failure, Mental Deficiency
1		7	Road Accident
1		11	By Drowning
1		5	Road Accident
1		6	Post-Tonsillectomy
	1	7	Road Accident
1		7	Congestive Heart Failure
1		11	Hæmorrhage due to Otitis Media

Summary, 1955

Road Accidents	3
By Drowning	1
Electrocuted	1
Crushed by concrete	1
Missadventure (Post-Tonsillectomy) ...	1
Other causes (non-accidental)	3
TOTAL	10

DEATHS OF SALFORD SCHOOL CHILDREN—*Continued.*

1956

Boys	*Girls*	*Age*	*Cause of Death*
	1	9½	Road Accident
1		8	Burns
1		15	Myocardial Failure
	1	4	Strangulated Hernia
1		4	Leukæmia
	1	5	Asphyxia (Smoke)
	1	10	Leukæmia
1		12	Acute Encephalitis
	1	5	Poliomyelitis
	1	10	Sub-Arachnoid Hæmorrhage

Summary, 1956

Road Accidents	1
Burns	1
Asphyxia	1
Other causes (non-accidental)	7
TOTAL	10

TOTAL SUMMARY—JANUARY 1952 TO DECEMBER 1956

ACCIDENTAL		
Road or Traffic accidents	9	
By Drowning	*6	
By Burns	2	
Electrocuted	1	
Crushed by stone (at play)	1	
Asphyxia	1	
	—	20
NON-ACCIDENTAL		41
MISADVENTURE (Post-Tonsillectomy)		1
TOTAL DEATHS		62
TOTAL NUMBER OF DEATHS FROM ALL CAUSES ...		62

* N.B. Proximity of canals and docks.

Ear, Nose and Throat Clinic.

Mrs. Cavanagh continues to hold one clinic each week, and submits the following report :—

No Registrar has yet been appointed to the Vacancy in the group but a second clinic is now held by one of the School Medical Officers—Dr. Wiseman who has had previous Ear, Nose and Throat experience and is interested in this work. This is of great help and we hope to reduce the waiting time for consultations.

A large number of children each year are sent direct to the Aural Clinic by the general practitioner—with a letter of introduction. The doctor then receives a letter in reply during the next few days. This close contact with the practitioners in the district is always fostered.

The detailed study of some twenty deaf Salford children is being continued and many interesting points are coming to light. One of the main difficulties in helping these children is the attitude of the ordinary population to a Hearing Aid. Children who are in any way " different " from their playmates are apt to be made unhappy by the unkind remarks of others.

Some teachers may find it a nuisance to have a deaf child in the class, as he often asks for remarks to be repeated and delays the lesson. When, however, a deaf child has a sympathetic teacher, who will take the trouble to explain the youngster's deafness and his Aid to the rest of the class, we often find that the child will then make excellent progress.

I, personally, think that this is such an important factor in the development of the deaf child that some official step should be taken to ensure that every teacher is informed about the problem—perhaps by a lecture or a demonstration.

The investigation on the subject of the " Running Ear " is continuing. Modern drugs have helped to reduce the number of such cases but there are still far too many which are inadequately treated. Children in this category are going to be handicapped by deafness in middle life and it is our duty to prevent this hardship.

The class for the Partially Deaf remains completely filled. Unfortunately, we cannot admit every child who would benefit by this special training, as we have only one teacher. There are several children who need only one or two terms in such a class but they will have no chance of admission until we have another teacher. The work of such children—left in an ordinary school—deteriorates steadily and by the time they leave school they are only half educated. A second teacher of the deaf is now an urgent necessity if we are to help our handicapped children to live full and happy lives.

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 are due to myopia and hypermetropia, which 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 affected 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 telephone 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. No child is asked to wear glasses unless they are indicated in such conditions as squint and myopia. In some cases of hypermetropia in young children where little or no class work is done, wearing of glasses is deferred until the child begins to do more near work in school and may then begin to have difficulty. Precaution is taken not to prescribe glasses for children without good reason.

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 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 in recent years. 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

Mr. Parr, Principal School Dental Officer, submits the following report :—

During the year the position with regard to staff has deteriorated slightly. Whilst no changes in the full-time personnel have occurred the part-time services of Mr. May were completely lost whilst those of Mr. Bradbury and Mr. Blakeney have been curtailed both by pressure of business and the effects of petrol rationing. We were fortunate in obtaining the part-time services of Mr. Turner which has in some measure alleviated the position. (The overall picture is reflected in the Statistical Table V in the number of available sessions).

Routine Dental Inspection of some 12,500 children was carried out during the year. One treatment was offered to all children who were found to be in need of it. The policy which has been pursued is that the treatment accruing from any one school inspection is completed before proceeding with a further inspection. Children of all age groups have been included in this inspection and all schools are taken in rota according to the area in which the schools are situated and the relationship with the clinic responsible for the treatment of the particular school. No attempt has been made to keep up a frequent rate of inspection and treatment for some age groups or schools at the expense of others. The average frequency of inspection on this basis is approximately 18 months, slightly more or less, according to the area and clinics concerned. Where the officer deems it particularly necessary or desirable a system of more frequent supervision of children is carried out by six-monthly re-invitations to attend their respective clinics.

The purpose of these inspections is purely to ascertain which children are in need of treatment and no attempt to assure relative dental fitness can be made on a statistical basis. Nevertheless the general impression gained in this work is that the condition of children's teeth has shown a steady decline in the post-war years.

The numbers of children seen at " special inspections " or " casuals " inevitably continues to be high. These children are seen either on presenting themselves with toothache or on being referred by the Medical Officers, Health Visitors, etc. By this token the treatment necessary for these children is mainly of a radical nature.

The amount of conservative treatment carried out has been more than maintained during the year but the further staff depletion already referred to has meant a reduction in the number of sessions available for General Anæsthetics. This is reflected in the returns for the year and combined with the still heavy demand of the " casuals " has produced a situation in which all but the most urgent cases may have a short wait for treatment. Further, whereas in the past it was possible to ensure that there was a " General Anæsthetic " session at one or other of our clinics on every weekday, it is now necessary to have one day without this service.

The demand for Orthodontic Treatment continues at a rate in excess of our ability to meet it and at present there is a waiting list of approximately one year duration before treatment can be commenced. In view of this delay it is disappointing that too large a percentage of cases have had to be discontinued because of lack of co-operation of one sort or another. Every effort is made both by the Dental Officers and the Consultant Orthodontist to ensure that the selection of patients for the treatment will obviate this lack of co-operation by

fully explaining the nature and requirements of the treatment before commencement of it. It is hoped that the future position in this respect will show considerable improvement. A large number of the patients at present having treatment are of long standing and many of them are in the retention stage. Treatment is not regarded as complete until no further possibility of relapse exists and consequently some patients whose immediate irregularities have been corrected are not discharged as complete for some considerable time. Where corrections have been made purely by extraction, and the wearing of an appliance has not been necessary, the child has not been included in the statistical returns as an orthodontic patient.

Some 84 children were supplied with part dentures during the year. The majority of these were necessary because of accidentally fractured incisors but regrettably, some were due to children neglecting to have conservative treatment. Furthermore a small number of children presented themselves for dentures who had had their extractions already carried out privately but who were unable or unwilling to pay the necessary fee for dentures. Wherever possible it is the practise that dentures are fitted immediately upon extraction and only when all other conservative work has been completed. Where dentures are fitted for very young children the replacement ratio is high because of further tooth eruption, etc., and a greater breakage rate.

1148 children who made 2128 attendances were treated by the Oral Hygienist on being referred to her by the respective Dental Officers. Primarily those children have their teeth sealed and cleaned and are given instruction in the need for, and the technique of, oral hygiene. Wherever possible the co-operation of the parent is obtained. In a few cases it is necessary to carry out gum treatments over a period of a few days, but when a satisfactory state has been achieved, visits are discontinued for a period of six months. The child is then re-invited to check progress and any further small deposits of calculus which may have appeared are removed. Unfortunately this work has to be concentrated mainly at one clinic ; this in some cases means long distances for the children to travel.

Instruction in hygiene is given by the Hygienist both individually and collectively to the children at the time of their Dental Inspection. For this purpose it is the practise for her to accompany the Dental Officer to school. We are grateful for the co-operation of the Teachers in this matter ; it is felt that too much emphasis cannot be laid upon this service.

At a time when dental standards show little signs of improvement and the prospect of a sufficient availability of trained personnel seems more remote, our attention is directed towards the prevention of disease. High hopes are entertained that the present researches into the use of fluorine will point the way for considerable improvement in this respect but it must inevitably be that hygiene will be a vital factor in the prevention of dental disease.

Foot Health Service

Mr. Franklin Charlesworth, Consultant Chiropodist, submits the following report :—

The Annual Report for 1956 shows a decrease in the number of children examined compared with the previous year. The reason for this is that the school examinations were curtailed to allow for an increase in treatment clinics with the objects of dealing with the backlog of the patients and the ever-mounting waiting-lists. The school surveys for the past year show little change in the general trends to those previously carried out. In the clinics, however, there has been a distinct increase in the number of cases of Tinea Pedis (ringworm), whilst hyperhydrosis has also been more in evidence than previously. There is no doubt that the increase in these conditions can be directly associated with the extensive use of plastics and rubber in modern footwear. The plastic used in uppers is non-absorbant as also are rubber soling materials. As a result, much of the modern footwear made with these materials act as occlusive structures preventing proper airation of the feet and retaining the excretions of toxious substances passing out as aqueous and gaseous matter from the pores. The feet are kept in a humid and moist condition, the skin becoming relaxed and the pores dilated thus ready to re-absorb the poisonous substances excreted along with any other harmful matter. It is therefore not surprising that under these conditions the feet perspire freely and become macerated and blistered and tinea infection more readily occurs. Appertaining to this, a request for a survey to be carried out was received from the headmaster of a large boys school following a report of some cases of Tinea Pedis. As a result of the survey and foot inspection I was able to report that the number of boys examined was 577. Of these 26 had Tinea Pedis and 20 had Hyperhydrosis. Tineal infection has been successfully treated in all cases although some were more stubborn than others. The treatment technique consisted of the use of Pragmatar ointment (Formula : Cetyl-alcohol-coal-tar distillate 4%, providing colourless fractions of crude coal-tar 0·35% ; sulphur 3% ; salicylic acid 3%.) and Dr. Castellani's Fuschin paint. These forms of treatment were interposed by regular and thorough washing of the feet and invariably produced the desired results. Instruction on proper foot hygiene was given. Preventive measures were also advised first on proper types of footwear ensuring that the feet were kept clean and by regular foot-baths followed by a thorough drying, particular care being taken to dry between the toes, concluding with an application of a foot powder sprinkled liberally between the toes to ensure the absorption of any remaining moisture. This is very important in relation to Tinea infection and hyperhydrosis. Above all the avoidance of rubber footwear was particularly emphasised. It cannot be stressed too strongly that plimsoles should only be worn for gymnastic exercises. They give no support to weakened structures and therefore submit them to unnecessary strain. The rubberised soles make the feet hot and humid subjecting them to abrading and blistering.

Not only is hyperhydrosis associated with the use of rubber footwear but is frequently a symptom of muscular weakness and is prevalent as a symptom in pronated feet. Therefore the treatment of long arch weakness in which excess perspiration is noted usually results in a corresponding improvement in this condition.

Lesser toe defects i.e. hammer toes, mallet toes, underlying and rotating toes, in girls is particularly prevalent in association with the wearing of so-called ballet shoes. This type of footwear either has a velvet or synthetic suede upper with moulded rubber soles. They are extremely low-cut and as a result cannot

be kept on the foot unless they are worn several sizes too small. It can therefore readily be appreciated that footwear of this character is most harmful to the feet of growing children. It is surprising that this type of shoe is manufactured at all. One would imagine that the shoe manufacturers, with the advice available to them through the shoe and leather research association, should be well aware of the injurious effects of this type of footwear, and must therefore bear a substantial measure of responsibility for harmful results accruing therefrom. There is little doubt that the damaging effect of these shoes is widespread, and the sooner the style goes out of fashion and is replaced by something more sensible the better.

As usual the most helpful co-operation of headteachers and their staff has facilitated the work of the Foot Health Service, which has thus made possible the successful operation of preventive measures as well as timely corrective treatment.

Speech Therapy

Speech Therapy has suffered a set-back since the beginning of February this year, when Miss Potts who had held a clinic at the Langworthy Centre for four-and-a-half years left Salford to take up a speech therapy post in Dumfriesshire. Her departure, which caused considerable regret on all hand, has left a blank that has not yet been filled. Meanwhile the waiting list grows.

How Speech Therapy Co-operates with the other Services.

It is a part of the speech therapist's work to be on the alert to see where she can co-operate with the other services in promoting and maintaining the child's health. From the speech angle good health is of paramount importance in order that the child may be able to put forward the maximum of energy to battle with and overcome the speech difficulty. Apart from the generally lowering effects of poor health, such disorders as chronic nasal catarrh, enlarged tonsils and adenoids, defective hearing, dental abnormalities, emotional disturbance and so on directly obstruct the progress of speech correction.

When a child comes for interview to the speech clinic, his appearance and manner are carefully noted : how he looks, his general alertness, response to questions, emotional adjustment, the reaction of child and parent to therapist and towards one another. The parent is asked about the child's progress from birth, what illnesses he has had, any nervous habits, what time he goes to bed, how he sleeps, and the sleeping arrangements ; whether he has school dinners or comes home, whether he is obedient, self-reliant, willing to run errands ; how he gets on with other children ; and various other questions designed to build up as complete a picture as possible. The importance of early to bed is stressed (many children are in the habit of staying up far too late—often watching television). The parent is warned and advised about the necessity for plenty of sleep for the growing child. Sometimes a parent reports that her child seems stupid at home—or obstinate—and will not answer when spoken to. It may be evident or suspected at the speech clinic that the child is hard of hearing. Request for a hearing-test is accordingly made. Such children usually omit the sibilant sounds, leave off ends of words, confuse a word or vowel sound, and fail to hear their teachers in school. Complaints about earache and so on are reported at once to the School Medical Officer. The child who sits open-mouthed all the while when not speaking may have nasal obstruction. As a test he is asked to breathe in and out through each nostril in turn, after first blowing his nose. Where a child has difficulty in nose-breathing (the mother frequently reports there is chronic catarrh) he is referred to the Medical Officer for investigation. Quite often a child will mouth-breathe through habit after some nasal obstruction has been cleared, and he needs reminding to keep his mouth closed and breathe through his nose. The necessity for this is strongly impressed on both the child and his mother, who is asked to see that he always carries a handkerchief and keeps his nose clear. Some children do not know how to blow their noses and often sniff up instead. Blowing through the nose at scraps of paper, feathers, etc., or clouding a mirror helps to give them the right idea. Some children show dental and jaw malformation, with lack of proper occlusion of the teeth, often resulting in a faulty " s " sound. These are referred for the opinion of the Orthodontist. Where dental decay is noticed by the therapist a note is sent to the Dental Clinic. The mother is asked whether the child cleans his teeth regularly—or at all, and the need for daily use of the tooth-brush is stressed. A child who peers at the printed page, frowns, complains of headache, styes in the eye, is at once referred to the Eye Clinic as a precaution.

As at the initial interview so during his subsequent treatment the child is kept under observation for signs of anything detrimental to his health and well-being. Any emotional disturbance is noted and followed up, and where this appears to be beyond the scope of the speech therapist the child is referred to the Child Guidance Clinic. Cases showing marked backwardness in reading, apparent dullness, and other features causing difficulty are watched and reported upon by the therapist and information arising out of home visits is carefully noted.

Broughton and Regent Street Centres, and Claremont Open-Air School.

Children still on the register from the previous year number 51. (Broughton, 28. Regent Street, 17. Claremont, 6).

New cases admitted for treatment total 60. Of these, 6 failed to attend ; 2 were defaulters, 3 were found no longer in need of treatment, and one had transferred out of the area. Actual number treated, 54. (Broughton, 30. Regent Street, 19. Claremont, 5). Four of these were re-admissions after previous temporary discharge. General total, 105.

BROUGHTON CENTRE.

From previous year.		*During this year.*	
Sigmatism and Dyslalia	7	Sigmatism and Dyslalia	7
Dyslalia	4	Dyslalia	2
Stammer	10	Stammer	12
Sigmatism and Lalling	2	Lalling and Stammer	2
Lalling and Dyslalia	4	Lalling and Dyslalia	5
Cleft Palate	1	Stammer, Sigmatism and Dyslalia	1
		Cleft Palate	1
TOTAL	28	TOTAL	30

REGENT STREET CENTRE.

From previous year.		*During this year*	
Dyslalia	7	Dyslalia	3
Lalling and Dyslalia	1	Lalling and Dyslalia	6
Sigmatism and Dyslalia	3	Sigmatism and Dyslalia	2
Stammer	6	Stammer	1
		Dyslalia and Stammer	1
		Sigmatism	1
		Sigmatism, Lalling (1 with cleft) and Dyslalia (palate)	4
		Sigmatism and Lalling	1
TOTAL	17	TOTAL	19

CLAREMONT OPEN-AIR SCHOOL

From previous year.		*During this year.*	
Dyslalia	1	Sigmatism	2
Sigmatism and Dyslalia	2	Sigmatism, Dyslalia & Stammer	1
Lalling and Dyslalia	2	Lalling and Dyslalia	1
Sigmatism, Lalling & Dyslalia	1	Sigmatism, Lalling & Dyslalia	1
TOTAL	6	TOTAL	5

A further child admitted for treatment during the year had transferred to Claremont from Regent Street Centre where he had been receiving treatment.

Children interviewed and awaiting admission number 13. (Broughton, 11 ; Regent Street, 2). In addition, there are 7 children awaiting re-admission.

Called for interview but failed to attend, 5. (One of these later found to have transferred to another school).

On waiting list and not yet interviewed, 80. (Broughton, 42. Regent Street, 38). Twenty of these from the previous year. A further 14 have received a preliminary home visit.

Interviewed and not requiring special treatment, 7. Five others probably no need for special treatment.

DISCHARGES.

Final satisfactory	29
Provisional satisfactory	11
Left School	3
1 very satisfactory 1 marked improvement 1 slight improvement	
Stood down temporarily	4
Own discharge...	1
Lapsed	6
Defaulted	2
Left Salford	5
Transferred	4
TOTAL	65

Total attendances for treatment : 1,965. (Broughton, 923. Regent Street, 842. Claremont, 200).

There were 93 home visits (16 of these, no reply to knock) and 9 visits to schools.

Audiometry

The ascertainment of deafness amongst the 5 years old group of children was carried out as in previous years by using the " sweep " test method using a pure tone audiometer. That is each child has a rapid individual test and each ear is tested separately at 20db. level on 500, 1,000, 2,000, 4,000, 6,000 frequencies. Children who fail to hear any of these frequencies are invited to the school clinic for a complete threshold test of hearing. Any child who again fails the hearing test is referred to the E.N.T. clinic for the otologist's recommendations.

During the past year 2,226 "sweep" tests were carried out on the 5-year-old group of children. Of these 10% failed the initial test in school. Subsequent retesting of these failures at the school clinic proved the true percentage of failure to be 6%. 0·98% of the children who failed the test in school did not attend for re-test at the clinic.

There were 68 children of other ages who had a " sweep " test in school, Of these children, 6 proved to have some hearing loss.

There were 1016 individual hearing tests completed during 1956. This number includes not only " sweep " test failures but children referred mainly by the Assistant School Medical Officers. Apart from these, several children were referred by Head Teachers, Speech Therapists and Health Visitors.

Child Guidance Clinic

As the figures given below show, the bulk of the cases referred are in the middle group, the so-called " latency " period, a period in which emotional problems are to some extent pushed into the background. It is the age in which children enjoy doing things together and when they have endless energy for activities (football, etc.). It is also true that when these children are disturbed they find it very difficult to talk about their problems and often try to deal with them by just denying their existence. The earlier difficulties are discovered and the child is referred to the Clinic, the easier it is to be of help.

Adolescents have their own particular problems and, providing one is able to accept their rebelliousness and overcome their mistrust of adults, they can be very rewarding patients. To help with difficulties over having time off from Grammar School or work we have an evening session which is reserved for these children.

In the last ten years much work has been done on the particular problems of the deprived child, and we have enjoyed close co-operation with the staff of the Children's Department. There have also been some useful meetings with Probation Officers.

The Psychiatric Social Worker was again asked to take part in the training of Mental Health students and we have enjoyed having them in the clinic.

Work in the schools and personal contact with teachers is in the main carrried out by the Educational Psychologist. She also takes a small number of children individually for remedial teaching.

Cases referred in 1956 by—

Schools	15
Children's Officer	5
School Medical Officer	44
Hospitals	3
Private Doctor	6
Court/Probation Officer	6
Parents	9
Others	8
Outside Authorities	6
	102

Referred because of—

Enuresis & allied difficulties	16
Stealing & truancy	17
Stammer	3
Tics	1
Aggression	6
Food & Sleep difficulties	9
Nervousness	19
Other problems	27
Advice *re* placement	1
Educational retardation	3
	102

I.Q. of those seen—

130 plus	8
120	5
110	11
100	13
90	14
80	8
70	5
60	2
Untested	5
	71

Ages—

Under 6 years	5
6 to 12 years	52
12 to 15 years	14
	71

Number of individual children seen. 93 boys and 33 girls	126
Number seen for diagnosis	66
„ „ „ test only	5
„ „ „ treatment	71
Children waiting diagnosis January, 1956	92
„ referred during 1956	102
	194
Full diagnostic interviews 1956	66
Closed unseen in clinic (i.e. improved, moved, refused, etc.)	41
Waiting December, 1956	87
	194
Waiting treatment December, 1956	27
No. of individual visits to clinic	1442
No. of school and home visits	273

The Consultant Paediatric Clinic

Dr. R. I. Mackay, Consultant Pædiatrician submits the following report :—

Weekly consultant sessions have continued during the past year. Children have usually been referred by the Assistant School Medical Officers, but occasionally general practitioners have themselves arranged for their patients to attend. Great care is taken to send full reports of the results of these consultations to the family doctor whatever the mode of reference.

Almost one third of all the children who attended were suffering from respiratory complaints. Fourteen of these had asthma but 56 children had chronic upper respiratory infections. These latter form the largest group among the diagnoses encountered and symptoms had been sufficiently severe or long standing to require a consultant opinion. In the majority of cases, simple measures of home treatment have been sufficient to relieve symptoms though breathing exercises are sometimes advised. Some children have been referred to the otologist. It seems that a disproportionate amount of distress and loss of school time is caused by these simple conditions most of them the result of frequent infection with the common cold. In the absence of specific preventive measures for the common cold it would seem worth while to spend more time on the early treatment of the residual nasal infection. Nose breathing drill, training in handkerchief routines and simple medication would shorten appreciably the period of sniffles. The isolation of the child with a cold seems impracticable.

At the same time the serious pulmonary complications of respiratory infections were seldom seen. This is partly due to the efficacy of modern treatment of pneumonia and the attention paid to the diagnosis of pulmonary collapse. Although sixteen cases of bronchiectasis attended during the year, all these were old cases, some of whom have already had operations. It is rare nowadays to meet a new case of bronchiactasis. Only six cases of primary tuberculous infection were seen, all of whom are healing.

Eighteen children with rheumatism attended the clinic of whom only three had heart disease. Most of these children are leading normal lives but sufficient has been seen lately of more severe rheumatic fever to make it necessary to use all means to prevent the disease and its relapses.

Emotional problems form an important group. Twenty four children were seen with behaviour problems, six backward children and thirteen cases of dietary obesity. These are included as emotional problems since there is often an underlying emotional starvation accompanying the gluttony. Some of these children do not actually eat a lot of food but consume a diet almost wholly consisting of carbohydrate. Basic nutritional facts have not yet been appreciated by many modern mothers. In their defence it should be pointed out that a good balanced diet is always more expensive than the high carbohydrate diet and usually takes longer to prepare. The simpler emotional problems were discussed fully with the parent and solutions indicated where possible. A few children were referred to the Child Guidance Clinic.

All this work is carried out in the closest co-operation with other branches of the School Health Service and with the hospital services. The interest shown by the School Medical Officers is very encouraging and invaluable assistance has been given by many Health Visitors, particularly those directly concerned with hospital liaison.

Analysis of Diagnosis of Cases Seen

Acute upper respiratory infections	2
Chronic upper respiratory infections	56
Pulmonary collapse	3
Bronchiectasis	16
Asthma	14
Primary tuberculosis	6
Quiescent rheumatism	10
Subacute rheumatism	2
Chorea	2
Rheumatic heart disease	3
Rheumatoid arthritis	1
Congenital cardiac malformations	10
Allergic disorders	16
Endocrine disorders	6
Anæmia	5
Purpura	3
Epilepsy	13
Cerebral palsy	1
Migraine	10
Emotional disorders	24
Backward children	6
Dietary obesity	13
Urinary infections	7
Maldescent of testis	13
Miscellaneous individual conditions	33
Healthy children	33
TOTAL	308

Claremont Open Air School

This has not been an easy year. The weather was very disappointing, and a staffing difficulty arose in that the senior boys' teacher went to the United States under the exchange system.

The medical staff also suffered from absence through sickness. Two of the physiotherapists were absent for some time, and their attendant was also in hospital for a period. There was one most encouraging feature, however. For the first time in our history we had 100 per cent cleanliness in heads. Congratulations are due to all concerned. The nurse was most assiduous in carrying out the new and very successful treatment.

Some difficulties arose through the allocation of children to the school for reasons other than of the usual physical causes, e.g. for educational subnormality. The individual attention required by them was difficult to find in a school for " delicate " children. The average length of stay of the children is higher than usual, due possibly to the retention until this year of several asthmatic children who began when the school opened in 1951.

Diagnoses	*Girls*	*Boys*
Asthma	2	3
Bronchiectasis	4	2
Bronchial Asthma	1	—
Chronic upper respiratory infection	1	1
Post-pneumonic debility	1	—
Recurrent bronchitis	1	2
Post-lobectomy-bronchiectasis	1	—
Bronchitis with sinusitis	1	—
Delicate	10	7
Anæmia	2	1
Post whooping cough, C.P. debility	1	—
Mitral stenosis	1	—
Chronic nasal catarrh	2	—
Astigmatism and delicate	1	—
Myopic astigmatism	1	—
Hemiplegia	1	1
Post arterio poliomyelitis	1	—
Post chorea and rheumatic carditis	1	—
Nutrition C	—	1
Post primary complex	—	1
Sine-bronchitis	—	1
Post operative debility	—	1
Partially-sighted	1	1
Neurotic vomiting	—	1
Cervical glands	—	1
TOTAL	34	24

	Boys	*Girls*
Average age on admission	8·1 yrs.	11·4 yrs.
Average No. of weeks on the roll	116	101
Average gain in weight	14·5 lbs.	13·8 lbs.

Barr Hill Open Air School

SUMMARY.	*Boys*	*Girls*	*Total*
Children admitted	24	21	45
Children discharged	17	35	52

CHILDREN DISCHARGED.		
Average increase in weight	14 lbs.	13.7 lbs.
Average stay in weeks	124·5 wks.	104 wks.
Average age on admission	7 yrs. 9 mths.	9 yrs.

REASONS FOR DISCHARGE.	*Boys*	*Girls*	*Total*
Fit for ordinary school	6	18	24
To try ordinary school	2	—	2
15+	1	5	6
16+	1	—	1
Removed	—	4	4
Parents request	6	1	7
To E.S.N. class	—	1	1
To residential school	1	4	5
In the care of the L.E.A.	—	1	1
Unsatisfactory attendance	—	1	1
TOTALS	17	35	52

DIAGNOSIS ON ENTRY OF ABOVE BOYS

Delicate	4
Delicate nutrition C	3
Delicate asthma	1
Recurrent Bronch.	1
Spina bifida	1
T.B. hip joint	1
Coeliac disease	1
Hydronephrosis	1
Asthma	4
TOTAL	17

DIAGNOSIS ON ENTRY OF ABOVE GIRLS.

Delicate	19
Delicate postmeasles and bronchitis	1
Nutrition C	3
Recurrent bronchitis	2
Asthma	2
Bronch. and malnutrition	1
Chronic bronchitis	1
Bronch. and nasal catarrh	1
Allergic rhinitis	1
Post chorea	
T.B. 11th and 12th dorsal vertebrae	
Postural hypotension	
Post whooping cough debility and residual bronchitis	1
TOTAL	35

Of the 7 children withdrawn by parents, 1 was a Jew, 1 a Roman Catholic who will probably return when he finishes his religious course, and the others found difficulty in transport.

Of the 5 children who have gone to Residential Schools, 1 boy and 1 girl are at W. Kirby, 2 girls at St. Francis, Birmingham and 1 girl at Jesmond Dene, Newcastle.

In September, 7 new electric fan radiators were installed. Unfortunately, the main cable was found to be inadequate and breakdowns have been frequent. A new switch board has been fitted and the electricians are doing their best to make the supply of power effective.

With the removal of the kitchen fire place, an incinerator became necessary for the destruction of dressings. We are now awaiting a household type of combustion stove.

During December, 4 new roller shutters were fitted to the open side of the school. The school is now effectively protected from bad weather and the warmth from the radiators can be concentrated within the building. The shutters can be controlled so that the supply of fresh air can be regulated according to weather conditions. They will be open whenever possible as they make the rest shed rather dark.

Breakfast and dinner are still served though afternoon tea was discontinued in November. The school milk allowance is used partly with breakfast and party during the afternoon when it is served in bottles. Most of the children develop good appetites and increases in weight are on the whole very satisfactory.

Hope Hospital School

In the early part of the year, there were quite a number of " long term " orthopædic patients in the hospitals, but later, these gave way to many more children who were only in hospital for a few weeks. Many of these were " up " patients and were able to carry on with school work with little interruption. There have been very few Grammar school children in the hospital this year, most of the patients belonging to the junior age range. In the later part of the year, many of the " long term " children have been of the nursery age group, which has been larger than for many years.

Owing to the bad summer beds were not put out-of-doors as frequently as usual, but every opportunity was taken to get the children out and about.

For some little time now, the children have enjoyed the weekly showing of film strips now rendered practicable by a powerful projector suitable for daylight use on the wards. This has not hitherto been possible.

Conditions have been somewhat restricted during the year, owing to two of the children's wards being closed for long periods for modernisation and decoration but the benefit should be felt when the second ward is re-opened in the New Year.

Spastic Class.

The attendance has greatly improved this year and considering the handicaps of the children in this class, has been very creditable except for two boys who have spent long periods in hospital.

Again, owing to bad weather, the use of the garden has been restricted, but the decoration of the rooms at Cleveland House has been some compensation for this.

Owing to changes and shortages of staff, physiotherapy and speech therapy have not been as regular nor as frequent as one could wish and some of the children are definitely showing signs of the lack of speech therapy.

During the year, three children have been able to move on to ordinary schools and are making commendable progress.

Home Teaching

This year there have been several changes in Home Teaching.

At the beginning of November, C.Y. was transferred to an ordinary day School, where the Headmistress states she is able to cope with the 3 R's and has improved in other subjects which were new to her.

In C.Y.'s place visits were paid to the boy D.B., aged 12½ years, who had attended school until he was 10. He can read quite well but after ten minutes reading aloud he is tired. He has little knowledge of arithmetic. Writing, tracing, cutting, etc., are poor because he has little control over the movement of his hands and he become very frustrated. Consequently, most of our work is done orally. He loves Nature Study. His mother co-operated well in setting up a window box with flowers grown either from seeds or young plants.

D.B. is a difficult boy to deal with because he is so impassive. He was recommended for Home Teaching because he was becoming very depressed and it was thought that even one session per week would brighten his outlook and give him an interest in life. These cases of serious ill health are unhappy. For example, tuition finished (because of age) for E. L. at Christmas ; he died on January 7th.

D.M. joined the group visited in the New Year. He is a 7 year old with Hydrocephalus and Spina Bifida. He could count and tell the time very well but did not know a letter. Now he does simple numerical addition and subtraction, and has read eleven books of different series. He can spell well and write quite difficult sentences from dictation. He has a bright, happy disposition.

After A.N. was transferred to " Bethesda," in the middle of June, Y.L. aged 7, G.S. aged 6, commenced Home Tuition with one session each per week. Y.L. had been to Cassel-Fox School for a short time so he soon settled down to lessons. G.S. lacks concentration and it is a great trial for him as yet to be still for a few minutes.

M.W. was badly affected by his fall last Midsummer. Since Christmas he has been subject to frequent " attacks " when his mind goes quite vacant for a while and he does not recognise even his mother. He was off school altogether from February mid-term until after Easter and he has been at a standstill since. He was later examined by a School Medical Officer who recommended that he continue on Home Teaching for another twelve months.

W.S. moved into a new flat in January and he is enjoying life much more. It is a top floor flat and he sits at the window looking out onto a wide open space, instead of a brick wall only a few feet away. He revels in a bath, hot water and he now has a big bright room in which to live. He has made rapid progress since using a walking chair. He goes to see his mother in the kitchen or his father on the veranda. His skill in reading and writing has improved a little and there has been much talk and discussion about the new house and its amenities. Some progress is shown in arithmetic.

M.D. is a conscientious painstaking child. He has made good progress all round but particularly in arithmetic. Hundreds, tens and units were almost insurmountable obstacles but he has quite mastered the four rules in shillings and pence. His spelling is poor and he has very few ideas to write about but he reads quite well. He enjoys school and does not complain when he is not well in case he might have to forego my visit.

On July 4th we had a most interesting visit to the Fire Station. A friend kindly provided a small nine-seater coach which opened on the side as well as the front, thus facilitating easy movement of the children. Two journeys were made to pick up each child, his mother, and carriage where necessary.

We were received by the Chief Fire Officer, who detailed two fire-men to show us all they could. We split into two groups and were shown all the " hidden " parts of the engines. The fire-men demonstrated sliding down the poles, the search lights, the bells, the turntable ladder and when " Butch " was at the top, the children were thrilled to speak to him by the telephone. Nothing was too much trouble for the men so long as the children were interested and pleased, and a cup of tea completed a very happy visit for us all.

The Special Class for Partially Deaf Children

This class was opened at the Regent Road School in September 1948. Thirty-one children passed through the class since September 1948, all but four returned to normal school. The Youth Employment Service found suitable jobs for the four with firms sympathising with their handicap. The children come to this class from schools throughout Salford on the recommendation of the ear, nose and throat specialist at the school clinic. The period at the school varies from six months to three years after which the children returned to normal school work.

The aim of the class is to care for children who are handicapped by a severe hearing loss, so that although they are still hard of hearing at the end of the period spent in the class they are no longer handicapped.

There are two aspects of the teaching. Firstly there is the scholastic problem and secondly the social problem. The partially deaf child, because of his handicap, has a restricted vocabulary, so that his aptitude for reading, writing and self expression is also limited. This in turn decreases the child's scholastic ability ; there is fear of repeating words inaccurately heard in case such attempts are met with ridicule, the child is frustrated at not being able to accurately describe thoughts and ideas, he becomes disinterested in reading because words hold no real meaning.

This scholastic problem leads to the social problem, a child with no wish to learn has also no wish to mix with other children. He lacks confidence and rather than enter into discussions he prefers to be left alone, becoming sulky and anti-social.

Children with defective vision can make their handicap noticeable by screwing up their eyes, and peering at the printed word. But partially deaf children show little visible sign of their handicap and consequently it is more difficult to ascertain. This is in fact one of the problems of this group of children, for early ascertainment is very important.

The scholastic problem is approached on an individual basis. Reading takes first place and the individual tuition shows good results. Arithmetic, where each child works at his own speed, and on his own separate scheme, fills in many of the blanks left vacant by the child's handicap and makes good time lost through illness and hospital treatment in earlier formative years. This enables a firm foundation to be laid for subsequent tuition in normal classes. One important feature of the tuition is that each child keeps a daily diary which helps to extend the vocabulary. Folk dancing and tubular bell team work helps to establish a rhythmic sense so lacking in the speech of the deaf. History, geography, nature study, science and hygiene are lessons greatly assisted by the use of films and filmstrips, including some films loaned by various commercial firms. Special attention is of course paid to lip reading, speech lessons and the use of hearing aids and these are closely allied to the English lessons and the growth in the child's vocabulary. Individual hearing aids have been in use up to date, but later scientific development of group hearing units have made these virtually obsolete for class work. The Units recommended by the Manchester University Department of Education of the Deaf have the advantage of mains electrical supply which ensures standard volume and clarity. The distance from microphone to teacher is fixed so cutting to a minimum the intrusion of extraneous noises, and the individual

microphones and earpieces, being fixed, are less liable to shock and damage through rough handling. We are hoping to instal such a Unit in the near future at Regent Road.

The social problem is linked with the scholastic one. With the individual assistance given in the remedy of the scholastic problem, the child gradually regains his confidence. But the partially deaf class is not restricted to the basic " three R's." Visits are paid to Worsley for nature study, as well as to the City Museum and to exhibitions in Manchester and Salford. The child's self confidence is encouraged by getting him to do everything for himself. Each child has his own box containing everything needed for school work, his own table and chair, all of which the child must keep clean and polished. There is an indoor garden of bulbs and seeds to be cared for and daily tasks equivalent to household chores of dusting, sweeping and tidying up. Folk dancing not only helps the scholastic problem but helps to restore self confidence and induce a warm social atmosphere. The seasonal activities play a large part in helping to build up social confidence. The Nativity Play, and the annual party at Christmas, pancake making on Shrove Tuesday and the summer trip to Birkdale in July, all these activities create the friendly cheerful atmosphere necessary to regain lost confidence, so that the wish to learn returns.

The class consists of a maximum of ten children of a wider age range than is normal in schools. For instance in 1953 the age range was 9 to 13, in 1954 it was 11 to 15, in 1955 it was 6 to 15 and in 1956 it was 6 to 14. This age range tends to make the task more difficult but the fact that there are only ten pupils does enable individual instruction to be given to each child. Unfortunately every child who would benefit by this special training cannot be admitted. Firstly because the time taken by each child in the class varies from 6 months to three years. It has been found that children who are born deaf, or who have serious hearing loss suffer the added disability of speechlessness or incoherence. The earlier this is discovered, and by skilled attention they are taught to speak and enunciate, the better general progress may be expected. The only establishments available for this form of education are residential schools. It is our opinion that children who are thus deprived of family life and mother love ; children of 3 years to 7 or 8 years, have an added burden to carry in later life. Psychologists are unanimous in approving the theory that a major part of adult personality is formed in these early years, and that family security of the most primitive nature is preferable to the synthetic equivalent found in the best institutions. For this reason alone we would welcome the formation of a second class for infant deaf and partially deaf within the City limits, where deaf children could attend school during the day, spending their leisure hours in the evening and week-ends in the company of their normal fellows. Secondly, because there is only one class and one teacher. Thirdly, because of difficulties concerning suitable accommodation for a class. Ideally the classroom should be centrally situated so that pupils from anywhere in the City can reach it conveniently. It should be sound proof and should contain the amenities of a good household ; running water, light, airy surroundings, bright colourful background. The education of the deaf depends on visual perception, and their early impressions are the fabric on which a lifetime of social principles will be formed.

Broomedge Day Special School

Although this has been a most successful year from every point of view, perhaps what strikes one most in looking back is the number of interested and interesting visitors we have had this year, and we have felt great pride in the way our children have learned to receive their visitors with ease and grace, and yet carry on quietly with their work. This has been due partly to the understanding of the visitors, but largely due to the confidence the children gain as part of a small family. They have produced much work in all subjects which they have been proud to show.

In March Her Majesty's Inspectors carried out a full inspection of the school. Miss Eyres, H.M.I., and Mr. Shepherd, H.M.I., were in school for two days on the 12th and the 13th. These were days full of enjoyment for the children. Later we had visits from many other of Her Majesty's Inspectors, and Miss Brown, H.M.I. borrowed much of our needlework for an exhibition. The children also supplied much of the work for the " Study of Living Things " group at the ministry course held in September at Roehampton.

On July 13th we were honoured by the visit of Mr. Dennis Vosper, M.P., Parliamentary Secretary to the Ministry of Education. He was accompanied by Councillor Mrs. Cooper, J.P., the Director, Mr. Rapp, H.M.I., Mr. Allcock, H.M.I. and members of the press. Miss Eyres, H.M.I. was also present. They stayed for part of the morning session, and were entertained by the children. Another very enjoyable afternoon was spent when the heads of thirteen contributory schools came in to see their own children, and note their progress. They have been very helpful to the school.

We have been entertained on several occasions by Blackfriars Rd. County Primary School and have on one occasion shared their assembly. We have had visits from children of the St. Clement's C. of E. School, Broughton and have received gifts of library books and sweets from infants of the N. Grecian St. School. The heads of most schools which send us children are most helpful in establishing our initial contacts with children recommended for this school, and often, these friendly visits help much in dispelling any doubts that parents may feel about accepting a place here. Our work is in fact greatly helped by the close contact we maintain with our parents. They know that they are always welcome in school, and we have always been most warmly welcomed in their homes. Many of the children have very restricted backgrounds, but it is very rare indeed to find parents who do not co-operate to the full extent of their ability.

Because of this restriction, and the resulting impoverishment of experience to our children, we do all that we can to enrich their knowledge of things sometimes considered outside the span of the classroom. We have paid visits to a puppet theatre, Belle Vue Gardens, the police horse training centre, a forge, Belle Vue Circus and the police dog training centre during the year. We have also had a bonfire, with a November 5th party, received visitors from as far afield as Alberta and Sierra Leone, entertained physically handicapped children, and of course held our usual Christmas party during the year. All these experiences have been used to gain further knowledge in the basic subjects, and only one non-reader left school at mid-summer. This child had an I.Q. in the fifties, but had gained sufficient social poise to take his place in a secondary modern school.

Our I.Q. range is slightly higher than that in many special schools for E.S.N. children, but the pathetic circumstances of the lives of many of the children

combined with their limited abilities has produced failure to learn in previous schools. The following table gives an idea of the distribution of children according to I.Q. at the time of the inspection of the school.

I.Q.	7	8	9	10	11	Totals
50–54	1	—	—	1	—	2
55–59	—	—	1	—	—	1
60–64	—	—	—	—	1	1
65–69	—	1	2	—	1	4
70–74	—	1	2	1	3	7
75–79	—	1	6	2	1	10
80–84	—	6	4	7	2	19
85–89	—	1	1	2	—	4
90–94		—	—	—	1	1
TOTALS	1	10	16	13	9	49

There were then 49 children on roll. By August, the number had risen to 64 and at present stands at 62.

A medical inspection was held in June, and the doctor expressed himself well pleased with the physical improvement evident in most of the children. At the end of the year, not one child was suffering from pediculosis. This has been partly due to help we have received from the school health service, and partly due to the fact that the Education Committee have now installed a bath room, and any child can avail himself of the opportunity to take a bath or shampoo.

We have at present nine Roman Catholic children in school, and due to an arrangement between the priest of this parish and the Director, approved by the Education Committee, all receive instruction in their own faith. This is a most happy arrangement. We were saddened by the death in November, of our first teacher, Sister Margaret, but have been very happy to receive in her place, Sister Brendan, who visits us from 9 a.m.—9.30 a.m. each morning, and who is now an accepted and much loved member of our family.

This has been a full and happy year. The children have been busy and contented, and it has been a great joy to watch their growth in learning and the social graces.

On December 31st both Miss Barr and Mrs. Rawstron left Broomedge, Miss Barr to enjoy her retirement, and Mrs. Rawstron to take up her duties as head of Claremont Open Air School.

Physiotherapy

Staff.

There have been staff shortages equivalent to 2½ physiotherapists during the year, which has meant longer waiting lists and less work being done than one would like.

Artificial Sunlight Clinics.

Clinics continue to be held at four centres as well as at Claremont Open Air School. There has been no waiting list for this treatment, all cases being treated within a week or two.

The regular clinic visits of the school medical officer this year have been of great benefit ; all children have been seen immediately before and after the treatment, and a careful note made of improvements in weight.

The ultra violet-ray treatment does much to offset the lack of natural sunlight, acting not merely as an aid to physical health, but also doing a great deal to improve the psychological well being of the children. The tonic effect plays an important part in promoting their happiness and contentment.

Remedial Treatment Clinics.

These are held at five centres and the two open air schools. Due to the staffing problem the service had to be curtailed at all these centres towards the latter part of the year. Happily the position will improve in the near future.

It has been found that parents are becoming more co-operative with the service as they realise the benefits of the treatment. In addition, they are beginning to appreciate the value of early treatment in the remedy of minor orthopædic defects. Apart from the value of treatment of a physical defect there is a noticeable improvement in the psychological outlook of a child efficiently treated. The children (and parents) are happier when they know that they are not compelled to take a back seat in childhood activities. Many children are enabled when the defect is overcome to resume normal school with all its helpful activities and influence. Perhaps the best work is done when we teach the parent to teach the child, and both co-operate in seeing that the prescribed exercises are done regularly at home.

The number of children attending the clinics after tonsil and adenoid operations is tending to increase indicating that the public is becoming aware that a little effort now can mean greater physical ease and mental content later.

Great efforts have been made, despite staffing difficulties to keep up all the specialised treatments. There has also been much effort to treat pre-school children who suffer from Cerebral Palsy. The aim here is to try and prevent a physical deformity developing into a physical handicap, to try and treat these children so that when they reach the appropriate age they can commence at a suitable school. The mothers of the children are very willing to co-operate because they are naturally concerned that their child should be accepted as a normal a child as possible. This wish is particularly important for by starting the treatment at the earliest moment it inevitably results in a correct use of time in the treatment of the child with hopes of overcoming the defect.

SPECIAL SCHOOLS.

Claremont Open Air School.

An extra ærosol machine has now been installed ; this is of great benefit as it enables more children with bronchiectasis to be treated. The longer the school is open the greater the improvement can be seen in the children with this disability.

We look forward with pleasure to having the new unit attached to the school which will be specially adapted for the needs of physically handicapped children. It is hoped that children confined to wheel chairs will be able to use this new unit and so be able to participate in as normal a school life as one could hope for them. The benefits of taking part in community activities which school provides, is of vital importance to those so handicapped.

Asthma Classes.

These classes are held at Claremont Open Air School four times per week and, when considered in conjunction with the school meals and fresh air, they have been of immense benefit. The improvement in the co-operation of children and parents in the practising of exercises at home has continued.

A special feature of these classes is worthy of mention. If a child feels an attack of asthma developing, arrangements are such that the child immediately goes by himself into the medical room and carries out the special asthma exercises, which are based on those of the Asthma Research Council. In this way the attack is avoided, or at least it is prevented from seriously developing. This feature is important for it brings the child to realise he is going to have an attack and also gives him the confidence to take steps, on his own, to combat it. When the physiotherapist visits the school some children will proudly tell her—" Please miss, I started to have an attack this morning, so I went and did my exercises and it went." Such self-confidence and improvement in morale is a good augury for the future.

Barr Hill.

The shortage of staff has affected this school during the year. At most a physiotherapist has been able to attend only once a week and during November and December no attendances were made at all. This has now been remedied. The special classes for breathing, posture and foot defects, as well as for asthma exercises, continued to be held.

The improved heating and the wind screens provided during the year have been greatly appreciated. Children are now able to concentrate on their exercises thus deriving greater benefit from them.

Broomedge School.

Since September a new weekly class has been held for those children who are persistent mouth breathers, or who suffer from catarrhal infection. Though this class has only been held a short time it is very much enjoyed. Such work must necessarily be slow but it will continue ; it is hoped that good results will follow.

Cleveland Special Class.

This is the special class for spastic children and four half days per week have been devoted to them. Relaxation and re-education exercises form the treatment for these children who continue to show improvement. They enjoy the full activity provided by the exercises very much ; this is a good example of an incentive for these children to help themselves and they start to feel that they are not so restricted as they once were.

It is very rewarding to report that two children so improved, physically as well as in their outlook, that they are now able to attend the Open Air School. Yet a third child is now able to attend an ordinary school.

Parents are very much encouraged by such progress, for they now feel that although a child may start his educational life at a special school, there is every opportunity of his attending a normal school later on.

A gift of money from the Mayoress's fund was used to purchase a large toy shop for the children of this class. The shop is very well used and it helps the children a great deal to use their hands and gives them a wider social outlook.

Happy members of the Handicapped Children's Wolf Cub Pack.

Specialist Clinics.

The orthopædic consultant has continued to make weekly visits to the Physiotherapy Department at Regent Road. Despite the staff shortages there has been no delay in the treatment, the invitation to attend the clinic being sent out the week following the school medical officer's request for consultation.

The aim of the physiotherapy service is perhaps best expressed in the two photographs, showing that although these young children have physical disabilities, they are not prevented from participating as members of a world wide movement knowing the pleasures of a life made more full for them by the realisation that the disability can be overcome.

Report of the Organisers of Physical Education

Little progress can be reported during the year under review. The difficulties which were outlined in the 1955 report still persist and the staffing position, in common with that of most industrial areas, has certainly not improved. This has inevitably affected the standard of work.

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 physical education lesson (including clothing and equipment).
2. Organised games.
3. Swimming.
4. Out of school activities including Schools, Youth and Further Education.

1. The Physical Education Lesson.

Many of the difficulties which have hindered work in the past still continue.

(*a*) The difficulty of providing large equipment (both fixed and portable) in all types of schools.

(*b*) The lack of indoor facilities in many schools.

(*c*) The relatively high proportion, though decreasing, of children still in unreorganised schools.

(*d*) The very many staffing difficulties which have continued during the year under review. Briefly these are :—

(i) Shortage of Staff with specialist qualifications.

(ii) Instability of staffing generally, resulting in a lack of progression and continuity in the work.

(iii) The admittedly unavoidable appointment of a number of temporary teachers, untrained and awaiting admission to Training Colleges. Courses for them to attend have been recommended, or actually organised in the City.

Regular physical education lessons are taken in all schools. In the majority of schools top clothing is removed for the lesson and in the more advanced departments the children take part in vest and knickers or shorts only. The Education Committee made an allocation of 2,700 pairs of plimsolls for distribution to the schools and this has helped the work. The supply of small apparatus (skittles, balls, skipping ropes, hoops, etc.) has been maintained and it has been possible to supply a few more schools with large apparatus. There are still many departments, however, without large apparatus in the quantity necessary.

Courses have been conducted in physical education for teachers in primary schools and for men teachers in secondary boys' schools.

2. ORGANISED GAMES.

All schools with the exception of Infant Departments make provision for a weekly period of organised games. It is pleasing to be able to report that the pavilion at Stott Lane Playing Field is now complete and in use, thus making more extensive use of the ground possible. The Ordsall Park still remains closed for organised games but the difficulty thus made for the schools in this area has been met by the use of transport to and from other playing fields at a greater distance from the schools. It is hoped that it will be possible to continue with this transport, and possibly to increase the transport provided for games generally in the ensuing year.

3. SWIMMING.

At present the work is in the charge of two full-time swimming teachers, one man and one woman, and a number of part-time teachers varying between four and six (usually four women and one man). In addition, because of the difficulties of obtaining part-time swimming teachers, particularly men, a number of class teachers are also responsible for the instruction of their own classes. These teachers must possess certain qualifications and particular teaching qualities, so that their numbers are necessarily limited. Without their help it would be impossible to arrange for these children to receive swimming instruction. During the summer season provision was made for 223 classes to attend (90 boys, 133 girls) and during the winter provision for 130 classes to attend (73 boys, 57 girls). Various schools have organised their own individual swimming galas.

The high incidence of Anterior Polio Myelitis during the summer months seriously affected the attendance at the baths, many parents expressly asking to have their children withdrawn from swimming instruction for this reason. In addition, the girls were further seriously handicapped by the sudden and unexpected death of the full-time woman teacher at the beginning of the summer season.

A change has been made with regard to the swimming tests for the certificates issued by the Education Committee, which should, in the long run, be of considerable benefit to the schools' swimming. The standard of swimming has been raised through the years, and the tests used for these swimming certificates have not been of sufficient difficulty really to challenge the competitors. Accordingly, a new series of tests were drawn up and used for the first time this year. These make radical changes on those previously taken.

The results obtained on the new higher standard were as follows :—

	BOYS	GIRLS	TOTAL
3rd Class	465	428	893
2nd Class	349	140	489
1st Class	255	12	267
Advanced	263	19	282
TOTAL	1,332	599	1,931

The Baths Committee awarded 893 Free Season Tickets for use in 1957 to children who gained their first certificate. The Royal Life Saving Society Examinations have been taken by various children and the results are given below. Favourable comment has been made by the examiner on the high standard of work produced.

	Boys	Girls	Total
Elementary Certificate	105	114	219
Intermediate Certificate	113	83	196
Bronze Medallion	84	57	141
Bar to Bronze Medallion	22	6	28
Bronze Cross	2	2	4
Unigrip	—	34	34
Scholar Instructor	—	3	3
Totals...	326	299	625

Boys—Teacher Instructor — 2
Teacher Bronze — 2

The Humane Society of the Hundred of Salford awarded 12 medals—7 for boys, 5 for girls—for proficiency in life-saving.

A number of children were successful in passing the awards made by the Amateur Swimming Association for school children. It is emphasised that the standard of performance expected in these examinations is a very high one indeed.

Results	Boys			Girls			Total Passed
	Entered	Failed	Passed	Entered	Failed	Passed	
Medallist	36	23	13	19	3	16	29
Advanced	3	—	3	4	2	2	5

4. Out of School Activities.

The Salford Schools Sports Federation has maintained the wide number of a variety of activities which it organises in and out of school hours and in which a very large number of children participated. Activities covered include Rugby and Association Football, Netball, Cricket, Rounders, Athletics, Swimming and Boxing, and each Association through its city teams has taken part in programmes arranged by the County Association.

The Athletic section arranged three very successful meetings (2 afternoon and 1 evening) for the Inter-School Sports. The Swimming Society held two galas (both evening) and a greater number of schools than ever took part, particularly junior schools. Both the Netball and Rounders sections held two very successful rallies each. The Rugby Football section organised a course for teachers. In Cricket, 31 schools entered and 70 teams took part in competitions. For the first time all Secondary Grammar, Technical and Modern Schools took part.

INDIVIDUAL HONOURS.

(*a*) Association Football—one boy was selected and played in every match of the season for England and all County games. A second boy was selected to play for his County.

(*b*) Rugby Football—one boy was selected to play for his County.

(*c*) Cricket—Two boys played in the South Lancashire team and one boy played regularly for the County team.

(*d*) Swimming—One girl swam for Lancashire County and was also selected for Divisional Championships (A.S.A.). The Schools' Federation Junior Breast Stroke was won by a Salford girl, and a Salford girl was second in the Junior Butterfly. One girl got into the final of the Senior Breast Stroke.

(*e*) Athletics—Lancashire Sports—A boys' team was second. One boy was second in the Hurdles, one was second in the Long Jump.

PHYSICAL ACTIVITY WITHIN THE YOUTH SERVICE, 1956.

Physical activities both indoor and outdoor continued to maintain progress during 1956 in spite of the restricting action of the weather in the summer 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 and senior schoolboys. 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 10th Annual Athletic Sports, which to some extent were curtailed by the bad weather.

FURTHER EDUCATION.

Six evening classes with an average membership of 18 functioned at four evening school centres during the year. There were classes for boys and girls in recreative physical education in Netball and Judo and also a class for women over 30.

School Meals Service

During the financial year which ended on 31st March, 1956, meals were supplied as follows :—

	Maintained Schools	Other Persons Independent Schools Occupation Centres Sports Associations, etc.	Total
Dinners	2,325,736*	65,328	2,391,064
Breakfasts	62,388		62,388
Snacks	40,277		40,277
Teas	328	1.964	2,292

*Includes 54,791 dinners served in holiday periods and on Saturdays.

Gross expenditure in financial year was	(*a*) Food	£92,560
	(*b*) Overheads	£103,045
resulting in a school dinner cost of	(*a*) Food	9·10d.
	(*b*) Overheads	10·23d.

In addition there was expenditure on milk supplied under the Milk-in-Schools scheme of £45,022.

The year under review has once again presented difficulties as a challenge to all concerned with maintaining at least the basic principles of the school meals service. Early in the year the results of the bad weather of the previous year were reflected in some shortage of vegetables and the quality of those available within the cost limits was not always good. Rather more use was made of dehydrated vegetables and by this use and other methods the nutritional standard of the school dinner was maintained.

The Food Hygiene Regulations, 1955, came into full operation during the year and it must be a matter of regret that the rate of progress in schemes of minor improvements within canteens, many of them designed to improve hygienic conditions, slackened because of restrictions on capital expenditure.

All premises have been reviewed and action taken includes the displaying in all cooking premises of " No Smoking " and " Wash your hands now " notices, the provision of first-aid equipment to a standard agreed with the Ministry of Education, the provision of lockers or other accommodation for outdoor clothing and footwear, the use of formica on preparation benches, serveries and dinning-room tables. Measures have been taken to improve ventilation and the extraction of steam, to provide covered enclosures for kitchen waste bins, and to replace wooden splash backs around sinks by glazed tiles.

There has been an extension of the family service system of dining.

Alterations in the Milk-in-Schools Scheme included the assumption of responsibility for supplies to non-maintained schools by the Local Education Authority, a reduction in the quantity of milk supplied to children in Nursery Schools and Nursery Classes, and the cessation of the milk service during school holiday periods.

In Circular 308 the Ministry of Education announced an increase in the charge for the school dinner and made the new standard charge of 10d. applicable to children in Nursery Schools and Nursery Classes. The charges for other meals are now based on full cost and not merely on the cost of food. The provision of meals free to all children wishing to receive them however is not now likely to be achieved within the forseeable future.

The provision of meals other than dinners, and the provision of meals during school holiday periods and on Saturdays was reviewed. With the approval of the Ministry of Education the holiday and Saturday services will continue. The provision of afternoon snacks at Open Air Schools has been discontinued.

Opportunity has been taken to test in use new types of plates and beakers and some of these have been introduced with success into the Service.

Once again the School Meals Service showed its preparedness to meet an emergency by going into standby action during a threat of floods.

A new kitchen and dining-room and one new dining centre and scullery came into use in the first month of the year and the year closed on a seasonal note with all centres serving a traditional Christmas dinner including Roast Turkey.

The following cases illustrate the close co-operation which exists between the School Health Service and the School Welfare Department.

(*a*) A School Welfare Officer referred a five-year-old girl for a medical examination regarding her suitability for attendance at an Open Air School. She had never attended school.

Enquiries were made from the Royal Manchester Children's Hospital and it was ascertained that she had attended for advice about her hearing and an unsteady gait.

The girl was examined by Mrs. Cavanagh, who arranged for her to be seen by Professor Ewing. She was included in a detailed research study by Mrs. Cavanagh and Professor Ewing at the Children's Hospital.

The girl was recommended to be admitted to Mr. Tordoff's class in January, 1956, and she was admitted in February, 1956.

(*b*) The School Welfare Department reported to the School Health Service that a seven year old boy had been involved in a motor accident nine months previously, and that although he was now at home he was not attending school.

Hospital reports were obtained and it was ascertained that when he was admitted to hospital after the accident he had marked tachypnoea with stridor and a tracheostomy was carried out. Following his injury he had a Left hemiparesis. He had been seen in the Orthopædic Department at the hospital, but it was not felt that any orthopædic treatment could help, him, as it was a problem of re-education more than anything else. Following the tracheostomy he could not talk, but with speech therapy his voice returned.

In order to save the mother long journeys to and from hospital with the boy for physiotherapy and speech therapy, arrangements have been made for treatment to be given at a School Clinic.

The boy is unable to walk, but can stand and take a few shuffling steps. Dr. Jeremiah has recommended that he should be admitted to a Residential School for Physically Handicapped Pupils, and it is hoped that he will be admitted in the near future to Bethesda. The parents have co-operated well.

(*c*) The School Welfare Department telephoned to the School Health Service regarding a girl who was five years of age, but was not attending school.

Investigations were made from a Manchester hospital, and we were informed that she suffered from tuberculous meningitis. She had been very ill in the early weeks and the C.S.F. pressure markedly raised. Burr holes had been performed to provide decompression and there was also some degree of hydrocephalus. Progress was very slow at first, but she improved and treatment was discontinued then she had a relapse and treatment was re-started.

The C.S.F. has grown tubercle bacilli, and the father has been found to have a positive chest X-Ray and positive sputum. The mother has been nursing tuberculous patients for 18 years, but a recent chest X-Ray was said to be clear.

Unfortunately, the child is now blind from the disease, and there is some mental impairment, due to the hydrocephalus, which is now marked. Her hearing is quite acute.

Dr. Scully has examined her and she has been admitted to the Register of Blind Persons, and a recommendation has been made that she should be educated in a Special School for Blind Pupils by methods not involving the use of sight.

SCHOOL CLINICS.

Location of School Clinics.	*Treatment carried out.*	*Attendance of School Medical Officer.*
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Paediatric, Orthopaedic.	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 ...	——
Clarendon Secondary Modern School	Minor Ailments...	——

STATISTICAL TABLES.

TABLE I.

Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (Including Special Schools)

A.—Periodic Medical Inspections.

Age Groups Inspected and number of Children examined in each :—

5 years	2,821
7 „	929
10 „	2,164
13 „	2,279
Total	8,193
Additional Periodic Inspections	1,004
Grand Total	9,197

B.—Other Inspections.

Number of Special Inspections	6,956
Number of Re-Inspections	7,501
Total	14,457

C.—Pupils Found to Require Treatment.

Number of Individual Pupils Found at Periodic Medical Inspection to Require Treatment.

(excluding Dental Diseases and Infestation with Vermin).

Age groups inspected (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table III (3)	Total individual pupils (4)
5 years	12	446	454
7 „	23	115	135
10 „	59	296	352
13 „	135	356	480
Total	229	1,213	1,421
Additional Periodic Inspections	18	187	203
Grand Total	247	1,400	1,624

D.—Classification of the Physical Condition of Pupils Inspected in the Age Groups Recorded in Table I.A.

Age Groups Inspected (1)	No. of Pupils Inspected (2)	Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
5 years	2,821	2,663	94·4	158	5·6
7 „	929	897	96·6	32	3·4
10 „	2,164	2,076	95·9	88	4·1
13 „	2,279	2,169	95·2	110	4·8
Additional Periodic Inspections	1,004	951	94·7	53	5·3
Total	9,197	8,756	95·2	441	4·8

TABLE II.

Infestation with Vermin.

(i) Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	143,238
(ii) Total number of individual pupils found to be infested	4,222

TABLE III.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1956

Defect Code No.	Defect or Disease	Periodic Inspections				Total (including all other age groups insp'd)	
		Entrants		Leavers			
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
4.	Skin	59	163	83	142	235	511
5.	Eyes—						
	(*a*) Vision	12	41	136	243	247	477
	(*b*) Squint	43	86	12	65	91	283
	(*c*) Other	11	24	9	32	38	99
6.	Ears—						
	(*a*) Hearing...	16	152	8	99	46	458
	(*b*) Otitis Media... ...	23	285	24	105	76	890
	(*c*) Other	23	99	17	63	67	249
7.	Nose & Throat	183	903	109	382	499	2,227
8.	Speech	21	86	5	18	43	208
9.	Lymphatic Glands	12	599	—	131	17	1,310
10.	Heart	4	76	2	35	8	201
11.	Lungs	17	294	3	69	37	605
12.	Developmental—						
	(*a*) Hernia	2	20	2	5	13	59
	(*b*) Other	1	63	3	43	10	241
13.	Orthopaedic—						
	(*a*) Posture	4	33	4	79	17	200
	(*b*) Feet	24	71	20	63	81	222
	(*c*) Other	68	314	80	254	262	918
14.	Nervous system—						
	(*a*) Epilepsy	1	10	3	9	7	49
	(*b*) Other	2	51	9	41	18	172
15.	Psychological—						
	(*a*) Development ...	6	46	1	34	13	163
	(*b*) Stability	5	71	1	24	14	194
16.	Abdomen	—	2	—	—	—	3
17	Other	1	20	—	4	3	31

TABLE III. (Continued)

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4.	Skin	455	219
5.	Eyes—		
	(*a*) Vision	142	50
	(*b*) Squint	37	29
	(*c*) Other	76	48
6.	Ears—		
	(*a*) Hearing...	318	103
	(*b*) Otitis Media...	302	171
	(*c*) Other	170	207
7.	Nose & Throat	693	1,135
8.	Speech	71	89
9.	Lymphatic Glands	63	434
10.	Heart	25	122
11.	Lungs	205	392
12.	Developmental—		
	(*a*) Hernia	6	12
	(*b*) Other	8	104
13.	Orthopaedic—		
	(*a*) Posture	10	41
	(*b*) Feet	5	9
	(*c*) Other	230	197
14.	Nervous system—		
	(*a*) Epilepsy	4	15
	(*b*) Other	31	195
15.	Psychological—		
	(*a*) Development	2	8
	(*b*) Stability	73	166
16.	Abdomen	—	—
17.	Other	518	1,253

TABLE IV.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

GROUP 1.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	447	—
Errors of refraction (including squint)	2,560	—
TOTAL	3,007	
Number of pupils for whom spectacles were prescribed	1,729	

GROUP 2.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment for—		
(*a*) diseases of the ear	—	10
(*b*) adenoids and chronic tonsillitis	—	278
(*c*) other nose and throat conditions	—	30
Received other forms of treatment	—	52
TOTAL		370
Total number of pupils in schools who are known to have been provided with hearing aids—		
(*a*) in 1956	—	3
(*b*) in previous years	—	5

GROUP 3.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	369	

GROUP 4.—Diseases of the Skin.

(excluding uncleanliness for which see Table II).

	Number of cases treated or under treatment during the year by the Authority
Ringworm—	
(*a*) Scalp	—
(*b*) Body	7
Scabies	21
Impetigo	97
Other skin diseases	790
TOTAL	915

GROUP 5.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	126

GROUP 6.—Speech Therapy.

Number of pupils treated by Speech Therapists under arrangements made by the Authority	105

GROUP 7.—Other Treatment Given.

(*a*) Number of cases of miscellaneous minor ailments treated by the Authority	12,332
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	155
(*c*) Pupils who received B.C.G. vaccination	669
(*d*) Other than (*a*), (*b*) and (*c*) above (specify)	
1. Sun-ray	397
2. Chiropody	1,007
3. Treatment by Neurologist	14
4. ,, ,, Paediatrician	337
5. ,, ,, Pretonsillectomy	317
6. ,, ,, Breathing Exercises	879
7. ,, ,, Postural Drainage	65
TOTAL (*a*)—(*d*)	16,172

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) At Periodic Inspections	12,490
	(*b*) As Specials	4,318
	TOTAL (1)	16,808
(2)	Number found to require treatment	10,649
(3)	Number offered treatment	10,649
(4)	Number actually treated	9,770
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	14,983
(6)	Half days devoted to :	
	(*a*) Periodic (School) Inspection	103
	(*b*) Treatment	1,262
	TOTAL (6)	1,365
(7)	Fillings—	
	(*a*) Permanent Teeth	3,377
	(*b*) Temporary Teeth	755
	TOTAL (7)	4,132
(8)	Number of teeth filled—	
	(*a*) Permanent Teeth	3,145
	(*b*) Temporary Teeth	755
	TOTAL (8)	3,900
(9)	Extractions—	
	(*a*) Permanent Teeth	2,152
	(*b*) Temporary Teeth	7,005
	TOTAL (9)	9,157
(10)	Administration of general anaesthetics for extraction	2,621
(11)	Orthodontics—	
	(*a*) Cases commenced during the year	65
	(*b*) Cases carried forward from previous year	175
	(*c*) Cases completed during the year	37
	(*d*) Cases discontinued during the year	42
	(*e*) Pupils treated with appliances	220
	(*f*) Removable appliances fitted	141
	(*g*) Fixed appliances fitted	34
	(*h*) Total attendances	1,214
(12)	Number of pupils supplied with artificial dentures	84
(13)	Other operations—	
	(*a*) Permanent teeth	1,393
	(*b*) Temporary teeth	493
	TOTAL (13)	1,886

CHIROPODY SURVEY SUMMARY, 1956.

Age Group (years)	5 to 6				7 to 8				9 to 10				11 to 12				13 to 15				Total				
Sex	M		F		M		F		M		F		M		F		M		F		M		F		Total
Defect Group	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	
Corns	—	—	—	1	—	—	—	1	—	—	—	—	1	2	—	4	1	3	—	5	2	5	—	11	18
Verruca	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	2	—	3	—	3	6
Weak Long Arch	67	35	54	23	35	22	33	16	27	22	31	16	39	22	30	15	48	25	32	20	216	126	180	90	612
Footwear Degrees of Accuracy in Fitting ...	94	37	79	52	54	37	63	61	54	32	52	39	20	9	44	43	5	4	74	68	227	119	312	263	921
Defects of Lesser Toes ...	15	36	5	16	11	18	11	18	5	8	8	9	4	6	1	3	10	4	14	15	45	72	39	61	217
Hallux Valgus	58	13	45	18	39	7	42	23	43	5	36	17	41	—	43	18	79	2	70	33	260	27	236	109	632
Nails	1	1	3	—	2	—	—	1	—	1	—	—	—	2	—	—	1	2	—	1	4	6	3	2	15
Total	235	122	186	110	141	84	149	120	129	68	127	81	105	43	118	84	144	41	190	144	754	358	770	539	2421
Total Number of Children Examined Males and Females	358		293		266		227		218		148		298		128		377		197		1517		993		
Total Number of Males and Females Examined	651				493				366				426				574				2510				

Number Seen 1,517 Males, 993 Females. Total 2,510.

Number of Defects, Males 754 B's., 358 C's., Females 770 B's., 539 C's. Total 1,112 Males, 1,309 Females. Combined Total : 2,421.

B = Slight defect (not requiring treatment) C = Marked defect (requiring treatment)