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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1959

BY

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

MEDICAL OFFICER OF HEALTH

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City of Salford

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MEDICAL OFFICER OF HEALTH

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at 31st December, 1959.

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Deputy Chairman :

Alderman MARGARET C. WHITEHEAD (Miss)

Alderman	S. W. DAVIS (Deputy Mayor)	Councillor	M. FLANAGAN
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,,	T. CUNNINGHAM		

together with the following recommended member

Dr. N. S. MALIMSON

STAFF

at 31st December, 1959.

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CHIEF PUBLIC HEALTH INSPECTOR	J. C. STARKEY, M.R.S.H., M.A.P.H.I., C.S.I.B.
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR.	H. F. ROBINSON, M.R.S.H., M.A.P.H.I., C.S.I.B.
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ASSISTANT SUPERVISOR OF MIDWIVES ...	MISS E. BROOKS, S.R.N., S.C.M.
SUPERINTENDENT OF DISTRICT NURSES ...	MISS N. PERRY, S.R.N., S.C.M., Q.N.
ASSISTANT SUPERINTENDENT OF DISTRICT NURSES	MISS M. GORE, S.R.N., Q.N.
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HEALTH EDUCATION OFFICER	MRS. D. BRUMHAM, B.A. (ADMIN.).
SENIOR PHYSIOTHERAPIST	MISS P. K. FOGG, M.C.S.P.

* By arrangement with the Manchester Regional Hospital Board.

STAFF (*continued*)

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Manager of Salford House	D. L. Jones.
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Health Visitors with Special Responsibilities	Mrs. D. Appleby, S.R.N., S.C.M., H.V.Cert. Miss E. Grimshaw, S.R.N., S.C.M., H.V.Cert. Miss D. M. Parker, S.R.N., S.C.M., H.V.Cert.

5 Public Health Inspectors.
5 Mental Welfare Officers.
15 General Health Visitors.
4 Health Visitors (Part-time).
17 Clinic Nurses.
15 Hygiene Attendants.
5 Approved District Teachers (Midwives).
15 Midwives.
3 Premature Baby Nurses.
2 Breast Feeding Sisters.
9 District Nurses.
2 District Nurses (Part-time).
5 Matrons of Day Nurseries.
1 Physiotherapist.
3 Supervisors of Training Centres (Mental Health).
1 Assistant Ambulance Officer.

INTRODUCTION

MR. CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

Herewith my report on the work done in the public health services in 1959. It was an interesting and unusual year in that some great changes were effected. Firstly, the Mental Health Act ; and a full year of polio vaccination, with a special drive during Polio Week. It is in no spirit of flattery that I would like to acknowledge the help which you have given to the staff and myself. Great changes have occurred, and I would like to congratulate you on the decisions you have made. You have accepted the advice of your public health service, for example in the sphere of mental health, it cannot have been easy to adjust ideas which have been held for thirty years—that " the best place for a mentally disordered patient is the hospital and not his own home " ! Much re-thinking during many years has taken place on this and on other problems of public health. For years seeds have been sown, and last year saw the flowering ; future years will see the fruit. Of course, much work is involved, mistakes will be made and when these occur, say in the case of patients who may commit misdemeanours, the critics will say " I told you so." Nevertheless, I am sure that your policy is correct and immense benefit will be given to patients who, with the support of all the members of the public health team, will be able to live useful happy lives at home.

Another change which has occurred in our thinking over the years has been the provision of the age-old question of confinement at home or hospital. Many of us in pre-war days urged nearly every Salford mother to have her baby in hospital ; but now you have a well-trained municipal midwifery service, and midwives with good professional knowledge and skill kept up-to-date by regular attendance at refresher courses. We enjoy the benefits of domiciliary consultant services and flying squads. We have the coverage of the antibiotics. We have above all a deeper appreciation of all that the birth of a baby means to the health and wellbeing of the family. We realise the importance of the effects on the father and on the other children—not to be underestimated in the future as it was in the past. All these, and many other factors have made a change in our thinking, and it is praiseworthy that your own approach to these problems is in tune with the needs of today.

This year, I have enlarged the scope of my introductory letter, for I have no illusions that anything like the whole of the report which follows is read. Therefore, I give in summary form some of the statistics and some of the facts and features of the year's work.

STATISTICS

Statement showing a comparison of statistics for the years 1958 and 1959

Birth Rate and Mortality Rates.	Year 1958.	Year 1959.
(Provisional Rates for the year 1959).		
Birth Rate per 1,000 of the population	17·91	18·08
Death " " " " " "	13·20	12·90
Infantile Mortality Rate per 1,000 live births	28·67	24·34
Annual Rate of Stillbirths per 1,000 total births	24·96	28·89

Vaccination against Smallpox.	Year 1958.	Year 1959.
Total number of vaccinations	1,172	1,193
,, ,, ,, re-vaccinations	228	304
Percentage of children under 1 year of age vaccinated	34·20	34·01
Notifiable Diseases.		
Scarlet Fever	61	62
Whooping Cough	121	91
Measles	920	910
Pneumonia	74	188
Dysentery	196	64
Food Poisoning	24	18
Puerperal Pyrexia	17	46
Immunisation.		
Number of children who completed a full course of primary immunisation	2,268	2,290
Number of children who received a secondary (reinforcing) injection	2,539	2,077
Total number of children under 15 years of age who have completed a course of immunisation at any time prior to the end of the year	32,872	31,868

The astonishing change in the pattern of disease is reflected in the table I append showing deaths from infectious diseases in 1959 compared with figures for the year 1909—fifty years before. There is a startling decline in the number of deaths from all forms of tuberculosis—fifty years ago there were 512 and now it is 33. Even more striking are the following :—

	1909	1959
Dysentery	116	Not a single death.
Diphtheria	107	,, ,, ,,
Measles	192	,, ,, ,,

Deaths from pneumonia declined by three-quarters, and from enteritis by four-fifths.

The decline in mortality from infectious disease is seen no more strikingly than in the case of measles—fifty years ago 192 children died from measles—last year, not one.

Seven mothers died in childbirth from puerperal sepsis in 1909, and not one from this cause last year.

Infectious disease, however, is still most important, for it caused 9·5% of the deaths last year ; although this is less than a quarter of the deaths half a century ago. Just because some of the infectious diseases appear to be " on the way out " there is all the more reason for an all out attack in order to give some forms of it at least the knock-out blow.

DEATHS FROM INFECTIOUS DISEASES

	Salford		England and Wales		
	1909	1959	1909	1934	1959
Tuberculosis (all forms)	512	33	54,425	24,885	3,855
Syphilis and Sequelæ	31	4	1,685	3,476	958
Typhoid and Paratyphoid	39	0	2,142	156	4
Dysentery	116	0	250	85	32
Scarlet Fever	82	0	3,215	838	1
Diphtheria	107	0	5,235	3,990	0
Whooping Cough	47	0	7,182	1,906	25
Meningococcal Infection	*	0	130	732	159
Poliomyelitis	*	0	*	136	66
Smallpox	0	0	28	6	0
Measles	192	0	12,618	3,541	98
Rubella	*	0	39	6	*
Chickenpox	*	0	94	31	*
Mumps	*	0	93	19	*
Typhus and other Rickettsial Diseases	0	0	15	0	1
Influenza	67	26	8,992	5,154	7,862
Pneumonia	533	127	46,108	29,751	26,592
Enteritis	51	10	10,078	4,912	2,332
Puerperal Sepsis. Thrombosis and Embolism	7	0	1,429	1,350	75
Total deaths from above diseases ...	1,784	200	153,758	80,974	42,060
Total deaths—all causes	4,369	2,111	518,003	476,700	527,648
Infectious diseases (above) as percentage of all deaths	41	9·5	29·6	17	8

* Figures not available.

The 1959 figures showed a slight increase in the birth rate to 18 ; a further reduction in the death rate to 12·9 ; most significant of all, by far the lowest infant mortality rate Salford has ever had—24 (or to be exact 23·9, a decimal point *below* 24). This means that less than one in forty of our babies born alive have failed to reach their first birthday. Some babies are born with congenital defects which are incompatible with life ; a few are injured inevitably in the birth process on account of premature, precipitate or difficult labour, and when it is remembered the hazards to which some baby living in sub-standard conditions and an unfavourable environment in its first year is subject, it is a remarkable record. Some babies seem born to die soon ; and nothing known in medical science can save them. It is less than one-tenth of the rate of loss of infant life which occurred just over 100 years ago when 256 out of every thousand Salford infants died in their first year of life. To come to more recent times, ten years ago the rate was 43 ; twenty years ago (1940) it was 96.

An unsolved problem is the still-birth rate of 28. This is high, and the problem is engaging the attention of your staff.

Epidemic Disease.

On the other hand the immunisation rates against diphtheria, whooping cough, tetanus of children aged 15 are in the 80's. The percentage of children vaccinated against smallpox (34%) is poor. Over 2,200 children completed a full course of primary immunisation. The percentage for this group at the end of 1959 was 85·2%.

In addition, 2,000 received booster doses. The position relating to poliomyelitis vaccination up to 31st December, 1959, is as follows :—

Year of birth.	*Two injections.*	*Three injections.*
1943–59	26,540	13,247
1933–42	7,407	273

We had a light year for food poisoning—only 18 cases reported.

Pneumonia was notified nearly 200 times.

Public Health Inspection

The work of the Public Health Inspectors is of the greatest importance in view of the difficult environmental problems in which the people live. Salford needs good Public Health Inspectors more than most authorities and a vast amount of good work has been done in the difficult post-war years.

The immediate task of the public health inspector is to create and maintain healthy surroundings for the people, particularly in an urban and industrial area like Salford. It is a firm foundation, for the health of the people without pure water, safe milk, good food, good housing, efficient disposal of waste products, the control of animal pests and infestations, would suffer severely.

It is still necessary to make 40,000 inspections a year, to serve 10,000 notices, to write 5,000 letters, to take 4,000 samples of food for analysis, to condemn 40,000 lbs. of unsound food, and to take on average 50 offenders to court each year in order to maintain standards achieved by long and persistent effort.

The health of every individual and the health of the community as a whole will always be dependent on the quality of the air we breathe, the food we eat, the shelter that we have against the elements and the hazards of our environment.

Maternity and Child Welfare Services

There are eight maternity and child welfare clinics serving the city, at each of which from one to four infant welfare sessions are held weekly according to the needs of the area.

In the year 1959 a total of 30,275 attendances were made at the clinics by 5,146 individuals. An average attendance per session is about 30.

Health visitors interview and advise mothers and a medical officer is in attendance and sees all new babies—regular attenders at stated intervals and other children at the request of the mother or health visitor—and advises on problems of physical and mental health. The number of consultations given by a medical officer per session is on average about 10, but varies considerably with the reason for which the consultation is sought, the psychological problems requiring much more time than the straightforward physical examinations.

Immunisation against diphtheria, tetanus and pertussis, smallpox vaccination, poliomyelitis vaccination and mantoux testing are available at all infant welfare sessions.

In addition, three combined school health and maternity and child welfare poliomyelitis vaccination sessions are held weekly. An average number of invitations sent for each session is about 120—the average attendance being about 76.

Physiotherapy Service.

Twice weekly physiotherapy sessions are held at five clinics. A medical officer holds a weekly session in rotation at each clinic to review the progress of the welfare children under treatment by ultra violet ray therapy and remedial exercises.

Consultant Service.

The consultant pædiatrician holds a weekly session for premature babies at Jutland House ; also a weekly pædiatric clinic to which welfare children are invited by appointment, with the family doctor's consent. Welfare children are also invited to the consultant orthopædic and ear, nose and throat clinics. They are referred for audiometery when considered necessary by a medical officer.

Psychological Service.

A consultant child psychiatrist attends two sessions weekly to see cases referred by medical officers and health visitors.

Family Guidance Clinic.

One daytime session weekly is held by a consultant psychiatrist and one evening session fortnightly by a medical officer.

A part-time psychologist attends five infant welfare sessions weekly for the purpose of giving group talks to the mothers and individual consultations for cases referred by medical officers and health visitors. She devotes one session weekly to ante-natal patients and visits each ante-natal clinic in rotation at a midwife only session.

In the year 1959, 1,526 new and 3,169 attendances of children under five years and 892 attendances of ante-natal mothers were made to the part-time psychologist.

Ante-natal Care.

Ante-natal sessions are held weekly at seven clinics. Medical officers and midwives hold a joint session one week, and the alternate week the session is held by the midwives alone. At three clinics there are two ante-natal sessions weekly and at four one session weekly. In the year 1959 there were 5,637 attendances at the joint session and 4,146 at the midwife only session. Blood tests are taken by the medical officers from all ante-natal patients. In addition, a special session for taking blood specimens from Rhesus Negative blood group ante-natal patients is held once weekly at Regent Road Clinic. Careful records of all blood tests taken are made and reports sent to family doctors.

Relaxation exercise classes for ante-natal mothers are held by the physiotherapists at two clinics each week. Free dental and chiropody services are available for ante-natal mothers at the health authority's clinics.

Day Nurseries

There are five day nurseries with accommodation for 235 children from the ages of six months to three years. The average daily attendance during the year was 194.

Admissions are made on account of social, psychological or financial need.

A medical officer visits regularly for the purpose of examining all new entrants, all children leaving to go to school, and such other children for whom the matron or parent is anxious. The day nurseries are approved for the training of students for the N.N.E.B. Course.

Special Medical Examinations

Medical examination of girls is requested from time to time by the probation officer, police, or Children's Officer—such examination is made by the Acting Senior Medical Officer for Maternity and Child Welfare, and a report submitted to the referring officer. Five such cases were examined in 1959.

Dental Health

A serious deterioration in the dental state of children and young adults is apparent. It is curious that whilst we are encouraged by the triumphs of preventive medicine in many fields—lower death rates, lower rates of certain infectious diseases, and so on—yet the state of children's teeth is getting steadily worse. Dental caries is a disease of our civilised diet. More and more highly processed foods and sugar are given to children and the natural and essential foods seem slowly to decrease in proportion. I feel we must go all out for instruction in oral hygiene and secure the interest and co-operation of the parents in better care for their children's teeth. Better diet for the children is of top priority. A waging of war against too much tuckshop feeding, and more natural foods. This is a top priority. Some simple advice such as a drink of water, a piece of apple, and so on, to remove sugar from the mouth, needs to be applied. Eating toffees should be lessened ; eating good bread encouraged. Additionally, there is an urgent need for fluoridation with the water supply, as the natural fluoride content of our water is far too low. I speak as one who had the good fortune to come from an area where the natural fluoride in the water was high, and I have often wished that this blessing might be passed on to all children throughout the country.

In this area we have waited too long for effective action to be taken, and it is sad to think that children will suffer unnecessary pain and dental decay, when enlightened communities in America and elsewhere have shown the way.

Health Visiting Section

The work of the section—a combined health visiting, school nursing, and tuberculosis visiting service may be summarised quite briefly as one which covers the health and well-being of the whole family, from young parents expecting their first child, through the varying stages of infancy, childhood, adolescence, adulthood and old age, to the terminal stages of life. It is a preventive, educational, and medico-social service.

Health Visitors, State Registered Nurses and Auxiliary Workers, 72 in all, staff the section. The work includes :—

1. *General health visiting*, including Maternity and Child Welfare, visits to persons needing advice in case of illness, and visits concerned with the preservation of health and precautions against the spread of infection.

2. *Tuberculosis visiting*. Care and After-care visits average over 2,000 a year.

3. *Immunisation* of children under 5 years in the home involving over 6,000 visits per year.

   The total number of visits (excluding those to school children) averages over 50,000 per annum.

4. *Specialist health visiting service* relating to :
   (*a*) Elderly persons—dealing with some 3,500 cases and 5,000 visits per year.
   (*b*) The unmarried mother and her child.
   (*c*) Children neglected in their own homes.
   (*d*) Liaison with hospital.
   (*e*) The practical training of student health visitors.
   (*f*) The training of student nurses in the social aspects of disease.

5. *Special auxiliary services*, including :
   (*a*) A Central Syringe Service—preparing syringes and over 60,000 needles a year.
   (*b*) Domiciliary bathing and foot hygiene service for aged infirm persons (average over 4,000 visits per annum).
   (*c*) Domiciliary chiropody service.
   (*d*) A special day training centre for socially handicapped mothers.

6. *Clinic service*, including :
   (*a*) Ante- and post-natal clinic, infant welfare.
   (*b*) Special Clinic—Minor Ailments, eye, ear, nose and throat (school children).
   (*c*) Elderly persons—special medical examinations (two sessions per week).
   (*d*) Chiropody clinics for elderly persons (at present nine sessions per week).
   (*e*) Immunisation Clinics (covering injections against diphtheria, whooping cough, tetanus, smallpox, tuberculosis, poliomyelitis).

Thd number of staff sessions involved in clinic work is over 10,000 a year (including over 5,000 staff sessions for school children).

Almoner's Department

HOME HELP SERVICE.

The Service exists to provide domestic help " for households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age " (Section 29, National Health Service Act, 1946).

During 1959 : 1,487 households were assisted.
1,077 were carried over from 1958 ;
410 ,, added during 1959.

Of the 1,487 cases : 1,382 were elderly and infirm ;
9 ,, tubercular ;
70 ,, maternity or ante-natal cases ;
26 ,, miscellaneous and included those referred by Mental Health Service.

Two thousand six hundred and eighty-nine visits were paid to homes, and there were 621 new applications for the service during the year.

Two hundred and seventy-eight helps were employed at the end of 1959.

NURSING EQUIPMENT.

Six hundred and fifty articles were supplied on loan during 1959. All articles returned are cleansed in the department before being re-issued.

CONVALESCENCE.

Convalescence was arranged for : 121 school children ;
6 pre-school children ;
10 mothers with 24 children ;
9 adults.

LAUNDRY SERVICE.

A laundry service for elderly and/or incontinent persons has operated since 1953. During 1959, 260 collections and deliveries were made.

Mental Health Service

The work of the department during 1959 continued in the direction of more case work and more community care with the emphasis on therapy rather than custody.

MENTAL ILLNESS.

Total number of notifications—522. Visits and interviews—5,297.

MENTAL SUBNORMALITY.

Number of cases on register—669. Visits and interviews—3,263.

Further steps have been taken in the care of adult defectives in the payment of incentive money for work done at the Training Centres. The females are undertaking laundry work for other centres and some contract work for the Health Department. The males are employed on the production of stools and firewood and a contract for paper carrier bags. A marked improvement has been noted.

SPECIAL CARE UNIT.

A Special Care Unit for very young or severely handicapped patients catering for 20 (males and females) operates at Broughton Centre (Wilmur Avenue).

Immunisation and Vaccination

TRIPLE ANTIGEN IMMUNISATION.

Record cards are written out from weekly birth sheets—a total of three injections at a month's interval are given to complete the course, followed by a booster dose twelve months later, and also at the commencement of school. Children are invited by letter at the age of two months—subsequent invitations are by card.

There are ten immunisation clinics, and during 1959, 10,000 invitations were sent out, 8,000 injections were given and 2,290 children completed a full course of triple antigen. Nine hundred and seventy-two booster doses of triple antigen were given and 1,105 booster doses to school children.

B.C.G. VACCINATION.

All 13-year-old children are given the opportunity of B.C.G. vaccination. On receipt of consents medical officers visit the schools and give mantoux tests—two days later a reading is given—if negative, these children are vaccinated.

During 1959, 1,784 children were invited, 860 consents, 120 mantoux positives and 587 B.C.G. vaccinations.

POLIOMYELITIS VACCINATION.

Polio injections are available to persons from the age of 6 months to 40 years. These injections are given at all the child welfare clinics, also at four special polio clinics—Police Street, Langworthy, Murray Street and Regent Road. Over 100 children are invited to each session and an average of 80 children receive an injection.

In addition, two open clinics at Murray Street and Regent Road are held on Saturday mornings for older people, and also at Langworthy on Tuesday evenings.

During 1959, 58,000 invitations were sent and 44,500 polio injections were given.

Ambulance Service

The Ambulance Service continued to operate effectively during 1959.

The mobile radio service, which is now on the 25 Kc/s. waveband, continues to prove an essential feature in the swift and efficient control of the ambulance service. The extension of the radio service to all vehicles continues. A stand-by service for use in emergencies is now operational. Over the past two years there has been an increase in the number of mental health patients carried.

The following particulars apply to the Ambulance Service for 1959 :—

(1) Number of vehicles in use at 31st December, 1959 :—

Ambulances	10
Sitting Case Ambulances	3
,, ,, Cars	2

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

By Ambulance	66,633
,, Sitting Case Car	9,232

(3) Total mileage during the year :—

By Ambulances	182,211
,, Sitting Case Cars	51,920

Health Education

The Health Education section is responsible for publicity regarding health matters. This includes press articles, exhibition posters and the distribution of leaflets. Publicity is particularly important at the annual chest x-ray survey and for particular occasions such as Polio Week. Resulting from this publicity over 3,000 vaccinations against poliomyelitis were performed in one week during the polio campaign and nearly 9,000 people attended for a chest x-ray during the autumn of 1959. Talks and lectures are also arranged by this section, using many visual aids such as filmstrips, flannelgraphs and films.

Salford House

The Hostel's primary function is to provide temporary shelter for those requiring it, but this has been extended by the emergence of a nucleus of permanent residents who are happiest when living in a large group.

	s.	d.	
Men are required to pay the following charges ...	21	0	per week.
	3	6	,, night.

Hostel can accommodate 285 residents and it is rare for more than a few beds to be unoccupied each night. Facilities provided are separate cubicle with key, laundering, baths, showers, excellent means of cooking, provisions' shop. The residents run a first class Social Club which provides television, billiards and a snack bar at non-profit prices.

The average admissions for 1959 were as follows :—

Old Age Pensioners	125
Working men	100
Discharges from Hospitals, Welfare Officers, Prison Boards, Probation Services, Mental Health Sections, etc.	50/60

Generally speaking residents agree that they receive excellent services for the cheap cost of accommodation, and most men experienced in this particular way of life rate SALFORD HOUSE quite highly and more than competitive with similar establishments.

These facts and figures spell better health for our people, and I am sure that you, Mr. Chairman, Ladies and Gentlemen, will be gratified by the solid work done during the year, and will be encouraged to pursue your efforts further to improve, so far as lies in your power, the health of the people of Salford.

I am,

Your obedient Servant,

J. L. Brown.

Medical Officer of Health.

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

Telephone : TRAfford Park 1461.

STATISTICAL SUMMARY—1959

Area—The City of Salford has a total area of 5,202 acres.	
Population—(Registrar-General's Estimate at Mid-year, 1959)	162,000
,, —(Census, 1951)	178,036
Density—The Mean Density of the City is equal to 31·14 persons per acre	
Live Births—Legitimate : 1,413 Males ; 1,376 Females ;	2,789
,, ,, —Illegitimate : 84 ,, 86 ,, ...	170
TOTAL	2,959
Live birth rate per 1,000 population	18·27
Still-births : 57 Males ; 31 Females ;	88
Still-birth rate per 1,000 live and still-births	28·88
Total live and still-births	3,047
Infant Deaths (deaths under 1 year) Legitimate 67, Illegitimate 4	71
Infant mortality rate per 1,000 live births—Total	23·99
,, ,, ,, ,, ,, ,, ,, —Legitimate	24·02
,, ,, ,, ,, ,, ,, ,, —Illegitimate	23·53
Neo-Natal (deaths under 4 weeks per 1000 total live births)	15·55
Early Neo-Natal mortality rate (deaths under 1 week per 1,000 total live births)	13·18
Illegitimate live births per cent. of total live births	5·75
Perinatal mortality rate (still-births plus deaths under one week per 1,000 total births)—	
Still-births ... ... 88 Deaths under one week ... ... 39 } TOTAL, 127	41·68
Maternal deaths (including abortion)	—
Maternal mortality rate per 1,000 live and still-births	—
Deaths : 1,081 Males ; 1,026 Females ;	2,107
Annual rate of mortality per 1,000 of the population	13·01

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 1959.

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	2928	2908	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
1957	3026	2851	175	5·8	88	84	4	29	29	23
1958	2930	2738	192	6·5	84	78	6	29	28	31
1959	2959	2789	170	5·7	71	67	4	24	24	24

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 1943 TO 1959.

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births.
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
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		**18·66**	**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	16·88	12·34	0·20	2·43	3·48	1·46	0·78	29·37
1957	165,300	18·31	12·97	0·19	2·44	3·75	1·37	0·79	28·75
Average 5 years		**16·98**	**12·39**	**0·23**	**2·32**	**3·47**	**1·39**	**0·73**	**30·10**
1958	163,600	17·91	13·20	0·12	2·20	3·70	1·56	0·84	28·67
1959	162,000	18·27	13·01	0·19	2·43	3·78	1·31	0·78	23·99

* Civil population.

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1931-1959 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	147·9	276	122·2	3209	1420·5
1932	172	78·1	396	179·8	562	255·1	253	114·9	228	103·5	2920	1325·5
1933	200	92·2	339	156·2	591	272·4	269	124·0	248	116·0	3009	1386·6
1934	133	62·2	400	187·1	637	297·9	243	113·6	201	94·0	2932	1371·1
1935	131	62·4	348	165·7	656	312·4	236	112·4	190	90·5	2734	1301·9
1936	154	74·8	352	170·9	729	353·9	249	120·9	207	100·5	2893	1404·4
1937	141	69·9	390	193·3	779	386·0	245	121·4	178	88·2	2943	1458·4
1938	86	43·1	344	172·5	691	346·5	210	105·3	192	96·3	2611	1309·4
1939	92	46·8	366	186·2	838	426·2	201	102·2	187	95·1	2698	1372·3
1940	535	308·9	342	197·5	754	435·3	221	127·6	195	112·6	3224	1861·4
1941	333	208·5	276	172·8	559	350·0	211	132·1	173	108·3	2743	1717·4
1942	239	155·9	387	219·8	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	1556·9
1944	271	173·9	328	200·5	461	295·9	101	64·8	151	96·9	2271	1457·6
1945	416	264·5	313	199·0	472	300·1	126	80·1	146	92·8	2459	1563·3
1946	289	170·5	326	192·4	444	262·0	127	74·9	122	72·0	2266	1337·1
1947	288	165·5	351	201·6	488	280·3	122	70·1	131	75·3	2312	1328·2
1948	203	114·0	385	216·2	434	243·7	86	48·3	139	78·0	2103	1180·8
1949	260	145·3	358	200·1	560	313·0	127	71·0	113	63·2	2337	1306·3
1950	231	130·0	410	230·7	624	351·2	82	46·2	89	50·1	2288	1287·6
1951	314	177·6	392	221·7	715	404·4	89	50·3	82	46·4	2497	1412·3
1952	235	133·2	374	212·0	591	335·0	104	59·0	61	34·6	2151	1219·4
1953	277	159·3	390	224·3	563	323·7	129	74·2	50	28·8	2149	1235·8
1954	204	119·0	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	2065	1233·6
1957	226	136·7	404	244·4	620	375·1	131	79·3	31	18·8	2150	1300·7
1958	255	155·9	359	219·4	606	370·4	137	83·7	20	12·2	2159	1319·7
1959	212	130·9	394	243·2	612	377·8	127	78·4	31	19·1	2107	1300·6

CAUSES OF DEATH—Registrar General's Return of Deaths in the City of Salford during the year 1959

	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	25	6	31	1	...	...	...	5	18	7	...
,, Other	2	...	2	...	...	...	...	1	1	...	...
Syphilitic Disease	2	2	4	...	...	...	...	...	2	2	...
Diphtheria	...	...	...	...	...	...	...	...	...	...	...
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...
Meningococcal Infections	...	...	...	...	...	...	...	...	...	...	...
Acute Poliomyelitis	...	...	...	...	...	...	...	...	...	...	...
Measles	...	...	...	...	...	...	...	...	...	...	...
Other Infective and Parasitic Diseases	...	1	1	...	...	...	...	...	...	...	1
Malignant Neoplasm—Stomach	39	25	64	...	...	...	...	3	22	25	14
,, ,, Lung, Bronchus	103	13	116	...	...	...	...	11	63	28	14
,, ,, Breast	...	24	24	...	...	...	...	...	15	7	2
,, ,, Uterus	...	16	16	...	...	...	...	3	9	3	1
Other Malignant and Lymphatic Neoplasms	98	76	174	...	...	1	1	8	53	53	58
Leukæmia, Aleukæmia	4	5	9	...	...	4	...	2	2	...	1
Diabetes	2	9	11	...	...	...	...	1	2	6	2
Vascular Lesions of Nervous System	97	173	270	...	...	...	...	6	67	85	112
Coronary Disease, Angina	168	105	273	...	...	...	...	2	102	103	66
Hypertension with Heart Disease	11	24	35	...	...	...	...	...	10	9	16
Other Heart Disease	110	194	304	...	...	...	1	11	49	79	164
Other Circulatory Disease	33	34	67	...	...	...	...	3	14	11	39
Influenza	14	12	26	...	...	...	...	...	6	7	13
Pneumonia	56	71	127	23	...	...	1	3	20	26	54
Bronchitis	143	69	212	1	...	...	1	...	68	74	68
Other Diseases of Respiratory System	13	8	21	1	1	...	...	2	7	4	6
Ulcer of Stomach and Duodenum	13	5	18	...	...	...	...	...	10	5	3
Gastritis, Enteritis and Diarrhœa	5	5	10	3	1	...	...	2	2	2	...
Nephritis and Nephrosis	5	5	10	...	...	...	1	2	3	3	1
Hyperplasia of Prostate	7	...	7	...	...	...	...	...	1	1	5
Pregnancy Childbirth, Abortion	...	...	...	...	...	...	...	...	...	...	...
Congenital Malformations	7	6	13	8	3	...	...	1	1	...	...
Other Defined or Ill-defined Diseases	72	100	172	33	1	1	2	8	29	30	68
Motor Vehicle Accidents	19	4	23	...	1	...	4	7	5	5	1
All Other Accidents	26	27	53	1	1	2	2	3	11	8	25
Suicide	11	7	18	...	...	...	...	5	11	2	...
Homicide and Operations of War	...	...	...	...	...	...	...	...	...	...	...
TOTAL	1,085	1,026	2,111	71	8	8	13	89	603	585	734

SANITARY CIRCUMSTANCES

The year 1959 will probably be remembered for its uneventfulness. There has been nothing "new" in the legislation nor anything of unusual interest. The work has progressed smoothly and this is due in no small measure to clear-cut directions from the government departments. If procedure is clearly defined and there are precise standards then work progresses smoothly.

Housing and smoke abatement are well in hand and confirmation of Orders has become a matter of routine. The standard of food hygiene in the City is best tested by the incidence of food poisoning, and it is pleasing once again to report that there have been no mass outbreaks, in spite of the phenomenal summer weather. Temperature control is still uppermost in our educational activities and we think it produces the desired results. Pest control is active and we reckon that the rodent population has been reduced 90% despite the well-intentioned people who throw out bread. Pigeons are receiving attention and one cage-trap in the dock area is catching of late about fifty per week. It is hoped to encourage the use of these cage-traps in places where nuisance occurs and thus keep flocks of pigeons within reasonable proportions. The system is under the supervision of the R.S.P.C.A. District work is often overlooked and yet Inspectors on this work bear the brunt of the complaints, and bear the brunt of the "complainers" with their oft-concealed frustrations of the mind. Public Health inspection is not all drains.

The staff has accomplished great things in a quiet way and the following items of special interest and tabulations are the result of their labours.

WATER

Water supply is obtained from the Manchester Corporation's reservoirs at Longendale and Thirlmere. In general, the supply has been satisfactory in quantity and quality.

All dwellinghouses in the City have a piped water supply.

There are 50,047 dwellings in the City and the population is 162,000 (Registrar-General's estimate at mid-year 1959).

AIR POLLUTION

During the year, 1,922 visits and 221 smoke observations were made. In 26 cases emissions were found in excess of permitted periods, and in two of these it was considered necessary to pursue offenders by the threat of prosecution. This had the desired effect of the offending companies attaining satisfactory combustion conditions.

Under Section 2 (2) of the Clean Air Act, 1956, one certificate of temporary exemption was granted and another application is receiving attention. Of five cases where Certification was previously made, four new installations of boiler plant have been made and are operating satisfactorily. In these cases

overloading of the existing equipment had occurred. Underloading, too, had given rise to excessive emissions and, fortunately, in the two cases concerned, hand-firing with coke provided satisfactory results.

There were 15 notifications under Section 3 (3) of the Act, relative to new furnace installations, two of these being installed in accordance with plans and specifications approved by this Authority.

The provisions of Section 10 were considered in relation to eight plans showing proposals for chimney construction. These were approved, but in one case it was necessary to demand an increased height.

In January, the Minister of Housing and Local Government circularised local authorities concerning the progress of Smoke Control Area establishment. It was remarked that the first steps which local authorities had taken in the " black areas " were encouraging, but acceleration of the progress in the order of a phased programme was needed and schemes for the next five years were required to be submitted to him.

Salford's scheme was already under way and the programme which was submitted for the next five years is as shown.

Order No.	Year to be made.	Acreage.	No of Premises.
1	1959	124	702
2	1959	32	668
3	1959	11	316
4	1959	7	210
5	1961	378	3,000
6	1962	330	2,500
7	1963	275	3,300

This programme forms part of the major scheme for general smoke control of the City and is envisaged to cover 3,600 acres of the City's total acreage of 5,200 acres.

The Minister's initial approval has been given to Areas Nos. 1–5. The first four comprise mainly municipally-owned dwellings with a number of private dwellings, industrial and commercial premises. Area No. 5 is composed chiefly of privately-owned dwellings. The orders for Nos. 2, 3 and 4 have been made and submitted for Ministerial confirmation.

Considerably assisting the attack on domestic smoke pollution in the large congested central and eastern areas of the City, is the clearance of unfit dwellings and re-development. All new dwellings are controlled by the Building Byelaws made in conjunction with Section 24 of the Clean Air Act and Public Health Act, 1936, relating to smoke prevention from heating and cooking appliances. Furthering this control is the application of a condition applying to Corporation tenancies, that only authorised fuels may be burnt.

HOUSING

During 1959 the rate of progress of the Council's approved Slum Clearance programme steadily accelerated as had been planned. Following official representation the following areas were declared by the Council to be Clearance Areas.

Area.	Number of dwellinghouses including dwellinghouse/shops.
Ellor Street No. 2 Area	303
,, ,, Nos. 3A and 3B Areas	232
,, ,, Nos. 4A and 4B Areas	116
,, ,, Nos. 5A and 5B Areas	248
Windsor No. 1 Area	274
Windsor Nos. 2-5 Areas	134
Ellor Street Nos. 6A and 6B Areas	420
Hightown Area	518
Toft Street Nos. 1 and 2 Areas	30
Cobden Street Nos. 1, 2 and 3 Areas	86
Total dwellings in Areas declared during the year	2,361

Orders made in respect of Areas represented in late 1958 and 1959 were as follows :—

Immediate Demolition.		Deferred Demolition.	
Compulsory Purchase Order.	Clearance Order.	Compulsory Purchase Order.	Clearance Order.
Ellor Street No. 2	Trinity 9, 10 and 11	St. James Street	—
,, ,, Nos. 3A 3B	St. Matthias' 7	Irlams o'th' Height 3 and 4	—
,, ,, Nos. 4A 4B		Windsor No. 1	
,, ,, Nos. 5A 5B			
,, ,, Nos. 6A 6B			

During 1959 the following Orders were confirmed by the Minister :—

Area.	Number of Houses.	Order.	Subsequent Action.
Liverpool Street No. 1	405	Compulsory Purchase	Corporation entry, October, 1959.
,, ,, ,, 2	15	Clearance Order	Notice to quit, December, 1959.
,, ,, ,, 3	6	Compulsory Purchase Order	Corporation entry, August, 1959.
,, ,, ,, 4	78	Do.	Corporation entry, August, 1959.
,, ,, ,, 5	13	Do.	Corporation entry, July, 1959.
Middlewood Street	23	Do.	Corporation entry, June, 1959.
Hampson Street...	9	Do.	Corporation entry, June, 1959.
Bright Street	30	Do.	Corporation entry, May, 1959.
Ellor Street No. 7	263	Do.	Corporation entry, August, 1959.
West Duke Street	22	Clearance Order	Tenancy agreement, February, 1959.
Kent Place...	4	Do.	Tenancy agreement, February, 1959.
Trinity Nos. 9, 10, 11	22	Do.	Notice to quit, August, 1959.
St. Matthias' No. 7...	3	Compulsory Purchase Order	Notice to quit, August, 1959.
Ellor Street No. 2	303	Do.	Corporation entry, October, 1959.
,, ,, Nos. 3A 3B	235	Do.	
,, ,, No. 4B	49	Do.	Corporation entry, December, 1959.
Total houses	1,480		

Re-housing of displaced families continued throughout the year, the department being responsible for the supervision of removals at Corporation expense, and the disinfestation prior to removal of all effects and of all premises prior to demolition.

The re-housing of families displaced from Clearance Areas continued to build up as the year progressed and it is planned that the increased momentum shall be maintained in the future.

The following table shows the progress of re-housing throughout the year :—

Removal

Period.	Number of Families.	Number of Persons.
First quarter, 1959	24	68
Second ,, ,, ...	108	386
Third ,, ,, ...	281	913
Fourth ,, ,, ...	406	1,040
Total families rehoused from Clearance Areas	819	2,407

Close liaison and active co-operation is maintained between all the Corporation departments concerned in the many aspects of Housing Clearance Work ; paper work is reduced to the necessary minimum and personal contact between the officers concerned helps to promote efficient working.

The increased rate of re-housing as foreshadowed in the 1958 Annual Report was achieved and the momentum has been well maintained.

J. E. Blease

It was with regret that the department recorded the death, after a short illness, at the age of 61 years, of Mr. J. E. Blease, a senior Public Health Inspector, who had served faithfully and ably for over 40 years, and had, for a long time, been closely concerned with the Corporation's Slum Clearance programme.

He had been mainly responsible for the compilation of the programme submitted to the Ministry of Housing and Local Government under the Housing Repairs and Rents Act, 1954, and it is on the firm basis of his work that our current clearance programme is progressing so well.

DISINFESTATION SERVICE — INSECTS

Following the increase in the work carried out in this field in 1958 over the previous year, the charges made in the set-up of the service in 1958 led to a further increase in 1959 of the number of treatments carried out. Reference to the appended tables will show the vast increase in the number of visits made to dwellinghouses in the City. This is largely due to an additional system inaugurated in 1958, of treating houses against cockroaches at a charge of 2s. 6d. ; a method which has proved to be effective and satisfactory.

During the year, 42 houses showing particularly heavy infestations of cockroaches were treated by means of the new high-pressure powder blower using Malathion. This method is extremely effective for under-floor treatments.

Whilst the number of complaints of bug-infested houses was at its highest, 60 tenants treated their own property by using " Lindane " smoke generating pellets, supplied to them by the department. This greatly reduced the pressure of work on the disinfestation operators during the peak period for infestations in the summer months. It was thought, however, that the results were not so satisfactory as with the D.D.T. spray. Nevertheless, it was a useful expedient.

TABLE 1

Types of Premises.	Number of Treatments. 1959.	Number of Treatments. 1958.
Privately owned houses and flats	1,110	562
Council owned houses and flats	24	20
Treatment of furniture prior to removal	182	109
Treatment of houses on removal and prior to demolition	432	248
Hospitals	491	480
Schools, school canteens, nurseries	21	35
Local Authority premises	15	7
Business Premises	30	33
TOTAL	2,305	1,494

TABLE 2

Insects Attacked.	Number of Operations, 1959.	Number of Operations, 1958.
Bedbugs	322	167
Cockroaches	895	852
Fleas	28	27
Flies	17	12
Lice	4	6
Wood-boring beetles	6	3
Steam flies	1	2
Flour beetles	...	2
Bees	3	1
Moths	1	1
TOTAL	1,277	1,073

These totals do not include fly-proofing as a precautionary measure, clearance area removals and demolitions, and routine treatments of school canteens and refuse bins, which are included in Table 1.

RODENT CONTROL

The new bag-method continues to show excellent results, and this, coupled with the use of " Warfarin," threatens to oust the rats completely from the sewerage system. Surface infestations have been reduced in consequence and, altogether, rodents are well under control. Memory is short, however, and the stories of babies bitten in their prams and nests of rats under the mattress will soon be forgotten. Constant vigilance will always be necessary against the return of the rats, but first we intend to make sure that they all go, and next year we hope to have something really startling to say.

The following are the usual tabulations :—

RODENT CONTROL (SURFACE INFESTATION)

	1959	1958
NUMBER OF PREMISES VISITED.		
Local Authority premises	133	136
Dwellinghouses	7,999	11,478
Business premises, etc.	1,785	1,773
TOTAL	9,917	13,387
PREMISES TREATED BY RODENT OPERATORS (RATS ONLY).		
Local Authority premises	9	14
Dwellinghouses	369	599
Business premises, etc.	72	124
TOTAL	450	737
PREMISES TREATED BY OCCUPIERS FOR MICE. (Packets of Warfarin supplied by Department).		
Local Authority premises	46	48
Dwellinghouses	404	591
Business premises, etc.	194	240
TOTAL	644	879
SEWER TREATMENTS.		
Approximate number of manholes in the City		3,155
Number of manholes fully baited		6,326

FOOD SAMPLING

The milk samples taken have been of good quality, especially the processed, pasteurised and sterilised milk which are the main products retailed in the City. Special reference should be made to farmers' milks, which are delivered in the City ; fewer instances have occurred where the fat content has fallen below the presumptive limit of 3% milk fat, and it would appear that the quality payment schemes introduced by the Milk Marketing Board have had some effect in ensuring that deficiencies below the presumptive limit are not so frequent. An introduction of a legal standard for fat content in place of the present presumptive standard would undoubtedly increase the quality of milk supplied. At present, there is a tendency for quality to be sacrificed in favour of a large milk yield. Milk described as " Channel Island," " Jersey " or " South Devon " is already subject to legislation prescribing a definite minimum standard of 4% milk fat.

The trend towards the making of compositional standards for various foodstuffs appears to have been halted. Although members of the Food Manufacturers' Federation have agreed on standards in respect of certain foodstuffs not covered by legislation, these agreements are not enforceable by the food and drug authorities and it is difficult to see what methods could be used to bring manufacturers who do not adhere to these standards into line with those who do. It would appear that the Government is content that the public should judge a product in relationship to the price paid. Nevertheless, several anomalies are created. The recommendations of the Food Standards Committee to set a compositional standard for beef and pork sausage have never been implemented and it seems ludicrous that there should be a legal standard for articles such as fish paste and meat paste, and none for sausages.

During the year, one prosecution for selling potted salmon, which contained a large proportion of cereal filler and water, resulted in a fine of £10 being imposed on the vendor.

AREA ERADICATION PLAN FOR TUBERCULOSIS

The object of this plan is to ensure that the cattle in this country are free from Tuberculosis. Orders have been made for most of the country for the eradication of tuberculosis infected animals. The remaining areas are to be declared on 1st March, 1960, so that the whole of England will then be covered by orders for the eradication of tuberculous cattle. Scotland and Wales are already fully attested areas.

When these plans reach fruition there will be no tuberculous animals in dairy herds which will help to ensure a safe milk supply. Certain parts of the country are areas in which milk has to be of a special designation, *i.e.*, pasteurised, tuberculin tested, sterilised. In those parts where the milk does not have to be of special designation quality the Eradication Plan should ensure a safer milk supply, but no milk supply can ever be considered safe until it has been efficiently heat-treated.

There should be much less condemnation of tuberculous beef in slaughterhouses. In a country so dependent on the importation of large quantities of meat, this is a real saving.

FOOD STALLS

All types of foodstuffs are sold in the open air from vehicles and stalls.

The legislation applying to food sold in this manner is totally inadequate for the maintenance of satisfactory hygienic standards. The protection from contamination of unwrapped food leaves much to be desired and it is obvious that food sold from the usual type of market stalls cannot be protected except from the grossest contamination. When it is considered that many markets are held on dusty, cindered open sites, and the food sold from a type of stall which from its design must be a relic of the past, contamination is inevitable. The usual stall consisting of a counter top for display with side supports for an overhead awning cannot be satisfactory. The use of cloth side and rear screens and front showcases is a definite improvement. Only stalls from which raw meat or fish is sold are required by the Food Hygiene Regulations to be screened at the sides and back, and there is no requirement regarding the provision of washing facilities except where food is sold for immediate consumption. It is a negative policy which requires food handlers to keep themselves clean and the food to be protected from contamination, but yet does not require the provision of proper facilities for the purpose.

FOOD POISONING

It gives great pleasure to record once again that there have been no outbreaks of food poisoning during the year. When the exceptionally fine summer with months of hot sunshine is considered, such a record is remarkable. The sales of meat pies, cooked meats and other manufactured meat products must have reached a record high level during this hot spell, and it is apparent that advice given regarding storage temperatures is achieving the desired result.

Display is not altogether satisfactory as there is still the tendency of some shopleepers to place slow-selling goods on the counter top, under the customers' noses as it were. Here, goods being at or near mouth level, become the target for coughs and sneezes.

TRANSIT OF ANIMALS

Large numbers of animals arrive daily at Cross Lane Cattle Dock en route for cattle dealers' lairages. Many cattle are imported from Ireland and consequently have been travelling some considerable time. Close attention to the conditions under which the animals travel has considerably reduced the numbers of animals arriving distressed or dead.

The reconstruction of watering troughs and pens has resulted in more hygienic structures and floors, together with improved conditions for the animals.

The lairages have also received attention resulting in improved facilities.

ICE-CREAM

Ice-cream is a potentially dangerous product which is very liable to bacterial contamination. It forms an excellent media for the growth of bacteria and for this reason the Food and Drugs Act, 1955, provides for the registration

of ice-cream premises, and the Ice-cream Heat Treatment Regulations, 1959, control its manufacture. Ice-cream and the commodities used for its manufacture have been sampled regularly throughout the year from various types of premises at which it is either sold or manufactured.

Where an adverse result has been obtained the plant and premises have been visited and samples taken at various stages of manufacture. In one unsatisfactory case the plant was completely dismantled several times and rinse tests carried out. After advising on a routine method of cleaning with detergent, followed by sterilising rinses, excellent results were obtained.

SHOPS ACT, 1950

The administration of this Act falls into four main categories :—

1. The securing of leisure time for shopkeepers by the enforcement of compulsory half-day closing and early closing, and the restriction of Sunday trading.
2. The protection of the employees in the distributive trade by the enforcement of the weekly half-day holiday and compensatory time off for Sunday employment and the limitation of working hours for young persons, *i.e.*, persons under 18 years.
3. The provision and maintenance of amenities to provide comfort of shop workers, such as a reasonable temperature, sanitary accommodation and washing facilities, facilities for the taking of meals, and seats for female employees.
4. The special provisions enabling orthodox Jews to trade on Sundays until 2 p.m.

Visits and inspections were made to secure compliance with respect to all four categories and any complaint received immediate attention.

The Act does not attempt to secure protection of any sort to customers.

In the case of food shops, this is dealt with adequately, but excepting this type of shop, it has been felt that protection and a standard of hygiene were also essential for the public, particularly in hairdressing establishments.

During the year Byelaws were made for Hairdressers and Barbers, requiring compulsory registration and compliance with regulations regarding cleanliness of such establishments, of the staffs and their clothing, and for the sterilisation of instruments, etc.

These Byelaws came into operation in November and will be a contribution to better standards of hygiene.

DISINFECTING STATION — LADYWELL HOSPITAL

Bedding and clothing from houses where there are infectious cases, bedding from houses in slum clearance areas in Salford, and from neighbouring local authorities, bedding from four hospitals, bedding and clothing from vermin-infested houses, and blankets of Ambulance Services were dealt with in the disinfecting ovens.

Other work included the disinfection by formaldehyde of wards and cubicles at hospitals, cabins in ships, ambulances and houses.

Twenty-three demonstrations were given to student nurses.

The following table shows the volume of work carried out :—

	Beds.	*Bales containing bedding or clothing or both.*
From Clearance Areas in Salford	1,200	562
,, Stretford	13	9
,, Eccles...	195	103
,, Port Sanitary Authority...	4	3
,, Ladywell Hospital	515	509
,, Eccles and Patricroft Hospital	8	20
,, Salford Royal Hospital	12	17
,, Hope Hospital...	19	120
Infected bedding and clothing...	150	130
Verminous bedding and clothing	51	109
Clothes of out-district patients at Ladywell...	...	342
TOTALS	2,167	1,924

Blankets from Ambulance Services—Salford		203
Urmston		127
Stretford		129
Eccles		32
Manchester...		29
TOTAL ...		520

Sterilising instruments and dressings at Ladywell Hospital ... 2,994 drums.

In addition to the above the following disinfections were carried out by spraying with formaldehyde :—

Ladywell Hospital	302 beds.
,, ,, ...	601 cubicles.
Salford Royal Hospital	22 wards.
Ambulances	308
Houses	29
Ship cabins	6
Library books	513

DRAINS AND SEWERS

During the year a total of 2,464 complaints of choked and defective drains and sewers were dealt with by the Drainage Inspector and his two assistants.

Of this total, 229 were complaints from Housing Department property, and in most cases were found to be only simple blockages which were removed by rodding or plunging, thus contributing to a saving on housing repairs expenditure.

During the year a marked decrease has been noticed in the number of rat complaints from drains and sewers, and it must be assumed that the frequent treatment of manholes within the City is taking effect.

During the dry summer a large number of complaints of sewer gas were dealt with and in most cases were due to evaporation of water in gullies causing the seal to break and sewer gas to escape. These defects were mostly found in cellar and surface water gullies in rear passages.

Contractors working on drains work in conjunction with the Inspector and his assistants, and advice is always available should any difficulties arise.

It has been observed that, with today's high cost of labour and materials, the modern trend amongst owner/occupiers, when defects occur in their drains, is to do it themselves. This has given a considerable amount of trouble to the Inspector both in faulty work and failure to notify him when drains have been opened up. The laying or repairing of drains is not classed as a skilled trade, yet it is not one which can easily be undertaken by the amateur.

SWIMMING BATHS

The water in the swimming baths is sampled and tested weekly for bacteria, the chlorine content and the Ph. value.

The weekly testing has resulted in the attainment of more satisfactory standards than hitherto. The chlorine content is carefully watched and bacteial content kept correspondingly low. Coliforms are required to be absent and the amount of free chlorine present kept near to breakpoint. Considering that chlorination is by the addition of chlorine liquor, the figures and results obtained are remarkably good. and it is hoped that these will be maintained.

RENT ACT, 1957

Applications for Certificates of Disrepair.

Number of applications for certificates	174
Number of decisions not to issue certificates	Nil
Number of decisions to issue certificates—	
(*a*) in respect of some but not all defects	112
(*b*) in respect of all defects	62
Number of undertakings given by landlords	110
Number of undertakings refused by Local Authority	3
Number of certificates issued	71

Applications for Cancellation of Certificates.

Applications by landlords to Local Authority for cancellation	74
Objections by tenants to cancellation	20
Decisions by Local Authority to cancel in spite of objection	3
Certificates cancelled	64

In connection with the Rent Act, visits have been made to 248 houses, in addition to which a further 59 houses have been visited in respect of remedying of defects undertaken by landlords in undertakings given under the Act to tenants.

Although a considerable amount of repair work has been carried out as the result of the Rent Act, it is to be noted that 4,350 houses have been repaired during the year as the result of service of notices, of which number in 590 cases the work has had to be carried out in default by the Corporation.

PIGEONS

Considerable attention has been given to the nuisances caused by wild pigeons, especially in the Dock area, and it was decided to concentrate attention on a small area where there was heavy breeding. Using trapping methods, 346 birds were caught at one point during a period of five months.

TOILETS

In the City there are 19 toilets for men (four of which are staffed) and six toilets for women (five of which are staffed).

Work has commenced on the erection of a two-storeyed building at the main City Bus Station at Victoria Bridge which will provide accommodation for men and women. Site plans have been approved and agreed with the Parks Committee for the provision of toilets in Trafford Road, Salford, opposite the main Dock Entrance. Proposals are also being considered for toilets at the Oldfield Road / Chapel Street junction, these would be incorporated with the development of a blitzed site. Plans are being discussed, together with the Hospital Management Committee, for the erection of toilets, to be available to the public, at Hope Hospital, Pendleton.

STATISTICS

Inspections.

Sanitary defects	20,365
Sublet Houses	181
Seamen's lodging houses	12
Common lodging houses	37
Caravans	24
Canal boats	4
Factories with power	173
Factories without power	3
Workplaces	1
Shops Act inspections	1,029
Schools	24
Public toilets	720
Stables	12
Piggeries	39
Pet shops	25
Diseases of Animals Act	1
Dairies	323
Food shops	1,253
Food stalls and vehicles	1,394
Food manufacturing premises	94
Restaurants and snack bars	88
Canteens (factory and schools)	274
Unsound food	232
Food samples and others	1,488
Infectious diseases	178
Food poisoning	126
Smoke observations	474
Smoke abatement	771
Disinfestations	2,173
Miscellaneous	751
Housing Act inspections (Clearance Areas)	8,036
TOTAL	40,305
Calls (no admittance)	2,585

List of Samples Taken.

Food and Drugs Act samples other than milk	269
Milk for phosphatase test	653
Milk for methylene blue test	669
Milk for fats and solids-not-fats, etc.	764
Milk for turbidity test	117
Ice cream	152
Fertiliser and Feeding Stuffs Act samples	12
Pharmacy and Poisons Act samples	14
Water supply samples	21
Swimming bath water samples	222
Rag flock samples	3
TOTAL	2,896

Complaints and Notices.

Complaints received	5,975
Statutory notices issued	2,339
Statutory notices abated	2,588
Intimation notices issued	1,834
Intimation notices abated	1,721

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.	3	2 Nuisance Orders. 1 Dismissed.
For supplying milk not of the quality demanded	1	Fined £30.
For supplying bread not of the quality demanded	1	Fined £25.
For offences under the Food Hygiene Regulations in connection with the manufacture of chocolates.	1	Fined £15.
For selling potted salmon not of the substance demanded.	1	Fined £10.

Unsound Food Condemned

	lbs.
Meat (canned)	17,735
Fruit (canned)	4,759
Vegetables (canned)	5,248
Poultry (canned)	263
Evaporated milk (canned)	174
Soup (canned)	364
Fish (canned)	189
Creamed rice pudding	118
Bacon	425
Sausage	475
Butter	59
Lard	228
Dried Fruit	21
Cheese	76
Miscellaneous	114
Cornflakes	10
Cooking fat	56
Castor sugar	28
Confectionery	47
Coconut	112
Margarine	41
Salt	18
Sugar	172
Dried beans and peas	168
Barley	28
Black puddings	117
One English lamb	36
Jelly crystals	70
Fruit flavouring	14
Slab cake	13
24 pkts. crumpets	12
1 bag 77 coconuts	82
11 chocolate rolls	6
11 Golden Dawn puddings	6
1 tin 10 gallons piping for confectionery	97
21 ½ lb. pkts. wine biscuits	10½
52 cartons Energon rolls	26
TOTAL	31,417½

Results of Milk Samples

Test.	Milk.	Number Tested.	Passed.	Failed.	Per cent. Failure.
Phosphatase	Pasteurised	407	404	3	·73
,, ...	T.T. Pasteurised	245	245	...	...
Turbidity	Sterilised	119	119	...	...
Methylene Blue	Pasteurised	407	403	4	·98
,, ,, ...	T.T. Pasteurised	245	243	2	·81
,, ,, ...	T.T.	15	12	3	20·00
T.B. Inoculation	Pasteurised	...	...	...	...
,, ,, ...	T.T.	4	...	...	...

Ice-cream—Results of Samples

Number of samples.	*Grades.*
110	1
22	2
13	3
7	4

Registered Food Premises

The following are the number of food premises by type registered under Section 16 of the Food and Drugs Act, 1955, and the number of dairies registered under the Milk and Dairies Regulations, 1949 :—

Dairies	3
Butchers' shops manufacturing sausage and cooked meats	89
Fish and chip shops	158
Bottled milk shops	704
Ice cream manufacturing premises—hot mix	9
,, ,, ,, —cold mix	10
Ice cream shops	650
Butchers' shops	114
Bakehouses	93
TOTAL	1,830

In addition, it is estimated that there are about 1,500 food shops and other food premises which are not subject to registration.

Food Poisoning

SUMMARY OF FOOD POISONING, 1959.

Total number of outbreaks.	Number of cases.	Number of deaths.	Organisms or other agents responsible.	Foods involved.
18	18	Nil	4 Salmonellae Typhi Murium 1 Salmonellae Newport 1 Salmonellae Para Typhi B 12 Unknown	Fancy sponge Cake

Factories Act, 1937

1. Inspections for purpose of provision 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...	114	3	...	...
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	1,028	193	20	...
3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises)	...	...	...	...
TOTAL	1,142	196	20	...

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	24	11	...	2
(*c*) Not separate for sexes	...	...	...	...
Other offences against the Act (not including offences relating to outworkers)	...	...	...	...
TOTAL	24	11	...	2

Outworkers

SECTION 110 :

Number of outworkers in August list required by Section 110 (1) ... 100

Nature of work :

Making, etc., of wearing apparel 100

Number cases of default in sending list to Council ... ... Nil

,, ,, ,, ,, prosecutions for failure to supply list ... ... Nil

Section 111 :

Number of instances of works in unwholesome premises ... ... Nil

,, ,, notices served ... ... Nil

,, ,, prosecutions in respect of outworkers' premises ... ... Nil

CITY ANALYST'S REPORT

SUMMARY OF SAMPLES

Food and Drugs Act Samples from the City of Salford	1,083
Fertilisers and Feeding Stuffs Act Samples	12
Swimming Bath Waters	227
Contract Samples examined for the Central Purchasing Committee	138
Miscellaneous Samples	63
Tests connected with the Investigation of Atmospheric Pollution ...	3,505
TOTAL	5,028
Samples from the Borough of Eccles	219
Samples from the Borough of Stretford	160
Samples from the Borough of Sale	128
GRAND TOTAL	5,535

FOOD AND DRUGS ACT, 1955

Two major pieces of legislation affecting the work of the Public Analyst came into force during the year under review. Firstly, the Food Standards (Ice-Cream) Regulations, 1959, which introduced separate standards for dairy ice-cream and ordinary ice-cream, the main difference in requirements of composition being that, whilst they must both contain not less than 5% of fat and 7·5% of non-fatty milk solids, the total fat content of dairy ice-cream must consist solely of milk fat. No limits are now prescribed for sugar content, but the incorporation of artificial sweetening agents is prohibited. The Labelling of Food (Amendment) Regulations, 1959, prohibits the labelling or advertisement of ice-cream in any manner suggesting that it is a dairy product unless the fat consists solely of milk fat. Secondly, the Arsenic in Food Regulations which states maximum limits for the arsenic content of various foods. This, in effect, gives statutory power to the recommendations made by the Food Standards Committee in 1955.

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

If analysis reveals any irregularity, the commodity is re-sampled formally following the procedure set out in 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 case of dispute the Magistrate may order it to be submitted to the Government Analyst.

In the following report samples prefixed by the letter "A" were taken formally and those by the letter "B" informally.

A total of 1,083 foods and drugs were tested during the year under review. They comprised : 827 milks, 59 meat and fish products, 23 spices, flavourings and condiments, 9 cereal products, 20 sugar confectionery, including preserves, 14 dairy products, 27 soft drinks and other beverages, 10 soups, 5 edible fats, 62 drugs and 27 miscellaneous samples.

The percentage adulteration was 3·9 compared with 3·7 for 1958. Full details of the adulterated samples other than milk are given in Table 1.

Milk.

A total of 827 samples of milk were analysed. Of 804 samples of ordinary milk, 19 were deficient of fat (2·4%), and 57 were deficient of non-fatty solids. The Hortvet freezing point test showed, however, that only five of these samples (0·6%) contained extraneous water. This sudden unexplained increase in milk samples deficient in non-fatty solids due to natural causes occurred in Spring, and similar findings were reported in most parts of the country.

The average composition of the milk analysed (excluding Channel Islands' milk) was as follows, the corresponding figures for the previous five years being given for comparison :—

	1954	1955	1956	1957	1958	1959	*Minimum requirements.*
Fat %	3·61	3·58	3·62	3·67	3·69	3·53	3·00
Non-fatty Solids %...	8·71	8·69	8·81	8·78	8·82	8·63	8·50
Total Solids % ...	12·32	12·27	12·43	12·45	12·51	12·16	11·50

Channel Islands' milk, for which a higher price may be charged, is obtained 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. There is very little of it on sale in Salford. Its composition is controlled by the Milk and Dairies (Channel Islands and South Devon Milk) Regulations, 1956, which require the minimum fat content to be 4% (compared with 3% fat for ordinary milk). Of the 18 samples analysed one was deficient of fat.

The majority of the milk samples reported against had only small fat deficiencies, and these, in the main, occurred in the samples which were low in non-fatty solids content due to some climatic or seasonal variation in milk composition. In these cases the farmers were advised to seek advice from their local Agricultural Advisory Service with a view to improving the quality of their milk yields.

The presence of small amounts of extraneous water in the five samples reported against as a result of the Hortvet freezing point test was traced in three instances to small leaks in dairy plant, and in the other two cases it was considered that the farmer's practice of leaving the churns outside to await transport during wet, stormy weather was to blame. Precautions were taken in all instances to prevent a recurrence of these happenings.

MILKS, SAMPLES NOS. B.5231, B.5233, B.5256, A.754 AND A.756.

Informal samples Nos. B.5231 and B.5233 represented two out of four churns of farmer's milk in course of delivery to a City dairy. Analysis showed them to be 13·3% and 18·3% deficient of fat respectively. Informal sample No. 5256 represented one out of six churns of the above farmer's milk sampled the following week, and on analysis it was found to be 8·3% deficient of fat.

The next consignment consisting of five churns was sampled formally. Two of these churns represented by samples Nos. A.754 and A.756 contained milk 26·0% and 10·6% deficient of fat respectively. Analysis of "Appeal-to-Cow" samples taken at the farm when the milking was supervised showed that the herd would yield milk satisfying the Sale of Milk Regulations, 1939, but it was noticed that the farmer did not milk each cow fully with the result that all the strippings, which are rich in fat, would not be included. The Scottish case of Telford v. Fyfe ruled that consideration of only one churn out of a delivery constituted unfair sampling, and that the consignment as a whole was the transaction, not the individual churns. The average fat content of the whole delivery (due account being paid to the gallonage of each churn) was calculated to be 3·04% slightly in excess of the legal presumptive minimum of 3%. The farmer was therefore requested to fully milk the herd and mix the whole milking thoroughly.

TABLE 1

ADULTERATED OR IRREGULAR SAMPLES (OTHER THAN MILK)

Number	Description.	Nature of adulteration or irregularity.	Action taken.
B.5401	Potted Beef	Contained 7·0% of moist cereal filler.	Vendor cautioned to sell this article as beef paste.
B.4858	Castor Oil B.P.	Failed to comply with British Pharmacopoeia standard as regards acidity.	Old stock. Withdrawn from sale.
B.5308	Epsom Salts B.P. ...	Consisted of bicarbonate of soda.	Manufacturer not now in business. Last of old stock.
B.5387	Orange Squash	24·7% deficient of sugar	Same manufacturer.
B.5388	Lime Flavoured Cordial	30·7% deficient of sugar	Sugar content increased after consultation.
B.5437	Lemon Chesee containing pure butter.	Only 6·5% of total fat content was butterfat.	Manufacturer warned to increase butter content.
B.5154	Potted Meat	Contained 8·8% of cereal filler and 18·6% of added water.	Article correctly labelled meat paste when shop next visited.
B.5632	Salmon Paste	39·2% deficient of fish	Vendor cautioned.
B.5404	Potted Salmon	Contained 38·2% of cereal filler and 36·4% of added water.	Formal Sample No. A.763 obtained. Legal proceedings instituted. Vendor fined £10.
A. 763	Potted Salmon	Contained 40·1% of cereal filler and 30·2% of added water.	
B.5570	Beef Sausage	49·6% deficient of meat	Formal Sample No. A.768 obtained. Both supplier and vendor fined £20 each.
A. 768	Beef Sausage	32·0% deficient of meat	
B.5556	Casserole Steak	12·3% deficient of meat on a 75% meat content basis.	Due to absence of legal standards no action taken.
B.5180	Stewed Steak with Gravy.	23·6% deficient of meat on a 75% meat content basis.	
B.4944	Malt Vinegar	Contained 1·96% of undeclared salt.	Technical offence. Letter written to packer in each case.
B.5490	Malt Vinegar	Contained 0·66% of undeclared salt.	
B.5305	Zinc and Castor Oil B.P.C.	An official British Pharmacopoeia preparation.	Manufacturer agreed to label all fresh stocks B.P.

Unsatisfactory Food and Drug Samples.

These totalled 17 altogether, and may be roughly divided into two classes ; those involving infringements of the Labelling of Food Order, 1953, and others not conforming to compositional requirements either official or otherwise.

The great majority of foodstuffs available are sold in a pre-packed or canned form for some of which official food standards exist and most of which must comply with the Labelling of Food Order. This is necessary, since food processing and packaging has become so highly technical that the only way the public can be informed of the nature of the food they are purchasing is for a true statement of its constituent ingredients to be made on the label.

Labelling offences are often of a minor nature as illustrated by the two samples of malt vinegar, Nos. B.4944 and B.5490, where the packers omitted to declare the small amount of salt present. More serious offences, apart from falsely labelling the food, usually involve description in terms calculated to mislead an intending purchaser as to its true nature, instanced here by Sample No. B.5437 of " lemon cheese containing pure butter," the butter being present to the extent of only 1% of the sample.

Adulterations involving composition where an official standard is laid down for an article are relatively easy to deal with and if litigation has to be resorted to it is straightforward. Soft drinks, Samples Nos. B.5387 and B.5388, fell into this category, the manufacturer adding the extra sugar required immediately on being informed of the deficiencies. Similarly, the composition of fish paste is controlled by the Food Standards (Fish Paste) Order, 1951, which requires fish paste to contain not less than 70% of fish. The vendor of Salmon Paste, Sample No. B.5632, was informed of this requirement and given a stern warning that, in the event of any further samples not complying with the above Order, legal proceedings would be instituted.

In addition to the above legislation controlling the labelling and composition of food, there are Codes of Practice, which can be described as gentlemen's agreements between the authorities and the trade, but, although they have in most instances been published officially, they do not have the full statutory force of an Act of Parliament. Potted meat and fish products were the subject of a code of practice agreed between the Ministry of Food and the Food Manufacturers' Federation that they must consist solely of meat or fish with no cereal filler or binder. Also most Public Analysts consider that they should contain not more than 10% of added water used to facilitate cooking. Informal samples Nos. B.5401 and B.5154 of potted meat were found on analysis to contain cereal filler and excess of extraneous water, and the vendors were cautioned to sell them as meat pastes. Similarly, informal sample No. B.5404, sold as potted salmon, was a very poor quality product containing a large proportion of cereal filler and excess water. In addition to the fact that it should have been described as salmon paste, its fish content was so low as not to satisfy the 70% minimum fish content demanded by the Food Standards (Fish Paste) Order, 1951. Consequently, a formal sample, No. A.763, was obtained and analysis showed it to be similar to the informal sample containing 40·1% of moist cereal filler and 30·2% of added water. Legal proceedings were instituted against the vendor, who was also the manufacturer, and at the hearing before the Stipendiary Magistrate, he was fined £10.

The composition and meat content of sausages has occasioned more controversy than any other article of food, and it is surprising that even now no Food Standards Order defines a minimum meat content for them. In 1953, the last of the Meat Products Orders was revoked, and this had the effect of removing all restrictions on the price and composition of both beef and pork sausages. In view of the increased meat supplies, it would appear reasonable to expect that sausages should now have at least the same meat content as in the days of control, and most Public Analysts regard 50 and 65% to be minimum meat contents for beef and pork sausages respectively, and many successful prosecutions have been obtained using these as unofficial standards. The position has, however, been rendered more difficult by the results of two Appeal cases, where the Lord Chief Justice expressed the view that official standards should be prescribed and that meat content should be related to price. In view of this it was gratifying to find that the Food Standards Committee of the Ministry of Agriculture, Fisheries and Food, after hearing evidence from all sections of the sausage trade and from organisations concerned with the enforcement of food and drugs legislation, recommended in a report published in 1956 that statutory standards should be fixed for sausages. The recommendations included : (*a*) a minimum standard of 65% meat for sausages made wholly or mainly of pork and 50% meat for all other sausages ; (*b*) the proportion of fat not to exceed 50% of the total meat content ; (*c*) the sale of sub-standard sausages to be prohibited. The report detailed evidence from analyses of some 11,000 samples that no direct relationship existed between meat content and price, and it is therefore disappointing that the Minister of Agriculture, Fisheries and Food informed the House last year that because of technical difficulties and established trade custom he was unable to take any action on the Food Standards Committee report.

Fortunately, the quality of sausages sampled in this City has been good, and only as a result of a complaint from a School Meals Centre was informal Sample No. B.5570 of Beef Sausage submitted for analysis. It was found to be 49·6% deficient of meat based on the above recommendations. These sausages were supplied under contract to the Corporation and were warranted to contain not less than 50% of meat. A formal Sample No. A.768 was obtained and, as analysis showed it to be 32% deficient of meat, legal proceedings were instituted. At the hearing the contractor and manufacturer were each fined £20.

The position as regards canned stewed steak is chaotic and is particularly evidenced by the wide range of products with differing meat contents, due to varying proportions of water being added, and again price is no guide to their meat content. The Association of Public Analysts has circularised its members with tentative standards for guidance, but since they have no legal force whatsoever, no action has been recommended in the case of sub-standard samples. Two out of ten samples were of poor quality, containing only 57% and 65% meat, the remainder being water.

Sixty-two samples of drugs consisting for the most part of the more commonly used household remedies were tested during the year. Only three were reported as unsatisfactory, two due to technical labelling offences, and one sample, purported to be Epsom Salts, analysis showed to be bicarbonate of soda. Investigation by the Sampling Officer revealed this to be the last of old stock and that the manufacturer had gone out of business, which was, perhaps, not surprising.

Swimming Bath Waters.

At all the public swimming baths in the City the water is regularly chlorinated so as to ensure that infective elements of water borne diseases are destroyed, and samples from the various baths are submitted at regular intervals to the laboratory so that the effective level of chlorination can be ascertained. Two hundred and twenty-seven samples were tested during the year, thirteen needed a slightly higher content of free chlorine for an adequate safety margin, and in twelve cases the chlorine contents were somewhat excessive. In reporting the swimming bath water samples the recommendations of the Ministry of Health (Purification of the Water of Swimming Baths) were adopted.

Miscellaneous Samples.

Two hundred and one samples were submitted under this heading during the year under review. The majority (138) were analysed on behalf of the Central Purchasing Committee. These samples range from foodstuffs, such as meat extract and jam, to cleansing materials, polishes and synthetic detergents for use in schools, canteens and establishments throughout the City. Specifications to which these commodities must conform have been drawn up by the City Analyst, thus ensuring that satisfactory articles are bought at competitive prices. Whilst the best quality product is preferred, it is often necessary for economic reasons to choose an article which is reasonably good and likely to prove satisfactory in use. In these cases 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.

Twelve samples were tested for compliance with the Fertilisers and Feeding Stuffs Act, 1926, and three were submitted under the Pharmacy and Poisons Act, 1933. The remaining samples were submitted by the Health Department and were mainly concerned with food spoilage or contamination.

Samples from Neighbouring Local Authorities.

The City Analyst also acts as Public Analyst for the Boroughs of Eccles, Stretford and Sale. During the year, 187 samples under the Food and Drugs Act, 31 swimming bath waters and one drinking water were received from the Borough of Eccles, 159 samples under the Food and Drugs Act and one well water from the Borough of Stretford, and 127 samples under the Food and Drugs Act and one miscellaneous sample from the Borough of Sale. Fees totalling £982 6s. 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 City boundary. Four " deposit gauges," " two gravimetric sulphur dioxide units " (lead peroxide apparatus) and one " volumetric sulphur dioxide and smoke apparatus " are maintained and operated by the laboratory staff.

Table 2 gives average values for the amount of atmospheric deposit per month at four points within the City. The " dirt " which is deposited is collected and submitted to analysis, its insoluble components consisting of tar, combustible matter and grit or ash being determined whilst the separated rain-water is examined for soluble impurities, chlorides and sulphates. The pH value is also ascertained, which is a measure of its acidity or alkalinity.

TABLE 2

DEPOSIT GAUGE OBSERVATIONS

(Monthly Averages—Tons per Square Mile)

	Broughton Modern School.	Ladywell Hospital.	Northern Cemetery.	Park Lane Kersal.
Rainfall, in inches	2·14	2·15	2·32	2·14
Tar	0·49	0·55	0·44	0·32
Carbonaceous Matter } Insoluble	2·69 } 10·47	5·45 } 20·41	3·28 } 13·32	1·84 } 7·35
other than Tar ... } Matter				
Ash	7·29	14·43	9·60	5·19
Soluble Matter	5·15	6·89	5·92	4·57
Total Solids	15·62	27·30	19·24	11·92
Chlorides } Included in	1·14	1·23	1·09	0·75
Sulphates } Soluble Matter	1·88	2·94	2·23	1·86
pH value	4·5	4·1	4·4	4·9

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, treated so 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 being expressed as milligrammes of sulphur trioxide per 100 square centimetres of exposed surface deposited per day. Table 3 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.

TABLE 3

Month.	Milligrammes Sulphur Trioxide per 100 sq. cms. Daily Average.	
	Regent Road.	Ladywell Hospital.
January	8·45	6·76
February	6·57	4·70
March	4·00	3·29
April	4·36	3·54
May	3·04	2·43
June	2·91	...
July	2·45	2·01
August	2·19	1·74
September	3·24	2·76
October	4·02	3·45
November	6·17	4·48
December	5·96	5·37

The volumetric apparatus measures directly the sulphur dioxide and smoke from day to day and is of particular value during foggy spells, enabling the rapid rise of concentration of these contaminants in the atmosphere to be determined over short periods. Air is pumped from the external atmosphere through a 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 and the density of the stain determined by using a photo-electric reflectometer, enables the smoke concentration of the atmosphere to be calculated. 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 volume of air passed through is measured by means of a meter which is connected in series with the apparatus.

Table 4 depicts the daily average concentrations of smoke and sulphurous impurities.

TABLE 4

Month.	Smoke (milligrammes per 100 cubic metres).	Sulphur Dioxide (parts per 100 million).
January	87	43·6
February	63	22·9
March	39	13·4
April	40	12·8
May	38	11·4
June	26	7·2
July	25	6·6
August	21	5·8
September	45	10·5
October	48	12·4
November	73	18·6
December	61	17·1

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

Births.

The total number of live births notified during the year was 3,231 as compared with 3,078 the previous year. The corresponding totals for the adjusted live births are 2,959 and 2,930 respectively, giving a live birth rate of 18·27 for 1959.

Notified still-births occurring in the area totalled 97 as compared with 86 last year, adjusted figures are 88 and 75 respectively. The still-birth rate is 28·88, an increase of 3·92 over the 1958 figure.

Of the adjusted births, 1,854 (60·87%) were institutional births and 1,192 (39·13%) were domiciliary, this is a move of 2·37% in favour of institutional births.

Perinatal, Early Neo-Natal and Neo-Natal Deaths.

Deaths in the perinatal group (children who died under one week of age) totalled 39, these deaths added to the 88 still-births gave a Perinatal Death Rate of 41·68.

Deaths in the early neo-natal group totalled 39, giving an Early Neo-Natal Death Rate of 13·18.

There were 46 deaths in the neo-natal group ; 21 infants died from prematurity, nine from respiratory disease, eight from congenital defect, three from birth injury, one from congenital debility, one from cerebral hæmorrhage and three from other causes, giving a Neo-Natal Death Rate of 15·55, which is 6·98 less than that for 1958. Of the neo-natal deaths 39 occurred in the first week of life and only seven in the succeeding three weeks.

Prematurity continues to be the greatest single cause of early neo-natal and neo-natal death, accounting for 20 early neo-natal and 21 neo-natal deaths. The next most frequent cause—congenital defect—accounts for eight deaths in the early neo-natal and eight in the neo-natal periods, whilst respiratory disease caused the deaths of five babies in the early neo-natal, and nine babies in the neo-natal period, birth injury caused three early neo-natal deaths, and cerebral hæmorrhage, one. Of the two deaths from other causes, one was due to kernicterus and one to hæmolytic disease of the new-born. These figures emphasise the well-known fact that only by further research into the causes and prevention of prematurity and congenital defect can a significant lowering of the Neo-Natal Mortality Rate be effected.

Salford participated in the Perinatal Mortality Survey initiated by the Ministry of Health and General Register Office, which commenced on 1st July, 1958, and was completed on 30th June, 1959. The findings are awaited with interest and the hope that the knowledge gained may contribute to lowering the present high Perinatal Mortality Rate.

Infant Deaths.

A drop of 4·68 is shown in the Infant Mortality Rate this year, 71 infant deaths were recorded, giving an Infant Mortality Rate of 23·99 as compared with 28·67 for the year 1958. Of the 71 infant deaths, 39 occurred in the first week, 46 in the first month and 25 in the period 2-12 months. The causes of these infant deaths are in the order of frequency: respiratory diseases, 23; prematurity, 21; congenital defect, 11; other causes, 7; birth injuries, 3; gastro-enteritis, 3 ; congenital debility, 1 ; accidental death, 1 ; cerebral hæmorrhage, 1.

Deaths of Children aged 1-5 years.

There were eight deaths of children in this age group as compared with 11 in 1958. The causes of death being as follows : congenital defect, 3 ; accidents, 2 ; gastro-enteritis, 1 ; respiratory disease, 1 ; other causes, 1.

Congenital defect accounts for the greatest number of deaths in this age group for the year 1959. This is an unusual finding and may be accounted for by the fact that modern methods of treatment are increasing the expectation of life of children suffering from some of the more severe congenital defects. Two of the children were suffering from Hydrocephalus and the third from a defect of the kidneys.

Of the two deaths from accidents, one child was run over by a motor lorry, sustaining a severe head injury, and the other was drowned.

Deaths from infections include the one from gastro-enteritis and the one from respiratory disease, while the one death from other causes was due to Status Epilepticus.

Greater knowledge of, and continued investigation into, the causes of congenital defect may hope to lower the incidence of deaths of all age groups of children 1-5 years from this cause.

Intensive Health Education remains the most important method of accident prevention.

Maternal Deaths.

No maternal deaths are recorded for Salford for the year 1959.

STATUTORY SUPERVISION OF MIDWIVES
(Midwives Act, 1951)

Notification of Intention to Practise.

In accordance with the provisions of the above Act, the number of midwives who notified their intention to practise in the area was as follows :—

(*a*)	Institutional	32 (38)
(*b*)	Domiciliary	32 (23)
	TOTAL	64 (61)

(Figures in brackets are for 1958).

No midwife notified her intention to practise only as a Maternity Nurse and only one mother was attended in her own home by a midwife in private practice.

Compulsory Post-Graduate Courses.

Legislation in this country demands that all practising midwives, both in hospital and domiciliary work, and their non-medical supervisors, attend a resident post-graduate course at least once in every five years.

Many of these courses are arranged by the Royal College of Midwives and are held in various parts of the country. Residence is compulsory and this fact alone tends to make the attractive geographical areas most popular to the student attending. The courses are well planned and usually cover most aspects of the midwives' work, lectures are given by leading consultants, discussion groups help to sort out the more day-to-day problems of the midwife. Young and old meet informally over meals and breaks, and many interesting comparisons are made. Cultural and professional visits are also arranged.

The Royal College of Midwives is to be warmly congratulated on the success of these courses and for the thought and work which is unsparingly put into their preparation.

Statistics of attendance by Salford midwives during the year are as follows :—

Institutional	4
Domiciliary	3
Supervisors	0

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

Notification.	Institutional.	Domiciliary.	Private Practice.	Total.
Stillbirth	Not applicable	9 (9)	...	9 (9)
Death of mother or baby... ...	,, ,,	2 (2)	...	2 (2)
Laying out of dead body ...	,, ,,	3 (3)	...	3 (3)
Infection	,, ,,	47 (69)	...	47 (69)
Artificial feeding	173 (115)	243 (221)	...	416 (336)
Medical aid	Not applicable in hospitals.	1,031 (1,028)	...	1,031 (1,028)

(Figures in brackets are for 1958).

DOMICILIARY MIDWIFERY SERVICE

The Domiciliary Midwifery Service is accepting a changing era, "changing" because now in 1959 the care of a mother from the commencement of her pregnancy until she is able to take the responsibility of her family has very different problems from those when our first local authority service was inaugurated. The established routine is altering—more elasticity is being exercised—and the ante-natal work covers a very much wider field.

Parentcraft is now an established part of ante-natal care and all mothers are invited to take advantage of these talks, which include demonstrations, film strips and discussions. The teaching midwives attached to the training school are mainly responsible for the success and continuity of these classes.

However good group discussion and explanatory literature may be, nothing can replace the influence and the opportunity which each midwife has exercised in her teaching of the mother whilst working in her home during and after delivery ; and domiciliary midwifery has continued to give the mother a gradually increased share in the responsibility for the handling of her own baby during its early adjustment to life.

A limited number of early discharges have been accepted after hospital delivery, and the midwife has been responsible when the babies were still less than ten days old or when after that time they were still requiring the care or advice of our service.

Co-operation Card.

The use of these cards has encouraged more understanding in the whole service offered to the mother and there has been no decline in their use. They do not, of course, replace the necessity for personal communication in those cases where it is not advisable for the patient to have access to the information. Several requests have been received from other authorities for a copy of the card as used in this area.

Staff Problems.

A five-day working week for midwives has been in operation since May of this year and this does allow the midwife a more definite period of off-duty.

However, a five-day working week still results in prolonged working hours ; for even with the night rota the midwife is almost certain to be called out during two nights of each week and must still carry out her own work during the following day.

The regulating of hours has also brought a greater amount of relief duty to each midwife, increasing the area she must cover and leading to considerable difficulty in transport. Much of the midwife's time is at present wasted by unnecessary waiting for and changing of buses.

Staff Position.

	Establishment	*Staff* (31 12 59)	*Staff* (31 12 58)
Supervisor	1	1	1
Assistant Supervisor	1	1	1
Approved District Teachers	5	5	5
Non-teaching Midwives	20	15	13
Premature Baby Nurses	3	3	3
Breast Feeding Sisters	2	2	2

Absence on account of sickness amounted to 575 days, making an average on the year of 21 days, the increase over last year being largely on account of long-term illness of two members of the staff.

Statistics of the Midwifery Service

Ante-natal Care.

(1) CLINICS.

(*a*) Attendances :

Statistics relating to ante-natal clinic attendances will be found in the section " Care of Mothers and Young Children."

(*b*) Bookings :

Total number of domiciliary bookings	1,458
,, ,, ,, cancellations (includes removals, transfers to hospital, etc.)	334

(2) HOME VISITING.

(*a*) Follow-up of clinic defaulters	6,018	6,018	(6,555)
(*b*) Routine visits			
(*c*) Investigation of home conditions :			
(i) Hope Hospital...		222	(202)
(ii) Other Hospitals		11	(10)
(iii) Local Authorities		7	(16)
TOTAL...		240	(228)

(The figures in brackets are for 1958).

ANALYSIS OF HOME INVESTIGATIONS FOR HOPE HOSPITAL

Report.	Booked.	Not Booked.	No report.	Total.
Good	17	51	3	71
Fair	49	24	1	74
Bad	63	...	2	65
No Access	...	1	2	3
Others	5	1	3	9
TOTALS	134	77	11	222

COMPARATIVE STATISTICS—HOME INVESTIGATIONS FOR HOPE HOSPITAL.

YEAR	1959	1958	1957	1956	1955
TOTALS	222	202	525	508	306

(3) MOTHERCRAFT CLASSES.

Attendances :

New mothers	462
Others	1,564
Total attendances	2,026

Deliveries.

(1) STATISTICS.

Doctor booked and present at delivery	115
,, booked and not present at delivery...	1,057
,, not booked and present at delivery...	...
,, not booked and not present at delivery...	15
Total	1,187

N.B.—(*a*) Six cases of twins occurred, making total births—1,193.
(*b*) Average number of cases per midwife—59·3.
(*c*) Domiciliary births formed 36% of total.

COMPARATIVE STATISTICS

	Live births.	*Stillbirths.*	*Total.*
1955	1,089	16	1,105
1956	1,173	17	1,190
1957	1,396	12	1,408
1958	1,248	9	1,257
1959	1,187	9	1,196

No. of nursing visits following delivery... 28,686

(2) ANALGESIA.

Trilene has continued as the more popular inhalation analgesia, although it is felt than an adequate number of nitrous oxide machines should be retained for those mothers for whom trilene is contra-indicated.

STATISTICS.	*Number of patients.*
Nitrous Oxide	8
Trilene	857
Pethidine	618
Total Analgesia	968 *i.e.*, 82% of all births.

(3) STILLBIRTHS.

The official report of the perinatal survey has not yet been published, although it is known that valuable information regarding the causes will then be made known.

COMPARATIVE STATISTICS (domiciliary only).	*Number of Stillbirths.*	*Rate per* 1,000 *Registered Births.*
1955	16	14·4
1956	18	15·05
1957	12	8·5
1958	9	7·15
1959	12	10

SUMMARY OF CASES.

Probable cause.		Presentation.	Weight lbs. ozs.	Gestation.	Fresh or macerated.	Remarks and/or Contributory Factors
Ante-Partum Anoxia.	1	Breech	2 12	28 weeks	Fresh	Ante-partum hæmorrhage. Foetal heart failed before labour.
	2	Vertex	2 1	40 weeks	Macerated	Second twin died in utero before labour.
	3	Breech	2 3½	30 weeks	Fresh	Rhesus negative (no antibodies).
	4	Vertex	6 12	38 weeks	Macerated	Normal pregnancy except for serious emotional shock.
	5	B.B.A.	5 0	Approx. 34 weeks	Macerated	No ante-natal care.
	6	Vertex	6 12	38 weeks	Macerated	No complications of pregnancy. Foetal heart failed before onset of labour.
Intra-Partum Anoxia.	1	Breech	8 0	39 weeks	Fresh	Extended breech—died during second stage. Post mortem refused.
	2	Vertex	7 10	39 weeks	Fresh	Jaundice in mother two weeks before delivery.
Foetal Abnormalities.	1	B.B.A.	2 3	31 weeks	Fresh	Anencephalic foetus.
	2	Vertex	4 2½	36 weeks	Fresh	Anencephalic foetus.
	3	Vertex	1 8	Approx. 28 weeks	...	Hydrocephalic foetus.
	4	B.B.A.	...	Approx. 28 weeks	Fresh	Valvular defects of heart.

(4) NEO-NATAL MORTALITY (born at home and died at home).

Congenital abnormality of heart	1
Intra-cranial hæmorrhages	1
Prematurity	1
TOTAL	3

Six other infants born at home were admitted to hospital and subsequently died there :—

Prematurity	3
Pneumonia	1
Cerebral hæmorrhage	2
TOTAL	6

(5) EMERGENCY OBSTETRICAL UNIT.

The unit was called out from Hope Hospital on six occasions, in each case because of complications in the third stage, five of these mothers were subsequently admitted to hospital.

Puerperium.

(1) INFECTION.

Statutory notifications received :—

	Hospital.	*District.*	*Total.*
Puerperal Pyrexia	31	14	45
Ophthalmia Neonatorum	...	1	1
Pemphigus Neonatorum	...	...	...

Causes of pyrexia were notified as follows :—

	Hospital.	*District.*	*Total.*
Local uterine infection	11	4	15
Respiratory infections	1	2	3
Breast infections	3	3	6
Urinary tract infections	8	...	8
Undiagnosed cause	8	5	13

This shows a definite rise in the incidence of notified pyrexia and suggests that prevention of infection must not be overshadowed by recent success in modern treatment.

Ophthalmia Neonatorum.

Some cases of gonococcal ophthalmia have been notified to our adjacent local authorities and, although Salford has enjoyed a period of several years since this organism was known to be the cause, it is felt that this should be accepted as a warning against a false sense of security.

(2) NOTIFICATION OF ARTIFICIAL FEEDING.

Notifications received from district midwives were as follows :—

Complementary	70
Supplementary	173
TOTAL	243

COMPARATIVE STATISTICS.	1959	1958	1957	1956	1955
Complementary	70	70	68	72	38
Supplementary	173	151	118	91	72

REASONS GIVEN FOR SUPPLEMENTARY FEEDING.

Inadequate lactation	36
Refusal to breast feed	68
Local conditions of nipple	29
Breast abscess	4
Previous breast abscess	7
General condition of infant	4
,, ,, ,, mother	1
Number of infants wholly breast fed on 14th day	967

Breast Feeding Service.

Artificial feeding of babies continues to be more widely used, the many social reasons for which are not primarily the midwife's prerogative.

However, there is the definite section of mothers most anxious and hopeful of feeding their babies but who fail unless some individual guidance and time is given to them to help overcome their own particular difficulty. The work of the breast feeding sisters has been more and more active in the mother's own home and with some outstanding success.

RESULTS OF DISCHARGED MOTHERS.

Wholly breast fed	54
Mixed feeding	44
Artificially fed	73
TOTAL	171
Total number of home visits paid	1,458
,, ,, ,, no access calls	63
TOTAL	1,521

The two sisters also attend the ante-natal clinics and mothers are referred to them from hospitals, doctors, health visitors and midwives.

Domiciliary Premature Baby Service.

The three nurses on the staff continue to attend mothers and babies in all cases when the baby weighs 5½ lb. or less. They also attend any immature baby over 5½ lb. in weight and any baby from hospital requiring special care.

Clinics have recommenced and are held each week at Jutland House. Dr. Mackay, Consultant Pædiatrician, attends for the purpose of examination and advice, and the babies are especially examined for signs of anæmia and progress. The follow-up care of the premature baby is recognised as a very important part of the whole service.

STATISTICS. Number of premature infants under care :—

Premature infants born at home	68
Hospital discharges	18
Immature domiciliary babies	19
TOTAL	105
Number of nursing visits to mothers	840
,, ,, ,, ,, ,, babies	2,457
TOTAL	3,297

PAEDIATRIC CLINIC.

Attendances—New	51
Others	218
TOTAL	269

Part II Midwifery Training School.

Twenty-one pupil midwives commenced Part II training at Jutland House during 1959, of these, 15 were from Hope Hospital.

Nineteen completed the six months' training during 1959 and all were successful at the examination.

Seven returned to give three months' service after qualification and three of these have remained on the staff.

Resignation of Supervisor of Midwives.

Miss F. Sanderson resigned from the Midwifery Service in June of this year, having been with the department for nine years. Her colleagues joined in a farewell tea and presentation, and she departed for Uganda, where she has joined the staff of a mission hospital, with the warmest good wishes of all who knew her.

NURSING HOME — STATUTORY INSPECTION

Routine inspection of Salford's only nursing home has been carried out and shows that the standard meets with the approval of the officers concerned.

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics.

Ten ante-natal sessions are now held weekly, "combined" and "midwife only" sessions being held on alternate weeks. On 11th May the Summerville clinic commenced ante-natal sessions once weekly, so relieving the pressure on the Police Street clinic, which had increased owing to the closure of the Crescent ante-natal clinic in September, 1958. Some sessions still finish later than desired, but it is hoped that eventually all mothers will be away from our clinics in good time in order to attend to the needs of their families on their return from school or working life.

The brief tabulation below shows the distribution of the work ; individual patients are listed at the clinic first attended for the current pregnancy, although many more mothers than usual were transferred to other clinics with the opening of Summerville clinic ; attendances and consultations are the number recorded at the clinics named :—

Clinic.	Number of clinics weekly.	Individual patients.	Total Attendances		Consultations (at "combined" sessions)
			"midwife only" sessions.	"combined" sessions.	
Encombe	1	112	310	364	257
Langworthy	2	480	929	1,491	572
Murray Street	2	506	1,100	1,388	918
Ordsall	1	161	464	479	352
Police Street	2	379	612	1,136	586
Regent	1	216	527	518	311
Summerville	1	71	204	261	120
TOTAL... ...	10	1,925	4,146	5,637	3,116

It would not be of value to ascertain the average attendances made by the mothers as some were transferred to hospital for delivery early in pregnancy and others attended for blood tests only, receiving other ante-natal care from their own doctors.

The use of the ante-natal co-operation card has been found of benefit in facilitating the exchange of information between midwife, general practitioner, clinic medical officer and hospital.

The number of blood specimens taken at these clinics was as follows :—

For Wassermann and P.P.R. Tests	1,308
,, Rhesus Factor	1,193
,, Hæmoglobin	1,305

Three of the mothers were found to be Wassermann Positive, two of these were old cases.

Two hundred and one mothers were found to be Rhesus Negative, of these, four had antibodies present, three Anti RH and one Anti OH. One of the mothers with Anti RH antibodies present had a miscarriage at six months. The other two mothers with Anti RH antibodies and the mother with Anti OH antibodies had living children, none of whom required a transfusion at birth.

There were 16 Rhesus Negative mothers who had antibodies present in the blood during their pregnancies who attended hospital ante-natal clinics without having been to a local authority ante-natal clinic. Of the babies born to these mothers, 11 required no treatment at birth, four required exchange transfusion, and one a simple transfusion.

Post-Natal Clinics.

The number of patients attending local authority clinics for post-natal examination declined still further, only four attendances were made by four mothers in 1959 against 12 in the year 1958.

Child Welfare Clinics.

AREA STATISTICS.

Again there have been variations in attendances at the clinics within the City. At first glance, Langworthy, Police Street, Ordsall and Murray Street clinics all show drops in total attendances of approximately 1,000, 300, 400 and 600 respectively, whilst Regent Road and Encombe Place show a rise of 250 total attendances in each case ; Summerville and Cleveland clinics were little different from the previous year. The Crescent clinic, which has had declining attendances for the past few years, was closed at the end of the year, and the mothers were asked to take their children to either Regent Road or Encombe Place clinic, whichever was the nearer.

The session at Jutland House is a special session for premature babies, a Consultant Pædiatrician from the hospital group attending : this has grown since 1958.

Slum clearance and rebuilding within the City has no small effect on the movement of population to and from clinics, both the Regent Road and Encombe Place areas hold recently built multi-storey property nearby and a consequent rise in clinic attendances at both these clinics reflects this movement of population ; Police Street area has lost population by the commencement of demolition in the Broad Street area.

The cessation of toddler invitations had its effect on all clinics and, when special toddler examination groups are extracted from the 1958 figure and the resultant uninvited attendances of the 0-5 group compared with the 1959 attendances, little change is noted at Police Street, Summerville and Murray Street ; considerably increased attendances in 1959 are shown at Cleveland, Encombe and Regent ; but even allowing for the loss of toddler invited attendances, both Langworthy and Ordsall show a drop of approximately 300 in each case, although the demolition in the Ellor Street area could affect the Langworthy Road attendances.

The following brief tabulation shows the distribution of work at the various clinics during 1959 :—

Clinic.	Number of sessions held weekly.	Total attendances.	New cases.	Number of individuals.	Consultations
Cleveland	2	2,879	159	395	798
Crescent	1	744	67	133	...
Encombe	1	1,648	176	311	443
Summerville	2	2,129	116	278	541
Langworthy	4	7,978	567	1,213	1,938
Murray Street	3	5,374	565	1,047	1,162
Ordsall	2	1,921	144	312	523
Police Street	3	4,488	371	701	1,216
Regent	3	2,906	262	494	628
		30,067	2,427	4,902	7,249
Jutland House	1	208	48	58 (32 attended other clinics +26)	208
				4,928	
Plus children who attended during year but removed...				188	
Plus children who attended during year became 5 years old ...				47	
Plus children who attended during year died				9	
TOTALS ...	22	30,275	2,475	5,172	7,457

AGE GROUP STATISTICS.

Birth notifications, removals in and out of the City, deaths and transfer of children to the school age group show that approximately 12,596 children under five years of age were residing in the City at the year end. Five thousand one hundred and forty-six children within this age group attended a clinic for advice and/or immunisation at least once during the year ; 2,065 of the children aged under one year made at least one attendance, with an average of 12·12 visits per child ; 1,541 of the children aged between one and two years made attendances at the clinics, the average attendance being 2·1 visits per child attending ; 1,540 children in the 2-5 age group made at least one

attendance, with an average attendance of 1·4 visits per child. These attendances are exclusive of attendances for vaccination against poliomyelitis.

There has been a great drop in the number of children in the 1-5 year group attending clinics. This year the poliomyelitis vaccination drive, with resultant drain of staff from child welfare clinics and the cessation of toddler invitation letters, has no doubt played its part here. Plans are now in hand to persuade mothers of children aged 1-5 years to bring their children into child welfare clinics in 1960.

Welfare Foods.

These foods are distributed at 31 sessions each week, four of them being at the Hope Hospital ante-natal clinic. The Women's Voluntary Service has maintained the hospital distributions and also two sessions at the Murray Street Clinic, Broughton ; we are indebted to them for this service for it helps to ensure that the expectant mother—whether attending for ante-natal care at hospital or local authority clinic—has every opportunity to obtain her welfare foods without additional journeys to other distribution centres.

ORANGE JUICE.

In total 73,580 bottles were distributed during the year and it is estimated that the uptake during the year was 38·32%—3·68% lower than in 1958. The sale of proprietary brand vitamin C preparations increased, particularly in the months of May, August and October, the lowest months for these sales were March, June, July and September.

COD LIVER OIL AND A/D TABLETS.

During the year 8,902 bottles of cod liver oil were distributed—97·78% of the 1958 figure. Seven thousand two hundred and eighty-one packets of A/D tablets were given out, 5·83% above the 1958 figure ; as there were more births in 1959 than in 1958, this increase was anticipated.

NATIONAL DRIED MILK.

Sales this year are again lower than in previous years, 40,867 tins were distributed in 1959. Proprietary brand dried milks still maintain a steady and improving sale. Cereal foods' sales have also increased.

Transfer of Records.

During the year, 980 children under five years of age left the City (123 less than in 1958), their medical records were despatched to their new area, if known. Records were received from other areas in respect of 463 children in this group who had removed into Salford (21 more than in 1958).

The transfer of all records to the School Health Service when a child attains the age of five years, and the name of the school ascertained, has proceeded steadily throughout the year.

Hospital reports concerning 1,395 children under five years were received during the year for consequent note and follow-up and note by medical, health visiting, and, in some cases, midwifery staff ; this is an increase of approximately one-third over the reports received in 1958.

Breast Feeding Clinic.

See report on " Domiciliary Midwifery Service."

Domiciliary Premature Baby Service.

See report on " Domiciliary Midwifery Service."

Dental Care.

Patients have been seen by the school dental officers when referred by the doctors, health visitors, etc., and in the case of the pre-school children, as a result of casual requests for the relief of toothache.

Complete treatment is available for this priority class of patient, but it is regretted that, in the main, the desire is purely for the more radical forms, namely, extractions or the provisions of dentures for expectant or nursing mothers. In view of the small numbers of patients involved no specific time is set aside for this work which is fitted in with the normal routine school dental treatment.

A table is appended showing the treatments carried out during the year.

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 :—	
(1) Senior Dental Officer	Fraction of one session per week
(2) Dental Officers	Nil
(*b*) Number of officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service	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	25
(*e*) Number of dental technicians employed in the Local Heath Authority's own laboratories at the end of the year	1

A. Numbers Provided with Dental Care.

(1)	Examined. (2)	Needing treatment. (3)	Treated. (4)	Made dentally fit. (5)
Expectant and nursing mothers ...	146	143	114	110
Children under Five	377	346	312	263

B. Forms of Dental Treatment Provided.

(1	Scalings and gum treatment (2)	Fillings. (3)	Silver nitrate treatment (4)	Crowns or inlays (5)	Extractions (6)	General anæsthetics (7)	Dentures provided: Full upper or lower (8)	Dentures provided: Partial upper or lower (9)	Radiographs (10)
Expectant & nursing mothers ...	38	55	...	...	264	33	29	14	4
Children under five years ...	...	38	248	...	399	171	...	...	

The Unmarried Mother and Her Child.

See report of the " Health Visiting Service."

PSYCHOLOGICAL SERVICE

Family Guidance Clinics.

The Report on the work of the above clinics must record the termination of the arrangement which had existed since the centres at Langworthy Road and Murray Street were opened in 1952 and 1953 respectively.

It is now possible for the Consultant to attend only one session per week and arrangements have been made to hold the sessions alternately, *i.e.*, morning session at Murray Street one week, and the Langworthy Road session in the afternoon of the following week.

It has always been one of the problems in our work in Salford that there was no evening session available for those who were working and could not attend during the daytime. We have been fortunate in finding Dr. Higham willing and able to conduct an evening session in alternate weeks. This should facilitate the attendance of many who have not been catered for by the existing service.

The work of both centres during 1959 has increased, as compared with that of the previous year, both in numbers referred and attendances. The close and cordial relationships with health visitors, general practitioners, the Mental Health Department and the Probation Service, which had resulted in the reference of many fruitful cases, has continued as before, and grateful thanks are recorded to the health visitors who have done home visits and attended for discussion of the various cases.

1. Murray Street Clinic.

During the year the total number of applicants on the register was 27, as against 23 in the previous year. The maximum number of interviews given at any one session was nine, as against six in 1958.

2. Langworthy Road Centre.

During the year the total number of applicants on the register was 44, as against 54 in the previous year, and the maximum number of interviews given at any one session was 10. In spite of the decrease, the total number of interviews given in 1959 was 256, as against 236 in 1958.

Psychological Clinic.

	Attendances.	
	New.	*Old.*
Murray Street	212	510
Police Street	421	714
Langworthy	326	553
Regent Road	277	603
Cleveland	290	789
Ante-natal clinics (4)	892	

A number of talks were given to student nurses and midwives.

In the polio clinics, held in the same centres as the child welfare clinics, many mothers and children have been met who had been seen in previous years, and it was most interesting and helpful to hear of the efforts made to carry out suggestions and the results achieved. Quite a number thought it might be helpful to have a psychologist in the School Health Service to whom they could go when the problems arise. Certainly, the opportunity for mothers

to come without appointment has nipped countless problems in the bud. One very noisy polio clinic in Langworthy became quite orderly after an appeal was made by the psychologist to the boys to be kind to the babies and to talk about some of their interests. It had been impossible to talk to the mothers over the noise. One mother with children for polio vaccination asked how it was that the psychologist was able to quieten the boys and was told that her work was to understand the handling of children and to teach mothers how to handle their children. Immediately a number of questions were put and provoked a most interesting discussion. The boys in their turn played a guessing game. The mothers asked for information in adolescence, sex education, choice of work, relationships in the family, etc.

Murray Street Clinic continues to provide scope for remedial and prophylatic group teaching. A Senior Assistant Medical Officer and the Centre Superintendent are so conversant with the medical and social background of the families that the work is much easier than where staff change frequently. In the midwives' clinics, talks have been given on " Relaxation of Mind and Body," " Breast Feeding—Good for Mother as well as Baby," " Happy Family Relationships," and " Happy Thoughts mean Healthier Bodies." After every talk there has been lively discussion and frequently a comment that they appreciate psychology when taught in everyday language.

Police Street Clinic. Whilst this clinic is not so suitable for group talks because of the constant movement through the small rooms, the Centre Superintendent is most helpful in supplying the family background. This makes it possible to deal with many difficulties in personal chats. It is a happy clinic and, during Christmas week, it was a joy to see the wonderful response of toddlers to the Centre Superintendent's delightful snow scene. The children stood in silent rapture for considerable periods looking at the little "people" and the church and chalet. This provided an opportunity to explain to mothers the value of beauty in life.

Langworthy Clinic is an easy clinic for this work. With a Senior Assistant Medical Officer and the Centre Superintendent supplying all the background information, the value of team work in dealing with personality problems is realised. Mothers in this clinic are most co-operative and interesting discussion follows the talks given. The ante-natal clinics in Langworthy have been useful for spreading the ideas of mental health. On several occasions a mother will attend and say that another mother has informed her that the Psychologist is available to discuss personal problems, etc.

Regent Road Clinic. A quieter clinic than some, but personal chats are popular with the mothers. Group talks to three or four mothers in the cubicle as they wait for the doctor are very friendly chats. Many worries are discussed and relieved here.

Cleveland Clinic, with its suburban type of mothers, and many well educated, is always a fine centre for psychological teaching. These mothers are good listeners and good talkers. In this clinic there are more "over-mothering" problems than in other clinics, probably due to the parents' anxiety to keep high standards and sometimes putting before the children a standard which is rather too high. Nervous children with fears, enuresis, feeding difficulties, stammering, etc., are often struggling to achieve the impossible. However, the parents are most co-operative when they understand the children's needs and they soon report improvement.

Landseer Street Ante-natal Clinic is a friendly place. Mothers are good listeners and they will discuss their families and their relationships quite freely.

In a number of clinics where adoption examinations were taking place, the Psychologist spoke to the adopting parents and several have come back with lots of questions.

In all the clinics quite a lot of mothers spoke about their smoking to cover anxieties. Some admitted that it was foolish to continue and were willing to talk over their difficulties.

Two interesting baby reactions have been noted. A number of babies, who show fears of falling, all had a background of a very rapid delivery experience. Too sudden an appearance may have shocked them.

Some babies who resist cuddling or being wrapped snugly in shawl, etc., had a protracted birth process which was a "crushing" experience, one presumes.

PHYSIOTHERAPY SERVICE

During the year the scope of the physiotherapy department expanded considerably and, although there is still much to be done, real progress has been maintained.

Child Welfare Group.

The suspension of the toddler clinics and the absence of a medical officer from some of the baby welfare sessions has made a decrease in the number of children under five who have been referred for physiotherapy and artificial sunlight treatment. In the future, when these children reach their first school medical at the age of five, it will be interesting to see whether many minor orthopædic defects, such as knock knees or flat feet, are found amongst them. During the year there were 1,412 attendances for artificial sunlight treatment and 3,687 for massage and exercises.

Having a smaller number of children referred for treatment in some ways has been a good thing because there has been the usual fluctuation in the number of physiotherapists on the staff, necessitating at times the closing of some clinics for a period of a month or two and the curtailing of others. A smaller number of children being referred has also curtailed the long waiting lists which are always so very unsatisfactory.

Ante- and Post-Natal Exercises.

The physiotherapists still try hard to encourage the ante-natal mothers to attend the relaxation classes and, later on, the post-natal classes ; there were 374 total attendances during the year. Salford mothers seem particularly difficult to convince of the help they could obtain from these sessions. Perhaps the fact that the Queen had physiotherapy after the birth of her child third may prove an encouragement.

Nurseries.

The children in the Day Nurseries and in Green Bank Residential Nursery have been given treatment in the nurseries. Unfortunately, these are rather

time-consuming visits, but are worth the effort required ; otherwise, through no fault of their own, these children would never receive the necessary treatment. There were 166 artificial sunlight treatments and 753 massage and exercise treatments given in 1959.

Mental Health Group.

During the year the physiotherapy work has been considerably extended in the Mental Health Section. With the opening of the Special Care Unit at Wilmur Avenue a number of young mentally handicapped children with cerebral palsy and other congenital physical disabilities have been admitted. It is realised that because of their mental condition not a great deal of progress can be made with these children ; but painful contractions of tight muscles can be prevented and life can be made more comfortable for the children. Parents and helpers will find the children easier to handle as a result of regular physiotherapy.

There were 2,535 treatments given during 1959 to patients attending the Training Centres and the Special Care Unit.

Geriatric Clinic.

The geriatric clinic held at Langworthy is very beneficial to the elderly men, psychologically as well as physically ; a feeling of well-being results from the fact that somebody is taking a personal interest in their problems and helping them to overcome the handicaps of stiff joints and difficulty in breathing. The physiotherapist cannot make old men young, but can encourage them to be sprightly old men. During the year a male physiotherapist has treated the men and this has proved successful. It is often less embarrassing for the elderly man in his dressing problems, and when discussing his everyday living problems, there is a greater understanding with a male physiotherapist. During the year, 357 treatments were given.

Premises and Equipment.

During the year the Physiotherapy Department has been fortunate in acquiring several new pieces of apparatus which are going to prove most helpful in our work.

Summerville Clinic is now fully equipped, and there are Dunlopillo mattresses for teaching relaxation to the mothers attending the ante-natal classes ; for general physiotherapy, gymnastics stools, wall bars, faradic battery, balance form and an adequate supply of blankets and towels. As there was already an ultra-violet lamp, the clinic is now completely equipped, and it is hoped to do some very useful work there in the future.

At the Langworthy Centre a most useful piece of apparatus called a "theraplinth" has been provided, and this will be used mainly in the treatment of geriatric patients who will be enabled to relax in greater comfort. The apparatus also allows the patient to be tipped into a position where draining of the chest may be obtained without causing dizziness and other discomforts to the elderly patient. The physiotherapy room at the Langworthy Centre is larger than those at other centres, and for this reason a Guthrie-Smith frame has been based there which will prove invaluable in the treatment of spinal deformities.

DAY NURSERIES

This report refers to the five day nurseries with accommodation and equipment for 235 children between the ages of six months and five years.

During the year, 282 children were admitted, and of these new admissions 132 were still attending on 31st December, 1959. The length of stay varies as is shown by the following table :—

51 children stayed less than 2 weeks.
46 ,, ,, between 2 and 4 weeks.
19 ,, ,, ,, 4 ,, 8 ,,

which means that of new admissions 116 children stayed in the nursery less than eight weeks. This means great strain on the nursery staff, due to emotional and physical demands, not only by the new entrants, but by the other nursery children, particularly in the age group 18 months to 2½ years, and plays no small part in the absenteeism due to ill-health and the resulting increase in work and stress to the remaining staff.

The reasons for admission remain as hitherto, namely, urgent health, or social misfortune. Most of the short-term admissions have been for periods covering illness of the mother or birth of child, usually entailing hospital admission and mostly requested by the hospital almoner or the health visitors. The children of " problem families " are the most frequent bad attenders, in many instances failing to attend after a few days. This in many cases is due to the failure of the mother to find employment and also failing to hold employment when obtained. All cases classed as needing priority, whether for health, social or mental reasons have been admitted immediately after verification even if this meant exclusion of children whose parents were in genuine financial difficulties.

The nurseries have been visited by the medical officer at least once a month and every new entrant has been examined as soon as possible. All children under 18 months have been examined on each visit, the older groups at six-monthly intervals and on special request by either parent or the matron of the nursery.

Ultra-Violet Ray treatment has continued to be given in the nursery by the matron on the recommendation of the medical officer, and massage and remedial exercises have been given by visiting members of the physiotherapy staff on request by the medical officer.

The health of the children in the day nurseries has been satisfactory and only one child, with a congenital cardiac anomaly, was found unsuitable for nursery life, and the parent readily agreed to withdraw her.

The following is a table of infectious diseases for the year 1959 :—

Nursery	Chicken-pox	Measles	Mumps	Whooping Cough	German Measles	Sonne Dysentry	Bacilli Coli	Giardia Lamblia
Hayfield Terrace	1	15	...	...	...	1	5	...
Eccles Old Road	3	31	...	...	6	...	18	2
Howard Street ...	1	1	1	...	...	...	...	1
Bradshaw Street	1	16	12	...	2	4	...	...
Hulme Street ...	8	20	...	...	...	1	...	...
TOTALS ...	14	83	13	...	8	6	23	3

In all, 196 specimens of stools were sent to the Public Health laboratory, either as suspected cases or for clearance after infection.

Vaccination for poliomyelitis has been carried out for all nursery children who had not received this before admittance, on request of the parent. No routine Mantoux testing has been carried out in the day nurseries this year.

Five students successfully completed their training in the day nurseries and obtained the Certificate of the National Nursery Examination Board—three of the successful students found employment as nursery nurses with the Salford Education Authority and the remaining two have been employed as nursery assistants in the day nurseries.

One matron attended the Conference of Nursery Matrons in March and submitted a detailed report of the lectures and discussions.

Two nursery assistants attended a course held in Manchester and successfully completed that course.

Two nursery assistants attended the course in Manchester for the Warden's Certificate ; one who already had obtained her N.N.E.B. Certificate was successful in obtaining the certificate, the other was referred back for another year.

One warden attended and successfully completed a refresher course held in Manchester.

THE HANDICAPPED CHILD AGED 0-5 YEARS

At 31st December, 1959, there was a total of 189 children aged 0-5 years on the handicapped register, of whom 21 had more than one handicap. One hundred and five had reached two years of age and had been notified to the School Health Service as children for whom special educational treatment would need to be considered.

The following table gives the defects from which these children are suffering and the numbers affected :—

Blind	3
Partially-sighted	1
Other eye defects	3
Deaf	2
Partially deaf	8
Delicate respiratory conditions	7
Delicate circulatory conditions	22
Delicate genito urinary conditions	4
Delicate digestive system	5
Epileptic	7
Mental defect	33
Cerebral Palsy	19
Other organic nervous system disease	12
Orthopædic conditions	43
Speech defect	2
Miscellaneous conditions	6
Leukæmia	1
TOTAL	178

Of 21 children who are suffering from more than one defect the following table gives the numbers of children and the combination of defects present :—

Categories of Handicap.	
Mental Retardation and Diabetes Insipidus	1
Mental Retardation and Epilepsy	2
Mental Retardation and Cerebral Palsy	5
Mental Retardation and Congenital Heart Lesion	1
Mental Retardation and Blind	1
Mental Retardation and Chrondrodystrophy	1
Cerebral Palsy and Epilepsy	2
Cerebral Palsy and Blind	1
Cerebral Palsy, Mental Defect and Deaf	1
Cerebral Palsy, Mental Defect and Epilepsy	2
Deaf and Congenital Defect of Oesophagus	1
Epilepsy and Behaviour Disorder	1
Spina Bifida and Talipes	1
Spina Bifida and Klippel Feil's Syndrome and Congenital Heart Lesion	1
Total	21

All children are under the care of an appropriate consultant. Follow-up is maintained by six-monthly home visits as necessary, and by invitation to a school clinic after reaching two years, or as soon after as is considered advisable. Careful records are kept, and close liaison is maintained between the Maternity and Child Welfare, the School Health and the Mental Health Services, with consultations between the officers concerned, and with interchange of records as required.

ADOPTIONS

During the year, twelve children under five years were referred to the Child Welfare Department for medical examination prior to adoption. Seven of these children were girls and five were boys. All received a complete examination, including a blood test and test for phenylketonuria. Where necessary, specialist examination was arranged.

All the children were subsequently passed as medically fit for adoption, the adopting parents being informed of the medical officers' findings and of the report of specialist examinations.

PROBATION CASES

Four girls were examined by the Acting Senior Medical Officer for Maternity and Child Welfare at the request of the Probation Officer, and one girl at the request of the Children's Officer. Two girls were aged 15 years and had only recently left school, one was 16 years, one 17 years and one 18 years. Apart from, or in addition to, the primary reason for their referral, all had indulged in promiscuous relationships.

Significant facts in each case were :—

(1) the youth of the girls ; and

(2) lack of satisfactory maternal care.

HEALTH VISITING SERVICE

This year the Ministers of Health and Education issued a joint circular following their consideration of the Report of the Working Party on Health Visiting. The terms of reference of the Working Party which was set up by the Ministers of Health and Education and the Secretary of State for Scotland were:—

" To advise on the proper field of work, the recruitment and training of Health Visitors in the National Health Service and School Health Service."

Many of the recommendations laid down in the Circular and given below had been anticipated by several years in Salford.

(1) *Group Advisers.* The appointment of " . . . a grade of health visitor intermediate between the general duties staff and administrative appointments . . . "

Certain categories of specialist health visitor employed by this authority act in an advisory capacity to health visitors particularly in relation to problem and potential problem families; (as mentioned in the Report); are concerned with the training of Student Nurses in social aspects of disease, and act in other capacities implicit in the recommendations.

(2) *Field Work and Function of Health Visitor.* Recommends:—(a) " Family visiting on a selective basis whilst not overlooking the importance of a minimum of routine visiting." This has been the practice in Salford for several years. (b) " The combining of maternity and child welfare with school health services." Our services have been combined for over 12 years.

(3) *Status of Health Visitor and Relationship with others.* " The Superintendent health visitor with responsibility to the Medical Officer of Health will be in charge of the organisation of the health visiting service in her area." This arrangement already obtains in Salford. " The health visitor . . . should feel free to refer cases to and co-operate with other field workers while, at the same time, having ready access to their senior colleagues and medical officers." Salford health visitors are encouraged to, and do, make direct contact with all appropriate outside workers, statutory and voluntary, and with medical officers.

(4) " It is important too, that the health visitor should, as far as possible, be relieved of duties in the School Health Service and at Maternity and Child Welfare clinics which do not call for the use of her special skills, so that she should be able to concentrate on giving health education and advice." State Registered nurses and auxiliary helpers have been employed for this purpose in Salford for nearly 18 years.

(5) *Staff Education.* " . . . health visitors should be given regular opportunities for keeping in touch with current developments. In-service education of staff is a necessary part of the service. . . . Opportunities should be given to attend local and national conferences and refresher courses." A " practical tutor " is employed in the section whose duties include in-service training of all grades of staff. Health visitors attend annual local refresher courses and conferences, and an intensive residential refresher course every five years.

(6) " Liaison with hospital staffs—both nursing and social workers—should be developed, especially in regard to those who have young children and old people in their care." Such liaison was originally established some 10 years ago in Salford, and has been extended to include not only children and elderly persons but also persons of all ages who attend the chest clinic.

Recommendations which have not yet been met by this Authority include (*a*) the setting up of fixed bases for health visitors situated within or near the particular district where the health visitor works; (*b*) adequate clerical assistance; (*c*) adequate transport; (*d*) opportunities for staff to attend national conferences.

Staff

Five full-time and one part-time health visitors left the service during the year. Although fewer in number than in the previous year the resignations included two senior members of the staff whose loss is keenly felt.

Miss I. Windmuller, who obtained an Honours Degree in Sociology of the University of London and was Specialist Health Visitor for the Care of Children neglected in their own Homes, left after eleven years' service to take up an appointment as a social worker. Miss C. Brooks who was a qualified Health Visitor Tutor and was employed as a Practical Tutor left after ten years' service to take up an appointment as Organising Tutor.

Both health visitors did much to further the professional growth of their colleagues, and both achieved a level of development in their respective fields of work which will be very difficult for lesser qualified and experienced successors to maintain.

General Health Visiting

The balance of home visiting versus clinic work was influenced by the polio vaccination campaign early in the year, resulting in some overweighting on the Clinic side. In ordinary circumstances emphasis on Clinic work for health visitors is to be deplored ; in this instance however the resultant large increase in the number of children and young adults protected against poliomyelitis justified the temporary change in the balance of work.

Routine visits were paid to families without known problems as well as to those selected by health visitors as needing particular attention, but in neither category could a satisfactory service be given owing to staff shortages.

Problem and potential problem-families still account for considerable time and energy of staff ; difficulties in these cases are not solved when a particular crisis has been overcome. Years of supervision are necessary in some cases to maintain even minimum standards, and situations arise which are frustrating and depressing in the extreme to the health visitors in whose care these families lie.

Domiciliary Immunisation

Home visiting by State Registered nurses to immunise children under five years against Diphtheria, Whooping Cough and Tetanus was curtailed to some extent in order to meet the demands of the polio campaign referred to above.

Specialist Health Visitor Services

(a) Elderly Persons

Miss E. L. Grimshaw, specialist health visitor, assisted by State Registered nurses and Lay Assistants continued to be responsible for this service which aims to promote the physical and mental health of old people, to help them with any social or other problems and to keep them happy, active and independent for as long as possible.

Cases dealth with during the year numbered 3,661 (3,488 in 1958) of which 953 were new (763 in 1958). 283 new cases and 915 old cases were living alone.

SEX DISTRIBUTION

	New	*Old*	*Total*
Males	270	728	998
Females	683	1,980	2,663
GRAND TOTAL	953	2,708	3,661

WARD DISTRIBUTION

As in former years the greatest number of both new and old cases (150 and 294 respectively) came from Albert Park ward. Regent ward came next with 110 and 189 respectively, and Claremont had 95 and 228.

AGE DISTRIBUTION

	New Cases	*Old Cases*
60–64 years	120	457
65–69 „	152	637
70–74 „	274	793
75–79 „	201	504
80–84 „	170	257
85–89 „	29	52
90%	7	8
	953	2,708

STATE OF ACTIVITY

Bed-ridden	72
Home-bound	172
Semi-Ambulant	266
Ambulant	442
	953

CASES REFERRED BY

	New Cases
Civic Welfare	210
Found by Special Health Visitor whilst visiting	69
General Practitioners	49
Health Visitors	38
Home Helps	28
Hospitals	202
Mental Health Department	13
Relatives and Friends	134
Public Health Inspectors	1
Housing Department	18
Other Statutory and Voluntary Agencies	191
	953

CHIROPODY

The increase in the number of cases referred was due mainly to the inauguration of the Chiropody Clinics for the elderly which after a slow start in August developed into a successful and much appreciated service.

This long-overdue and urgently needed service is extremely popular with the old folk and has relieved pain and discomfort endured in some cases for many years.

Ambulant persons attend Clinics at Regent Road, Langworthy and Murray Street ; homebound persons are given domiciliary treatment. At the end of the year a scheme was under consideration whereby suitable cases on the domiciliary list could be transported by sitting car to the clinics. This would save considerable time and enable the service to deal with an increased number of patients.

A list of cases was originally referred by the Companionship Circle. Many old people have since called at the Clinics to ask for treatment, others have been referred by the W.V.S. or other organisations, family doctors, relatives, health visitors.

Each case was visited by the Specialist Health Visitor before being placed on the waiting list.

Attendances at Regent Road and Langworthy Clinics totalled 325 from commencement of the service to the end of the year. The ratio of female to male patients was 5 : 1. 7% of all patients attending the Clinic were diabetics —it is important for this category of patient that highly skilled attention be given even if only minor foot conditions need treatment.

The general condition of the feet of the patients seeking treatment was assessed by the Chiropodist as follows:—

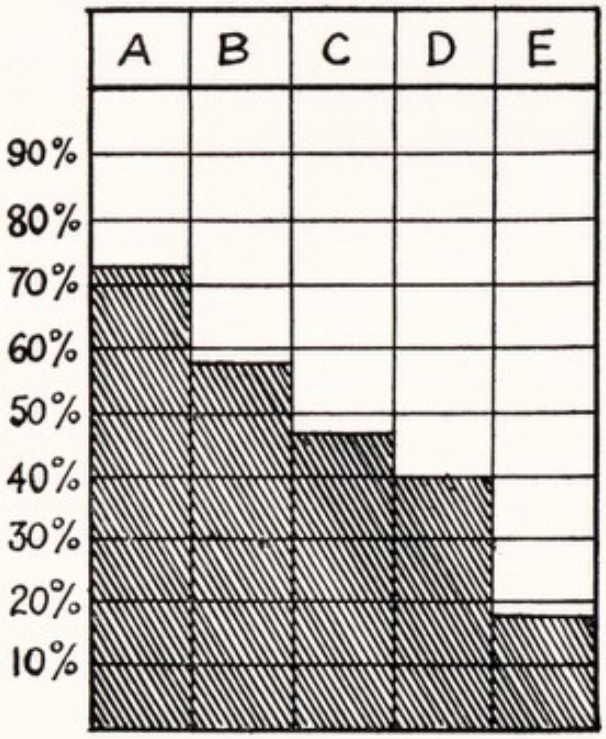
Group (1) 53% of all patients were very neglected and in urgent need of treatment ;

(2) 40% were experiencing pain or discomfort and benefited by treatment ;

(3) In only 7% of all cases had the patients been receiving treatment with sufficient regularity to keep their feet in good condition.

The main reasons for neglect in Groups (1) and (2) seemed to be either that they could not afford to attend a private practitioner, or the fact that existing schemes for chiropody for aged persons were inadequate and the intervals between attendances for foot treatment were too great.

The block graph shows the proportions of the more common conditions *complained of*, but it must be stressed that most patients suffered from two or more of these conditions.



KEY TO GRAPH.

A. Corns 73%
B. Nail Conditions 58%
C. Plantar Metatarsal Pain ... 47%
D. Hallux Valgus (Bunions)... 40%
E. Chilblains... ... ... 18%

As some degree of Hallux Valgus might be expected in persons in the age group covered by this brief survey, only those conditions causing pain or showing a marked degree of Valgus Deformity were noted. The incidence of chilblains and other circulatory disturbances was high, probably due to the survey being carried out during the winter. Where necessary the patients were advised about the most suitable types of footwear, account being taken of the limited financial means of people whose main income is the Old Age Pension.

It is hoped to expand this service considerably in the coming year.

DOMICILIARY FOOT HYGIENE SERVICE

This service—washing the feet, and nail trimming—is carried out monthly by hygiene attendants for old people who find difficulty in performing this service for themselves. A total of 2,066 treatments were given over the year.

This, too, is a much appreciated and popular service. It is valuable as a preventive measure not only in helping to keep old people comfortable and active but also in the prevention of certain nail conditions which, if allowed to develop, would either incapacitate the person concerned or would need the more highly skilled—and costly—services of a qualified chiropodist.

An attendant visits Bloom Street Municipal lodging house once a month and performs this service for the elderly men residing there.

DOMICILIARY BATHING SERVICE

This service helps partially incapacitated old people with personal hygiene. Fortnightly visits are paid where possible, and in special (few) cases, weekly visits. Cases are referred by the specialist health visitor, doctor, relatives, district nurses and statutory and voluntary bodies.

Male persons requiring this service are referred to the district nursing section, where the only Male Bathing Attendant is employed. This is not

entirely satisfactory as the Attendant is engaged mainly as an auxiliary worker in the district nursing field and has little time for allied types of work. Consequently the old men who neglect, either from choice or necessity, their personal toilet, are not bathed—only the home-bound and bed-ridden cases are accepted.

Nursing Equipment

This is a well-used service. The loan of bed-cradles and hot-water bottles is particularly acceptable to the old folk.

Treatment of Infestation

Although comparatively few persons required this service there is still a need for suitable premises to carry out cleansing and disinfestation when necessary. At present the procedure is for the public health inspectors to arrange for bed and bedding and clothing to be stoved at Ladywell and for men to spray the appropriate rooms. Whilst this is in progress a hygiene attendant endeavours to bath the patient at home—a very inconvenient and time-wasting arrangement.

Liaison.

Hospital. The specialist health visitor is in regular touch with the geriatrician ; and visits Ladywell and Hope Hospitals to discuss social and other conditions relating to patients on the waiting list and those anticipating discharge. During the winter months the number of patients awaiting admission is always increased, with a consequent increase in waiting time. Patients on the list are visited; help and advice are given where needed and nursing equipment lent if appropriate.

Clinics.

Both Clinics were continued throughout the year, Police Street for women, with 120 on the register, and Langworthy for men, with 50 on the register. This latter Clinic has been depleted in number by deaths and by the increasing age and incapacity of certain attenders who are no longer able to make the journey.

One of the oldest patients, and one of the first to attend the Centre, a Mr. Millington, celebrated his 90th birthday at the Clinic in October. The hygiene attendant made him a cake and the centre staff presented him with a small gift, to his great delight. He attends for physiotherapy once a week, and twice a week returns to the Minor Ailments Clinic to have his ears treated. He is definitely a clinic " fan ".

Social Activities—Voluntary Funds

A raffle was organised which realised £5 10s., part of which helped to finance a social evening and refreshments for some 35 elderly men and women at Jutland House. Children from the Ordsall area gave a demonstration of Scottish country dancing. The evening was a great success.

The annual Bring-and-Buy Sale was again organised by the Health Visiting Section. £20 from the proceeds were given to the Fund for the Elderly. This fund provides assistance which is not normally obtainable from statutory services, *e.g.* three people for whom a holiday had been arranged by the Cripples Help Society were each given £2 to spend in Southport. A widow was granted £1 5s. towards re-decorating her new flat, and another elderly lady £1 towards the cost of re-papering her living room. Fireguards are also provided from the fund where possible.

FUTURE DEVELOPMENTS

(*i*) *Laundry Service.* Although a great help to the relatives of incontinent patients, this could become a much more useful service. Elderly people require help with laundry, particularly bedding. They cannot afford laundry bills, and although some have a good Home Help willing to take a little washing to the Launderette the majority of old people have to tackle it themselves. What is needed here is a laundry service which will call once weekly for ordinary (not wet or soiled) linen at a very much reduced cost.

(*ii*) *Day Centre.* There are a number of persons visited who are very lonely, and depressed almost to the point of needing referral to the Mental Health Department.

A Day Centre where these people could be taken would do much to alleviate this problem. Four of our elderly patients have attended Cleveland House and greatly benefited from it. Unfortunately, elderly patients are not readily accepted at this Centre which is already used to capacity by the Mental Health Department, and at present only one elderly person is still in attendance.

It is hoped that some arrangements can be made in the near future to provide amenities of this kind for aged persons. As fresh needs of this vast and increasing section of our population are brought to light, so must we be prepared to meet them.

During the year,

Total Patients admitted to Hospital	434
Total Patients died	558
Persons admitted to L.A. Homes	48
Persons who left district	113
Remaining on the Register on 31st December, 1959	2,942

(b) The Unmarried Mother and her Child

A specialist health visitor has continued to be responsible for this work in co-operation with area health visitors.

102 cases were dealt with during 1959. Of these, 32 had been carried over from 1958, and 70 were fresh applications.

New cases were referred from the following sources:—

	As Expectant Mothers	*After Confinement*
Health Visitors	8	19
Moral Welfare Agencies	7	
General Practitioners	3	
Midwives	2	2
Hospital Almoners	1	5
Matrons of Day Nurseries		2
Mental Health Department	1	
National Assistance Board		1
Factory Welfare Officer		1
Police		1
N.S.P.C.C.		1
Probation Officers	2	
Own initiative	7	7
	31	39

Classification of New Cases	*Single*	*Married*	*Total*
First seen as expectant mothers			
Expecting 1st illegitimate child	19	5	24
,, 2nd ,, ,, ...	1	2	3
,, 3rd ,, ,, ...	2	–	2
,, 4th ,, ,, ...	–	–	–
,, 5th ,, ,, ...	–	1	1
	22	8	30

First seen after confinement	*Single*	*Married*	*Total*
With 1st illegitimate child	18	4	22
,, 2nd ,, ,, ...	9	1	10
,, 3rd ,, ,, ...	2	3	5
,, 4th ,, ,, ...	–	2	2
,, 5th ,, ,, ...	–	1	1
	29	11	40

Hostel Accommodation

Five unmarried mothers were placed in hostel accommodation through Moral Welfare Agencies. In four of these cases the major part of the cost was met by the Health Committee.

One of the greatest problems connected with illegitimacy is that of the married woman living with or apart from her husband, who has a child which is not his. In such a case, the effect upon the marriage and upon the legitimate children of the marriage may be disastrous, and difficulties of adjustment arise which may never be resolved.

In such cases, the social agencies involved have the difficult and delicate task of helping with personal relationships, where a piece of advice too hastily given may harm instead of help the situation. This is specially so where the interest of the parents, of the children of the marriage and of the new baby, seem to conflict.

In a recent case, the only solution was found to be the adoption of the new baby, leaving the mother free to return to her husband and legitimate children.

One of the difficulties of the single girl without family support, who intends to keep her baby, is that of finding a suitable room at a rent which she will be able to afford. The kind of house in which a young child is accepted is often poor and undesirable. These girls face a lonely task in bringing up their babies and need support, especially during the first year of the baby's life. This we have tried to give by enlisting the help of other agencies and by keeping in close touch with the mother. In one case we were able to suggest a temporary home for mother and baby so that they could leave the hostel in which they were staying and start afresh.

Of the 70 cases seen during the year, 25 were carried on into 1960, either because the baby was still unborn or because of difficulties still unresolved.

In the remaining 45 cases the result was as follows:—

Removed from Salford	14
Married	5
Babies Adopted	3
Living with her own family	11
Living in Mother & Baby Hostel	1
Mother working—baby in Day Nursery or minded	5
Co-habiting	5
Miscarriage	1
Total	45

(c) Children Neglected in their Own Homes—Prevention of Family Break-up

The Special Health Visitor who had been in charge of this service since its inception in 1950 left the service, and the work was carried on temporarily by a senior member of the health visiting staff.

REGISTER OF FAMILIES

Records relating to all families concerned were kept in a special register as in former years. Reasons for the inclusion of families on this register were given in detail in last year's report.

Changes in the register during 1959 were as follows:—

Families carried over from 1958 for supervision in 1959		241
Additions during 1959:—		
(*a*) Old cases re-opened	14	
(*b*) New cases added	34	48
Total number registered during 1959		289
Families improved and removed from register		15
Families removed from Salford		19
Total number removed from Register		34
Families remaining on register at 3.12.59 for supervision in 1960		255
Net increase		14

These figures represent only a portion of the Specialist Health Visitor's duties, as in addition to work involving the traditional " problem family "—a term not easily defined, but quite distinct from " families with problems " —she is also concerned with certain families who fall into this latter group.

In certain " hard-core " problem families, the Specialist Visitor has undertaken intensive casework herself, in addition to acting in an advisory capacity to area health visitors. She has also worked in close collaboration with other agencies including the Family Service Unit, School Welfare Department, Probation Office, Prisoners' Aid Society, National Society for Prevention of Cruelty to Children, Family Welfare Association, Women's Voluntary Service, Moral Welfare Councils and the Churches, making the maximum use of all appropriate statutory and voluntary agencies in preventing family break-up. Close liaison with the Children Officer, Home Help Organiser, Family Guidance and Marriage Guidance Counsellors and family doctors is an essential feature of her work.

Problems met during the year were varied, but followed much the same pattern as in former years. Poor family relationships and gross financial mismanagement figured largely in the circumstances threatening family break-up. Mis-spending of a reasonably adequate income on part of these families has caused great concern and seems an almost intractable problem.

FINANCIAL MISMANAGEMENT

Chronic debts, excessive hire purchase—often of unnecessary and unsuitable goods—clothing checks, " tick " at the corner shop (sometimes even alcohol on " tick "), all resolve eventually into a burden far beyond the family's means to carry. The extent to which debts of this kind affect family life is very considerable, and may involve constant pressure from creditors, threat of eviction for rent arrears, disconnected supplies of electricity and gas, deficiencies in household equipment, bedding and personal clothing, and an

inadequate and limited diet. In many such cases, and in cases of emergency and of exceptional needs not covered by the statutory services, the Salford Children's Welfare Fund has been used to advantage and in some instances has been the family's salvation—if only temporarily.

Eviction

In cases where eviction for rent arrears was threatened, the break-up of several families was prevented owing to the good co-operation of the Housing Manager (to whom our thanks are due) with the Specialist Health Visitor. A course of action was proposed by her in collaboration with the tenants in question, and agreed upon by the Housing Manager, as a result of which eviction was prevented. This is evidenced by the fact that there were no evictions from Corporation property during the year, which rendered any family homeless.

Unfortunately, this was not always the case with private landlords,although much was done with the aid of grants from voluntary funds. Eight families were evicted and the mothers and children involved accommodated under Part III of the National Assistance Act at the Homestead. It is regrettable that this action always involves temporary disintegration of the family unit making rehabilitation impossible for the whole period of stay at this centre.

Day Care of Socially Handicapped Child

Greengate Hospital and Open Air School ceased to function as such towards the end of the year. This institution had provided daily care for many of our most severely socially handicapped children, and thereby prevented much child neglect. It is hoped that future development of this establishment will include provisions which will serve the needs of this special group of children.

Immigrants

A feature during the year has been the influx of fresh immigrants—a transient tinker-type population in which there was considerable neglect of their children. Unfortunately, few stayed long enough for any appreciable change to be brought about despite intensive casework.

Day Training Centre

This centre provides for a limited number of socially isolated, non-coping mothers, carefully chosen, who continue to benefit, both individually and from group therapy.

As formerly, the group functioned at the Crescent Centre. This arrangement presented some difficulties as the Mental Health Department wished to make full use of the premises as a hostel ; space was therefore limited and the group has had to remain small on this account. Some ten mothers attended the twice-weekly sessions.

The group atmosphere was free and informal and discussion was encouraged. Skills in home-making were learned and many of the mothers helped to care for their young babies more efficiently. Good relationships have been developed within the group, and good companionship and a sense of " belonging " has done much to boost their morale.

Members of the group were able to bring their own personal problems to the Specialist Health Visitor. The group teacher continued to exercise her kindly and most effective influence over these mothers, bringing out the best in each, teaching by example as well as precept, and enjoying affection and respect to a degree surprising in a group of this kind.

It is hoped to expand this work still further when new accommodation is acquired in the coming year.

(d) Hospital Liaison

HOPE HOSPITAL

Liaison was maintained throughout the year by the health visitor specially employed for this purpose, and was concerned as in previous years mainly with children under 15 years. The health visitor accompanies the paediatrician during his ward rounds, gives information where appropriate regarding home conditions and obtains particulars regarding diagnosis and treatment for transmission to the district health visitor. The liaison health visitor also attends paediatric out-patient clinics and the neo-natal clinic, where advantage is taken of the opportunities for health education.

Children admitted for tonsils and adenoids operation numbered 436 (394 in 1958). District health visitors are notified of discharge of these children in order that home follow-up instructions regarding breathing exercises, etc., may be carried out. Special mention is also made of any child with a known history of rheumatism or heart disease. Such children are usually admitted several days prior to the operation for a course of antibiotic treatment.

There was an increase in the number of children admitted for observation and investigation where no physical cause of signs and symptoms could be found—34 (18 in 1958).

FEEDING PROBLEMS

Eight children were admitted, some of whom had an additional defect or condition which complicated the problem. Where disturbed family life and emotional upsets were present close liaison with the district health visitor was most valuable, furthering in hospital staffs an appreciation of the home background and difficulties, and bringing to health visitors an awareness of the need to provide support and encouragement after discharge. Only two of the children concerned were found to have problems due to mismanagement. In all cases health visitors were advised prior to discharge of these children, regarding feeding formulae and individual after-care.

Again there was no reduction in the number of children admitted following home accidents—4 (as in 1958 and 1957). One child had swallowed turpentine which the father was using during home decorating, one had burns caused by an electric fire (which was fitted with a guard), and two suffered from scalds (one slight, the other a more severe case which was transferred to the Burns Unit at Booth Hall Hospital). Information regarding these accidents was given to appropriate health visitors for investigation and follow-up advice to parents.

NEO-NATAL CLINIC

This clinic, held weekly, is for babies born at the hospital who need special after-care and supervision. Liaison here is extremely valuable to the district health visitors responsible for home supervision of these babies. Frequently, owing to the nervousness and anxiety of the mothers during consultation with

the paediatrician, a follow-up visit is necessary to ensure that the mother properly understands the instruction given. In her own home she is calmer and able to ask questions which she forgot the previous day. The mothers themselves have frequently mentioned how much they appreciated a home visit to cover the ground again.

Hospital Liaison with Mental Health Department

The Special Health Visitor is also concerned with liaison between the hospital, including now the dental department, and the mental health service. Children under the care of this service were examined by the Consultant Paediatrician to ascertain whether any further help could be given to assist them to cope with their handicaps. Dr. Taylor, University of Manchester, Department of Education for the Deaf, collaborated by attending on occasions to conduct hearing tests on these children. Interchange of information between the mental health service and the hospital was effected by the Specialist Health Visitor on the same lines as for mentally normal children.

Ladywell Hospital

Admissions were considerably increased compared with the previous year —207 against 127.

Cases of infective hepatitis were increased—22 in number. 50 children were admitted with the clinical appearance of gastro-enteritis but no specific organisms were isolated.

On several occasions health visitors have recommended, for social reasons, that convalescence would benefit some of the older children. Following consultations between the Specialist Health Visitor and appropriate hospital staffs, this was arranged.

Chest Clinic

Liaison between health department and chest clinic was maintained as in former years by the special health visitor who carries out medico-social and advisory work during clinic sessions.

Interviews

Personal interviews were conducted with patients and relatives attending the clinic. Problems and difficulties of all kinds—the impact of the family of diagnosis, financial worries, personal fears, anxieties regarding spread of infection in the family, care of the family during parent's (especially the mother's) absence in hospital, employment, etc., were among the problems involved.

Contact Tracing

Here the special health visitor works in close collaboration with general health visiting staff. The importance of chest X-ray examination and possible B.C.G. vaccination of children was advocated and stressed. Some 80% of contacts invited attended for examination. Among the notifications of pulmonary tuberculosis made during the year, three came from contacts examined at the clinic. Several mothers had difficulty in bringing their large families of young children for contact examination ; in these cases transport was provided, and/or an attendant assisted the mother by getting children ready and accompanying the family to the clinic.

Notifications during the year. 133 cases were notified—an increase of 18 over 1958.

B.C.G. 258 vaccinations were completed (243—1958).

Patients interviewed.—169.

Interviews with doctors, including G.P's.—145.

Interviews with almoners.—51.

Special visits, including visits to Ladywell and Peel Hall Sanatoria.—69.

Mantoux Tests of Contacts.—207, of which 53 gave a positive and 154 a negative result.

B.C.G. Negative contacts were all offered B.C.G., together with infants under six weeks old coming from tuberculous households—310 in all. Of these, 276 were successfully converted, 7 were negative and 27 results unknown (removed to other areas, lost sight of, or refused to attend for Post-B.C.G. Mantoux Test).

LADYWELL—THORACIC SURGERY

Once a month a special session was held at Ladywell attended by the Consultant Thoracic Surgeon, the Chest Physician, some of the hospital nursing staff and the special health visitor.

Various patients were seen, mainly those referred for thoracic surgery (either suffering from pulmonary tuberculosis or lung cancer). It is the special health visitor's concern to supply information regarding family background of the patients.

(e) Student Nurse Training in Social Aspects of Disease

The specialist health visitor—a qualified tutor, who had undertaken this work since the scheme was started, left in August after 10 years' service, and was replaced temporarily by another health visitor.

Teaching courses for student nurses from three hospitals were continued. Lectures emphasising the relationship between disease and social conditions were given, as were talks and discussions on public health and the social services.

Visits of observation were made, *e.g.* to old people's homes, open-air schools and new housing estates ; school clinics, ante-natal and child welfare centres, which gave the students some knowledge of the local authority services provided. Visits to the homes of the people with the health visitor and with the district nurse gave an insight into conditions under which their patients lived and helped to promote the students' awareness of the relationship between environmental factors, health and illness.

Following these visits, discussion groups were formed, led by the health visitor and attended also by the hospital tutor. Personal, social and environmental factors contributing to illness and the need for hospitalisation were among the subjects considered, as were the difficulties patients may encounter on discharge from hospital. Emphasis was placed on difficulties of adjustment to life following, for example, amputation, diabetes, gastric ulcer, etc. Sources of help from voluntary organisations as well as statutory bodies were made known during discussion.

Time spent by the student in the department varied from one to three days depending to a large degree upon the staffing position in the hospital.

Hope Hospital

34 senior students in 5 groups for 2 days each
45 junior ,, ,, 5 ,, ,, 1 day ,,

Salford Royal Hospital

10 senior students in 2 groups for 3 days each
23 junior ,, ,, 4 ,, ,, 3 ,, ,,

Royal Manchester Children's Hospital

15 students in 3 groups for 1 day each.

STUDENT HEALTH VISITORS

Practical training of two students taking the 1958–59 course ending in June, and four students commencing the 1959–60 course commencing in September, was carried out during the year. All students concerned were sponsored by this authority.

OTHER STUDENTS AND VISITORS TO THE SECTION

Student home nurses, pupil midwives, nursery nurses, nursery assistants, nursing cadets and student teachers attended the department during the year for talks, discussions and visits of observation, as appropriate.

Special arrangements were made for overseas visitors and for post-graduate students from other parts of this country to see something of the work of the section.

Syringe Service

The central syringe service which provided sterile equipment for every kind of injection given, as well as for venu-puncture at ante-natal clinics ; for immunity testing, and for vaccination continued to function.

Equipment was delivered to and collected from clinics, day nurseries, schools, factories or other buildings where injections were given. Separate sterile syringes and needles were used for each injection.

Servicing of equipment was carried out in full including the sharpening, where necessary, of the thousands of needles prepared throughout the year, some 70,000.

Maternity and Child Welfare Clinics

The primary concern of health visitors working in ante-natal and child welfare clinics is health education.

At ante-natal clinics group talks were given in collaboration with municipal midwives, and individual advice on personal or other problems outside the province of the midwife were given where appropriate.

At child welfare centres, where premises are not always conducive to collective teaching, mothers were interviewed and advised individually, and were referred to the clinic doctor for medical supervision at the health visitor's discretion. Group talks were also given whenever possible.

IMMUNISATION CLINICS

In addition to the special immunisation clinics to which children were invited, every child welfare centre was provided with equipment so that immunisation could be offered on the spot to unprotected children.

Vaccination against smallpox was also carried out at all infant welfare sessions.

Ad hoc sessions for vaccinations against poliomyelitis were held in clinic premises for all age-groups up to 25 years. Sessions were also held in schools, factories and offices, and during a special drive in May and June the mobile clinic was used for evening sessions, touring different areas in the city each night and the market place on Saturdays. In addition to work carried out by nursing and auxiliary staff at evening clinics held both in clinic premises and in the mobile clinic, appropriate staff worked all day Saturdays and Sundays in servicing, preparing, sterilising and packing syringes and other equipment during the campaign.

Mantoux and B.C.G. vaccination of negative reactors in children under five years continued to be carried out in child welfare centres ; a similar service for children in the 13-year-old age group was available in schools.

A special survey was made of selected children, using the Heaf and East multi-needle equipment for Mantoux testing and B.C.G. vaccination.

Mothers Clubs

REGENT AND ORDSALL MOTHERS CLUB

This club continued to flourish throughout the year. Fortnightly meetings were held at Landseer Street Child Welfare Clinic, with an average of 35 members attending each meeting. Total membership was limited to 40, and several requests for membership had to be refused on account of lack of accommodation and difficulty in handling a group of that size.

The group appointed its own officers, under the leadership of two health visitors who shared the responsibility for the club.

Group activities included:—

Visits of special interest—(*a*) Central Fire Station
(*b*) A Flour Mill

Demonstrations—(*a*) Cookery demonstrations
(*b*) Knitting machine demonstration
(*c*) The art of " make-up "

Health Education

Talks on (*a*) Home safety
(*b*) Fire prevention
(*c*) Behaviour problems in children by a child psychiatrist
(*d*) Living among the natives in East Africa, by a health visitor
(*e*) First aid in the home, by a health visitor

Films—British Railways

Social activities—Beetle drive
Jumble sale
Children's outing to the seaside and Christmas Party
Mothers' evening drive and dinner
Mothers' Christmas show and party

Knitting, sewing, and " make-do and mend " were prominent features at almost every meeting, and informal free discussions on a variety of topics were encouraged. Opportunities for private consultation with the health visitor were always available, and few evenings passed without some individual problem being raised and discussed privately at the club.

LANGWORTHY CLUB

The year was also a successful one for this club, which met fortnightly with a membership of some 50 mothers, and an average attendance of about 30.

Several new members were enrolled, some of them being referred by doctors as being in need of companionship. The greatest value of the club appears to have been the social outlet it affords to mothers, giving them new interests and friendships and helping to overcome boredom.

Activities have varied ; the Health Education programme included a talk on care of the skin and the use of make-up ; a visit to the Fire Station with a film and talk on the prevention of fires in the home.

Home-making included a cookery demonstration, and a competition run at Christmas for the best home-made table decorations. The catering for the parties was also carried out by the members, each taking it in turns to do the baking.

To help to widen general knowledge, arrangements were made for an interesting visit to a flour mill ; a coach outing into the Rossendale Valley and a film show of slides taken in the Italian Alps and Dorset.

Purely social activities consisted of two Christmas parties, reciprocal entertainments involving both Langworthy and Ordsall Clubs. A successful Hallowe'en party was organised by about six of the mothers, at which many displayed their skill in making decorations appropriate to the occasion, including some particularly fine, gaily illuminated, carved turnips.

During the year the club has also given voluntary help, *e.g.* members gave full support to the Coffee Evening organised by the health visitors in aid of the Cancer Research Fund. One member on several occasions accompanied an elderly man to the old people's clinic, whilst another had helped an elderly lady to get ready to attend hospital.

Statistics

A statistical summary of visits paid and clinics attended is given below:—

HEALTH VISITORS AND CLINIC NURSES

Type of Visit	*Access*	*No Access*
First visits—children 0–1 year	2,733	854
Subsequent visits—children 0–1 year	8,107	1,379
Visits to children 1–2 years	4,657	649
" " " 2–5 "	10,454	1,425
First visits—ante-natal cases	389	23
Subsequent visits—ante-natal cases	148	12
Tuberculosis visits	1,471	458
First visits—aged persons	983	52
Subsequent visits—aged persons	4,150	352
Visits *re* B.C.G.	141	62
Mental Health	23	–
Diphtheria Immunication	5,178	2,138
Miscellaneous	4,898	681
TOTAL	43,332	8,085
GRAND TOTAL	51,417	

Clinic Sessions

Full sessions attended	3,158
Part sessions attended	247

HYGIENE ATTENDANTS

(*a*) *Home Visits:*

For treatment of scabies	4
Aged and infirm—bathing	1,691
" " " —foot hygiene	2,066
" " " —miscellaneous	915
Miscellaneous general	501
TOTAL	5,177
No access	501
GRAND TOTAL	5,678

(*b*) *Clinic Sessions*

Infant Welfare	174
Mothers Day Training Centre	314
Minor Ailments School Clinic	880
Mobile Minor Ailments Clinic	353
Chiropody :	
School children	317
Aged persons	50
Eye Clinic	511
Medical examination clinics	48
Camp and miscellaneous clinic sessions	92
TOTAL	2,739

(*c*) *Syringe Service:*

Sessions spent	946

DISTRICT NURSING SERVICE

The District Nursing Service continues to give a very valuable and satisfactory service to the community.

The service is still understaffed, although the number of present staff has remained steady.

Three trained district nurses resigned during the year—two for marriage and one male district nurse for similar work with Lancashire County Council.

Three Student District Nurses entered for training—two were successful in passing the examination for the Queen's Institute of District Nursing Roll—one male student has not yet completed training.

There has been a decrease of twelve in the number of cases nursed during the year and a decrease of 156 visits on 1958—the decrease is again due to the reduction in the number of patients on drug therapy.

One thousand one hundred and fifty patients over 65 years of age were nursed—28,026 visits were made to these patients.

Four hundred and seventy-six patients of all age groups received more than 24 visits—34,765 visits being made.

Sixty-nine children under five years of age were nursed, with 381 visits.

It will be noticed that only a very low percentage of sick children were attended by the nurses—this is rather a disturbing situation, although mothers are, on the whole, capable of nursing their children—the nursing staff would welcome and enjoy nursing sick children of all ages, as well as relieving and helping the tired mother with some of her responsibility.

Eighty per cent. of cases received by the service are referred by the patient's own general practitioner—the relationship between the patients' own doctor and the district nurse, therefore, should be, and indeed usually is, one of complete loyalty and understanding, and in the interest of both doctor and patient, the nurse tries to carry out faithfully all treatment ordered.

It is again felt that many more both acute and chronic sick could be skilfully and successfully nursed in the familiar surroundings of their own homes, along with the co-operation of relatives and the help that can be enlisted from other members of the Health Service.

The male bathing attendant for the infirm patient continues to give excellent service and many letters of appreciation have been received from grateful relatives.

Student Nurses from Salford Royal Hospital and Hope Hospital continue to visit our service and never cease to be intrigued with the work of the nurse—the bag alone fascinates the student—that in so small a capacity the nurse carries all that is required for any treatment that may have been ordered.

Although these visits have not helped recruitment to the Salford District Nursing Service, they have been directly responsible for nurses taking district nurse training.

It is hoped that in 1960 the Minister of Health will approve the training scheme which the Queen's Institute of District Nursing has submitted to the Ministry, which will ensure a greater measure of uniformity of training and all candidates for the Queen's Institute of District Nursing Roll examination will receive both a Queen's Certificate and a National Certificate.

Number of cases on books at January 1st, 1959	366
,, ,, new cases nursed during 1959	2,079
TOTAL	2,445
Total visits made during 1959	49,357
Patients convalescent	964
,, transferred to Hospital	277
,, died	222
,, removed for other causes	625
,, remaining on books at December 31st, 1959	357
TOTAL	2,445

CLASSIFICATION OF CASES.

Children under 5 years of age	69
Medical	1,697
Surgical	268
Tuberculosis	50
Maternal complications	17
Pre X-ray cases	344
TOTAL	2,445

CASES REFERRED TO SERVICE.

General Practitioner	1,967
Hope Hospital	246
Salford Royal Hospital	76
Jewish Hospital	9
Northern Hospital	29
Ladywell Hospital	15
St. Mary's Hospital	2
Park Hospital	7
Manchester Royal Hospital	9
Christie Hospital	5
Crumpsall Hospital	6
Withington Hospital	1
Monsall Hospital	2
Eccles and Patricroft Hospital	2
Maternity and Child Welfare	12
Applied	57
TOTAL	2,445

Patients on Penicillin therapy	460
,, on Streptomycin therapy	40
,, on other drug therapy	326

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 1959 — 21.

(i) Number of cases registered during the year in respect of which Section F (1) of Forms B.D. 8 recommends :—	CAUSE OF DISABILITY			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	4	3	1	4
(*b*) Treatment—				
Medical	...	1	Nil	4
Surgical	3	1	Nil	...
Optical	...	...	Nil	...
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	1	...	...	3

A2. Follow-up of Registered Partially Sighted Persons.

Total number of cases registered during 1959 — 51.

	Cause of Disability			
(i) Number of cases registered during the year in respect of which Section F (1) of Forms B.D. 8 recommends :—	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(*a*) No treatment	6	...	Nil	3
(*b*) Treatment—				
Medical	5	5	Nil	11
Surgical	5	...	Nil	...
Optical	4	3	Nil	9
(ii) Number of cases at (i) (*b*) above which, on follow-up action, have received treatment.	12	8	...	20

B. Ophthalmia Neonatorum.

(i) Total number of cases notified during the year ... ... Nil

(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 number of helps employed averaged 280 throughout the year.

Home helps are now well established as part of the health team. They are frequently called upon to co-operate with other sections of the health service on special cases, *e.g.*, mental health, problem families, etc. The selected help is able to receive from the officer dealing with a particular case the necessary information, advice and support. Likewise, the officer has often found the help's first-hand knowledge of home conditions to be most useful.

The care of the elderly still consumes at least 90% of the total hours worked by the helps. The system of spreading the service thinly over as many cases as possible has continued. Almost 58% (533) of the households dealt with have no more than four hours' service per week. This is considered preferable to increasing the hours for half this number and leaving the other half without help.

One would again pay tribute to the helps for the kindly concern which many of them show for their cases and to the voluntary work which they undertake for them.

It has not been possible to do as much visiting as would seem desirable, but this is perhaps offset by the fact that practically all the helps are seen weekly when calling at the office to collect their wages. This enables the helps to discuss cases with the organiser and her staff, who can help, advise, and arrange changes of work, etc.

The sickness rate among home helps is higher than one would wish, and concern is felt when medical certificates are received showing a diagnosis of " anxiety state " and similar descriptions of nervous troubles. Unlike those trained to deal with difficulties and then forget them, some of the helps are inclined to identify themselves with the unhappy conditions they come across in their work. Special attention was paid to this by the Mental Health Officer in his talks with groups of home helps during the year and some excellent advice given.

The following figures show the extent of the work during 1959 :—

Home Helps employed at 31st December, 1959	278
Average hours of duty per week during 1959	5,281
Number of households assisted during 1959	1,478
,, ,, ,, being assisted at 31st December, 1959	926
New applications during 1959	580

The following table shows how the helps were allocated :—

At 31st December. 1958	1959		*At 31st December.* 1958	1959
2	5	households had 2–2½ hours service per week...	·23%	·54%
71	94	,, ,, 3–3½ ,, ,, ,, ,, ...	7·90%	10·15%
410	434	,, ,, 4 ,, ,, ,, ,, ...	45·58%	46·87%
4	5	,, ,, 4½–5½ ,, ,, ,, ,, ...	·46%	·54%
51	52	,, ,, 6 ,, ,, ,, ,, ...	5·68%	5·62%
33	33	,, ,, 6½–7½ ,, ,, ,, ,, ...	3·68%	3·56%
321	286	,, ,, 8 ,, ,, ,, ,, ...	35·68%	30·88%
2	8	,, ,, 9 ,, ,, ,, ,, ...	·23%	·86%
2	5	,, ,, 10 ,, ,, ,, ,, ...	·23%	·54%
3	2	,, ,, 12 ,, ,, ,, ,, ...	·33%	·22%
—	2	,, ,, 14–21 ,, ,, ,, ,, ...	—%	·22%

At the end of the year, 926 cases were receiving assistance. These included :—

Pre-Natal	8
Maternity	44
Post-Natal	18
Mothers with young children	26
Pulmonary Tuberculosis	9
Neurotic and Mental Condition	24
Infirmity due to old age	335
Bronchitis and Asthma	145
Blind	68
Arthritis and Rheumatism	226
Heart Condition	221

VISITS.

Number of visits paid	2,689

REASONS FOR VISITS.

Applications for help	597
Routine visits	1,506
Nursing equipment	18
Miscellaneous	164
No access	404

Eighty-nine home helps terminated their employment during the year—reasons given were as follows :—

Ill-health	48
Removed out of area	3
Obtained other employment	17
Home circumstances	10
Pregnancy	5
Work found to be uncongenial	6

Convalescence

Convalescence was arranged for six pre-school children, seven adults and 10 mothers who were accompanied by 24 children.

School Children's Convalescence

One hundred and eleven school children were afforded convalescence during the year. Thirteen children referred to the Almoner did not avail themselves of the provision made.

SOURCES OF REFERRAL.

School Medical Officers	82
Hospital Almoners	16
Health Visitors	3
Mental Health Visitors	6
General Medical Practitioners	14
Orthopædic Surgeon	3
TOTAL	124

76	children	were away for	4	weeks or less.
1	child	was ,, ,,	5	weeks.
25	children	were ,, ,,	6	,,
1	child	was ,, ,,	7	,,
6	children	were ,, ,,	8	,,
1	child	was ,, ,,	9	,,
1	,,	,, ,,	10	,,
111				

The Homes used, and the number of children sent to each are shown below :—

White Heather Home, Colwyn Bay	3
Tanllwyfan, Colwyn Bay	20
Taxal Edge, Derbyshire	24
Ormerod, St. Annes-on-Sea	30
Margaret Beavan, Heswall	9
Bryn Aber Nursery Home, Abergele	5
Hillary Nursery Home, Prestatyn	8
West Kirby	12
TOTAL	111

In eight cases the full cost of convalescent treatment was borne by the Trustees of the Cinderella Fund.

Nursing Equipment

Six hundred and forty articles of nursing equipment were issued during the year.

MENTAL HEALTH SERVICE

In anticipation of new mental health legislation, an examination of Salford mental health services was set in progress in 1958. The *Report on the Mental Health Service for that year* recognised three main areas in which development was required if the Salford Mental Health Service was to be fully effective. Co-ordination was necessary between the hospital, the local authority service and the family doctors, if the patient was to receive the full benefit of the available facilities ; there was a lack of personnel, both psychiatrists, and medical social workers who had received adequate training ; finally, community facilities such as residential and rehabilitation units for mentally disordered patients (and especially the old) were far from adequate. There follows a review of these three fields for 1959.

I. CO-ORDINATION OF PSYCHIATRIC SERVICES

The present organisation of psychiatric services is set out in the accompanying diagram (Fig. 1). The statistics on which it is based will be found in Appendices I, II, IIIA, IIIB, IV.

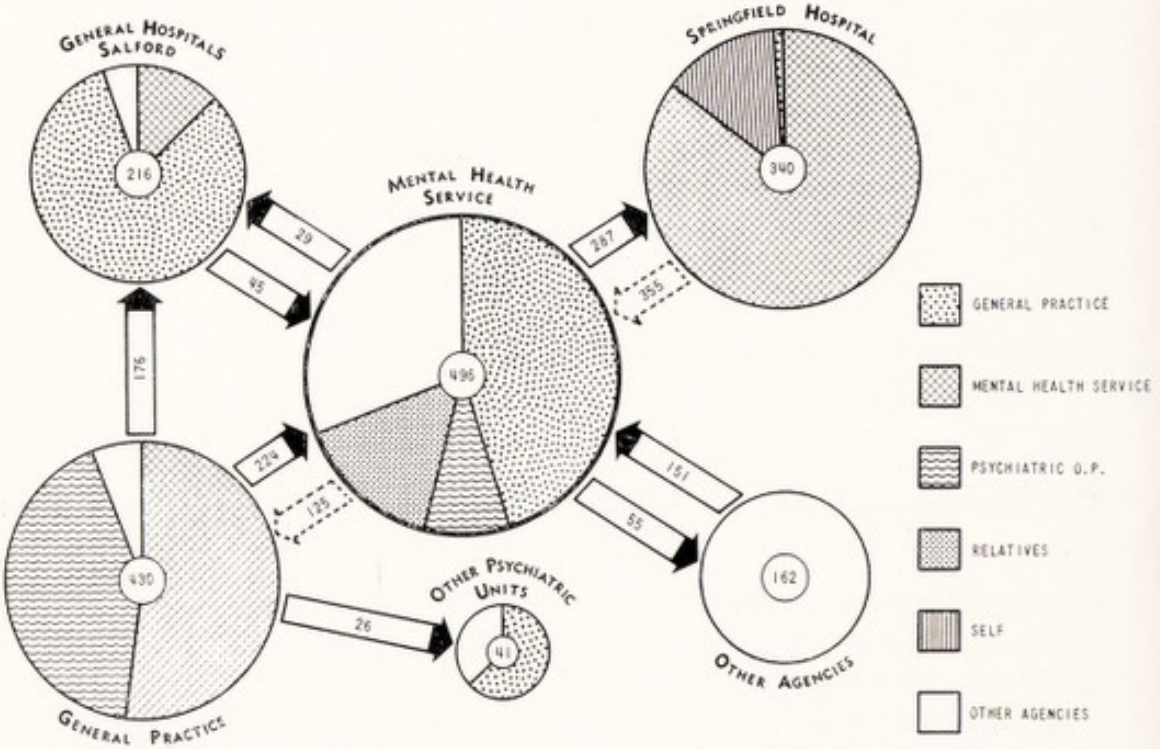


Fig. 1. Circle for general practice shows the proportion distributed to the different psychiatric services ; all other circles show the proportions of referrals received from different services. The actual numbers of referrals are shown by the figures in the arrows.

The Flow of Patients.

The majority of mentally disordered patients referred by general practitioners are directed to the mental health service, although another large group are referred to out-patient clinics. We cannot yet say precisely what influences this choice. Presumbly the doctor's judgment as to whether a patient needs hospital admission or help from a social worker is an important determining factor, but other considerations such as the social standing of the patient and the length of out-patient waiting lists no doubt affect the choice. About half of all the patients referred in the first instance to the mental health service are admitted to Springfield Hospital, a quarter are given social support at home, and only one-tenth are referred to psychiatric out-patient clinics. (See Appendix II).

Patients referred to out-patient clinics are on the whole treated there, but a proportion (21%) are sent from there to the mental health service so that admission can be arranged or so that social support can be given in the home.

The vast majority of referrals to Springfield, the main mental hospital for Salford, are for admission. When patients are discharged from Springfield the Mental Health Service has received, up to the end of 1959, a routine notification. (Such notifications are not included in the figure given for *referrals* to the Mental Health Service. See Appendix V for numbers). This has provided the basis of visits for " after-care," which is a function of the Local Authority.

Referrals from General Practitioners.

It is evident from Appendix IV that the mental health service deals with the majority of psychiatric referrals from Salford, and as expected, most of these referrals come from general practice. From the *general practitioner's point of view* the main function of the mental health service is still that of an admitting agency : 63% of general practitioner referrals to the service end in admission ; 14% are seen by a psychiatrist as out-patients, and 17% are supported only by home visits. This slight increase in home support on the 13% of 1958 is as yet a relatively small direct use of social workers, although all patients passing through the mental health service receive some help from social workers. Twenty per cent. of general practitioners made no referrals to the mental health service over a year (although only 5% did not have patients notified to the service from any source), another 30% made a single annual referral, and 20% referred more than four times. The mode is one referral, and the mean three, with a range from 0 to 18. (Appendix VI).

Links between General Practitioners and Social Workers.

In order to build up personal and continuous links between social workers and doctors, the work of mental health workers has now been based on the practices of general practitioners rather than on areas. Thus, each general practitioner has a particular mental health worker to call on. In order to keep practitioners informed of the progress of their patients, copies of those reports, made by mental health workers to summarise each episode of patient care, are sent routinely to the practitioner concerned. These arrangements should have a significant effect during 1960, but they will yet fall short of the degree of co-operation which might be attained if practitioners and social workers worked together from health centres.

Discontinuity between Out-patient Clinics and Mental Hospitals.

Another deficiency in the current pattern of patient care is that, while general practitioners refer fairly large numbers of patients to various services, there is little co-ordination between these services. The practitioner may choose out-patient treatment, or hospital admission, or the support of a social worker. Although admission and social workers are arranged through the mental health service, he cannot readily obtain a combination of all three services.

The continuity of patient care is interrupted in various ways. There is virtually no formal link between psychiatric out-patient clinics in Salford and the main mental hospital for Salford. It would appear anomalous that a psychiatrist in an out-patient clinic should have a patient under his care only

until he needs admission to hospital. He must then refer the patient to another agency (the mental health service) to arrange for admission, so that treatment may be continued within the hospital by another specialist in his own field. Psychiatry, of all medical disciplines, demands rapport and continuity of relationships between doctor and patient ; that the thread of rapport should be broken and tangled in this way cannot but be a disturbance to therapy.

Discontinuity between Mental Welfare Officers and Mental Hospital.

By the same logic, the *mental welfare officer*, in carrying out his main function as a social worker, must also establish a good relationship with the patient. But here, too, there are gaps in the continuity of care and in channels of communication.

Once he has arranged hospital admission, the mental welfare officer is unable to see his patient until called upon, after the patient's discharge, to assess his needs for after-care. The notification of discharge (which is received by the mental health service after the patient has left hospital) indicates briefly the diagnosis, treatment and prognosis of the patient. Apart from this, the social worker in making his subsequent routine visit has no official psychiatric guidance. He is confronted by a difficult situation, because he is ignorant of the patient's attitudes and needs. The successfully treated patient has usually made new relationships with members of the hosiptal staff, and may harbour resentment against the social worker if, for example, it was he who caused him to be admitted compulsorily. The patient's resentment may be reinforced by reminders of an illness which, for strong emotional reasons, he would sometimes rather put behind him. Such a situation obstructs effective medical social work. The social worker needs the collaboration of the doctor directing treatment, and particularly his view of the patient's needs, whereas at present he acts virtually as an independent agent in after-care.

Psychiatric Support for the Social Worker.

Independence is to some extent also thrust on the social worker in his decisions for the disposal of patients when first referred to the service. Here, however, he can rely on the advice of the doctors working in the mental health service ; to some extent on the help of the general practitioner referring the patient ; and occasionally on the advice of a psychiatrist in an out-patient clinic. But this is too rarely obtained.

Besides the impediments fostered by the structure of the National Health Service, a main reason for the lack of support from specialist psychiatrists is the severe shortage of psychiatrists in Salford. This accounts for the small number of referrals made by mental welfare workers to out-patient clinics. It is unusual for out-patient appointments to be obtained soon enough to guide the social worker in his decision, and, indeed, an admission can be arranged sooner.

Some measure of this can be obtained from the ratio of admissions to out-patient consultations. In Salford for every three admissions there are only two new out-patient consultations (Appendix IV). In England and Wales in 1957 there were two psychiatric admissions to three new out-patient consultations ; for all types of illness there was only one admission for every two new out-patient consultations. In the light of modern trends in psychiatric practice, the consequences of this imbalance for the management of mental illness are perhaps to be deplored.

But referrals by out-patient psychiatrists to the mental health service are also few, although when they are made there is usually discussion of the individual case between psychiatrist and social worker. The situation should be partially remedied when arrangements for social workers to attend at out-patient clinics come into effect, but this cannot compensate for the lack of psychiatric staff.

Future Goals.

Solutions to these problems are easy to perceive but difficult to bring about.

First, *co-ordination of specialist services* could be achieved if all psychiatrists serving the Salford area were working in common out-patient units, and if all had access to mental hospital beds. New appointments of psychiatric consultants or of more junior staff might be made on this basis.

Second, in order to make their part in after-care effective, mental health workers should see patients about to be discharged *before* they leave hospital, under the guidance of the psychiatrist in charge.

Third, by participating in the follow-up clinics of the mental hospital, local authority mental health workers can help to make more effective the role of the hospital in after-care. They can contribute by providing information about the home, by ensuring a low default rate, by continued visiting and by arranging social services.

There can be little doubt that default is a major obstruction to effective psychiatric treatment for a large number of patients. By establishing good relationships with patients on a voluntary basis, professional social workers can do much both to ensure that patients remain in treatment, and to deal with social problems which otherwise tend to go unrecognised.

Fourth, the mental welfare officers might assist psychiatrists working in the general hospital out-patient clinics. This will be a major step in the integration of Salford psychiatric services, welding together two of the three main organisations. It is planned to attach a social worker to the clinics of each psychiatrist during 1960.

II. TRAINING AND STAFF

(*a*) **Mental Welfare Officers.** The weekly group discussion between mental welfare officers and doctors continues as the central feature of in-service training. Trainee officers attend these discussions, observe the operation of a mental hospital and of local authority services, and gradually take on case work. Work with patients is supervised by the mental welfare officers and, where necessary, by the doctors on the service. In future, mental welfare officers and trainees will attend clinics and wards with psychiatrists in Salford general hospitals. The services of a psychiatric social worker will be sought to assist in the training programme. Meantime, one mental welfare officer will, with the help of the local authority, attend the 1960-61 course for psychiatric social workers at Manchester University. Mental welfare officers are encouraged to attend other useful courses.

(*b*) It has been decided, in the light of previous research, to allocate *case work among families with educationally subnormal children* to a single social worker. A *Health Visitor* will be trained for this purpose. She will work in collaboration with the school medical officer (see page 98). Other health visitors with a special interest in mental health will also receive training in the mental health service.

(*c*) **Supervisors of Training Centres for the Subnormal.** The Department has obtained the services, for two sessions each week, of a psychologist. He has attempted to assess the training provided for the subnormal at Salford centres. A group discussion for centre supervisors, under the guidance of the psychologist and a doctor, is to be instituted in 1960. In this way it is hoped to develop the group's insight into social, family and training problems among subnormal children. On the psychologist's recommendation it is hoped to employ a teacher to assist with teaching older subnormal patients. At adolescence and later, some of the severely subnormal reach a stage of mental development at which they are able to benefit from formal teaching in the basic skills of reading, writing and reckoning. For young patients, nursery school methods are usually more appropriate to their developmental age. The supervisors of junior centres are therefore to be given the opportunity of learning modern nursery school methods.

III. RESIDENTIAL AND DAY CENTRES

Residential and day centres in the city can meet three types of need, namely, for convalescence, for rehabilitation and resettlement, and for sheltered training.

(*a*) **Training Centres for the Subnormal.**

The four existing *Training Centres for the Subnormal* are scattered throughout Salford. Their separation may be justified by the need for proximity to the various areas of the city, but in fact the separation has been determined by the development of centres in the first suitable premises that became available.

There were at first two centres for patients of both sexes and all ages. Soon the special needs of different groups became evident, and new centres were established for adolescents and adults, first for males and then for females. While nearly all these subnormal patients could benefit from training in social skills and even schooling, others have capacities great enough to sustain productive work. With the development of these capacities a few are enabled to take their place amongst normal workers, and others at least to give the community the advantage, and themselves the satisfaction, of productive activity.

In practice it has been found effective to segregate those who are in the first instance capable of productive work from those who are not. Members of the latter group can then be given trials one by one in the productive units so that they also come to share the incentives and goals of production. This segregation has the further advantage that those patients who are marginally subnormal, and who are temporarily thrown out of employment for whatever reason, and also men who are convalescing from psychiatric illness but are not yet capable of sustaining normal work, feel less keenly the social stigma that attaches to attending these centres with the severely subnormal. (However we may protest against it, this stigma cannot be ignored).

Segregation of the sexes also arose partly from organisational problems in staff and premises, and partly from the different nature of their productive activities. It might well be more desirable to have normal social mixing.

For the present it would seem realistic to segregate the severely subnormal, whose intellectual and personality development is so incomplete that they are not concerned with problems of status and prestige, from subnormal patients or marginally subnormal patients who do have such concerns. This division need not be rigid. It is therefore proposed to build on one site a centre large enough to cater for the needs of all severely subnormal patients whatever their sex or age.

For the time being, subnormal and psychiatric patients would continue in premises already in use, as in the centre for adult men. In this centre a group has been established for the rehabilitation of chronic psychiatric patients who have long remained in the community but out of work. Similarly, it is planned that the adult subnormal women will be joined by some of the mothers who have been brought into the domestic training centre run by the health visiting service. These women have failed to maintain generally accepted standards of child care. The subnormal girls should gain useful experience in child care by minding the children of the mothers who attend for domestic training.

(*b*) **Day Centre for Women.**

The *Psychotherapeutic Day Centre for Women* has remained comparatively static over the last years, partly because only one room has been available. The turnover of patients has been small and the range of activities narrow. Furthermore, the service is unable to meet the needs of the increasing number of old women with psychiatric problems who are living in the community. Further expansion will have to take place.

(*c*) **Therapeutic Social Clubs.**

During 1959 the *Therapeutic Social Club* has grown and changed markedly ; the attendance of a doctor at the sessions has proved a catalyst to the independent activity of members, of whom there are now about 150. (This includes a proportion who were never psychiatric patients). To harness this social energy to the full it needs to be brought into conjunction with the activity of the day centres, on the model of the Stepping Stones Club in Bromley, Kent.

A separate club has been initiated among the severely subnormal, by the Mental Health Service in collaboration with the Salford Society for Mentally Handicapped Children.

(*d*) **Hostels.**

Hostels are required for persons who cannot maintain an independent life without direct help, who do not have support from kin, but who do not require the specialised medical and nursing facilities provided by a modern hospital. In other words, hostels provide a substitute home for dependent persons. From the point of view of a mental health service these persons include the following groups :—

(i) *The mentally subnormal*, particularly in the decade after leaving school, during which time they often grow to social maturity and independence.

(ii) *The severely subnormal*, who remain permanently dependent. Such patients require hostels for a variety of reasons, for example, because they make excessive demands on limited family resources by their prolonged dependence, or because they lose their parents later in life. Another important need of the severely subnormal is for temporary hostel places to give parents a sometimes crucial respite, or to meet an emergency.

(iii) *The mentally ill* who are recovering but not yet fit to resume an independent life. Hostels may also serve that group of psychiatric patients who are not ill enough to require hospital treatment, but whose relationships in the home are so disturbed that they cannot continue to live there, while at the same time they are unable to maintain a fully independent existence.

(iv) *Old people* who do not require hospital treatment for their mild psychiatric symptoms, but who disturb the ordinary routines of welfare homes.

The opening of a hostel with twenty places only awaits the appointment of suitable staff, and a building is in view for a second hostel. These hostels will provide homes for subnormal and for mentally ill patients, with training centres on the same premises. It is intended to build a hostel to provide temporary care for the severely subnormal on the same site as the new training centre for the severely subnormal. Provision of hostels for the aged is also planned.

A high quality of staff will be required in the hostels in order to foster within them small groups whose levels of insight, tolerance and acceptance are comparable with those of a well-adjusted family.

THE OPERATION OF THE SERVICE

A new system of recording has been in use during 1959 which should prove valuable for the study both of the functioning of the service and of mental illness generally. All the information which a social worker may normally be expected to know covering each patient is recorded on a schedule. The schedule is pre-coded, *i.e.*, numbered so that in one step the items can be transcribed onto punch cards. A schedule is completed for each fresh episode referred to the service. A similar system has been worked out for the register of the mentally subnormal.

Research has provided insights and measurements which have helped to make the service more efficient and effective. Projects in which the Salford Mental Health Service has been concerned are listed in Appendix VII.

The Case Load.

The number of *new* patients referred to the service has remained more or less constant since 1956 (except for a drop in 1958). (Appendix VIII). On the other hand, the *total number of referrals*, and the *total number of patients* referred, have declined markedly. This decline is entirely accounted for by a sharp fall in the number of patients previously known to the service who were referred. Over the same period, not only the total number of visits made by mental welfare officers, but also the average number of visits per patient referred, is much increased.

The decline in the number of referrals may arise partly from the more careful definition of 1959 referrals to include only distinct episodes. *But it seems that there is a real fall in the number of patients previously known to the service who require re-notification from outside sources.* These changes, if confirmed by a continuation of the trends, are of great importance. It may be that psychiatric treatment, with the recent acquisition of ataractic and tranquillising drugs, is more efficient, or that the community is more tolerant, or that more intensive and prolonged social work by the service is preventing those repeated disturbances which would ordinarily have precipitated a notification. *There is most certainly a correlation, whether causal or not, between the intensity of visiting by mental welfare officers and the decline in the number of patients re-notified.* This suggests that the work is proving effective.*

Thus, trends continue in the direction of more intensive case work, with a marked rise from 15% to 25% in the number of cases in which home support alone was provided (Appendix II). One change probably reflected by this increase is the provision of home support where previously no action might have been taken ; there is now a smaller proportion of referrals in which no action is taken. *The mental welfare officer is evolving from legal official into social worker, and action means bringing the law into play less often than social services and the support these provide through the development of personal and social relationships.*

A pointer to this evolution is the continuing increase in the ratio of voluntary to compulsory admissions. In 1959 for the first time there were more voluntary than compulsory admissions—56% in 1959 compared with 39% in 1958 (Appendix II).

The proportion of compulsory admissions is more or less even throughout the age groups (Appendix XII) whereas in 1958 legal compulsion was much more often used among the aged. This must indicate improvement in the level of social work. Physical force to bring patients to hospital was once a commonplace, but is now used in perhaps less than one in a hundred cases. In assessing such improvements, complex social changes in the climate of opinion and attitudes, the effects of tranquillising drugs, and other factors must be allowed for. But at the climax of an admission the quality of social work is usually the crucial factor.

The actual number of admissions has remained constant. It is unlikely that fewer patients will be admitted until more out-patient work is done by psychiatrists and until full use is made of social workers and community facilities.

Other social agencies make about one-third of the referrals to the mental health service. The health and welfare departments refer mainly women and especially old women (Appendix X). This suggests that such services may carry the main burden for the care of such patients in the community, apart from relatives. (Relatives do not refer an unduly large proportion of the elderly). In contrast the police and probation officers refer mainly young men and especially psychopaths (Appendix X and XI). But schizophrenics,

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* *The* demand *for the services of Salford mental welfare officers is illustrated by the experiences of the first quarter of* 1960. *Springfield Mental Hospital ceased to make routine notifications of discharges to the Service, and notified only those patients considered by the psychiatrist to require the help of a mental welfare officer. Four of* 52 *patients discharged were notified, but within three months of their discharge* 20 *of the remaining* 48 *have been notified to the service, either by themselves, by relatives, by the general practitioner, or by other sources. On this measure the demand seems to arise in about half the patients discharged. What the actual need is depends on the judgment of the person assessing it, although needs are often greater than demands.*

even in the lowest social classes, are referred predominantly from medical sources. This differs from American results in New Haven where many schizophrenics of lower social classes reach hospital through the courts. The difference may be related to the full coverage of the population by the National Health Service.

A. PATIENTS WITH MENTAL ILLNESS

Age, sex, social class and diagnosis :

The *age and sex distribution* of patients referred to the mental health service shows a steady increase in the rate of female referrals with age, a peak for males in their thirties and a sharp rise for both sexes after 80 years of age. (See Fig. 2 and Appendix XIII). These age trends closely resemble those for first admissions to mental hospitals in England and Wales. In Salford rates of referral to the mental health service are two to three times as high as rates of admissions. At all ages over 30 proportionately more women are referred. (Fig. 2).

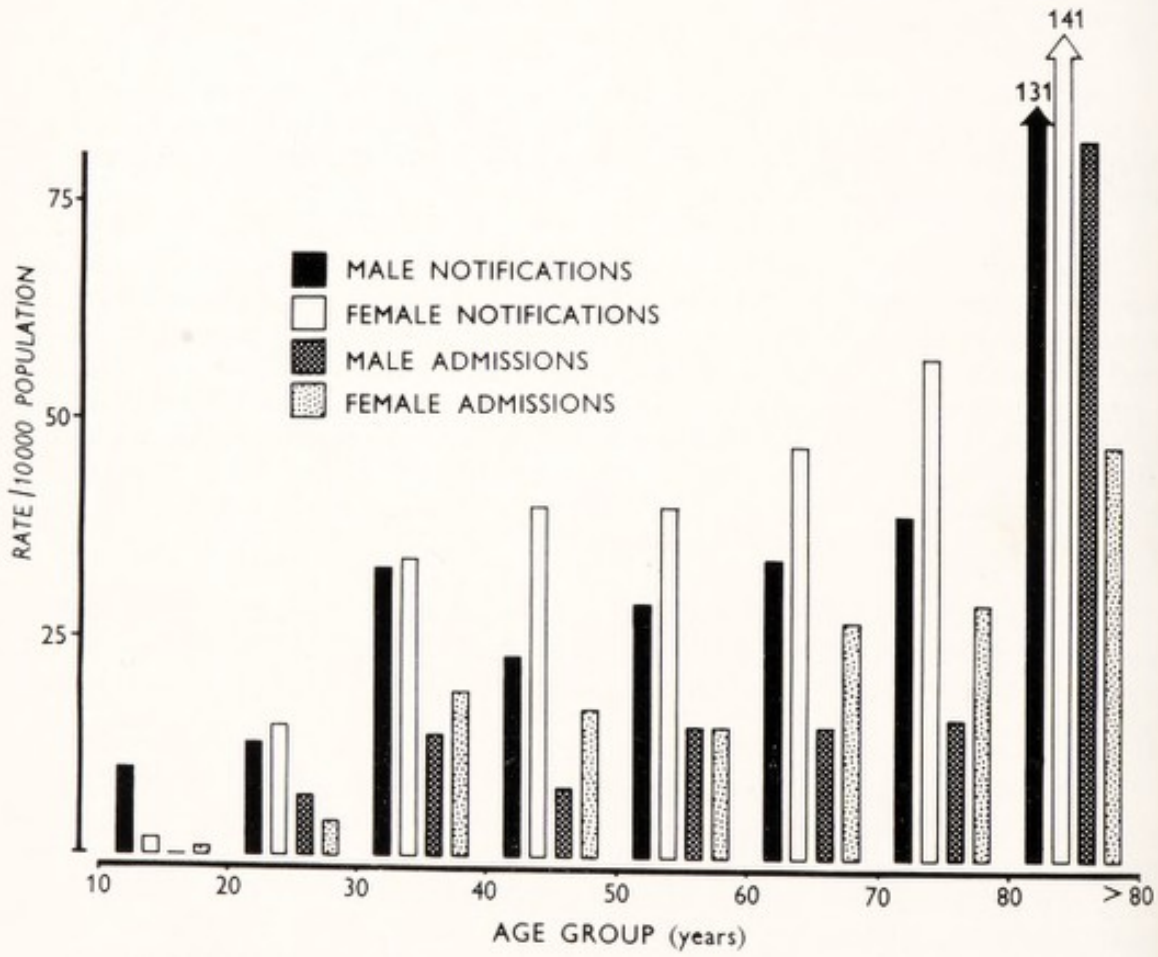


Fig. 2. Patients notified to Mental Health Service, 1959, per 10,000 population (1951 census) by Sex and Age, compared with patients admitted to hospital through the Mental Health Service.

The very high rate of referral among the aged, and the increasing proportion of the aged in the population, are pointers to future needs which can be anticipated.

The *distribution of patients by social class* shows fewer than the expected number of *males* in Class I, II and III, approximately the expected number in Class IV, and many more than expected in Class V. (Appendix XIV). There is a similar excess among *females* in Class V, but in Class I and II the numbers of females are as expected.

Diagnoses analysed by age, sex and social class show similar trends to those previously demonstrated for hospital patients in such conditions as schizophrenia, manic-depressive psychosis, neurosis and character defects.

This suggests that for the functional psychoses at least the distribution of cases in hospitals may be similar to those in the community. A fuller study is in progress on the selection of patients for admission, a question which is of great importance to the epidemiological study of mental health.

B. PATIENTS WITH MENTAL SUBNORMALITY

	Male.	*Female.*	*Total.*
Total on Register at 1st January, 1959	357	299	*656
New Notifications, 1959	17	24	41
Removed from Register, 1959	12	16	28
Total on Register at 1st January, 1960	362	307	669

*(Amended from 661 in 1958 report).

The *number of patients registered* as mentally subnormal has gradually increased from 610 in 1956 to 669 in 1959. It is improbable that this reflects anything more than wider coverage by the service, because although more patients are discharged from institutions than previously, and fewer are placed under statutory supervision, more are taken on to the register as voluntary patients.

The *notifications of patients to the community register* in 1959 are summarised in Appendix XV. The unexpected preponderance of females is largely the result of a marked reduction in the number of subnormal boys notified as requiring supervision on leaving school. A noteworthy feature is the increased proportion of notifications of children under five, which arises directly from Dr. Leeson's study of the needs of this group.

Deletions from the community register are shown in Appendix XVI.

The eighteen *discharges* from the register are mainly high grade adult men and women. Five *deaths* occurred, four in institutions and one in the community. Five females but only one male *removed from the area.*

The six patients admitted to institutions were all *adults ;* three were dependent patients who had no effective kin support and three suffered from psychiatric disturbances. (Appendix XVII). *For young severely subnormal patients it is, in fact, hardly possible to obtain hospital care, although they most need the special facilities such hospitals should provide.* The waiting list is composed only of such patients. The average period for the seven patients on the waiting list is $3\frac{3}{4}$ years and many of these patients impose an intolerable strain on their families. (Appendix XVII B). Because of the difficulties in getting admission, only the most pressing cases appear on the list, and it does not represent the need for institutional places in Salford. This is an urgent problem.

Appendix XVIII gives details of patients on licence from institutions, who are on trial in the community. While Salford patients, almost all males, are rehabilitated successfully in most cases, those patients from other areas who are on licence in Salford often fail to make a satisfactory adjustment. As a result they tend to be readmitted or to break parole. Most such patients are women without kin placed in Salford to take up residential employment. It is evident that they need special attention and that arrangements for them could be improved.

The *structure of the population* on the register for the mentally subnormal at 1st January, 1959, was illustrated in the report for 1958. Age and sex, and additions and losses for the decade since 1948 were analysed.

Other characteristics of this population, namely grade, age at notification and social class, have now been examined. It is essential to bear in mind that a study of such a register provides only a cross-sectional view of the accumulation of patients who have been variously classified, diagnosed and treated according to the shifts over two generations in legal forms and medical opinion. Furthermore, the register represents only " survivors." It does not include an unknown number who *before* 1948 were removed from the register because they were discharged, because they had removed from the area, because they had died or because they could not be traced. Another qualification to the *analysis of these cases by grade* is that the grades have not been very precisely established and give only a rough guide. It is not unlikely that on special tests many classed as imbeciles would now be classed in a higher grade.

Low grade cases—" idiots " or those with Stanford Binet Intelligence Quotient under 20—are evenly distributed between males and females. Higher grade or subnormal cases—" imbeciles " with I.Q. between 20 and 50, and those with I.Q.s higher than 50—include a distinct majority of males. (Appendix XIX A). This suggests that males of higher grades may more often present social problems at the peak ages for ascertainment, just as they do at higher intelligence levels ; and that they are therefore registered while girls are passed by.

The distribution of *grades by age groups* shows that low grade cases are relatively young, that imbeciles are distributed fairly evenly throughout adult age groups, but that high grade cases are concentrated in the second decade. (Appendix XIX B). This finding is related to the way in which these patients are recognised and notified. Low grade patients show obvious retardation early in life, although they are often not notified until school age, and they have a high death rate. Fig. 3 shows that nearly all are notified in the first decade. (See also Appendix XX A). Imbeciles are notified fairly evenly (with a peak between 5 and 10) during the school years, usually under Section 57(3) of the Education Act which excludes them from school. It is perhaps remarkable that only 70% of imbeciles were notified by 15 years of age.

Four per cent. of imbeciles over 15 were notified from other areas, but the remaining 26% apparently passed through school with no formal recognition of their retardation. In the present decade the ratio of notifications under 15 to those between 15 and 25 years is much the same as for those surviving on the register from previous decades (Appendix XXI) so that there is probably no change in the efficiency of educational screening.

In the main, high grade cases are notified to the mental health service just before leaving school, having been selected from among children previously

ecommended for special education. 70% are notified by age 16. The remainder f this group, which is marginal and borders on the normal, tends to attract otice through social misdemeanour after leaving school.

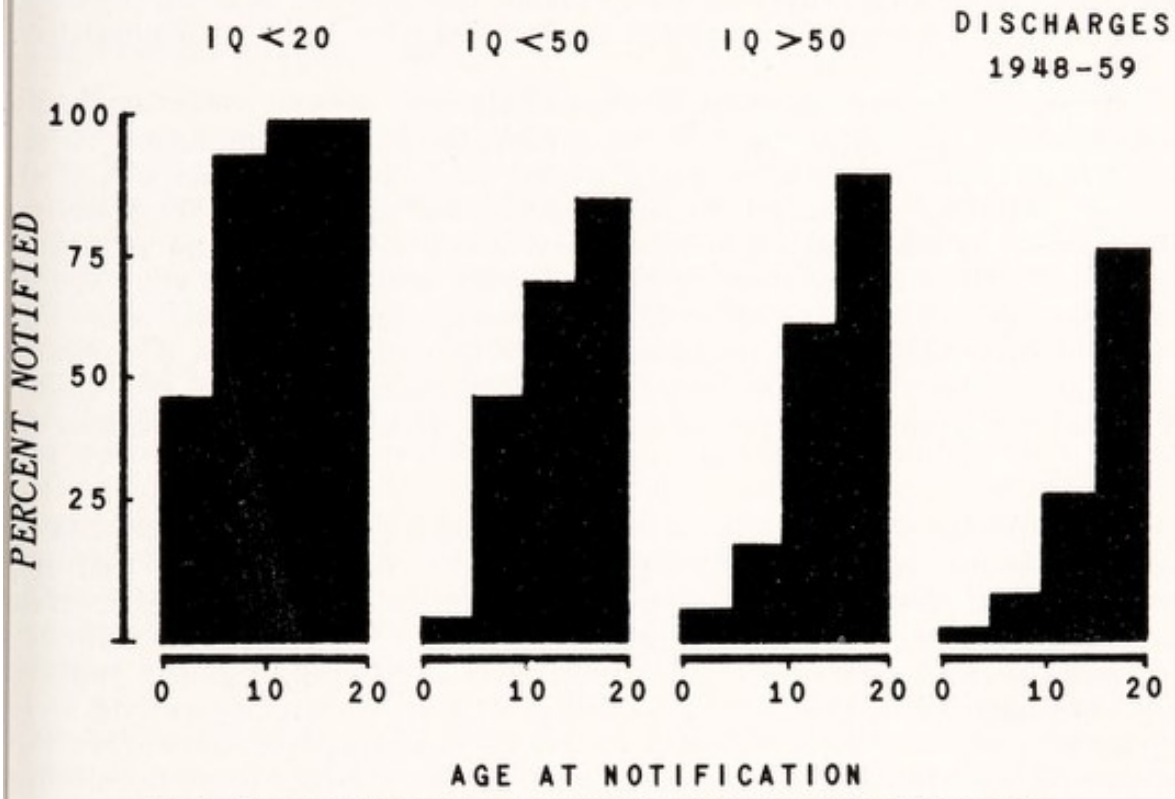


Fig. 3. Per cent. of subnormal patients notified in each age group for different grades.

The *social class distribution* of patients shows a fairly even distribution of low grade patients throughout the social classes. But there is a concentration of higher grade patients in social Class V with a deficiency in social Classes and II (Appendix XXII). This result must be treated with some reserve, because in about one-third of patients' father's occupation, on which classification here depends, was not known.

A note on the diagnosis and health of the subnormal population is provided in Appendix XXVI.

The Subnormal Child of School Age.

Boys more often than girls have been ascertained either as educationally subnormal and recommended for special schooling, or as severely subnormal and excluded from school.

The excess of boys is most marked at higher levels of measured intelligence among ascertained children, and at ages 8–10. (Appendix XXIII). This suggests that educational difficulties with boys are due to other factors than intelligence ; if children were selected for ascertainment on intelligence alone, one would expect more boys at lower levels and equal numbers of boys and girls at higher levels. The social and psychological factors which probably cause the discrepancy are worth investigation.

There has been a sharp rise in the number of children ascertained educationally subnormal during 1959, but the proportion excluded from school remains the same (Appendix XXIV). This rise can only be an administrative phenomenon. The range of intelligence of ascertained children, particularly

in boys, is greater than is customary in some authorities. But in view of the beneficial scholastic effects of special schooling and the large proportion of needlessly illiterate and innumerate individuals (both demonstrated by our researches—Appendix VII iv) we would regard this as good practice, provided the social consequences of segregation are handled with insight and sympathy.

At present the provision for subnormal children appears to be markedly insufficient if the annual rate of recommendations (ascertainments) is set against the actual numbers receiving special schooling. (Appendix XXIV). A rough estimate of the total recommended for special schooling among children now at school can be obtained by multiplying the annual ascertainment rate by 10 (*i.e.*, the number of years each school entry is at risk). *It seems that only about one-fifth of the recommendations are carried out.* For severely subnormal children excluded from school the provision of training centres more nearly meets the need, although premises and levels of training are as yet far from ideal. About two-thirds of eligible children are now in centres.

A vulnerable group among the educationally subnormal has been clearly identified by our researches (Appendix VII (i)). We have found that the apparent social deviance of the subnormal occurs almost entirely in that group among them, who have suffered major family deprivations in childhood. The social performance of the subnormal from functioning families appears to be consistent with that for the social groups to which they belong. As a preventive measure it is intended to assign to a single social worker the responsibility for family care and investigation. She will take up responsibility as soon as subnormality is suspected, and she will not relinquish it until the backward child has achieved social maturity and stability. This may not be until the middle or late twenties ; measured intelligence continues to increase in these subjects up to this time (Appendix VII (*a*) (ii)).

The wider social causes of the cultural deprivations which lead to the retardation of intellectual growth in the majority of the subnormal raises issues of policy which are perhaps beyond the scope of the health department, although research in Salford has helped to demonstrate them. But society is not meeting this challenge. If our researches are confirmed a much greater effort in increasing special teaching facilities and in increasing the numbers of teachers should be well rewarded.

CONCLUSION

The Problem of Mental Illness.

The analysis of the work of the Salford Mental Health Service in mental illness, part of which is reported here, is helping us towards an understanding of the social dynamics of psychiatric services and of mental illness. As it proceeds we hope to grasp more fully the social processes which lead to the variable prevalence of mental disorders in different social groups and to the variable use of services by these groups. Factors which precipitate hospital admissions for some individuals with a particular illness and not for others are beginning to emerge. An understanding of the social roles which a person with a particular mental illness can most successfully fill in the community is essential to the rehabilitation of mental patients. It is for the mental health service to provide the most favourable conditions for such rehabilitation. Hostels, readily available employment, and groups which provide avenues to new social relationships are important, and our own investigations suggest

that efficient social work can make a useful contribution. A well-co-ordinated medical service will be a necessary framework for effective care ; an increase in the number of psychiatrists is also required.

The Problem of Subnormality.

Continued epidemiological study of the population of mentally subnormal patients is gradually revealing the anatomy of the problem which confronts us. The processes of selection and registration are as intimately connected with the norms and standards of society as with any mental disorder. Cultural deprivation contributes its quota to the mental retardation and scholastic failures which lead to many otherwise normal children being classed as educationally subnormal (Appendix VII). Confinement of patients in institutions represents a compromise between the legal and the medical concepts of individual responsibility as much as any strictly medical need. The offences of the high grade or " feebleminded " (who, unlike the low grade, still find an open doorway *into* institutions) have often been comprehended in terms of medical disorder, when in fact they have most often a social and psychological origin. The legislation and the institutions for mental deficiency have provided a social safety valve whereby apparently anti-social individuals have been confined on medical grounds. These individuals are usually more in need of social and psychological rehabilitation than medical treatment. The precise and individual origins of these social and psychological problems and the wisest means of dealing with them require detailed study. Meanwhile, the Salford Mental Health Service must try and provide the facilities, and the type of guidance which seem best suited to their needs in the light of what has already been learned.

For high grade patients the primary needs seem to be for homes where they do not have them, psychological support given by means of continuing and tolerant personal relationships, and appropriate education. They need training in social skills, in meeting the norms of society, and in work. Our investigations emphasise that for the homeless, foster homes must be found and hostels opened ; skilled psychiatric, psychological and sociological assessments must be made ; and social workers must gain the full trust of the patient. In other words, training grounds for work and life in the community must be developed. Staff and facilities are far from adequate for these purposes.

Deficiencies which are outside the control of the mental health service also seem to need attention. These include particularly nursing care for young severely subnormal patients and special education for the subnormal.

APPENDIX I

MENTAL ILLNESS

SOURCES OF REFERRAL TO SALFORD MENTAL HEALTH SERVICE
(per cent. of total notifications)

Agencies Referring	1957	1958	1959
General Practitioner	35	43	45
Out-patient Psychiatrist	10	10	9
General Hospital	12	8	5
Relatives	16	21	15
Health Visitors, Welfare and Voluntary Agencies	9	8	11
Police and N.S.P.C.C.	7	5	4
Other	11	5	11
	100	100	100
TOTAL NOTIFICATIONS	608	556	496*

* This figure excludes 26 notifications of patients from outside Salford.

APPENDIX II

MENTAL ILLNESS

DISPOSALS FROM SALFORD MENTAL HEALTH SERVICE
(Per cent. of total notifications)

Disposal	1957	1958	1959
Compulsory Admissions	32	31	24
Voluntary Admissions	14	18	30
Psychiatric Out-patient or Domiciliary Consultation	4	8·5	10
Home Support (and G.P.)	17	15·5	25
Other	32	27	11
TOTAL	100	100	100
TOTAL NUMBER	608	556	496*

* This figure excludes 26 notifications of patients from outside Salford.

APPENDIX III A

NOTIFICATIONS OF MALE PATIENTS REFERRED FOR MENTAL ILLNESS TO SALFORD MENTAL HEALTH SERVICE

BY SOURCE OF REFERRAL AND DISPOSAL. (PERCENTAGES)

SOURCE OF REFERRAL

Disposal	General Practitioner	Health/ Welfare/ Voluntary Organisation	Police/ N.S.P.C.C.	Hospital Psychiatrist	General Hospital	Relatives	Other	Total No.	Total %
Compulsory Admission	21	(11)	17	(7)	(33)	21	(20)	37	19
Voluntary Admission	44	(44)	13	(20)	(33)	26	(30)	64	34
Psychiatric O.P. or Domiciliary Visit ...	(8)	...	(8)	(13)	(8)	(9)	(20)	17	9
Home Support (and G.P.)	20	(33)	29	(53)	(17)	32	(10)	49	26
Other	(7)	(11)	33	(7)	(8)	12	(20)	23	12
Total Percentage	100	100	100	100	100	100	100	...	100
Total Number	86	9	25	15	12	33	10	190*	...
Percentage of Total Referrals of Male Patients	45	5	13	8	6	17	5	100	...

Figures in brackets relate to small numbers of patients.

* This figure excludes notifications of patients from outside Salford.

APPENDIX III B

NOTIFICATIONS OF FEMALE PATIENTS REFERRED FOR MENTAL ILLNESS TO SALFORD MENTAL HEALTH SERVICE

BY SOURCE OF REFERRAL AND DISPOSAL. (PERCENTAGES)

SOURCE OF REFERRAL

Disposal	General Practitioner	Health/ Welfare/ Voluntary Organisation	Police/ N.S.P.C.C.	Hospital Psychiatrist	General Hospital	Relatives	Other	Total No.	Total %
Compulsory Admission	28	27	(8)	27	(29)	37	17	80	26
Voluntary Admission	35	12	(23)	27	(36)	21	29	87	28
Psychiatric O.P. or Domiciliary Visit ...	14	(3)	(8)	10	(7)	7	9	31	10
Home Support (and G.P.)	17	39	(46)	27	(28)	28	26	76	25
Other	6	18	(15)	9	(0)	7	19	32	10
Total Percentage	100	100	100	100	100	100	100	...	100
Total Number	138	33	13	30	14	43	35	306*	...
Percentage of Total Referrals of Female Patients	45	11	4	10	5	14	11	100	...

Figures in brackets relate to small numbers of patients.

* This figure excludes notifications of patients from outside Salford.

APPENDIX IV

MENTAL ILLNESS

REFERRALS TO HOSPITALS FROM ALL KNOWN SALFORD SOURCES

Agency	IN-PATIENTS				OUT-PATIENTS				Grand Total
	Springfield	Salford General Hospitals	Other Hospitals	Total	Springfield	Salford General Hospitals	Other Hospitals	Total	
Salford Mental Health	268	...	...	268	19	29	...	48	316
General Practitioner	...	26	8	34	4	150	18	172	206
Other	49	...	6	55	...	11	9	20	75
TOTAL	317	26	14	357	23	190	27	240	597

APPENDIX V

ADMISSIONS TO SPRINGFIELD HOSPITAL FROM SALFORD MENTAL HEALTH SERVICE AND DISCHARGES FROM SPRINGFIELD HOSPITAL TO THE SALFORD MENTAL HEALTH SERVICE FOR THE YEARS 1956–1959 BY SEX.

Year	Admissions from Mental Health Service			All Discharges from Springfield Hospital		
	Male	Female	Total	Male	Female	Total
1956	135	169	304*	173	198	371
1957	123	164	287	126	180	306
1958	126	148	274	135	146	281
1959	101	167	268	148	207	355

* In 1956, 30 males and 23 females were admitted from Salford Mental Health Service to psychiatric hospitals other than Springfield Hospital.

APPENDIX VI

GENERAL PRACTITIONER REFERRALS TO SALFORD MENTAL HEALTH SERVICE

Rate of Referral per G.P.	Number of Cases Referred by G.P.	Number of Admissions	Number of G.P.'s.	Per cent. Admissions of Referrals	Rate of Admissions per G.P.
0·0	...	...	14	...	...
0··	1	1	2	100	0·5
1·0	21	14	21	66·7	0·67
1·5	3	3	2	100	0·67
2·0	2	...	1	...	0·0
2·5	10	7	4	70	1·75
3·0	12	8	4	75	2·0
3·5	7	4	2	57·1	2·0
3·7	11	6	3	55·6	2·0
4·0	24	13	6	54·2	2·17
5·0	30	19	6	63·3	3·17
6·0	12	8	2	75·0	4·0
6·5	26	13	4	50·0	3·25
7·0	7	5	1	71·4	5·0
8·0	8	4	1	50·0	4·0
9·0	9	6	1	66·7	6·0
18·0	18	11	1	61·1	11·0
TOTAL	201	123	76		

APPENDIX VII

Research in Salford Mental Health Service

(*a*) A family study of educational subnormality. (Drs. Zena Stein and Mervyn Susser).

Results from this study bear on a number of fields, *e.g.* :

(i) The influence of family background on subsequent careers, including employment, legal offences and admission to institutions. (Brit. J. Prev. Soc. Med. (1960) 14. 3).

(ii) The relationship of cultural background and clinical type to adult intelligence levels. (J. of Mental Science, October, 1960).

(iii) Factors in the need for hostels, and the probable size of this need. (Lancet, August, 1960).

(iv) The effects of special schooling. (Lancet, August, 1960).

(*b*) Systematic collection of data on all patients referred to the department as background to a social study of mental illness in Salford. (Dr. Mervyn Susser). This is an ongoing study now in progress.

(*c*) Analysis of the characteristics of patients classed as mentally subnormal in Salford. (Drs. Albert Kushlick and Mervyn Susser). This is also an ongoing study now in progress.

(*d*) Medical survey of young subnormal patients in the community. (Dr. R. I. MacKay). Ongoing study now in progress.

(*e*) Intensive family study of six families with mentally subnormal children. (Dr. Joyce Leeson). This work is complete, and has led to the provision of a special care unit for young and severely retarded children, and more intensive efforts at casefinding.

APPENDIX VIII

THE CASE LOAD IN MENTAL ILLNESS

		1956	1957	1958	1959
A.	Number of new patients referred... ...	323	312	289†	318§
	Number of known patients referred ...	183	192	189	130
	Total patients referred	508	504	478	448§
	Second and subsequent referrals during calender year	97	104	78	74
	Total referrals	605	608	556	522§
B.	Total number of visits*	3,609	4,773	4,752	5,297
	Number of officers (units time p.a.) ...	5·6	6·75	6·75	6‡
	Average number of visits per officer ...	664	707	704	883
	Index of visits per officer	100	110	109	137
C.	Average number of new patients referred per officer	58	46	43	53
	Average number of known patients referred per officer	33	28	28	22
	Average number of referrals per officer	108	90	82	87
D.	Average number of visits per patient referred	7·1	9·5	9·94	11·82
	Average number of visits per referral ...	5·97	7·85	8·55	10·15
	Index of visits per referral	100	131	143	170

† Incorrectly given in 1958 report as 152.

* Includes office interviews, visits to hospital, etc.

§ Includes patients notified from outside Salford.

‡ Excludes trainees, as in 1959 trainees did not take on a case-load as previously.

APPENDIX IX

THE CASE LOAD IN MENTAL SUBNORMALITY

	1956	1957	1958	1959
Number of cases on register	610	642	656	669
Total number of visits	2,055	2,654	3,153	3,263
Number of officers	5·6	6·75	6·75	6
Average number of visits per officer ...	367	393	467	544
Average number of cases per officer ...	109	98	97	111
Average number of visits per case ...	2·86	3·51	4·8	4·88

APPENDIX X A

NOTIFICATIONS OF FEMALES REFERRED FOR MENTAL ILLNESS
BY SOURCE OF REFERRAL AND AGE

Source of Referral	Age				Total No.	% of Total
	15–39	40–59	60–79	80+		
General Practitioner	52	41	48	(25)	138	45
Health / Welfare / Voluntary Organisation	9	6	14	(44)	33	11
Police / N.S.P.C.C.	8	4	1	...	13	4
Hospital Psychiatrist	12	10	10	...	30	10
General Hospital	4	6	4	...	14	5
Relatives	9	19	11	(19)	43	14
Other	6	14	12	(12)	35	11
TOTAL	100	100	100	100	...	100
TOTAL NO.	85	124	81	16	306*	...

Figures in brackets relate to small numbers of patients.
* This figure excludes patients notified from outside Salford.

APPENDIX X B

NOTIFICATIONS OF MALES REFERRED FOR MENTAL ILLNESS
BY SOURCE OF REFERRAL AND AGE

Source of Referral	Age				Total No.	% of Total
	15–39	40–59	60–79	80+		
General Practitioner	38	52	47	(56)	86	45
Health / Welfare / Voluntary Organisation	5	1	8	(11)	9	5
Police / N.S.P.C.C.	16	13	11	...	25	13
Hospital Psychiatrist	5	12	8	...	15	8
General Hospital	5	6	5	(11)	12	6
Relatives	22	12	18	(11)	33	17
Other	8	4	3	(11)	10	5
TOTAL	100	100	100	100	...	100
TOTAL NO.	74	69	38	9	190*	...

Figures in brackets refer to small numbers of patients.
* This figure excludes patients notified from outside Salford.

APPENDIX XI A

Notifications of Males Referred for Mental Illness

By Diagnosis and Source of Referral

Source of Referral	Diagnosis						Total No.	Total %
	Schizophrenia	Manic Depressive	Addiction Neurosis, Psychopath	Senile	Organic Epilepsy	Non-Psychiatric. Other		
General Practitioner	52	58	36	(52)	(46)	(37)	86	45
Health/Welfare/Voluntary Organisation ...	2	4	5	(18)	...	(11)	9	5
Police/N.S.P.C.C.	7	4	24	(6)	...	(21)	25	13
Hospital Psychiatrist	5	9	10	(6)	(15)	(5)	15	8
General Hospital	3	...	5	(6)	(31)	(11)	12	6
Relatives	29	21	12	(6)	(8)	(10)	33	17
Other	2	4	8	(6)	...	(5)	9	5
Total	100	100	100	100	100	100	...	100
Total No.	58	24	59	17	13	19	190*	...
Total %	31	13	31	9	7	100	100	...

Figures in brackets refer to small numbers of patients.
* This figure excludes patients notified from outside Salford.

APPENDIX XI B

NOTIFICATIONS OF FEMALES REFERRED FOR MENTAL ILLNESS

BY DIAGNOSIS AND SOURCE OF REFERRAL

Source of Referral	Diagnosis						Total No.	Total %
	Schizophrenia	Manic Depressive	Addiction Neurosis, Psychopath	Senile	Organic Epilepsy	Non-Psychopath. Other		
General Practitioner	39	49	56	40	(40)	32	138	45
Health/Welfare/Voluntary Organisation ...	7	...	6	34	(27)	16	33	11
Police/N.S.P.C.C.	1	3	11	2	...	4	13	4
Hospital Psychiatrist	11	20	3	2	(7)	4	30	10
General Hospital	4	5	6	...	(13)	4	14	5
Relatives	26	10	10	15	...	12	43	14
Other	12	13	8	7	(13)	28	35	11
TOTAL	100	100	100	100	100	100	...	100
TOTAL NO.	70	87	62	47	15	25	306*	...
TOTAL %	23	28	20	15	5	8	...	99

* This figure excludes patients notified from outside Salford.

APPENDIX XII A

NOTIFICATIONS OF MALES REFERRED FOR MENTAL ILLNESS
BY DISPOSAL AND AGE

Disposal	Age				Total No.	% of Total
	15–39	40–59	60–79	80+		
Compulsory Admission	16	23	16	(33)	37	19
Voluntary Admission	32	32	40	(22)	64	34
Psychiatric O.P. and Domiciliary Visit	12	13	3	...	17	9
Home Support (and G.P.) ...	27	22	29	(22)	49	26
Other	13	10	12	(23)	23	12
TOTAL	100	100	100	100	...	100
TOTAL NO.	74	69	38	9	190*	...
% OF TOTAL	39	36	20	5	100	...

* This figure excludes patients notified from outside Salford.

APPENDIX XII B

NOTIFICATIONS OF FEMALES REFERRED FOR MENTAL ILLNESS
BY DISPOSAL AND AGE

Disposal	Age				Total No.	% of Total
	15–39	40–59	60–79	80+		
Compulsory Admission	28	22	32	(19)	80	26
Voluntary Admission	24	31	28	(31)	87	28
Psychiatric O.P. and Domiciliary Visit	18	9	7	...	31	10
Home Support (and G.P.) ..	22	31	18	(25)	76	25
Other	8	7	15	(25)	32	11
TOTAL	100	100	100	100	...	100
TOTAL NO.	85	124	81	16	306*	...
% OF TOTAL	28	41	26	5	100	...

* This figure excludes patients notified from outside Salford.

APPENDIX XIII A

Mental Illness

Age and Sex of Patients Referred per 10,000 Population (1951 Census Uncorrected)

	Age								All Ages	Total No.
	15–19	20–29	30–39	40–49	50–59	60–69	70–79	80+		
Males	10·0	13·0	32·8	22·6	29·0	33·7	38·6	131·1	25·8	163
Females	1·7	14·7	39·3	39·5	40·2	46·7	57·18	141·1	36·5	259*
Total	5·5	13·9	36·0	31·1	35·2	41·4	50·1	137·5	31·5	422*

APPENDIX XIII B

Age and Sex of Patients Admitted per 10,000 Population

	Age								All Ages	Total No.
	15–19	20–29	30–39	40–49	50–59	60–69	70–79	80+		
Males	...	6·9	14·2	7·8	14·5	14·5	16·1	82·0	11·1	70
Females	1·7	4·4	19·8	17·5	14·9	26·7	29·6	47·0	16·2	118
Total	0·9	5·6	16·9	12·7	14·7	21·7	24·4	59·7	13·8	188

*These figures exclude patients notified from outside Salford.

APPENDIX XIV

Mental Illness

Social Class of Patients*

Males.

Social Class	Number Observed	Number Expected	Observed as % of Expected
I and II	5	17	29
III	71	81	87
IV	27	25	108
V	53	33	161
Unclassified	7	...	...
Total	163	...	...

B. Married Females (by Husband's Occupation).

Social Class	Number Observed	Number Expected	Observed as % of Expected
I and II	20	19	105
III	77	91	85
IV	22	27	81
V	55	36	153
Unclassified	2	...	...
Total	176	...	...

* Excludes patients notified from outside Salford.

APPENDIX XV

New Notifications of Mentally Subnormal Patients

A. By Sex and Age.

	Age							Adult Age Unknown	Total
	0–4	4–9	10–14	15–19	20–29	30–39	40+		
Males	5	4	4	4	...	...	...	...	17
Females	8	2	4	8	2	...	...	...	24
Total	13	6	8	12	2	...	...	...	41

B. By Sex, Grade and Age.

	Males					Females									Total Males and Females
	Age				Total	Age							Adult	Total	
	0–4	5–9	10–14	15+		0–4	5–9	10–14	15–19	20–29	30–39	40+			
Idiot	2	3	...	...	5	3	...	...	...	...	...	...	...	3	8
Imbecile	2	1	2	...	5	3	...	2	1	2	...	...	...	8	13
High	1	...	2	4	7	...	2	2	7	...	...	...	...	11	18
Not Known	...	...	...	...	...	2	...	...	...	...	...	...	...	9	2

APPENDIX XV (*continued*)

NEW NOTIFICATIONS OF MENTALLY SUBNORMAL PATIENTS

C. BY SEX, AGE AND SOURCE OF REFERRAL.

	Males					Females									Total Males and Females
	Age				Total	Age							Adult Age Unknown	Total	
	0–4	5–9	10–14	15+		0–4	5–9	10–14	15–19	20–29	30–39	40+			
Maternity and Child Welfare ...	4	...	...	...	4	5	...	...	...	...	...	...	...	5	9
School Health Service, Section 57/3, Education Act, 1944 ...	1	4	1	...	6	2	1	...	...	...	...	...	...	3	9
School Health Service, Section 57/5, Education Act, 1944 ...	...	...	2	3	5	...	...	4	6	...	...	...	...	10	15
Other	...	...	1	1	2	1	1	...	2	2	...	...	...	6	8

D. BY SEX, GRADE AND SOURCE OF REFERRAL.

	Males					Females					Total Males and Females
	Idiot	Imbecile	High	Unknown	Total	Idiot	Imbecile	High	Unknown	Total	
Maternity and Child Welfare	2	2	...	...	4	2	1	...	2	5	9
School Health Service, Section 57/3, Education Act, 1944	3	2	1	...	6	...	2	1	...	3	9
School Health Service, Section 57/5, Education Act, 1944	...	...	5	...	5	...	3	7	...	10	15
Other	...	1	1	...	2	1	2	3	...	6	8

APPENDIX XVI

DELETIONS FROM SALFORD REGISTER OF MENTALLY SUBNORMAL BY AGE AND SEX*

	MALES					FEMALES							Total Males and Females
	AGE				Total	AGE						Total	
	15–19	20–29	30–39	40+		0–9	10–14	15–19	20–29	30–39	40+		
Discharged from Care	2	4	2	1	9	...	...	4	3	...	2	9	18
Deaths (in Institution and Community)	1	1	...	1	3	...	...	...	...	...	2	2	5
Migration	...	...	...	1	1	1	...	2	...	2	...	5	6
TOTAL	3	5	2	3	13	1	...	6	3	2	4	16	29

* This register excludes patients in Salford on licence from other areas, and includes Salford patients on licence to other areas.

APPENDIX XVII A

Admissions and Discharges from Mental Deficiency Institutions

	Males					Females				Total Males and Females
	Age				Total	Age			Total	
	15–19	20–29	30–39	40+		20–29	30–39	40+		
First Admission	1	2	...	1	4	...	1	1	2	6
Readmission—Salford Patients	...	...	...	...	...	...	...	...	...	...
Readmission of Cases Licenced from Other Areas	...	...	...	...	...	1	...	2	3	3

Discharges from Community Register

	Males					Females					Total Males and Females
	Age				Total	Age				Total	
	15–19	20–29	30–39	40+		15–19	20–29	30–39	40+		
Salford Patients	2	4	2	1	9	4	3	...	2	9	18
Cases Licenced from Other Areas	...	...	...	...	...	...	...	...	...	...	...

APPENDIX XVII B

WAITING LIST FOR MENTAL DEFICIENCY HOSPITALS.

Males				Females				Total Males and Females
5–9	10–14	15+	Total	5–9	10–14	15+	Total	
1	2	1	4	1	1	1	3	7

Total years on waiting list of all patients : 26 years, 5 months.

Average period on waiting list : 3 years, 9 months.

APPENDIX XVII C

TEMPORARY ADMISSIONS.

Males						Females							Total Males and Females
5–9	10–14	15–19	20–29	30+	Total	5–9	10–14	15–19	20–24	25–29	30+	Total	
1	2	2	...	1	6	2	2	2	...	2	1	9	15

Number of children aged 5-14 on training centre register at 1st January, 1960.

TOTAL—Boys 26
Girls 15

APPENDIX XVIII

PATIENTS ON LICENCE, 1959

A. IN SALFORD FROM OTHER AREAS.

	Males	Females							
		Age						Age Unknown	Total
		10–19	20–29	30–39	40–49	50–59	60+		
Number on Licence FROM Other Areas, 1st January, 1959	...	...	1	3	1	1	2	3	11
Additions during 1959	...	...	2	1	1	...	...	2	6
Deletions during 1959 :									
Readmissions	...	...	1	...	1	1	...	...	3
Unable to Locate	...	...	...	1	...	...	...	...	1
Migration	...	...	2	1	...	...	...	...	3
Discharged from Licence	...	...	...	...	...	...	...	...	...
Number on Licence FROM Other Areas, 1st January, 1960	...	...	...	2	1	...	2	5	10

APPENDIX XVIII (*continued*)

PATIENTS ON LICENCE, 1959

B. FROM SALFORD TO OTHER AREAS.

	Males					Females					Total Males and Females
	Age				Total	Age				Total	
	20–29	30–39	40–49	50+		20–29	30–39	40–49	50+		
Number on Licence TO Other Areas, 1st January, 1959	1	3	1	1	6	...	1	1	...	2	8
Additions during 1959	1	...	1	...	2	...	...	...	...	...	2
Deletions during 1959 :											
Migration	...	...	...	...	...	...	1	...	...	1	1
Discharged from Licence	1	...	...	...	1	...	...	...	...	...	1
Voluntary—Non-active	...	3	...	...	3	...	...	...	...	...	3
Number on Licence TO Other Areas, 1st January, 1960	1	...	2	1	4	...	...	1	...	1	5

APPENDIX XVIII (*continued*)

PATIENTS ON LICENCE, 1959

	MALES					FEMALES					Total Males and Females
	AGE				Total	AGE				Total	
	20–29	30–39	40–49	50+		20–29	30–39	40–49	50+		
Number of Salford Cases on Licence in Salford, 1st January, 1959	3	1	...	...	4	1	...	...	1	2	6
Additions during 1959	2	1	...	...	3	1	1	...	...	2	5
Deletions during 1959 :											
Migration	1	...	...	...	1	...	...	...	...	...	1
Discharged from Licence	4	2	...	...	6	...	...	...	...	...	6
Number of Salford Cases on Licence in Salford, 1st January, 1960	...	...	...	...	...	2	1	...	1	4	4

APPENDIX XIX

PATIENTS ON MENTAL SUBNORMAL REGISTER AT 1ST JANUARY, 1959*

A. BY GRADE AND SEX.

	Grade				Total	Discharges 1948–1959
	Low (or I.Q. under 20)	Imbecile (or I.Q. 20–49)	High (or I.Q. over 50)	Not known		
Male	25	155	165	13	358	177
Female	28	111	145	14	298	173
TOTAL	53	266	310	27	656	350

B. BY GRADE AND AGE AT 1ST JANUARY, 1959.

PER CENT. IN EACH AGE GROUP

Grade	0–9	10–19	20–29	30–39	40–49	50–59	60+	Not known		Total number
Low	9	32	21	15	13	2	...	8	100	53
Imbecile	1	18	23	24	17	12	5	...	100	266
High	2	33	23	14	12	7	4	1	100	310
Not Known ...	(3)	(14)	(14)	(14)	(7)	(3)	...	(30)	100	27
Total Number ...	15	172	148	119	93	56	28	24	...	656

*This register excludes patients in Salford on licence from other areas and includes Salford patients on licence to other areas.

APPENDIX XX

PATIENTS ON MENTAL SUBNORMAL REGISTER AT 1ST JANUARY, 1959

A. AGE AT NOTIFICATION BY GRADE.

PER CENT. ON REGISTER AT EACH AGE (CUMULATIVE)

Grade	5 years	10 years	15 years	20 years	30 years	40 years	50 years	Total Cases
Low	46	92	96	100	...	...	...	53
Middle	5	20	68	84	91	97	99	263
High	6	18	50	91	94	98	99	291
Discharges, 1948–1959	2	7	27	74	80	86	90	350
Ungraded ...	...	...	...	...	...	...	...	27

APPENDIX XXI

IMBECILE (I.Q. 20–49) ON SALFORD REGISTER 1ST JANUARY, 1959, BY AGE AT NOTIFICATION AND DECADE OF NOTIFICATION

MALES

Age at Notification	1910–19	1920–29	1930–39	1940–49	1950–59
Under 15 years	2	30	16	33	22
15 years and over	3	16	10	9	13

FEMALES

Age at Notification	1910–19	1920–29	1930–39	1940–49	1950–59
Under 15 years	...	13	15	22	13
15 years and over	2	10	18	6	12

APPENDIX XXII

PATIENTS ON SUBNORMAL REGISTER AT 1ST JANUARY, 1959

SOCIAL CLASS DISTRIBUTION

PER CENT. IN EACH GRADE

Social Class	Low Grade	Imbecile	High Grade	Not Classified	Salford 1951 Census
I and II	14	6	8	(66)	11·2
III	47	47	39	(33)	52·2
IV	14	15	13	...	15·7
V	25	32	40	...	20·9
	100	100	100	100	100
Total Number	44	178	215	3	...
Not Classified	9	86	95	20	...

APPENDIX XXIII A

THE SUBNORMAL CHILD

A. BY SEX AND AGE.

NUMBER ASCERTAINED PER 1,000 CHILDREN IN EACH AGE GROUP

Age	Boys	Girls
Under 5 years	1	1
5 years	4	5
6 ,,	5	3
7 ,,	7	6
8 ,,	26	12
9 ,,	14	10
10 ,,	10	4
11 ,,	5	4
12 ,,	4	0·5
13 ,,	1·0	1·0
14 ,,	10	9
All Ages	8·8	6
Total Number	116	74

APPENDIX XXIII B

B. BY SEX AND I.Q.

ASCERTAINMENT PER 1,000 TOTAL SCHOOLCHILDREN

I.Q. (S–B)	Boys	Girls
Under 50	0·7	0·8
50–59	0·5	0·7
60–69	1·2	0·8
70–79	3·1	2·5
80–89	2·9	1·1
90+	0·4	...
TOTAL	8·8	6·0

APPENDIX XXIV

ASPECTS OF SUBNORMALITY IN CHILDREN OF SCHOOL AGE

(per 1,000 children 5–14 years)

	Boys	Girls	Total, 1959	Total, 1958	Total, 1957
Ascertained E.S.N.	8·8	6·0	7·4	4·0	3·5
E.S.N. children in special schools or classes	11·0	6·3	8·7	8·3	7·0
E.S.N., notified to mental health (57/5)	0·38	0·81	0·59	...*	...*
Excluded from school (57 (3)) ...	0·76	0·24	0·35	0·3	0·2
Severely subnormal in training centres	2·0	1·2	1·6	1·5	...*
Total subnormal or severely subnormal ascertained per annum ...	9·2	6·08	7·63	4·3	3·7

* Figures not available.

APPENDIX XXV

Special Activities, 1959

1. *A Psychotherapeutic Day Centre for Males* was opened, beginning with seven patients under the supervision of a retired nurse from a mental deficiency hospital.

2. *A Special Care Unit* for 10 severely handicapped young children was accommodated in the premises of the Wilmur Avenue Junior Training Centre. The ambulance service and special cars have provided transport, but in 1960 a bus will be used.

3. Plans for a Social Club for subnormal persons have been completed.

4. *The Annual Holiday for subnormal and severely subnormal persons*, arranged through the Salford Holiday Camp Committee, enabled children and adults from Training Centres to enjoy a week's holiday at Prestatyn.

5. *The Salford Society for Mentally Handicapped Children* continued to gain members during 1959. The Department arranged talks by University and Health Department speakers.

APPENDIX XXVI

(with the assistance of Dr. Ariane Wiseman)

Periodic Health Examinations of the Subnormal.

The aim has been to examine annually as many patients on the register as possible in order to provide both an efficient preventive medical service for the subnormal patients, and a counselling and supportive service for the parents and families. Families with severely subnormal patients at home often bear an excessive emotional burden which can be much eased by skilled care.

The bulk of the examined consist of those attending Training Centres. A complete examination of the under 15-year age group at Centres was thus achieved, but amongst the over 15-year age groups some omissions occurred due to irregular attendance at the Training Centres, or as in the females, persistent absence when the medical officer could be expected to call.

Home-bound cases under 15 years were all examined, but the majority of the over 15-year cases were not examined unless a particular crisis occurred—the reason being that these patients could be assumed to be under their general practitioner's care. This applied equally to the patients in regular employment.

Diagnosis.

The under 15 age group has had relatively complete medical cover from the Mental Health Service and diagnostic categories can be given with confidence for a certain number of this group, although not for the other age groups.

TABLE I

TABLE OF DIAGNOSTIC CATEGORIES IN THE UNDER 15-YEAR AGE GROUP—BY AGE AND SEX

Category	Years								Totals		Sum Total
	0–4		5–9		10–14		15+				
	M	F	M	F	M	F	M	F	M	F	
Mongols	1	4	8	3					9	7	16
Hydrocephalics					1				1		1
Microcephalics		1				1				2	2
Cerebral Palsy		1	3		3			1	6	2	8
Bulbar Palsy						1				1	1
Post Meningitic				1						1	1
Birth Injury					2				2		2
Phenylketonuria		1								1	1
No Diagnosis, including Primary Retardation		2		2	9	4	1		10	8	18
								TOTAL			50

From this table it is to be noted that diagnostic classification has been achieved in 66% of cases. A tentative diagnosis, not shown here, has been made in a further 5%.

Morbidity.

The frequency of the more common conditions found in the health examinations is shown in Table II.

TABLE II

MORBIDITY IN THE UNDER 15-YEAR AGE GROUP—BY AGE AND SEX

	Age Group																								Total		Total
	3		4		5		6		7		8		9		10		11		12		13		14		15				
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Teeth							1													1		2	1				2	3	5
Skin												1	1	1						2		3	2		1		4	7	11
Eyes—Vision																													
Strab											1											1					1	1	2
Other											1	1	1	3			1	1		3		1	2			1	5	10	15
Ears—Hearing											1			1						1		2	1				2	4	6
Otitis Media																	1		1			1	1			1	3	2	5
Other														2			1		1	1		1	1				4	5	9
Nose and Throat				1			1										1					3					1	4	5
Heart											1							1								1	1	2	3
Lungs				1							1														1		2		2
Developmental—Hernia													1														1		1
Other																													
Orthopædic—Posture	1													1						1		1			1	2	1	5	6
Feet and Hands																				1		2					1	2	3
Other							1										1		1			1			1		3	1	4
C.N.S.—Epilepsy																													
Other			1								2		1						1			1			1		5	1	6
Incontinence											1		2				1		2	1		2	1		1		8	4	12
Behaviour			1				1				2		1	1													6	2	8
Miscellaneous																			1	1									

The yield of disorders amenable to treatment and prevention is perhaps high enough to justify routine examinations as a method of screening in the subnormal, even discounting their important function in health education and counselling. The outstanding problems are disorders of hearing, sight and behaviour, many of which respond to preventive measures.

Apart from medical examinations, routine screening methods include urine examinations (phenylketones and amino-acids, etc.), audiometry, tests of visual acuity, nuclear sexing and tuberculin testing.

Dr. R. I. Mackay as pædiatric consultant, Dr. Scully as ophthalmologist, Dr. I. Taylor, of Manchester University Department of Education of the Deaf, and Mr. Warburton, of Hope Hospital Department of Pathology, give valuable assistance in carrying out this screening programme.

The School Health Service provides many necessary facilities, although calls on physiotherapists, speech therapists and psychologists cannot be fully met.

Over 15 Age Group.

In view of the small proportion of the adult subnormals examined routinely in comparison with the large group in the community, no table on the group is included, but an analysis of those examined in the Training Centres gives a similar picture to that in under 15 age groups.

IMMUNISATION SECTION

The immunisation of children continued during 1959, 2,290 children aged 0-15 years being immunised (a slight increase over last year's figure of 2,268 children).

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

	0–5 *years.*	5–15 *years.*	0–15 *years.*
Number immunised during 1959	2,286	4	2,290
,, ,, ,, 1958	2,262	6	2,268
Total immunised at 31st December, 1959 ...	9,017	22,851	31,868
,, ,, ,, ,, ,, 1958 ...	8,942	23,930	32,872
Population figure (1959)	13,300	24,100	37,400
Percentage immunised at 31st December, 1959 ...	67·79%	94·81%	85·20%
,, ,, ,, ,, ,, 1958 ...	67·74%	94·96%	85·60%

The children were immunised as follows :—

At Child Welfare Centres	1,632
By Public Health Nursing Staff in the homes of the children	453
By General Practitioners	174
At Day Nurseries	2
At Hope Hospital	29
TOTAL	2,290

Of the 2,290 children completing immunisation, 2,253 received diphtheria pertussis and tetanus (triple antigen) injections, 13 received combined diphtheria and pertussis injections, and 24 were immunised against diphtheria only.

One thousand one hundred and five booster doses against diphtheria were given to school children during 1959.

Nine hundred and seventy-two children were given a booster dose of triple antigen twelve months after the completion of primary immunisation.

Whooping Cough Immunisation.

Two thousand two hundred and seventy children were given protection against whooping cough during 1959. This number includes children who have received triple antigen and double antigen injections.

Mantoux Tests of Children under 5 years of age.

Appended are statistics relating to Mantoux testing of one-year-old children during 1959.

Number of children who had a negative reaction	5
,, ,, ,, ,, ,, ,, positive ,, ...	Nil
,, ,, ,, ,, ,, had Mantoux test but child did not attend for reading	Nil
,, ,, ,, whose test was queried	Nil
TOTAL	5

B.C.G. Vaccination of School Children.

Below are set out statistics of all the children in the 13 to 14 years old age groups who received Mantoux tests and B.C.G. vaccinations during 1959.

	No. invited	Consents	1/1000 positive	1/1000 negative	D.N.A.	D.N.A. reading	Total	B.C.G. vacc.
Boys	1,000	477	75	313	71	18	477	313
Girls	784	383	45	274	47	17	383	274
Total	1,784	860	120	587	118	35	860	587

Poliomyelitis Vaccination.

During 1959, in accordance with a Ministry of Health circular received during the latter part of 1958, parents were invited to bring their children to the nearest poliomyelitis clinics for third injections. These injections are given at least seven months after the completion of the second injection.

Intense public interest was aroused in poliomyelitis vaccination during April with the death through poliomyelitis of a well-known footballer. So great was the demand for vaccination at this period that extra clinics had to be organised. This culminated in a tremendous drive which took place during the two weeks commencing 20th April for people up to the age of 26 years. The week commencing 20th April was called Polio Week, and during this particular week 3,519 people received a poliomyelitis injection. This number was achieved by having, in addition to the normal invited clinics, a lunch-time clinic every day at Murray Street, Regent Road, Police Street and Langworthy Road. At the same centres, evening clinics each day of the week were arranged. Poliomyelitis vaccination was also offered at all the child welfare clinics in the City. In addition, a mobile unit toured Salford every weekday evening and on Saturday afternoons.

All the people were advised at these open sessions to attend the same place in a month's time, when their second injections would become due. All defaulters from these sessions were subsequently invited to the normal routine clinics at a later date. Provision was made to visit firms in the City to vaccinate the employees on the premises and a number of firms were visited in this way. At the end of this "drive" it was still decided to retain at least three open clinics per week, for the benefit of people who are unable to attend during the day, and to retain also the child welfare sessions.

By the end of the year the number of children in the age group 1943-1959, who had received two injections, was 8,701.

The number of third injections which were given in the 1943-1959 age group during the year was 13,863.

The number of older people in the age group 1942-1933, who received two injections during the year, was 6,537, and 233 received a third injection.

Three hundred and thirty-seven mothers received two injections during 1959 and 29 received a third injection. From the beginning of May, 1956, to the end of December, 1959, 25,989 children in the age groups 1943-1959 had received two injections against poliomyelitis, and 13,245 had received a third injection.

The percentage of children in the 0-15 years age group (1945-59) who had received two injections at the end of 1959 was 61·7 (23,727). The percentage of children who had received a third injection in the same group was 32·1 (12,329).

The percentage of young persons (1933-1944) who had completed two injections at the end of 1959 was 65·3 (17,716). The percentage who had completed three injections was 11·5 (3,112).

VACCINATION AGAINST SMALLPOX

The figures relating to vaccination during 1959 are as follows :—

Age at date of vaccination in year.	*Under 1 year.*	*1 year.*	*2–4 years.*	*5–14 years.*	*15 years and over.*	*Total.*
Primary vaccinations ...	1,006	69	34	14	70	1,193
Re-vaccinations	1	1	3	28	271	304

The number of births and primary vaccinations under 1 year during the years 1950 to 1959 were as follows :—

Year.	*Number of Births.*	*Primary Vaccinations under 1 year.*	*Percentage.*
1950	3,354	1,545	46·06
1951	3,091	1,412	45·68
1952	3,100	1,327	42·81
1953	2,964	1,441	48·62
1954	2,867	1,178	41·09
1955	2,700	876	32·44
1956	2,826	1,140	40·34
1957	3,026	1,113	36·78
1958	2,930	1,002	34·20
1959	2,959	1,006	34·00

INFECTIOUS DISEASES

The following table shows the number of cases of infectious disease notified during the year :—

Disease	All ages	Under 1	1–5	5–15	15–25	25–45	45–65	65 and over
Scarlet Fever	62	2	14	46	...	...	...	...
Whooping Cough	91	12	57	21	1	...	...	...
Measles	910	58	570	275	7	...	...	...
Dysentery	64	8	34	14	3	5	...	...
Pneumonia	88	...	6	8	8	16	31	19
Enteric Fever	1	...	1	...	...	...	...	...
Erysipelas	9	...	...	1	1	1	3	3
Food Poisoning	18	...	5	7	1	2	3	...
Meningococcal Infection	4	1	3	...	...	...	...	...
Diphtheria	1	...	...	1	...	...	...	...
Acute Encephalitis (Post Infectious)	1	...	1	...	...	...	...	...
Puerperal Pyrexia	46	...	...	...	29	17	...	...
Ophthalmia Neonatorum	1	...	1	...	...	...	...	...
Rheumatism	13	...	3	10	...	...	...	...
Tuberculosis ... ... (Respiratory)	130	...	8	3	11	47	47	14
Tuberculosis (Others) ...	6	...	1	1	...	3	1	...
TOTALS	1,445	81	704	387	61	91	85	36

AMBULANCE SERVICE

The Ambulance Service continued to operate effectively during 1959.

The mobile radio service, which is now on the 25 Kc/s. waveband, continues to prove an essential feature in the swift and efficient control of the ambulance service. The extension of the radio service to all vehicles continues. A stand-by service for use in emergencies is now in operation. Over the past two years there has been an increase in the number of mental health patients carried.

The following particulars apply to the Ambulance Service for 1959 :—

(1) Number of vehicles in use at 31st December, 1959 :—

Ambulances	10
Sitting Case Ambulances	3
Sitting Case Cars	2

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

By Ambulance	66,633
By Sitting Case Car	9,232

(3) Total mileage during the year :—

By Ambulances	182,211
By Sitting Case Cars	51,920

(4) Number of whole-time staff at 31st December, 1959 :—

Ambulance Officer	1
Deputy Ambulance Officer	1
Station Officer	1
Shift Leaders	3
Driver Attendants	36

The following analysis show the types of patients carried and the mileage run during 1959, as compared with the previous year :—

Class of Patient	1959		1958	
	Patients	Miles	Patients	Miles
Spastics	4,557	7,715	3,537	6,064
Midwifery	2,513	11,379	3,427	13,597
House Conveyance	52,018	154,551	49,802	142,533
Inter-Hospital	1,767	10,474	1,858	9,790
Maternity	1,504	9,512	1,384	8,786
Gas/Air	457	1,798	478	1,822
Mental Disorder	7,613	16,069	5,813	13,188
Rechargeable	197	2,225	96	1,076
Emergency	3,285	14,176	2,966	12,812
Miscellaneous	...	3,098	...	3,135
Infectious	250	1,699	190	1,478
Handicapped Persons	1,704	1,435	1,638	1,393
TOTALS	75,865	234,131	71,189	215,674

HEALTH EDUCATION

The Health Education Section aims to spread information regarding good health practice by many means. First by short articles in the local press, which is always extremely co-operative ; second by the distribution and display of publicity material, such as leaflets and posters ; third by lectures and meetings ; and fourth by exhibitions. Wide use is made of visual aids, such as filmstrips, films and flannelgraphs and co-operation with other interested organisations is always sought. One example of this was the erection of the Cancer Education Display Unit on loan from the Manchester Committee of Cancer in the Health Department and, thanks to their kind co-operation, in the showrooms of the N.W.G.B., in Chapel Street.

Chest X-Ray Survey.

In the autumn of 1959 the annual Chest X-Ray was carried out in co-operation with No. 2 Mass Radiography Unit under the medical direction of Dr. R. Walshaw. There was an intensive publicity campaign with emphasis laid on symptom groups. As well as a special invitation to family doctors to send their patients, an individual letter was sent to all people in the City whose occupations either made them more likely to contract diseases of the chest—this group included the boot and shoe trade, for example—or brought them into contact with the public—for example, food-handlers. In addition. a home-to-home delivery of a personal letter from the Medical Officer of Health was carried out in three wards—Regent, Ordsall and Claremont—in connection with which the help given by the Boy Scouts movement was invaluable. The campaign was also advertised by means of posters and an approach was made to industry and to youth leaders. As a result 8,986 people were X-rayed at Langworthy Centre and a further 5,595 by the mobile unit which visited the larger factories and common lodging houses.

Polio Week.

Polio Week was held from April 20th to 27th, 1959, when again there was extensive publicity, and during the month of April, 9,000 children and young persons were vaccinated against poliomyelitis.

Bronchitis Survey.

The year 1959 was the second year for the collection of data on the incidence of bronchitis in Salford. With the magnificent co-operation of the N.P.N.I., information has been assembled and coded showing the incidence of bronchitis divided according to the sex, age, and occupation of the patients, and the ward of the City in which they lived. The period of absence was also shown. These figures are now being analysed and informative and interesting results are expected.

Smokers' Group.

The formation of this group of about thirty members, which met weekly for several weeks, was intended to help people who wished to give up smoking but had found that they were unable to do so. No formula was presented, but the members found that by talking over their problem with other people who shared it, did, in fact, help them to succeed in cutting down, if not completely stopping, their cigarette smoking.

HOME SAFETY COMMITTEE

President : THE MAYORESS.

Chairman : MRS. H. SOUTHERN.

Hon. Treasurer : R. CARTER, 482, Bury New Road, Salford, 7.

Hon. Secretary : DULCIE BRUMHAM, 143, Regent Road, Salford, 5.

The Salford Home Safety Committee is not a Committee of Council but a voluntary organisation consisting of representatives of religious, political and social organisations in the City, the Fire Brigade, Gas and Electricity Boards and others. It is sponsored and supported by the Health Committee ; it is grateful for the practical help received from the Health Committee.

The need for a Home Safety Committee may not be obvious until it is realised that each day in this country fifty people die as the result of accidents and, of these, twenty are due to accidents which take place at home, as compared with seventeen due to road accidents. Home accidents cause a tremendous amount of human suffering especially among the young and the aged ; they lead to large losses of productive working time and cause great anxiety among the relatives of those injured. This is particularly to be regretted because most home accidents can be avoided if only a little care and forethought were used. Although hampered by small financial resources, the Home Safety Committee endeavours to publicise the causes of home accidents, and steps which may be taken to prevent them. This is done by means of short articles in the press, by talks given by a panel of speakers who are always willing to address meetings, and by publicity such as posters and leaflets.

The Home Safety Committee co-operates closely with the Royal Society for the Prevention of Accidents, and in the winter of 1959, took part in the national campaign, " Check that Fall." During this campaign 3,000 leaflets and 250 posters were distributed in the City. The leaflets were made available to high schools, in the showrooms of the Gas and Electricity Boards, in public houses, and were also distributed personally by committee members. Posters were sent to Health Department clinics, industrial organisations, swimming baths, W.V.S. (for display in Houses for Women and Old People's Clubs), public libraries, Salford Market, Police Stations, City Transport depots, the Civic Welfare Department, the Greyhound Stadium, Salford R.F.C., and shops and public houses. The Committee is deeply grateful to all those who co-operated during this campaign.

In October, the Committee, with deep regret, accepted the resignation of Mr. Ronald Cooke as Hon. Secretary. Mr. Cooke had acted in this capacity since the Committee's inception and had served it and the cause of Home Safety in Salford with the utmost vigour. Mr. Cooke continues as a Committee Member.

Any suggestions regarding Home Safety will be received with thanks by the Hon. Secretary, who will also be glad to answer any queries or requests for speakers.

SALFORD HOUSE

During 1959 the number of residents fell slightly in comparison with the previous three years. This decrease in bookings was solely due to the very fine summer when men of all ages were inclined to take temporary employment at seaside resorts and on farms.

For the third year in succession, there was a slight increase in the admission of old age pensioners. A new feature was the admission of men in the younger age groups from areas suffering from heavy unemployment.

A considerable amount of plastering and ceiling boarding of the main rooms was carried out and has had the effect of modernising the ground floor and dining rooms.

The Christmas party was again a great success, and over 140 pensioners and disabled persons enjoyed a traditional dinner, followed by an excellent concert with artists from Belle Vue Circus.

The residents' Social Club is now well established and provides an atmosphere of social relaxation and friendship comparable with most clubs in the area. The accounts have been audited and, whilst income is very slightly below expenditure, it is very satisfactory to have reached the stage where all furnishings and fittings are paid for, and it seems possible that next year will allow a small profit for the first time since the club was opened three years ago.

The hostel was attended for one full day by an X-ray mobile unit and a high percentage of residents received examination.

Staff of the School Health Service

Principal School Medical Officer...	J. L. Burn, M.D., D.Hy., D.P.H.
Medical Officer with Special Duties	D. E. Jeremiah, M.B., B.S., D.T.M. & H., D.P.H.
School Medical Officers...	Kathleen M. Boyes, M.B., Ch.B., D.P.H. Marian Maxwell-Reekie, M.B., Ch.B. Winifride M. Hamilton, M.R.C.S., L.R.C.P., D.P.H. Eleanor P. Brown, M.B., Ch.B. Elizabeth Higham, M.B., Ch.B. D. W. Preston, M.B., Ch.B., D.P.H. Ariane G. M. Wiseman, M.B., Ch.B., D.P.H. J. T. Binless, M.B., Ch.B., D.(Obst.), R.C.O.G., D.C.H.
Part-time School Medical Officers	Marjorie F. Landau, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H. Joyce Leeson, M.B., Ch.B., D.P.H.
*Consultant Ear, Nose and Throat Specialist.	Florence Cavanagh, M.B., B.S., F.R.C.S., D.L.O.
*Consultant Orthopædic Specialist...	D. D. Cranna, M.B., Ch.B., F.R.C.S.
*Consultant Pædiatrician...	R. I. Mackay, M.B., Ch.B., M.R.C.P., D.C.H.
Part-time Oculist	J. Scully, M.B., Ch.B., D.P.H., D.O.M.S.
Part-time Orthoptists	Gillian M. Makin, D.B.O. June M. Stray, D.B.O.
Principal School Dental Officer ...	W. C. Parr, L.D.S.
Assistant School Dental Officers...	Agnes M. Paterson, L.D.S. A. E. Frankenstein, D.D.D., D.M.D.
Part-time School Dental Officers...	E. Blakeney, L.D.S. S. E. Turner, L.D.S.
Part-time Dental Anæsthetist ...	R. Bradbury, L.D.S. R. Bellingham, M.B., Ch.B., D.A.
Part-time Consultant Anæsthetist	Margaret O'Grady, M.B., Ch.B., D.A.
Part-time Consultant Orthodontist	W. B. Senior, D.D.O., R.F.P.S., L.D.S., R.C.S. (Eng.).
Oral Hygienist	Clarice Worsley.
Superintendent of Health Visitors and Nursing Staff.	Beatrice M. Langton, D.N. (London), S.R.N., S.C.M., H.V.Cert.
Senior Physiotherapist	Patricia K. Fogg, M.C.S.P.
Chief Clerk	F. E. Birtwistle, A.R.I.P.H.H.
Speech Therapist	Greta M. Gordon, L.C.S.T. Ann P. Myers, L.C.S.T. Jean Cohen, L.C.S.T.
Part-time Consultant Chiropodist...	Franklin Charlesworth, F.Ch.S.
Part-time Assistant Chiropodists ...	C. Newman, M.Ch.S. Margaret E. Charlesworth, M.Ch.S.
Audiometer Technician	J. Valentine, M.S.A.T.

* By arrangement with the Manchester Regional Hospital Board.

SCHOOL HEALTH SERVICE ANNUAL REPORT

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

Mr. Chairman, Ladies and Gentlemen,

I submit a report on the health of the school child for 1959.

Is the Salford child as well as he can be, not only physically but psychologically and socially ? For health, as the World Health Organisation have defined it, is a state of physical, mental and social well-being ; not a mere absence of disease or disorder.

This report seeks to show how health in this comprehensive concept of the Salford school child, is safeguarded through the school health services. These services aim to supplement the care which is given by the parents to the child. It is the parents' responsibility (and their privilege) to bring up their children so that they can attain their full development and realise their full potential of physical and mental health. In this country a sharpening social conscience realised that the industrialisation and urbanisation which took place in the 19th century brought in its train many hazards to the health of children. Queen Victoria, on her visit to Salford a century ago, remarked " A very intelligent people but painfully unhealthy." Before the beginning of this century, a far-sighted Salford M.O.H. drew attention to the very poor physical condition of many of the children in our towns. He became a member of a Committee on Physical Deterioration which recorded the extremely poor condition of recruits at the time of the Boer War. A system of medical inspection of all school children was recommended, and the Education (Administrative Provisions) Act, 1907, established a service for all elementary schools here and elsewhere.

Through the Education Act of 1944, the School Medical Service became the School Health Service with an emphasis on the promotion of health as distinct from treatment of disease (a function of the National Health Service).

In 1959, in Salford, the amount of time devoted to public health work, such as polio vaccination, interfered considerably with the time devoted to periodic medical inspection and so concentrated effort was made upon the two main groups—school entrants and school leavers. The results of periodic medical inspections indicate a considerable rise in the number of pupils requiring treatment, but I am satisfied that the main cause of this increase does not represent any worsening of health, but is due to more vigilance by the investigators, a greater use of diagnostic aids and an improved collection and recording of data.

In addition to the work described in this report much time was spent in important work, such as examination of teachers and miscellaneous examinations of children, which need not be reported fully.

Again, much time was taken up with Mantoux testing and B.C.G. vaccination. Out of 860 consents received, 120 children were found already positive and 587 were negative and vaccinated.

Very little notifiable *disease* occurred amongst school children. (Scarlet Fever, 44 ; Whooping Cough, 21 ; Measles, 284 ; Dysentery, 14 ; Acute Pneumonia, 8 ; Food Poisoning, 7 ; Respiratory Tuberculosis, 3).

Deaths of twelve children (four girls and eight boys) between the ages of two and fifteen years occurred during the year. The three main causes of death were (*a*) congenital abnormality ; (*b*) malignant disease ; (*c*) accidents. It is important to note that there were no deaths from road accidents. This is a tribute to the vigilance of the Head Teachers in promoting the Road Safety Committee's excellent campaign in schools and to the care and attention shown by the traffic wardens, the police and many other key members of the public. There were also no deaths from infectious disease. A tribute must be given to the local health services, whose increasing efforts in the promotion of better health has been rewarded.

Dental Health.

A serious deterioration in the dental state of children and young adults is apparent. It is curious that, in contrast with the triumphs of preventive medicine in many fields—lower death rates, lower incidence of certain infectious diseases, and so on—the state of children's teeth is getting steadily worse. Dental caries is a disease of our civilised diet. More and more highly processed foods and sugar are given to children and the natural and essential foods seem slowly to increase in proportion. I feel we must go all out for instruction in oral hygiene and secure the interest and co-operation of the parents in better care for their children's teeth. Better diet for the children, more natural foods, a waging of war against too much tuckshop feeding, are top priorities. Simple advice such as a drink of water, a piece of apple, and so on, to remove sugar from the mouth needs to be practised. Eating toffees should be lessened ; eating good bread encouraged. Additionally, there is an urgent need for fluoridation with the water supply, as the natural fluoride content of our water is far too low. I speak as one who had the good fortune to come from an area where the natural fluoride in the water was high, and I have often wished that this blessing might be passed on to all children throughout the country. In this area we have waited too long for effective action to be taken, and it is sad to think that our children will suffer unnecessary pain and dental decay, when enlightened opinions in many parts of the world have shown the way.

Dental decay is the most widespread cause of suffering in schoolchildren. I am glad to include in this Report (on page 22) an important survey carried out by Mr. J. A. Hargreaves, who held a joint appointment with the University Dental School and with our services here.

I take this opportunity of expressing my warm thanks to all who have helped the School Health Service in any way, and particularly the medical, nursing and administrative staff, for their devoted service. I am also grateful to you, Mr. Chairman, Ladies and Gentlemen, for your support. I wish to record my appreciation to Mr. F. A. J. Rivett, Director of Education, the teachers and staff of the Education Committee for their co-operation during the year under review.

J. L. Burn

Principal School Medical Officer.

THE HANDICAPPED PUPIL

(Dr. Duncan E. Jeremiah)

The Handicapped Pupils and Special Schools Regulations, 1959, replaced the previous regulations and came into operation on the first day of April, 1959. The following table shows the number of children who have been ascertained as handicapped pupils during the last three years.

	1957	1958	1959
(*a*) Blind	8	10	7
(*b*) Partially sighted	13	11	13
(*c*) Deaf	18	17	20
(*d*) Partially deaf	18	18	21
(*e*) Educationally subnormal	102	116	139
(*f*) Epileptics	6	3	2
(*g*) Maladjusted	6	7	11
(*h*) Physically handicapped	48	47	47
(*i*) Pupils suffering from a speech defect	Nil	Nil	Nil
(*j*) Delicate	296	346	306

Educationally Subnormal Children, 1959

Number of children examined.	*New Cases*		*Old Cases*		*Total*
Boys	132	+	55	=	187
Girls	73	+	37	=	110
Totals	205	+	92	=	297

Classification.

1. Education in an ordinary school	59
2. Education in an ordinary school with special educational treatment	5
3. Education in a day special school	124
4. Education in a boarding special school	15
5. Notified under Section 57.3	10
6. Notified under Section 57.5	19
7. To be re-examined within twelve months	65
Total	297

The number of appointments made for examination of educationally subnormal children was 375, of which 79% attended.

Number of examinations requested by :

(*a*) School Medical Officers	174
(*b*) Head Teachers	104
(*c*) Director of Education	18
(*d*) Children's Officer	1

The ascertainment of the educationally subnormal child is a long and difficult process. Over the past fifteen years, since the implementation of the Education Act, 1944, it has been possible to examine, on average, only nine children per year per 1,000 of the school population in respect of this handicap. This number is very low in the light of the number of children considered to be educationally subnormal in Pilot surveys carried out in the country previously.

The problems of educational subnormality and educational retardation are so closely knit together that, in some cases, children are felt to be slow developers when, in actual fact, they have a basic difficulty in mental development. This problem is greater with regard to the dull and quiet child. This factor may also operate when it is considered that a greater number of boys, as compared with girls, are referred for examination.

The segregation of the troublesome educationally subnormal child in some ways produces difficulties for the Special School for the Educationally Subnormal. It must be extremely difficult in some cases to maintain discipline and, as a large number of pupils have a dual handicap, of some maladjustment and educational subnormality, in some ways the approach in respect of the two handicaps appear to run counter to each other. The net result being that the educationally subnormal child does not get as full an attention as it should do in a school set up distinctly for the handicap of educational subnormality. Again a greater number of children, referred by Head Teachers and others, have a higher level of intelligence, but with behaviour difficulties these children indirectly exclude the basically educationally subnormal.

A number of children with higher levels of intelligence, but with some behaviour difficulties, are unsuitable for education in a remedial class in ordinary schools, because they exhibit failure of integration in activities even outside the classroom.

This problem of educational subnormality with behaviour difficulties needs further investigation and study. The School Medical Officer continues to be the major source of referral in respect of this handicap. There appear to be factors which seem to operate preventing primary referral by Head Teachers. It is obvious that under these circumstances the numbers classified as educationally subnormal must, of necessity, be severely restricted. It might be reasonably argued that the true educationally subnormal child without behaviour handicaps, might be educated in larger classes than at present designed in our Special Schools for the Educationally Subnormal. It is only the educationally subnormal behaviour problem child that requires separation into small units.

Some more definite method must be discovered to pick out the true educationally subnormal at an earlier stage, rather than wait for the eleven-plus selection to filter them off. Valuable years have been lost in respect of these true educationally subnormal children. It must be stated that the lower intelligence level of educationally subnormal children can, in most cases, be detected by the age of seven.

Delicate Pupils.

It is interesting to review the recommendations made in respect of the delicate pupils.

The following table shows broadly some of the conditions in respect of this type of handicap :—

	1957	1958	1959
Chest Conditions.			
1. Tuberculosis	11	7	4
2. Asthma	46	62	61
3. Bronchitis	40	47	38
4. Bronchiectasis	17	15	12
Heart Conditions.			
5. Congenital	4	5	4
6. Rheumatic	9	8	6
7. Anæmia	13	15	20
Poor General Condition.			
8. Prematurity	8	8	8
9. Familial Disharmony	56	51	21
10. Loss of Parents	11	12	3
11. Bowel and Urinary Conditions	10	13	12
12. Spastic Conditions	2	4	4
Nervous Conditions.			
13. Convulsions	4	5	5
14. Others	10	10	11
15. Infectious Disease Debility	1	6	6
16. E.N.T.	34	53	61
17. Miscellaneous	17	16	21
18. Orthopædics	3	8	9
19. General Debility	1	1	1

The number of cases of tuberculosis requiring special educational treatment has been reduced over the last three years but, correspondingly, the number of children requiring special educational treatment for respiratory conditions, in general, has increased. More children appear to require special educational treatment because of the condition of asthma. This condition is interesting from the point of view of allergy, infection and psychological factors. The number of children requiring special educational treatment because of the condition of bronchiectasis seems to be maintained at a relatively high level, and the benefits of the new pertussis vaccine (triple antigen) has not yet reached the child of school age. It is to be hoped that in the future, in this type of case, fewer children will require special educational treatment.

It will be seen that a considerably large number of children are classified delicate because of poor general condition due to familial disharmony. Prematurity and the loss of one or other of the parents has also some impact upon poor general condition.

Bowel and urinary conditions continue to produce problems both medically and educationally. The number of conditions that previously were considered inoperable, and would naturally have resulted in death in infancy, have now been saved but continue to be a challenge to social rehabilitation.

Recently, within the last two years, the problem of infective hepatitis has been responsible for some degree of chronic ill-health. There has been an increase in the number of children requiring rehabilitation for debility following infective hepatitis. It is difficult to say how the etiology of this condition is bound up with the national programmes of mass immunisation and vaccination, but, in Salford, a separate sterile needle and syringe is now provided for each person.

Correspondingly, with the increase in the number of respiratory conditions, there has been an increase in the number of children requiring special educational treatment in respect of ear, nose and throat conditions. It is noted that a greater number of children are today suffering from infections from organisms that show resistance to some routine antibiotics.

Special Register

A large number of children, although suffering from disabilities, are able to attend ordinary school. A register is maintained for such pupils so as to enable their condition to be observed throughout their normal school-life. Some of the disabilities may not interfere with the child's education, but may produce difficulties later on when seeking employment. Other children may have exacerbation and remissions with regard to their disability, and children of pre-school age may suffer from a condition that might require some form of special educational treatment at a later stage of their school-life.

The Special Register, therefore, is a very useful record in assessing the general pattern of disability present in the school child. For example, in considering the Handicapped Register and the Special Register, it will be seen that there are as many children suffering from asthma, who are quite capable of attending ordinary schools, as there are children suffering from a similar condition who require special educational treatment in an open-air school.

There are a large number of epileptic children who take their place in ordinary schools. The integration of the epileptic in the ordinary schools has kept pace with the advances in medicine in the control of the fits by drug treatment.

It can be seen that a number of diabetic children are fully capable of taking their places in a normal school.

Of all the disabilities the number of delicate children is the largest. This gives an indication of the amount of chronic ill-health present in the community of school children. It will be seen that roughly one in every fifty school children is delicate. Generally speaking it is the aim of the School Health Service to see that every child, as far as is possible, attends an ordinary school.

Special Register.	1957	1958	1959
Asthma	47	59	64
Partially Sighted	24	27	26
Heart	14	22	34
Deaf	—	—	1
Partially Deaf	13	19	36
Delicate	482	500	511
Physically Handicapped	140	149	147
Epileptic	37	48	58
Multiple Defects	2	14	17
Rheumatism	76	79	69
Maladjusted	4	2	2
Diabetes	8	9	8
Speech Defect	8	7	9

PÆDIATRIC CLINIC

(Dr. Robert I. Mackay)

The work of the Pædiatric Clinic has continued during the past year on the same lines as previously. There has been no significant change in the type of case seen. A wide variety of pædiatric problems have been referred, some of them requiring hospital investigation. During the past year it has been the practice to see pre-school children also, in order to consolidate work and liberate time for other problems. Some children with conditions requiring surgical treatment have been referred to the appropriate surgical specialist, and most of them have already had their operations.

The changing nature of pædiatric work is reflected in the numbers of children attending with certain disorders, particularly with regard to neurological disturbances and multiple handicaps. Work has continued on the assessment of the physical problems of mentally handicapped children. It seems that parents of these children welcome any attempt to understand and tackle the practical problems of management that confront them day after day. In some respects guidance has been given with respect to simple physical disturbances and an effort has been made during the year to test the hearing of those mentally handicapped children who have been unable to co-operate in a formal audiogram. Dr. Taylor, of the Department of Education of the Deaf, Manchester University, has made two visits during the latter part of the year to test these children. It is planned to continue this work. Arising out of the assessment of the retarded children a few have been selected as presenting the most difficult behaviour problems and efforts are being made to adjust and improve their behaviour by medication with the many preparations known to affect mood and behaviour in persons who are mentally ill. This work is done in co-operation with the Pædiatric Clinic at Hope Hospital and also with the consent of the general practitioner concerned. In these ways the work of this clinic is extending to develop a new type of service for the mentally handicapped child, with the ultimate aim of providing modern diagnostic facilities and the latest developments in therapeutics.

The report indicates a number of boys seen for maldescent of the testicle. This represents a particular interest in the problem rather than a sudden increase in incidence.

Healthy Children	18
Respiratory.	
Upper respiratory tract infections	21
Bronchiectasis	2
Otitis media	1
Asthma	8
Allergic rhinitis	5
Nutritional.	
Obesity	13
Nutritional anæmia	5
Central Nervous System.	
Cerebral palsy	5
Epilepsy	3
Other central nervous systems	2
Emotional disturbances	20
Retarded children	31

CONGENITAL ABNORMALITIES.	
Heart	9
Other	3
PHYSIOLOGICAL PROBLEMS OF GROWTH	6
RHEUMATIC DISORDERS.	
Rheumatic fever	1
Rheumatic heart disease	2
Quiescent rheumatism	8
Functional and physiological disorders	11
Miscellaneous infections and infestations	9
Maldescent of testes	10
Miscellaneous conditions	6
Sessions for auditory testing of severely subnormal children	2

ACUTE RHEUMATISM

(DR. DENYS W. PRESTON)

A survey has recently been carried out in Salford on 47 notified and confirmed cases of acute rheumatism. Forty of these children had only had one attack of the disease, 5 had each had two attacks, and 2 had each had more than two attacks.

The extent of permanent cardiac damage following acute rheumatism is roughly proportional to the number of attacks of the disease, the 2 children who had each had more than two attacks having severely damaged hearts. Therefore, the prevention of recurrent attacks of the disease by the administration of penicillin prophylactically over a prolonged period is very important.

Twenty-eight out of the 47 children (60%) were receiving oral penicillin prophylaxis when interviewed. Six others used to have penicillin prophylaxis, but had discontinued it for various reasons, and 13 had never received prophylaxis.

The administration of penicillin over a prolonged period, for the purpose of preventing further attacks of acute rheumatism, is far from an ideal form of prophylaxis, as such a procedure is likely to encourage the growth of organisms resistant to penicillin. In our present state of knowledge, however, this procedure is the best available and, therefore, it should be continued as its advantages outweigh its disadvantages.

RHEUMATISM REGISTER

31ST DECEMBER, 1959

Number of children on Rheumatism Register at end of 1958 :

BOYS	36
GIRLS	45
TOTAL	81

Number of children on Rheumatism Register at end of 1959 :

	Boys		Girls	
	Old	*New*	*Old*	*New*
Acute Rheumatism	17	5	14	3
Rheum. Carditis	3	1	5	2
,, Chorea	1	...	1	...
Post Rheum. Fever	6	1	8	...
Rheum. Arthritis	...	...	...	...
Totals	27	7	28	5

Totals—Old	55
New	12
	67

On Register, 1958	81	Removed from Register during 1959 :	
Notified during 1959	12	Left Salford	4
		,, School	19
		Removed from Register	3
		Balance as above	67
Total	93	Total	93

SCHOOL HEALTH NURSING

(Miss Beatrice M. Langton)

There was little change in the pattern of work carried out over the year.

School Health Visitors have been assisted by State Registered Nurses and lay auxiliary helpers, who have undertaken all clinic work and other duties which do not need for their performance the services of a qualified health visitor. The health visitor was thus freed to concentrate her efforts on the promotion of health ; able to pay increasing attention to social and other problems as they affect the school child ; to facilitate liaison between home, parent, school and teacher ; and to co-ordinate the work of all members of the health nursing team.

State Registered Nurses, in addition to staffing minor ailments and other clinics, undertook the full range of school nurses duties on areas not staffed by health visitors, *e.g.*, in times of sickness and absence of health visitors for other reasons.

Attendants assisted both health visitors and nurses in clinics and schools. Instead, for example, of employing two qualified nurses at a Minor Ailments Clinic, one will suffice assisted by an Attendant ; in schools duties, including weighing and measuring, head inspections, assisting at surveys, medical inspections and like duties, are all appropriate to workers of this grade.

Minor Ailments Clinics.

An additional daily Minor Ailments Clinic was established at the new Cromwell School, bringing the total number of clinics held in schools to 8, plus those established at clinic premises in different parts of the city. The Mobile Clinic served one additional new school—St. Lawrence—bringing the daily total of schools visited to 16 a day.

Health Visitors Surveys.

A special survey was carried out by a health visitor at Adelphi High School in order to ascertain medical, social and psychological needs of pupils. Parents, class teacher and head teacher co-operated fully in this project. Children whom the health visitor considered likely to benefit from medical examination were referred to a School Medical Officer, but otherwise no routine medical examination was conducted at this school. A report on the findings of this survey is given elsewhere.

Annual surveys in other schools followed the usual pattern. Children examined totalled 22,721 in number (23,213 in 1958). Six hundred and ninety-six children were referred for further investigation.

Vision Tests

Vision testing was carried out on a larger scale and included age groups 8, 10, 12 and 14 years, plus school leavers. In addition, many children in the 6-year group, who were unable to read the Snellen Test Chart, were tested by the Illiterate "E" method. Of the total 2,966 children referred to the Eye Clinic for further investigation during the year, some 2,065 were submitted by the school health nursing section.

Infectious Disease.

Where outbreaks of infectious disease occurred, contacts were seen by the school health visitor in class, and home follow-up visits, where appropriate, were carried out.

Nursery Schools and Classes.

Close co-operation and good relationships between teaching staff and health visitors were maintained throughout the year. Daily visits to Nursery Schools were made where possible. Children attending nursery classes were seen less frequently, but received more attention than did older children. An Attendant assists the medical officer carrying out annual medical examinations of these children.

Open-Air Schools.

Special attention was given to children attending Open-Air Schools. A State Registered Nurse attended daily for the purpose of treating minor ailments and to supervise the health and well-being of children. Special records were kept relating, in appropriate cases, to daily temperature and pulse rate, incontinence, urine and other special tests as required by the medical officer attending the school. Good liaison between the nurse and area health visitors continued, and contact with home and family was thus ensured.

Verminous Infestation.

Head inspections were carried out each term and the use of Gammexane Shampoo continued with good effect.

The incidence of verminous infestation, however, rose by 1·2% to 5·5%, and the number of children cleansed by the section was doubled (41) compared with last year's figures (19). In one family alone, 9 motherless children were cleansed, and in another related family, 7 children. Emigrants sometimes present a problem, especially families where parents speak little English and where standards of hygiene differ considerably from those of the average British family. Where infestation is present in these cases and rapid treatment necessary, cleansing is carried out immediately—it is simpler to treat a condition than to secure early acceptance of ideas foreign to the eastern mind and suggested in an almost unknown tongue.

Generally speaking, schools where examinations were carried out early in each term showed an annual return of fewer individual children infested. When inspections are delayed there is considerable risk of unchecked infestation spreading. We are grateful to those head teachers who offer every facility for early examination, even though at some inconvenience to the school.

School Journeys—Holiday Camp.

All children attending the Poor Children's Holiday Camp at Prestatyn and those making school journeys were examined, prior to departure, by nursing and auxiliary staff.

Teaching.

In addition to individual teaching, regular courses of health education were continued in the schools where senior girls last year began a series of lessons on simple " home nursing." Teaching was extended to include " First Aid " and " Health and Hygiene," and groups of girls attended health department premises, where equipment was available for practical instruction in, for example, bed-making, bandaging, simple first aid and home nursing procedures. At the beginning of the year 29 girls entered for the examination of the B.R.C. Society in " Junior Home Nursing," of which 28 passed and were awarded the Junior Certificate of that Organisation.

NURSERY CLASSES

(Dr. M. Maxwell-Reekie)

Schools Visited.

Nashville Street (3).	St. Ambrose (2).
Ordsall Primary (3).	West Liverpool Street (2).
Trafford Road Infants (3).	North Grecian Street (2).
St. John's Cathedral (2).	Littleton Road (Lower Kersal) (2).

Total, 19 visits—323 children examined ; 12 examined twice, 10 unsatisfactory.
(Figures in brackets denotes number of visits).

It is always hoped that the visits to these classes will be three times in the school year. During 1959 this has not been possible owing to the intensive Polio-vaccination Scheme launched in April, and five schools received no visit in the last Spring and early Summer.

The health of the children is good, but the same conditions as last year head the list of defects, and it would seem that one child in two (47·6%) has one or more carious teeth. Some had more than six. The parents fear of being hurt themselves when they attend a dentist seems to be the guiding principal in not taking a child to the dentist until the child suffers from toothache—which is an unreasonable procedure.

Genu Valgum, Enlarged Tonsils and Adenoids, and Enlarged Tonsillar Cervical Glands are all about the same in frequency. Only one child was noticeably deaf and arrangements were made for further testing. One child had a definite congenital heart defect which was under observation.

I am sure it is important for these children to be seen once a term by the School Medical Officer because they are still in the age group for Welfare Clinic visiting but, because mother is working, there is not the time for this " check-up " to be made. The mothers welcome the opportunity of a talk and the majority take steps to have any defect corrected and, indeed, out of the twelve children seen twice only two showed the condition to be unchanged. In all others it was improved—or was of very recent development.

I would like to express my thanks for the co-operation I received from the Head Teachers of the schools because, without this, it would, indeed, be very difficult efficiently to examine these children.

EAR, NOSE AND THROAT CLINIC

(Dr. Ariane G. M. Wiseman)

The staff of the E.N.T. Clinic was depleted in February by the retirement, from active participation in its work, of Mrs. Florence Cavanagh who had given to its problems such enthusiasm, supreme ability and grace. Her place as a consultant to the clinic was taken, in October, by Mr. Peter C. Leeson of London. During the interim period the work of the clinic continued uninterrupted, previous reports have shown the importance of rapid referral to a specialist clinic of all cases of marked or recurrent otorrhœa, deafness and upper respiratory infection in an industrial area such as this is.

Working without the direct participation of a consultant for just over six months has resulted in a more stringent attention to conservative methods. This has involved much greater effort at improving the general physical condition of the children attending the clinic in order to reduce susceptibility to infective upper respiratory and hence infective ear conditions. With such an aim in mind, considerable use has been made of the tonics and vitamins available in the clinic, in association with Ultra-Violet Therapy and Physiotherapy. The latter treatment has consisted largely of exercises designed to improve and strengthen the respiratory airways, upper and lower, in order to relieve catarrhal congestion at the back of the nose, and hence its effect on ears, sinuses, chest and stomach, not excluding speech. The usual active daily treatments in the Minor Ailment Clinics were also intensified at this time with some remarkably satisfactory results. More interesting still has been the fact that many of the children so treated have, on review, been less prone to infections during the autumn and winter months. However, catarrh has remained a problem and, in conjunction with this, mild and moderate degrees of deafness which in a school child cannot be tolerated. Surgical procedures have, therefore, been in order as the second stage in treatment.

The trend with respect to surgical treatment following such intensive conservative treatment can be observed in a review of the figures showing referrals for operation as compared with 1958. A more comprehensive review of actual operations carried out will be possible next year. (See table attached).

Whilst it would be unwise to interpret too much from these figures at the present stage there is a definite trend towards operations designed to clear the nasal passages in appropriate cases. Major operations on the ears have also come into marked prominence, and may show a further rise in the coming years as facilities for carrying out such surgical procedures improve. The figures for removal of tonsils and adenoids, either together or individually, do not, in this particular table, show much marked change from one year to the other.

It has already been stressed how important it is, from a child's point of view, to err on the side of caution in sending the child to the E.N.T. Clinic without delay if any suspicion of deafness or upper respiratory disease is thought to exist in more than average proportion.

Operation.	1958	1959
Tonsils and Adenoids (± other procedures)	229	188
Tonsillectomy only (including Dissection)	...	12
Adenoid Curettage (± other procedures)	22	34
Antral Lavage (± other procedures)	104	32
Eustachian Inflation (± other procedures)	...	7
Removal Nasal Polyp (± other procedures)	4	2
Cautery to Turbinates (± other procedures)	...	6
Cautery to Septum (± other procedures)	...	1
S.M.R.	3	4
Antrostomy	...	1
Aural Polyp (± other procedures)	2	2
Myringoplasty (different types)	...	4
Mastoidectomy (different types)	...	4
Total Operations	364	297

OPHTHALMIC CLINIC

(Dr. John Scully)

Since April, 1958, a day by day effort has been made using the Visuscope to discover the extent and variety of eccentric fixation in children suffering from squint. As each case of squint attended for examination and refraction (and these consisted of new and previously treated cases) a diagnosis as to the fixation was made following the refraction and whilst the pupil was dilated.

Visuscopic examination of new and old cases of Strabismus has proceeded during the last twelve months as a daily routine. More than 1,300 cases of squint, which have been under treatment for periods of a few months to several years, show an incidence of eccentric fixation of more than 16%. A parallel series of new cases of squint having had neither supervision nor treatment show an incidence of eccentric fixation of 12 to 13%. From these figures it is possible to draw the inference that eccentric fixation may occur to nearly the same degree in new and untreated cases of squint as in those which have had supervision and treatment. However, since the figures are not yet adequate in number, it is premature to draw very definite conclusions. The investigation is proceeding.

It has been thought that eccentric fixation is more commonly associated with an early onset of squint.

It has been asserted that there is an average of 50% of children having squint, in the school population of the countries of Western Europe, who show some degree of eccentric fixation. The considerably lower figure found in this preliminary survey may be due to several factors : (*a*) the early reference of cases by Health Visitors, School Medical Officers and General Practitioners, and the increased awareness of the availability of treatment by young parents ; (*b*) orthoptic treatment and supervision is not so well established in Western European countries as it is in the urban centres in this country and it may be that the early detection of cases and reference for treatment in this country may be instrumental factors in diminishing the incidents of eccentric fixation.

SCHOOL DENTAL SERVICE

(Mr. William C. Parr)

Midway through the year we were fortunate to obtain the services of Mr. Hargreaves, on a part-time basis for four sessions a week.

Routine dental inspections of some 13,000 school children, that is approximately half the school population, were carried out during the year. The policy previously adopted with regard to school inspections was maintained, namely, that all age groups were inspected and the treatment resulting from that inspection was completed before proceeding to a further inspection. The number of children seen as " specials," that is other than at routine dental inspections, shows a slight increase again this year. These children are invariably in need of treatment and their inclusion in the appropriate sections of the statistical Table 4 tends to give a misleading picture of these sections.

At routine inspections no attempt is made to estimate the dental fitness of the individual child but simply to ascertain which children need treatment and to distinguish the type of treatment necessary, thereby facilitating in their invitation for treatment.

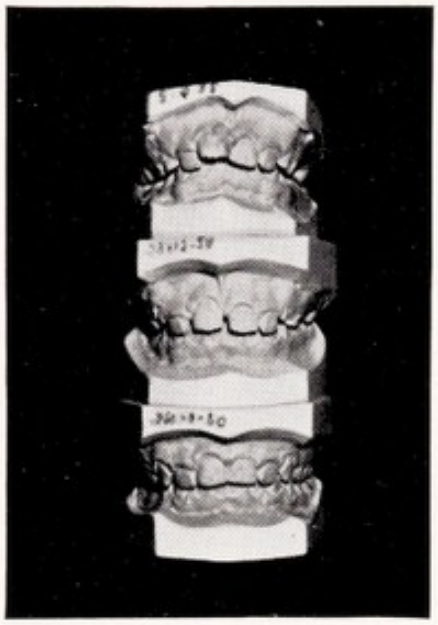
Towards the close of the year, in order to obtain a true picture of the position with respect to dental fitness, a survey of some 1,000 children drawn from three age groups was carried out by Mr. Hargreaves, on lines similar to those adopted in other areas of the country.

A slight increase in the amount of conservative work carried out during the year is shown. In this respect the acquisition of a new high-speed drill has been of great comfort to the children, and it is thought that the further purchase of these drills will, in time, remove a lot of the reluctance of the children to have this work carried out.

There is a slight reduction in the number of extractions during the year, mainly temporary teeth, the number of permanent teeth extracted being approximately the same. In this respect it should be pointed out that considerable numbers of permanent teeth are extracted for prophylactic reasons or to maintain symmetry.

The improved position with respect to orthodontic treatment reported last year has been maintained, but a waiting list of some six months prior

to the commencement of this treatment is still in operation. The policy of prevention of malocclusions in the child and the treatment of minor irregularities by means of a simple appliance, which is worn at night and to a large extent adjusted by the children themselves, has continued throughout the year. Examples of this latter type of simplified orthodontic therapy and also of a more complicated therapy are provided by Mr. Senior, Consultant Orthodontist. The former is exemplified by the photograph showing a series of models. Here the front tooth had developed in a rather prominent position and had become locked in this position as a further second tooth erupted.



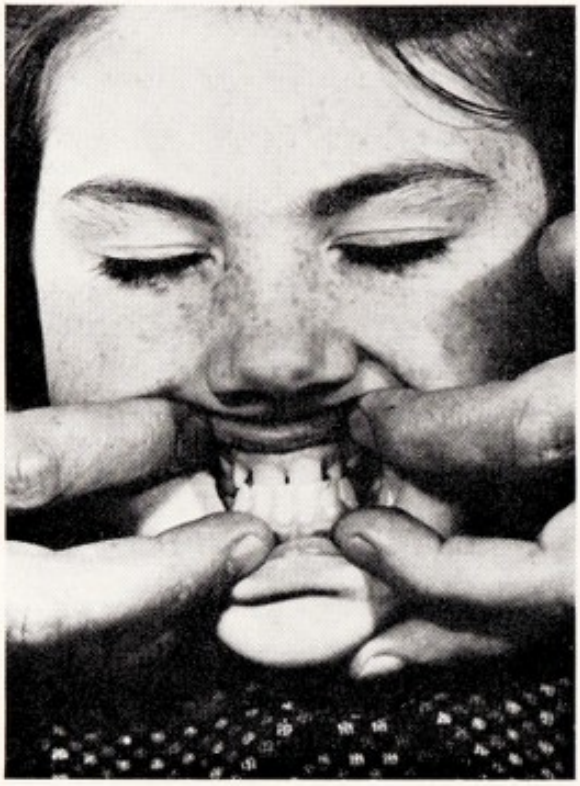
Although the therapy here was simple it would have been further simplified and shortened had it been possible to commence treatment earlier. The child was nine years old at the commencement of treatment and, had the treatment not been commenced at that age, even more complicated dental treatment would have been required to execute the correction. Other photographs show changes brought about in profile as a result of orthodontic treatment of a necessarily complex nature.

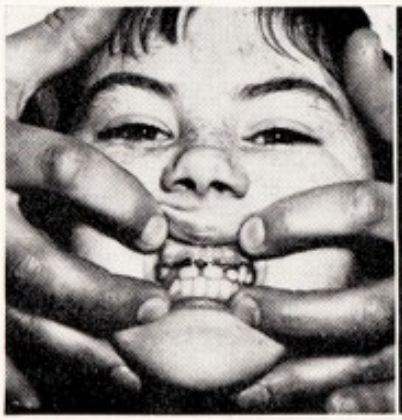
In treating the simpler irregularities of the teeth at an earlier age, and so reducing the period of clinical treatment, it is possible to devote more time to those gross irregularities which must be treated at a later age.

Every effort is made by the Dental Officers, in the selection of cases for orthodontic treatment, to explain the implications of this treatment to the parents, thereby reducing the numbers of patients who light-heartedly commence this treatment and abandon it before completion. When the irregularities are corrected the children are kept under review until such a time as it is considered unlikely that a relapse will occur.

Ninety-three children have been supplied with dentures during the year. These dentures were supplied because incisor teeth had been fractured accidentally and were either so badly broken or had been so long before treatment that they had to be extracted. A small number of acrylic jacket crowns had been fitted, for children who had suffered similar accidents, when they were seen sufficiently soon after the accident for the pulp to be preserved in a vital condition.

Some 1,200 children were seen by the Oral Hygienist. These children were referred to her by the respective Dental Officers or at the request of the School Medical Officers. Their teeth are primarily scaled and cleaned and the children are instructed in the correct manner to maintain a healthy mouth. In a small number of cases it is found necessary to carry out daily gum treatment for a short period. The children are then discharged and, after a period of six months, they are recalled for a further check-up and any necessary treatment is carried out.

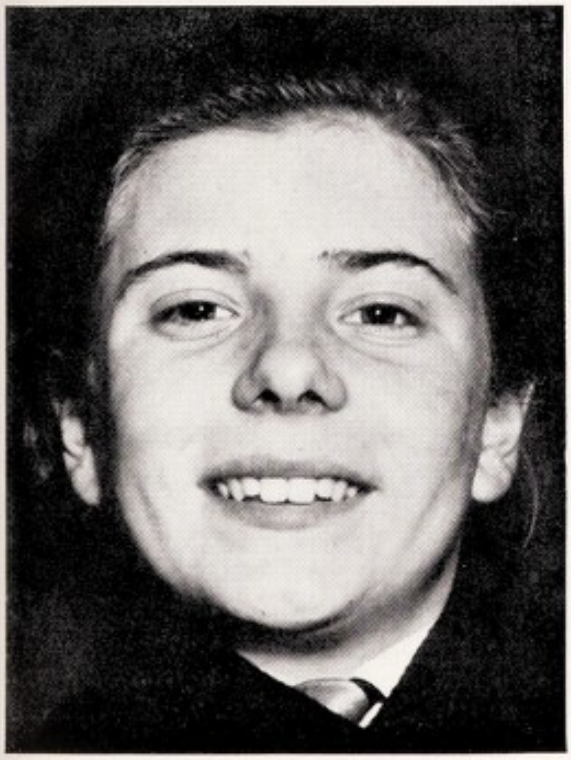




Whenever possible the Oral Hygienist has accompanied the Dental Officers at routine dental inspections to give talks to the pupils about oral hygiene. This is done either to small groups or to whole classes as circumstances permit, and the respective teaching staffs have proved most co-operative in this.

Section 13 of Table 4, "Other Operations," includes all varieties of conservative work not classified as fillings.

Reference has already been made to a survey carried out by Mr. Hargreaves, the full statistical analysis is not yet complete and will be published in due course. The broad picture, nevertheless, is apparent. The incidence of dental disease is at a very high level. This high incidence is apparent at a very early



age and remains so throughout the school population, regardless of differences of background, schools or areas of the city. This picture shows us a local confirmation of opinions previously passed, both local and national, and is indeed disappointing to anyone with the dental interest of the population at heart. In the light of this, it could only be hoped that the present enquiries into the effects of fluoridisation will reveal some possibility to restore the balance.

A SURVEY OF DENTAL CARIES IN SALFORD SCHOOL CHILDREN

(Mr. J. A. Hargreaves)

A recent survey, not yet published, in my area showed the harm done by the early loss of the milk teeth due to dental caries. This led to disorders or irregularly placed and congested teeth.

A selection of five, eight and twelve-year-old children from different residential parts of the city were examined as follows : 424 five-year-olds, 317 eight-year-olds, and 507 twelve-year-olds. The five- and eight-year-old children were taken from primary, church, and council schools and the twelve-year-olds were selected from Grammar and Secondary Modern schools—a good cross section.

From the results it was shown that, at five years of age, more second molar teeth had been extracted than first molar teeth. For the eight-year-old group the number of first and second molar teeth extracted was almost equal.

Only 8% of the five-year-olds were free from dental caries. In the eight- and twelve-year-old groups only 3% of the children showed caries free permanent dentition.

This survey showed the great importance of what is known as orthodontic treatment—that is, cure of irregularities of formation. Very few authorities can provide an orthodontic service because of the great shortage of competent specialists in this field. The survey proved the association between regular dentition and poor gum conditions, or the predisposing conditions of pyorrhea in later life.

It was seen that carious teeth tended to cause areas of stagnation with consequent poor gum conditions. The incidence of all these conditions was the same in all types of school environment, etc.

The Chief Medical Officer has recently reported that the percentage of children who showed *no* decay or missing or filled teeth, declined from 22% to 15% in the five-year-olds, and from 19% to 12% in the twelve-year age group.

This survey further emphasises the need of control by parents of the eating habits of their children, such as a proportion of some hard food, crusts for exercises of the jaws ; tooth cleansing by means of fruit ; and the need of a protection of the growing tooth which is provided by water containing appropriate fluorine content.

In previous publications concerning five-year-old children in the London area particular attention was paid to external tooth structure in relation to dental decay. It was shown that tooth structure in the average five-year-old in 1943 and 1945 has improved compared with the examination made in 1929. It was also shown that at the end of the war the incidence of caries declined from 1943 to 1947, but rose after this date, compared with future examinations up to 1955. This high caries level has also been shown by another survey in respect of a small number of five-year-old children where a d.m.f. (decayed, missing or filled) figure of 725 is given, the highest recorded for five-year-old children in this country. This figure is almost identical to that shown in the present survey, as is the d.m.f. rate for the eight-year-old children shown in the previously mentioned survey.

FOOT HEALTH SERVICE

(Mr. Franklin Charlesworth)

The consistent rise in the number of cases of tinea pedis has been maintained, although improvements in treatment techniques with new and more effective medicaments has enabled us to get the situation well under control.

It is, however, interesting to note that the new medicaments have not been accepted on face value but have been thoroughly investigated by controlled clinical tests. Such a test was carried out by the chiropody department on one of the latest medicaments produced for the treatment of tineal dermatitis.

Another form of treatment that is now gathering much favour following extensive clinical investigations and most favourable reports, is oral treatment. An example is Griseofulvin which is an antibiotic obtained as a metabolic product of several species of penicillin. Its antifungal properties are well marked and it has proved highly effective when given by mouth as a systemic treatment for dermatophytic infection.

This medicament is available in tablets.

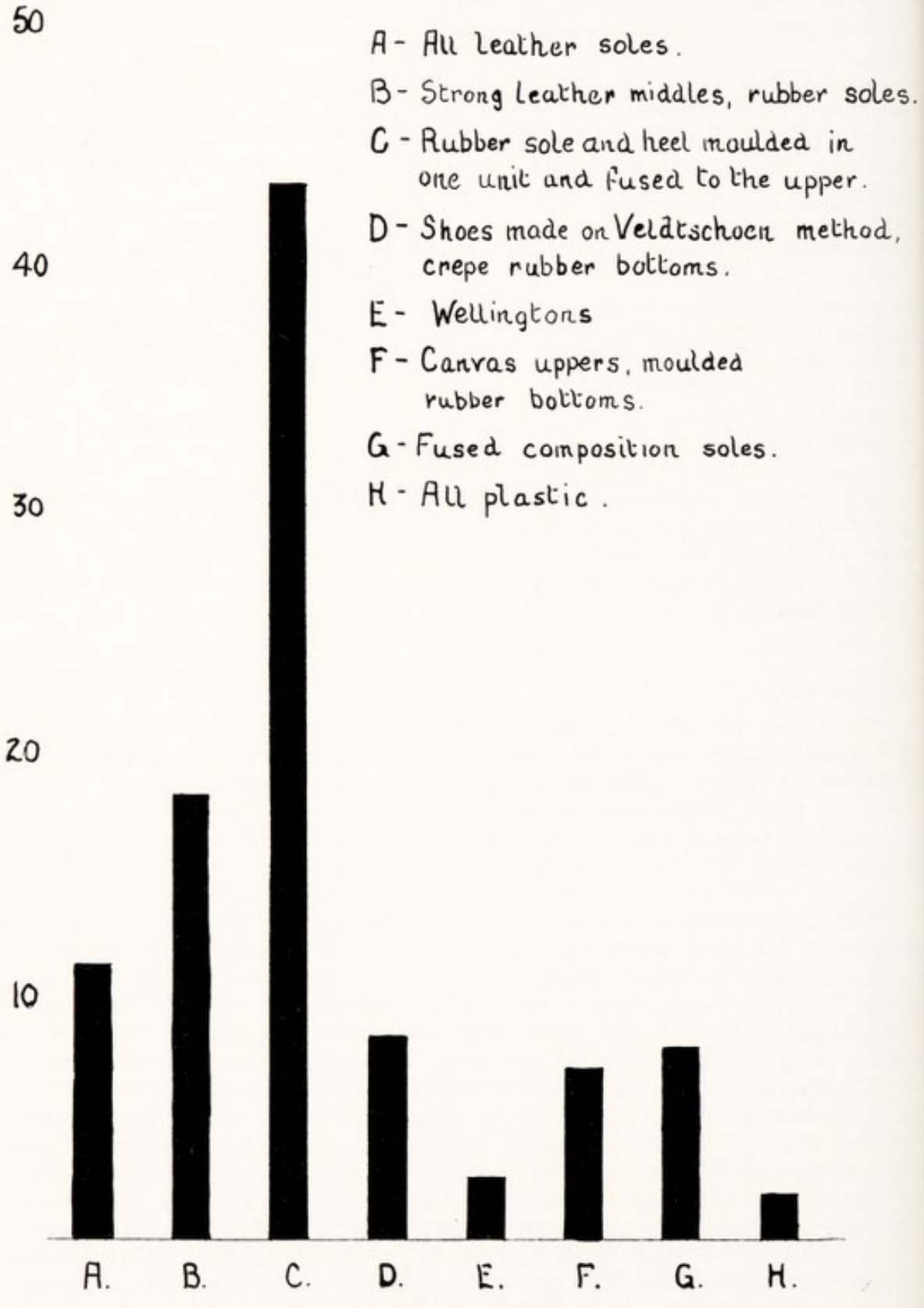
The present trend towards rubberised materials and plastics in the manufacture of footwear is a factor that has not been disregarded as a contributory factor to the continued rise in the instance of tinea pedis, and I have continued with the systematic survey of footwear taking account of style, materials and construction.

Footwear Survey.

The survey has revealed that more than half of the total number of children were wearing shoes with fused rubber soles. This type of footwear has a soft leather upper with a leather or synthetic insole. The outer sole, waist and heel are in one piece of moulded rubber. This bottom unit is secured to the upper by a modern process which completely seals the joint and makes it absolutely waterproof.

The shoes do not appear to have any serious adverse effect on the condition of the feet, but they are not as stable as the rigid waisted leather-bottomed footwear. The moulded rubber heels tend to allow a floating movement which does not provide the same stable foundation as the all-leather heel. There is also a tendency to wear shoes of this type long after repair of the heels is necessary to keep the foot stable. It would appear that this type of heel is not as easy to repair as the leather heel. The shoes with a strong leather middle and rubber sole appear to be very satisfactory. The leather middle provides a sound foundation. It can absorb the excretions of the feet, a factor which make the old-fashioned leather-bottomed footwear more healthy, whilst the leather heels also make the shoes more stable. This type of footwear combines the best of both materials. The leather middle is more healthy, a heel of the same material is more stable, whilst the rubber sole and heel top piece give better wear than an indifferent quality of leather. Unfortunately, this type of footwear only constitutes about 16% of the total worn by the children.

PERCENTAGE OF TYPES OF FOOTWEAR WORN BY CHILDREN.



In either type of shoe strong rigid shank and good strong heel counters are factors which require attention by manufacturers. The poor quality of the heel counters (stiffeners) in much of the footwear is responsible for a lot of the treading over.

The footwear that is most likely to predispose to tinea pedis is the type made from rubberised fabrics, *i.e.*, plimsoles, baseball boots and ballerina shoes, all these types of footwear have canvas uppers which have been rubberised or have uppers made of synthetic non-breathing materials. Imitation leather or velvet is usual. Soles are of rubber fused to the uppers with a rubber sealing strip running round the lower margin of the uppers. This type of footwear retains perspiration causing the foot to get hot and humid. The skin becomes relaxed and the pores dilated. Dirt and grit cause the skin to become abraded over pressure areas, dilated pores and the relaxed state of the skin reduces the defence mechanisms and renders infection more liable. In the summer-time footwear of this nature is worn extensively by children and the small percentage shown in a winter survey is no indication of the proportion worn throughout the year.

Careful observations have been kept on the full range of treatment techniques for tinea pedis as carried out in the Salford School Health Service and, as a result, one is driven to the conclusion that the most successful collection of clinical results is achieved by a versatility in treatment. Be always ready to change the treatment techniques or medicaments where the reaction to the one used is not satisfactory or when a tolerance appears to have been developed over a lengthy period of treatment by a particular drug.

Cleanliness is an essential part of successful treatment. If this is disregarded re-infection will constantly occur.

Rubberised or plastic footwear are best discarded as not only does such footwear predispose to tinea pedis but its use during treatment will tend to retard progress.

Verruca pedis continues to increase and many of the predisposing factors relative to tinea pedis apply equally to verrucæ.

SPEECH THERAPY

(Miss Ann P. Myers)

This year has been, in one respect anyway, a year of note. For the first time since a Speech Therapy Department was started in Salford the establishment has had its full complement of three speech therapists. This came about with the appointment, in August, of Miss Cohen.

As a result of Miss Cohen's appointment two new centres have been opened, one at Summerville Maternity Clinic and the other at Marlborough Road Infant School. An extra session is also being taken at Claremont Open-Air School. These have greatly relieved the waiting list, which is now about thirty per therapist instead of the hundred which it was previously. Children referred for speech therapy can now, therefore, hope to be seen within twelve months of their referral. It is, however, very difficult for each therapist to have sufficient use of the tape recorder which has to be shared among the eight centres.

At Cleveland House Spastic Class the second session weekly, which was instituted last year, has been continued throughout 1959. This has helped considerably in the progress of these children who, for the most part, would benefit from daily therapy. In February a typewriter was purchased for one child, by her parents at minimum cost, on the advice and through the negotiation of the Speech Therapist. Since then the child has learnt to type with reasonable accuracy which has aided her language development.

There has been some difficulty over accommodation of the speech clinic at Broughton Modern School. In the course of the year the speech therapist has had to move from the medical room to the waiting room. This is smaller and less well lit. It is, however, adequate.

AUDIOMETRY

(Mr. Kenneth S. Brown)

The services of audiometer testing were somewhat restricted due to Mr. Valentine, the Audiometer Technician, leaving the authority in February. The present Audiometrician did not take up his position until September but, even so, the year's working compares favourably with that of the previous year.

	1958	1959
Sweep tests at school	3,053	3,324
Individual audiometer tests	1,276	977

The 3,324 children who were sweep-tested at school during 1959 were in the following age categories :—

4–5 year group	1,689
13 year group	1,402
6–10 year group	27
Special survey at St. Cyprian's C. of E. School (4–11 year group)	206

Of these 513 failed to pass the hearing test, this being 15·4% of the children seen.

Children who fail are given a full individual audiometer test at a clinic, where there are less noise disturbances. The percentage failures amongst the 4–5 year age group is extremely high—in some schools 25%. This is not because of excessive deafness, but because their brief period at school has not taught them the disciplined concentration which is necessary for the hearing test, and because the new experience of having electrical apparatus used on them is overwhelming. On re-testing these children a more realistic figure, in the region of 6–8%, was reached.

Sweep-testing of hearing, at school, serves a two-fold purpose :

(1) To detect deafness, so as to avail the child of medical care.
(2) To discover the minimum hearing loss which constitutes a handicap to the child's educational attainment.

The 4–5 year age group were selected for testing so that deafness could be corrected early in their school life, before serious work is commenced.

Children in the 13 year age group were selected for testing—the aim being to provide any necessary medical attention before they leave school.

The need for specialised detection of deafness is much in evidence where we find families of low socio/economic status, with early signs of ill-health, especially respiratory ailments which, if neglected, could cause serious hearing loss. The pollution of air by industrial fumes and smoke have a bad effect, causing diseases which badly impair hearing.

Teachers are often unaware that learning and behaviour difficulties of hard-of-hearing children are due to their hearing loss and not to mental disability. A child's failure to obey is sometimes interpreted as sheer naughtiness, by his teacher and parents. Children with hearing impairment often feel socially inadequate because of their inability to follow oral communication, but the desire to draw attention is innate in these children, as in most children, and is sometimes expressed by truancy, lying, stealing and expressed introversion.

The progress made during the year was enhanced by the excellent support from the teaching staff of schools visited.

PHYSIOTHERAPY

(Miss Patricia K. Fogg)

Claremont Open-Air School.

The largest part of the school health physiotherapy now takes place in the special schools which has the great advantage of minimising the time a child is absent from class and also lessens the danger of accident by keeping the children off busy main roads.

Claremont Open-Air School provides us with a great deal of work and does remain a very difficult problem mainly because children with so many different types of handicap attend the school.

At the present time the school is used as a Chest Unit, Cerebral Palsy Unit and Physically Handicapped Unit, as well as having a large number of delicate children, many with social and emotional problems but still frequently requiring sunlight, breathing or postural treatment.

As long as one school is used for so many different conditions the work will always be extremely difficult trying to fit in the aims of the best, both in health and education for the child. This requires superhuman tact and understanding on the part of the teaching and physiotherapy staff and even when this is obtained, as I think it is at Claremont, the work remains extremely arduous when it has to be fitted into the short hours the children are at school, and also by the conflicting demands of meal and rest time.

It must be realised that, if these children were not able to obtain the specialised treatment required at a special day school, residential treatment would be required, with the consequential high cost to the local authority and separation of the child from home and family, which makes a handicapped

child feel an outsider and more aware of his being different to ordinary children. Even with all these difficulties it makes the work worth-while to see how the children improve physically and look so much brighter and happier.

Barr Hill Open-Air School.

At Barr Hill Open-Air School the children attending are mostly delicate, some with minor respiratory infections and a number with asthmatic conditions. One of the physiotherapists visits the school twice weekly to give breathing exercises. The new headmistress has been very co-operative in our work and we try to upset the school curriculum as little as possible.

Cleveland Special Class.

The cerebral palsy children attending the Cleveland Special Class continue to make steady progress. During the year one little boy has progressed sufficiently to attend Claremont Open-Air School and has settled down there very happily. His mother is delighted that, for the first time in his life, he comes home from school dirty. One girl is also ready to attend Claremont when there is a vacancy. Two five-year-old girls have joined the class during the year and show great improvement, not only physically, due to regular treatment. For domestic reasons neither of them were able to attend the physiotherapy clinics before reaching school age, but now they are so much happier socially. Both of them were terrified of attempting fresh achievements and have gained much greater confidence and independence by mixing with other children. I am sure if we could only have a small nursery class, for physically handicapped children from the age of two years, the benefit they would receive both physically and mentally, and the sum total of human happiness gained both by the children and by the parents and the whole family, would far outweigh the financial cost of such a small scheme.

Clinics.

Three girls who attended the physiotherapy clinic for most of their school lives and have cerebral palsy involving two limbs, are now happily married. Two of them have bonny, normal children, and manage their homes and look after their children extremely well, so they agree that the long years of treatment were worth-while.

The physiotherapy clinics are gradually being equipped with Aerosol machines for the treatment of bronchiectasis. Regent Road Clinic and Murray Street Clinic now have machines. It is hoped that by the early treatment of children who have only recently had a chest infection, such as pneumonia, intensive treatment can be continued on their discharge from hospital and the condition cleared up without chronic bronchiectasis developing.

SCHOOL CHILDREN'S CONVALESCENCE

(Miss Bessie Chadwick)

One hundred and eleven school children were afforded convalescence during 1959. Thirteen children referred to the Almoner did not avail themselves of the provision made.

Sources of referral :—

School Medical Officers	82
Hospital Almoners	16
Health Visitors	3
Mental Health Visitors	6
General Medical Practitioners	14
Orthopædic Surgeon	3
Total	124

76 children were away for four weeks or less.
1 child was away for five weeks.
25 children were away for six weeks.
1 child was away for seven weeks.
6 children were away for eight weeks.
1 child was away for nine weeks.
1 child was away for ten weeks.

111

The Homes used, and the number of children sent to each, are shown below :—

White Heather Home, Colwyn Bay	3
Tanllwyfan, Colwyn Bay	20
Taxal Edge, Derbyshire	24
Ormerod, St. Annes-on-Sea	30
Margaret Beavan, Heswall	9
Bryn Aber Nursery Home, Abergele	5
Hillary Nursery Home, Prestatyn	8
West Kirby	12
Total	111

In eight cases the full cost of convalescent treatment was borne by the Trustees of the Cinderella Fund.

CHILD GUIDANCE CLINIC

Of the total number of children referred to the Clinic, in the period covered by this report, boys outnumbered girls in a ratio of 3 to 1. This figure is borne out by reports from other Child Guidance Clinics and is all the more interesting as, in Adult Psychiatric Clinics, referrals operate in the opposite direction—more women than men. This could mean that in childhood more boys are emotionally disturbed than girls, whereas in adulthood the females predominate. However, there is a good deal of evidence indicating that this is not the true explanation. It seems truer to say that the neurotic symptoms which attract attention among the school population are those more normally

resorted to by the disturbed boy. Aggressiveness, truancy, bullying, delinquency, have a high nuisance value and are likely to bring the individual earlier to the notice of the adults than such symptoms as headaches or other psychosomatic complaints, solitary behaviour or obsessions. One is driven to the conclusion that many childhood neuroses pass unnoticed and one would hope that with increasing knowledge those caring for children, especially small children, become better able to assess the significance of the child's behaviour. Of course, one cannot do controlled experiments with children, as one does in the laboratory, with the aim of establishing definite evidence.

However, when confronted with a ten-year-old, whose disturbance has been present in one form or another for many years and who is, for example, unable to make use of his intelligence, unable to mix with other children and so on, one often feels " if only someone had drawn attention to them at the age of five." At the age of ten so much has become part of the child's character that treatment at this age is usually longer and slower.

Number of children seen in the Clinic	103
Number of boys	77
Number of girls	26
Total number of interviews	1,325

CLAREMONT OPEN-AIR SCHOOL

The year opened with seven classes and two new teachers. All classes were reduced in size, and no class will in future contain more than twenty-five children. This is a great advantage from the educational point of view as it is much easier with smaller numbers to give each child the individual attention so necessary for well-being and progress. Most of the children have missed many basic steps in 3R work and have had little chance for creative play. In addition to this the average I.Q. is below normal.

During the first week of January three severely handicapped children, all needing ambulance transport, were admitted. One of these boys was confined to a wheelchair and has made good progress in school, joining in most aspects of school life. This has brought the average number of physically handicapped children over the year to more than twenty and, to help to solve any new problems resulting from this, a third ancillary helper was appointed, in this case, a nursery nurse. The welfare staff now totals three workers and their help makes for much smoother running.

In January a visit was paid to Carlson House, a school for spastic children in Harborne, Birmingham, to see some adaptations to furniture to make it suitable for physically handicapped children. As a result of this visit, furniture was adapted to suit the particular requirements of each individual handicapped child. The resulting furniture is strong, practical and good to look at.

During 1960 a new specially designed desk is to be pioneered for partially-sighted pupils. The design is original and should make the physical task of reading easier for the children who will use it. The problem of finding suitable textbooks to teach the mechanics of reading to children with serious defects of vision still remains. Infant readers, while often suitable in print and lay-out, do not always contain the right subject matter. The position for more advanced pupils is far from satisfactory. The age range in the class (5–12 years) and the

variation of defect, give some idea of the problem. Diseases of children in this group have included myopia, albinism, congenital cataract, congenital nystagmus and hypermetropia. Two children were found fit to return to normal school at the end of this year—one of these a ten-year-old girl with an I.Q. of 130.

The physiotherapy staff are now in occupation of the new physiotherapy room which, with two new classrooms, forms part of the new block which was opened in the spring. This new treatment room is light, airy and well equipped, and a great joy to staff and children. A recent innovation is a wax bath.

In April an Opportunity Class was opened and, so far, there has been very satisfactory progress here in giving remedial work to children who have failed to make progress due to absence or debilitating illness.

There are now nine classes in the school and, with the exception of the P.S. class, the age range in each class is no greater than in normal school. In spite of the time spent in treatment educational progress is on the whole satisfactory. Most children show an increment of reading age commensurate with the time they spend in school and there is still time for art, needlework and light craft. In October a large parcel of Christmas presents made by the children was sent to H.M.V. "Port Hardy," the ship adopted by the school. Correspondence with the Captain and crew is regular and of great value to the children.

During the year two fully equipped bathrooms were built in the rooms housing the showers. These are used where a child needs a bath, and also as part of the social training of those children who cannot indulge in the pleasure of running hot water and a bathroom at home. They have proved popular and beneficial. Swimming was popular during the summer. One girl, who had previously gained her Bronze Medallion, was ready for the Salford Hundred test, but it was decided that it was not wise to involve her in a test with a competitive element. In all cases advice is received as to which children may be given swimming lessons. On one occasion two members of the staff took three severely handicapped children to the baths and they greatly enjoyed the experience. One of these children (a boy with cerebral palsy) has kept up his visits and is making good progress.

Breakfasts have been discontinued, but the milk drink given to the children on arrival at school is now protein-fortified.

Educational visits and outings have been made to Buile Hill Park coal mine, the Docks, the Zoological Gardens, the parks, and the circus. Wheelchairs have made it possible to take even the severely handicapped children and one boy, who used to be pushed in a wheelchair, now accompanies us on his own tricycle or walks without help. His transition from dependence to complete independence has changed his whole outlook and is a triumph for the orthopædic surgeon and physiotherapists.

The last visit of the year was made on Christmas Eve to Belle Vue Circus, in ringside seats.

Last year there was the inconvenience of the building of the new block in cold, wet weather. This year there has been the joy of using it during a wonderful summer and a mild winter. It has been, from all points of view, a very worth-while year.

BARR HILL OPEN-AIR SCHOOL

During the year the Head Teacher retired after a long period of outstanding service with the Committee. Her successor is a lady with valuable experience in other areas, and was appointed having in mind the future school for physically handicapped children which, it is hoped, will be in the 1962-63 Building Programme. On its opening the Barr Hill Open-Air School will close.

The following statistics relate to the year under review :—

Discharges. Twenty-seven boys and 17 girls left during the year.

Diagnosis :	*Boys*	*Girls*	*Total*
Delicate	14	12	26
Recurrent Respiratory Infection	1	2	3
Bronchitis	5	1	6
Asthma	3	2	5
T.B. Spine	1	...	1
Epilepsy and Asthma	1	...	1
Catarrh	2	...	2
Totals	27	17	44

Reasons for Discharge :	*Boys*	*Girls*	*Total*
Residential School	1	...	1
Removal	3	...	3
Fit for Ordinary School	20	14	34
School-leaver	1	2	3
Parent's request	2	1	3
Totals	27	17	44

	Boys	*Girls*
Average increase in weight	11 lbs.	12 lbs.
Average stay in the school	74 weeks	77 weeks

Admissions. Twenty-one boys and 19 girls were admitted.

Diagnosis :	*Boys*	*Girls*	*Total*
Delicate	13	12	25
Epileptic	2	1	2
Physically Handicapped	1	1	2
Claustrophobia	1	...	1
Respiratory Infection	1	1	2
Bronchial Catarrh	1	...	1
Recurrent Bronchitis	2	3	5
Asthma	...	1	1
Post Primary Complex	...	1	1
Totals	21	19	40

	Boys and Girls
Average age on admission	8·0 years.

Owing to the unsatisfactory teaching arrangements in the school buildings the assessed accommodation has been found too high for effective work, and the number in the school is being gradually reduced so that there is a maximum of 72 children in three classes.

The Senior Class Room is now equipped with single locker desks and chairs, and the dining arrangements are transferred to the Rest Shed. A Child Care Reserve has been appointed. Her services are proving most useful. Staffing, however, continues to be rather difficult generally.

HOPE HOSPITAL SCHOOL

This year has been one of steady rather than spectacular progress. There have been no major disturbances as regards organisation and most of the children have settled down well and produced very satisfactory work.

The closing of the Casualty Department at Eccles and Patricroft Hospital has introduced more accident cases to the school than hitherto, and many of these have been long-term orthopædic cases. There has, therefore, been an increase in the numbers of this type of patient and most of them have been able to follow an almost normal school curriculum for some months. The surgical and orthopædic children's ward has been very busy throughout the year and some rearrangement of staff has been necessary to cater for these increased numbers.

On the medical wards there have been far more children of pre-school age than of recent years and, though many of these have been short-term cases, there has been a nucleus of long-term, severely handicapped children to whom our main care and attention has been given.

In spite of the decreasing length of time which children now spend in hospital, the Teaching Staff have been busier of late months than for some time for, with the improvement of drugs and treatment, patients have been able to begin school work very much earlier.

The Spastic Class.

This has been a year of very satisfactory progress, particularly with regard to the younger children who now form the greater part of the class. Although several of these younger children have had to undergo operations during the year, their school progress has been well maintained, and most of them should be able to transfer to ordinary schools within a year or two, as the majority are not severely handicapped.

One partially-sighted child was able to transfer to Claremont Open-Air School and should shortly be followed by another rather older child.

The class held an "Open Day" in July, which was very well attended in spite of the inclement weather which prevented the use of the garden. The Matron of Hope Hospital gave a short address and parents and friends were entertained by the children with songs and verse speaking, and by the showing of films of the children at work.

HOME TEACHING

This year the work in Home Teaching has proceeded along the usual lines. The children seem to have had fairly good health and as a result have not missed much of the time they spend with the Home Teacher.

Ten children have been in the care of two teachers. Both teachers place a strong emphasis on Art work, which helps to give the children confidence as well as being an enjoyable experience. The children are talking more freely and as a result of this they are finding it easier to make progress in the teaching of the 3 R's.

The parents of all the children have done their utmost to help. They are often able to continue the teaching during the days in between the visit of the teacher, which is a tremendous help to the child.

The " Open Day " was held at the Chaseley Field Adult Centre on 14th July, 1959. It was a lovely summer day and both parents and children thoroughly enjoyed the opportunity to relax in the pleasant grounds at Chaseley. The Director of Education was welcomed as the chief guest on this occasion. He and the other guests showed great interest in the exhibition of the children's work.

The children appreciated the gifts which they received at Christmas.

PARTIALLY DEAF CHILDREN

There are now two classes for partially deaf children. The original one at Regent Road School now caters for children from the age of eleven to sixteen, and the one at Seedley Junior Mixed from five to ten plus.

The handicap of partial deafness is difficult to appreciate in that many children appear to be quite normal under certain conditions. They can hear when they are called by name. They can understand the general everyday patterns of conversation and demand. But when they are confronted with unfamiliar material in the form of names in a geography or history lesson, or strange combinations of sounds in mental arithmetic or spelling, then their lack of discrimination becomes evident and they lose their confidence in what they can hear and understand. This misunderstanding and decline in confidence contributes to anti-social behaviour in many instances. The dull and difficult child, the lazy child, the backward child, is often found to be a partially deaf child.

It is not the absence of mental ability that activates this behaviour but rather the difficulty in responding quickly enough to the half heard, half perceived stimulus of an active child's environment.

With this in mind, therefore, it is the hope that by attaching classes or units to schools of normal hearing children in the near future the partially deaf child will have the benefit of specialised tuition in speech, lip-reading and the more difficult oral lessons requiring amplified sound and clear enunciation, coupled with their particular needs in vocabulary and visual aid. At the same time they are in a position to take part in normal school activities where speech plays a minor role as in woodwork, cookery, sewing and games. This system overcomes the handicap of complete segregation and enables the children to remain as part of a normal world.

The two classes have installations of unit hearing aids known as the Loop System at Seedley, and the Group Hearing Unit at Regent Road. These, together with the speech training units and specially adapted individual hearing aids, give the maximum of assistance to the useful hearing capacity of each child.

There are, of course, other handicaps to be dealt with in these children, such as impaired sight, lack of stamina, maladjustment and physical retardedness, but deafness is in all cases considered to be the major handicap for, unless a child understands what is going on and can communicate accurately his thoughts and wishes in speech, the way into his mind is blocked.

BROOMEDGE SCHOOL

The year started with 60 children on the roll and that figure remained constant throughout the year, during the course of which 23 children left the school and were replaced by new entrants. The majority of the leavers, 9 girls and 8 boys, were transferred in July to special classes in secondary modern schools. All could read at varying levels of ability. Of the remaining 6, three children were returned to normal classes in primary schools, two were sent to occupational centres following examination under Section 57 (3) of the 1944 Education Act and, finally, one was transferred to a Residential Special School.

More than one-third of the school's population is replaced each year, and with such a rate of turnover its structure changes from year to year.

The following table, which shows the state of the school for the September term, 1959, brings some of the changes into focus :—

I.Q.	Age Range					
	7	8	9	10	11	Totals
40–44	...	1	...	...	...	1
45–49	...	...	...	...	...	...
50–54	1	1	1	...	1	4
55–59	...	...	...	...	...	...
60–64	...	1	2	...	2	5
65–69	2	1	...	1	...	4
70–74	...	2	1	2	1	6
75–79	2	2	8	8	...	20
80–84	1	1	8	4	...	14
85–89	...	...	2	...	2	4
90–94	...	...	...	2	...	2
Totals	6	9	22	17	6	60

The mean I.Q. is 75, which shows an insignificant drop of one point since last year. The distribution of I.Q.'s shows a feature which is characteristic of those of previous years, because two-thirds of the children have I.Q.'s

above the mean. When this feature is considered in connection with the fact that all the levels of ability are well within the recommended limits for E.S.N. education, it is a clear indication that retardation as well as dullness is receiving due consideration as a criterion for ascertainment. Apart from one child aged 8 years, the I.Q. range is 44 points.

The mean age, despite a normal distribution, is 9 years 1 month. This shows a decreasing trend which is most favourable, and probably due to children being referred and ascertained at an earlier stage than in the past.

As far as physical health is concerned, the following recommendations were made at the annual medical inspection which was held in May :—

Dental treatment	17
Ear treatment	4
Speech therapy	2
Nasal drill	3
Eye tests	2
Chiropodist	1
Diet for obesity	1

Throughout the year several measures were introduced with a view to preserving the children's teeth. Toothbrushes have been in daily use in school since the previous year. All the children are instructed in this use and teeth cleaning is supervised after dinner each day. In addition, children are not encouraged to bring sweets or sweet biscuits to school ; nor are they allowed to buy any at dinner-time. Parents have been urged to send their children for dental treatment immediately they receive notice.

Average attendance for the year was 89·1%. The highest monthly figure was 93·4% and the lowest 80%.

The year's school journeys and out-of-school activities consisted of :—

1. Journey to Ainsdale in which the whole school took part.
2. Two visits to the homes for the aged and handicapped.
3. Weekly nature walks (weather permitting).
4. Belle Vue.
5. A visit to Glendale by the school choir.
6. Visits to the new schools by the leavers.

The year ended on a happy note with the Christmas Party. As in 1957, Mr. Harry Corbett and his puppet, Sooty, entertained the children and the guests equally well.

PHYSICAL EDUCATION

It is pleasing that marked progress can be reported in providing facilities for P.E. for the older children in the city. Two new gymnasia, fully equipped, with excellent changing and showering spaces, have been added to those already existing. These excellent facilities have provided both organisers and teachers with greater opportunities to develop a wider variety of work on differing types of apparatus and additional challenges to the children. Unfortunately, it has been impossible to make the fullest use of these extra opportunities because of changing staffs in the schools and the lack of specialist staff. This latter presents the bigger problem because the fullest and best use of these excellent advantages cannot be made until suitably qualified teachers are more readily available.

Regular P.E. lessons continue to form part of the time-table in all types of schools. Fewer problems arise over the removal of top clothing for the lesson and, in the secondary schools, including the new ones, changing and showering are becoming an accepted part of the P.E. lessons.

Difficulties still beset the work in two key directions :—

(i) the provision of facilities ;
(ii) staffing.

The provision of adequate facilities still presents many problems in primary schools. Because of expense it is still impossible to provide large equipment for climbing, heaving and agility work in all places where it would be useful. Many of the primary schools have some of this equipment but few, if any, have sufficient. In certain schools the facilities are such that it is impractical to supply other than a limited amount of such apparatus. In some schools it is still impossible to take a P.E. lesson on a wet day.

Reorganisation of certain schools has helped to improve this position in the last year.

Staffing continues to be a major problem.

1. Instability of staffing makes it difficult to maintain work which has been developed or encouraged in schools, and it is disappointing to see work, which has reached a good standard, dropping back for this reason.
2. There is a continued shortage of specialist teachers and a number of temporary teachers have to be employed.

The Committee continued to provide a supply of small apparatus to all schools in the city, and it has been possible to supply more primary schools with some large apparatus. An issue of plimsolls was made to all primary schools, and the marking of school playgrounds for various activities is maintained.

Organised Games.

All schools with the exception of Infants' Departments allocate one period of their P.E. time to games.

Good use is made of all of the Committee's grounds and also the playing facilities provided by the Parks Committee. The reorganisation of the schools, and the provision of more secondary schools, underline the problem of providing playing fields in sufficient quantity. As the reorganisation approaches completion this problem will become more acute.

Ordsall Park still remains unavailable for organised games and this adds to the difficulty in providing adequate games facilities, particularly in this congested area of the City, where facilities are particularly inadequate.

Changing and showering facilities on the playing fields are often inadequate. Some fields have no changing facilities at all.

The Committee has built new changing rooms and showers at two of their grounds (the Legh Road and Northumberland Street Playing Fields) and this will help materially in providing facilities for the boys and girls on the north side of the City.

Swimming.

Interest is well maintained in this branch of the work. Swimming has been badly handicapped by the closing of the Blackfriars Bath at the end of 1958 for modernisation. Provision for the past year has been made for schools who attend the Blackfriars Bath to go to other baths for swimming instruction, but this could only be done by curtailing the swimming of schools which normally attended these baths. In addition certain schools, particularly during the winter period, felt that the distance to be travelled to the new bath, and the time so expended, were excessive and the children were not sent for swimming instruction.

The swimming teaching is done by three full-time staff (two men and one woman) plus two or three part-time women and a number of assistant teachers who are responsible for the work in their own schools.

During the summer months provision was made for 232 classes of 30 children to attend. In the winter period provision was made for 137 classes of 30 children. The number of classes scheduled is fewer than in the previous year owing to the closure of Blackfriars Bath.

As an experimental measure a limited number of mixed junior classes were sent to the baths (as opposed to the single sex class which has been the accepted practice in the City for many years). This has proved very successful and is likely to be extended.

Examinations for the Certificates issued by the Education Committee were held at the end of the swimming season and the results are set out below :—

3rd Class	*2nd Class*	*1st Class*	*Advanced*	*Total*
1,392	947	486	197	3,022

Thanks are due to the Baths Committee who awarded Free Season Tickets to the 1,392 children who gained certificates for the first time.

The Royal Life Saving Society Examinations have been taken by the Salford school children with the following results :—

	Boys	*Girls*	*Total*
Elementary	128	159	287
Intermediate	132	92	224
Bronze Medallion	67	48	115
Bar to Bronze Medallion	12	8	20
Bronze Cross	14	7	21
Scholar Instructor	...	3	3
Unigrip	...	101	101
Totals	353	418	771

The Humane Society for the Hundred of Salford again awarded 12 medals for competition in the City, 7 being allocated to boys and 5 to girls. As a result of these tests, one boy gained the honour of a special medal for the fastest time returned in all of these examinations held in the Manchester and Salford area.

Several schools again organised their own swimming galas, and the number so doing is increasing.

Out-of-School Activities.

The Salford Schools' Sports Federation has continued its active work which is held out of school time. Thousands of children are given the opportunity of taking part and the work carried out by the Federation cannot be too highly praised.

The **Swimming Section** carried out an active programme and took part in the Lancashire Schools Swimming Championship, and for the first time in the Lancashire Squadron Championships. They also organised two highly successful inter-schools swimming galas.

The **Rugby Association** has reorganised its activities and now has four competitions : Senior, Intermediate, Junior and Colts corresponding with the first four years in secondary schools.

Football. A rather disappointing season was recorded, but 56 schools are now taking part with 100 teams entered and over 1,200 boys took part in these activities.

Athletics. Teams were entered for the Lancashire Schools Championships and performed creditably, scoring more points than ever before. Three very successful meetings (two afternoon and one evening) were held at the Schools Sports. Several schools have held their own sports.

Cricket. A successful season was enjoyed and more schools are taking part in these activities. A cricket course was held for boys and a large number attended.

Boxing. A new Association has been formed following a course for teachers enabling them to qualify as Judges and Instructors. At the moment five schools are affiliated and a Salford teacher has been elected Secretary for the Manchester and Salford area.

Netball. This section had a very good year, with more schools than ever taking part. The City team had a very successful season, winning most of their games.

Rounders. Interest in this game is increasing and the number of schools taking part is greater. For many years there has been a junior mixed section, and it is now suggested that there should be three junior sections consisting of girls, mixed and boys. Standard of play has improved very much and a Salford school became one of the Joint Lancashire Champions.

Individual Honours.

(*a*)	Association Football ...	One boy selected for Lancashire Trials.
(*b*)	Rugby Football	Two boys represented Lancashire Boys in County matches.
(*c*)	Cricket	Two boys played in the South Lancashire team and one boy plays regularly for the County.
(*d*)	Swimming	One boy gained special award in Salford Hundred Awards. One girl gained second award in Lancashire Championship.

Physical Activity within the Youth Service, 1959.

Physical activities both indoor and outdoor continued to maintain progress during 1959 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 11th Annual Athletic Sports, which to some extent were curtailed by the bad weather.

The following is an analysis of the number of clubs and youth organisations providing physical activities in Salford :—

(*a*) INDOOR.

1.	Physical Education (Boys)	15
2.	Keep Fit (Girls)	10
3.	Basketball (Boys)	3
4.	Netball (Girls)	10
5.	Boxing (Boys)	6
6.	Mixed Badminton	26
7.	Country Dancing	4
8.	National Dancing (Girls)	2
9.	American Square Dancing	4
10.	Ballroom Dancing Instruction	6
11.	Table Tennis (Boys)	86
12.	,, ,, (Girls)	23
13.	Fives (Boys)	2
14.	Weight Lifting (Boys)	3
15.	Athletic Coaching (Mixed)	2
16.	Swimming (Boys)	16
17.	,, (Girls)	11
18.	Fencing	1
19.	Judo (Boys)	4

(*b*) OUTDOOR.

1.	Soccer (Boys)	66
2.	Rugger (Boys)	5
3.	Netball (Girls)	12
4.	Rounders (Girls)	11
5.	,, (Mixed)	2
6.	Athletics (Boys)	16
7.	,, (Girls)	9
8.	Tennis (Mixed)	10
9.	Hockey (Girls)	2
10.	Camping (Boys)	31
11.	,, (Girls)	8
12.	Hiking (Mixed)	16
13.	Holidays (Club)	26
14.	Cycling	6
15.	Cricket (Boys)	23
16.	Harriers (Boys)	4
17.	Pot Holing (Boys)	1
18.	Archery (Mixed)	2

SCHOOL MEALS SERVICE

The number of children having dinner at school rose steadily throughout the year and in October the number (10,676) was the highest for three years. With the addition of dinners served to teaching and school meals service staff, and dinners supplied to Health Committee Occupation Centres and one Independent School, average daily production of dinners was 12,000. Some 42% of children in school regularly have the school dinner and, of these, about 17% have the dinner without payment.

Some 88% of children in school are regular drinkers of milk supplied under the Milk in Schools Scheme.

Four new dining centres were opened during the year, the kitchens at two centres were equipped for cooking, and Ministry of Education approval was received for two further kitchens to be equipped for cooking. The number of centres cooking and/or serving meals at the end of the year was 70 as against 66 at the end of the previous year. The serving of school dinners on Saturdays and during school holiday periods has continued. Four centres are opened for this service.

A review took place of the breakfast service following discontinuation of this service, at the two open-air schools, on a twelve months trial basis. It was decided not to re-open the breakfast service at open-air schools and to discontinue the service for other school children which was based upon Huddart Street and St. Joseph's Canteen. The physical condition of the children who regularly attended for breakfast is being kept under constant review and should there be any evidence of harmful effect on the children attributable to the cessation of the breakfast service a report will be presented without delay.

New grant regulations came into operation during the year.

The charge for dinners served to children attending two special schools was brought into line with the charge (1d.) already made for dinners served to children attending the two open-air schools.

Work continued on the improvement of hygienic conditions and generally to increase the efficiency of the service. The nutritional value of the school dinner is maintained at the level recommended by the Ministry of Education.

Details of the meals served during the financial year, and comparison with those served in the previous year, follow below :—

Type of Meal	Served in Maintained Schools		Supplied to Other Persons, Occupation Centres, Independent School, etc.		Total	
	1958-59	1957-58	1958-59	1957-58	1958-59	1957-58
Dinners	†2,041,039	*2,025,007	38,652	36,166	2,079,691	2,061,173
Breakfasts ...	44,901	63,883	...	...	44,901	63,883
Teas	843	304	759	1,543	1,602	1,847

* Includes 41,151 dinners served in school holiday periods and on Saturdays.
† ,, 45,391 ,, ,, ,, ,, ,, ,, ,, ,, ,,

SCHOOL WELFARE

Children and Young Persons Acts, 1933-1938.

Section 18. Employment of Children Byelaws.

During the year 491 applications were received from employers wishing to employ children. Four hundred and fifty-six licences were granted in respect of these applications, 29 children did not attend for medical examination and no licences were issued, and six children were found, on examination, to be physically unfit. Of the licences issued 388 were to boys and 68 to girls for the following occupations :—

	Boys	*Girls*
Delivery of Newspapers	379	68
Errand Boy—Grocery	6	...
,, ,, Butchers	3	...

There has been a substantial decrease in the number of applications during the year, but the reasons for this appear to be that the children stay in employment longer and in some cases newsagents are employing old-age pensioners. The Byelaws provide for the medical examination at six-monthly intervals of all children who are employed and during the year approximately one thousand children have been examined by School Medical Officers. Supervision of the conditions of employment is carried out by the staff of the School Welfare Department. The officers of this department paid 930 visits to the places of employment and the homes of the children who were employed, and did 33 special street patrols to try and discover any infringements of the byelaws with respect to street trading. As a result of the information obtained on these patrols, 10 employers were cautioned for offences against the byelaws, and two employers appeared before the City Court and fines were imposed. The main reason for the supervision is to ensure that the children are fully protected against inclement weather, that the legal hours of employment are observed, and that no child is expected to perform duties which would cause him physical strain.

Section 22. Children Employed in Entertainments.

During the year nine licences were issued to children to appear on the stage, and one visit was made to a place of entertainment to supervise the employment of children and their dressing-room accommodation. There is no " live " theatre in Salford and the licences which have been issued are for Salford children to appear in other towns and cities. The authorities in these towns and cities have been notified of the appearance of these children in their area, and satisfactory arrangements made for the children's supervision.

Clothing and Footwear Cases dealt with in 1959. First Application for the Year Only.

The largest group of parents helped are still those on National Health Insurance for long periods, and the children number 614. Then come the following groups :—

Widows and deserted mothers	400
Parents separated and the mother has a Court Order	75
Unemployment over a long period	260
National Assistance cases ... ... (In practically all these cases the father was serving a prison sentence).	60
Parents dead and the grandmother bringing up children ... ... (And 54 cases where the parents were paying weekly contributions according to income).	21
Parents working on unskilled work for small wage and eligible for free help	12

SCHOOL CLINICS.

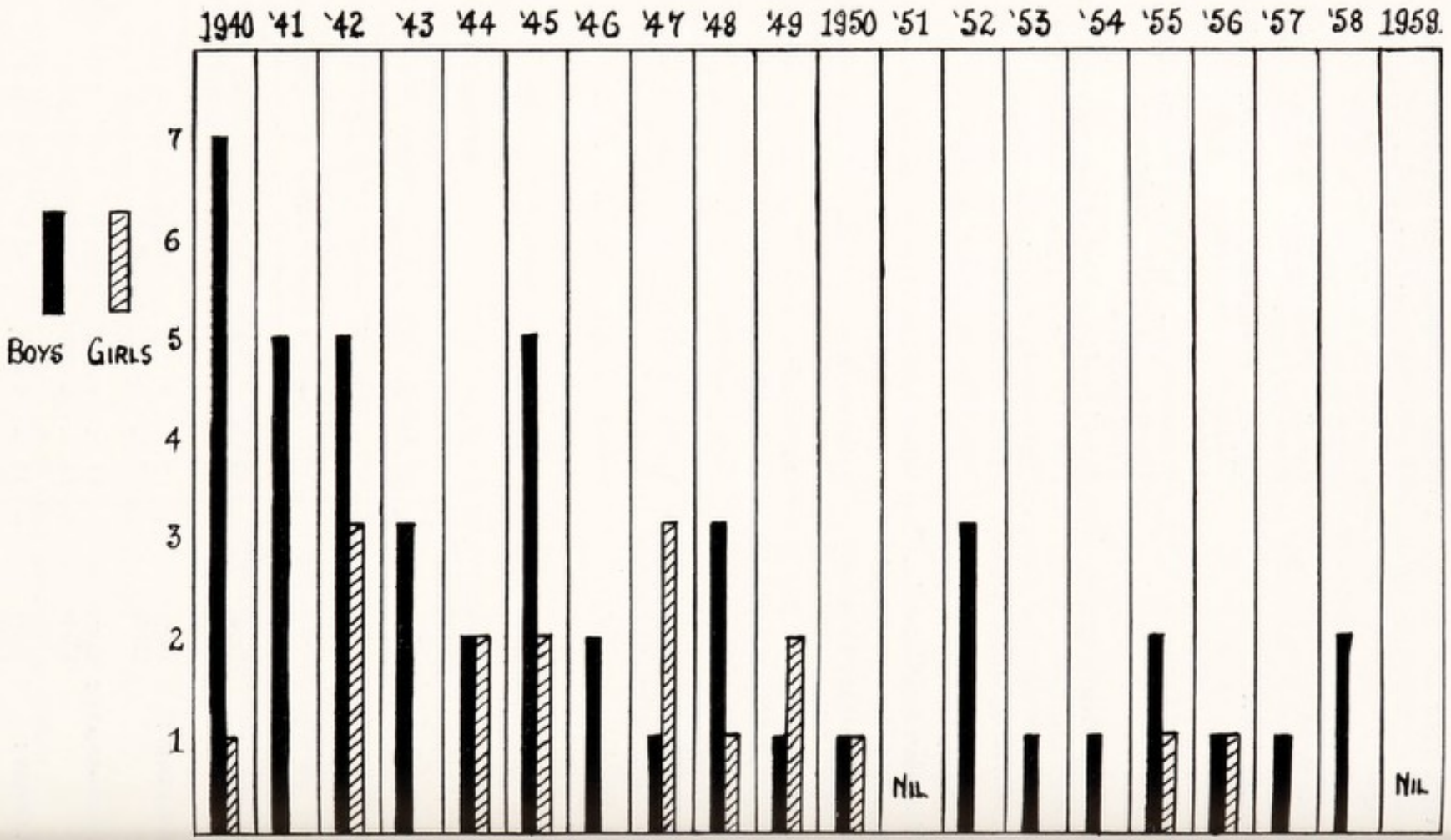
Location of School Clinics.	*Treatment carried out.*	*Attendance of School Medical Officer.*
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Paediatric, Orthopaedic.	Daily (mornings).
Police Street	Dental, Physiotherapy, 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 Therapy, Chiropody, Audiometry, Minor Ailments.	Daily (mornings).
Encombe Place	Dental (including Orthodontics and Oral Hygiene).	——
Landseer Street	Physiotherapy	——
Ordsall Junior Mixed School...	Speech Therapy	——
Broughton Secondary Modern School.	Speech Therapy, 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 Therapy, Minor Ailments	Monday ,, Tuesday ,,
Education Office	Ophthalmic	Daily (afternoons).
Cleveland House	Physiotherapy, Speech Therapy ...	——
Clarendon Secondary Modern School	Minor Ailments...	——
Marlborough Road School ...	Speech Therapy	——
Summerville Clinic	Physiotherapy, Speech Therapy ...	——
Parkfield	Speech Therapy	——

HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

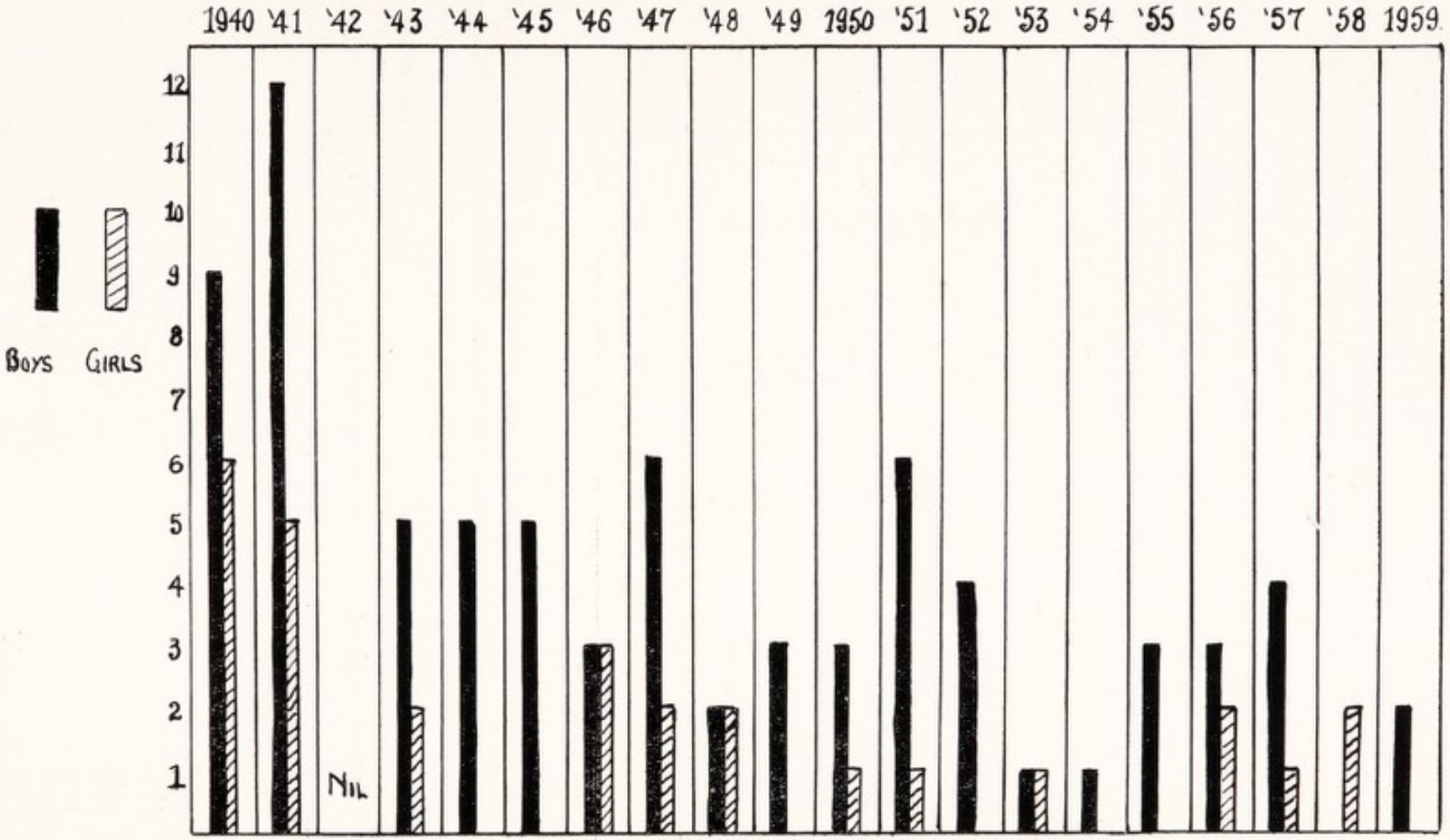
AVERAGE HEIGHTS AND WEIGHTS, 1959.

		Average Age	Average Height	Average Weight	Number Examined
NURSERY :	Boys	4 yrs. 8 mths.	41·6 ins.	39·6 lbs.	274
	Girls	4 ,, 8 ,,	40·9 ,,	37·4 ,,	235
ENTRANTS :	Boys	5 ,, 8 ,,	43·8 ,,	43·11 ,,	979
	Girls	5 ,, 9 ,,	43·3 ,,	42·9 ,,	911
INTERMEDIATE :	Boys	11 ,, 1 mth.	54·9 ,,	73·9 ,,	418
	Girls	11 ,, 2 mths.	54·8 ,,	74·4 ,,	340
LEAVERS :	Boys	14 ,, 1 mth.	61·6 ,,	102·4 ,,	969
	Girls	14 ,, —	60·8 ,,	104·9 ,,	872
			TOTAL		4,998

Deaths of Salford School-children. 1940-1959.
(Road Accidents)



Deaths of Salford School-children. 1940-1959.
By Violence (other than road accidents)



STATISTICAL TABLES.

PART I.

Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

TABLE A—Periodic Medical Inspections.

Age Groups Inspected (by year of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)
1955 and later	153	136	89	17	11
1954	944	887	94	57	6
1953	1,094	1,023	94	71	6
1952	293	273	93	20	7
1951	17	17	100	...	...
1950	20	20	100	...	...
1949	18	18	100	...	...
1948	434	422	97	12	3
1947	227	222	98	5	2
1946	392	374	95	18	5
1945	982	951	97	31	3
1944 and earlier ...	607	590	97	17	3
Total	5,181	4,933	95%	248	5%

TABLE B—Pupils Found to Require Treatment at Periodic Medical Inspections.
(Excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth)	For Defective Vision (excluding squint)	For any of the other conditions recorded in Part II	Total Individual Pupils
(1)	(2)	(3)	(4)
1955 and later... ..	2	43	43
1954	13	276	278
1953	22	310	331
1952	13	99	104
1951	...	3	3
1950	4	8	9
1949	...	2	3
1948	55	106	140
1947	33	62	85
1946	68	103	149
1945	127	223	300
1944 and earlier ...	101	140	216
Total	438	1,375	1,661

TABLE C—Other Inspections.

Number of special inspections	6,388
Number of re-inspections	5,643
Total	12,031

TABLE D—Infestation with Vermin.

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	68,822
(*b*)	Total number of individual pupils found to be infested	1,405

PART II.

TABLE A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1959.

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation	Requiring Treatment	Requiring Observation
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4.	Skin	51	101	134	138	40	59	225	298
5.	Eyes—								
	(*a*) Vision ...	45	9	297	110	95	51	438	170
	(*b*) Squint ...	114	15	30	12	43	17	187	44
	(*c*) Other ...	20	14	9	17	14	12	43	43
6.	Ears—								
	(*a*) Hearing	128	136	109	81	60	63	297	280
	(*b*) Otitis Media	29	451	28	202	16	250	73	903
	(*c*) Other ...	25	154	26	88	17	65	68	307
7.	Nose and Throat	167	620	54	237	64	308	285	1,165
8.	Speech... ...	23	107	3	19	10	52	36	178
9.	Lymphatic Glands	1	366	1	73	1	143	3	582
10.	Heart	27	106	17	75	9	63	53	244
11.	Lungs	48	159	15	50	38	58	101	267
12.	Developmental—								
	(*a*) Hernia...	2	54	7	14	3	13	12	81
	(*b*) Other ...	6	88	8	83	7	68	21	239
13.	Orthopædic—								
	(*a*) Posture	3	26	2	63	...	12	5	101
	(*b*) Feet ...	43	150	27	70	27	78	97	298
	(*c*) Other ...	41	161	78	155	26	96	145	412
14.	Nervous System—								
	(*a*) Epilepsy	5	21	5	9	2	10	12	40
	(*b*) Other ...	5	91	2	54	3	47	10	192
15.	Psychological—								
	(*a*) Development ...	7	56	5	41	9	64	21	161
	(*b*) Stability	7	147	5	88	6	99	18	334
16.	Abdomen ..	5	26	3	3	1	9	9	38
17.	Other	...	3	...	...	...	1	...	4

TABLE B—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4.	Skin	524	476
5.	Eyes—		
	(*a*) Vision	189	190
	(*b*) Squint	54	47
	(*c*) Other	59	83
6.	Ears—		
	(*a*) Hearing...	224	924
	(*b*) Otitis Media...	599	441
	(*c*) Other	433	800
7.	Nose & Throat	1,167	2,383
8.	Speech	68	217
9.	Lymphatic Glands	23	511
10.	Heart	164	706
11.	Lungs	163	1,165
12.	Developmental—		
	(*a*) Hernia	28	62
	(*b*) Other	56	422
13.	Orthopaedic—		
	(*a*) Posture	24	57
	(*b*) Feet	91	197
	(*c*) Other	180	638
14.	Nervous system—		
	(*a*) Epilepsy	18	75
	(*b*) Other	36	373
15.	Psychological—		
	(*a*) Development	29	80
	(*b*) Stability	37	325
16.	Abdomen	20	212
17.	Other	38	629

PART III.

Treatment of Pupils Attending Maintained Primary and Secondary Schools (including Special Schools).

TABLE A—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	304	—
Errors of refraction (including squint)	2,586	—
Total	2,890	
Number of pupils for whom spectacles were prescribed	1,947	

TABLE B—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	—	12
(*b*) adenoids and chronic tonsillitis	—	421
(*c*) other nose and throat conditions	—	85
Received other forms of treatment	—	—
Total		518
Total number of pupils in schools who are known to have been provided with hearing aids—		
(*a*) in 1959	—	17
(*b*) in previous years	—	19

TABLE C—Orthopaedic and Postural Defects.

	Number of cases known to have been treated
(*a*) Pupils treated at clinics or out-patient departments	220
(*b*) Pupils treated at school for postural defects	34
Total	254

TABLE D—Diseases of the Skin.

(Excluding uncleanliness for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm—	
(*a*) Scalp	4
(*b*) Body	4
Scabies	11
Impetigo	85
Other skin diseases	1,048
TOTAL	1,152

TABLE E—Child Guidance Treatment.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	103

TABLE F—Speech Therapy.

	Number of cases known to have been treated
Pupils treated by Speech Therapists	246

TABLE G—Other Treatment Given.

	Number of cases known to have been dealt with
(*a*) Pupils with minor ailments	15,736
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	111
(*c*) Pupils who received B.C.G. vaccination	587
(*d*) Other than (*a*), (*b*) and (*c*) above (specify)—	
1. Sun-ray	180
2. Chiropody	1,061
3. Treatment by Neurologist	21
4. ,, ,, Pædiatrician	111
5. ,, ,, Pretonsillectomy	47
6. ,, ,, Breathing Exercises	758
7. ,, ,, Postural Drainage	53
TOTAL (*a*)—(*d*)	18,665

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers—	
	(*a*) At Periodic Inspections	13,047
	(*b*) As Specials	3,872
	TOTAL (1)	16,919
(2)	Number found to require treatment	12,463
(3)	Number offered treatment	12,463
(4)	Number actually treated	9,517
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below	15,640
(6)	Half days devoted to :	
	(*a*) Periodic (School) Inspection	93
	(*b*) Treatment	1,554
	TOTAL (6)	1,647
(7)	Fillings—	
	(*a*) Permanent Teeth	4,363
	(*b*) Temporary Teeth	850
	TOTAL (7)	5,213
(8)	Number of teeth filled—	
	(*a*) Permanent Teeth	4,148
	(*b*) Temporary Teeth	839
	TOTAL (8)	4,987
(9)	Extractions—	
	(*a*) Permanent Teeth	2,539
	(*b*) Temporary Teeth	6,566
	TOTAL (9)	9,105
(10)	Administration of general anaesthetics for extraction	2,500
(11)	Orthodontics—	
	(*a*) Cases commenced during the year	67
	(*b*) Cases carried forward from previous year	230
	(*c*) Cases completed during the year	76
	(*d*) Cases discontinued during the year	27
	(*e*) Pupils treated with appliances	171
	(*f*) Removable appliances fitted	176
	(*g*) Fixed appliances fitted	70
	(*h*) Total attendances	1,351
(12)	Number of pupils supplied with artificial teeth	93
(13)	Other operations—	
	(*a*) Permanent teeth	438
	(*b*) Temporary teeth	801
	TOTAL (13)	1,239

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Number *newly placed* in special schools or boarding homes ...	1	4	—	—	*14!	11	37	2	—	196
Number *newly assessed* as needing special educational treatment at special schools or in boarding homes	1	5	1	—	121	11	116	4	—	259
(i) Number on the registers of—										
(1) maintained special schools—										
(*a*) as day pupils...	—	12	—	—	248	16	64	—	3	343
(*b*) as boarding pupils	—	—	—	—	3	2	13	1	—	19
(2)*non-maintained special schools—										
(*a*) as day pupils...	—	—	9	—	30	—	—	—	—	39
(*b*) as boarding pupils	7	—	11	—	8	5	22	1	—	54
(ii) Number on the registers of independent schools under arrangements made by the Authority	—	—	—	—	—	—	—	5	—	5
(iii) Were boarded in homes and not already included under (i) or (ii)	—	—	—	—	2	—	—	1	—	3
Number being educated under arrangements made under Section 56 of the Education Act, 1944—										
(i) in hospitals	—	—	—	—	—	—	—	—	—	—
(ii) in other groups	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	1	5	—	—	—	6

* Includes 10 placed at Greengate Home and Open-Air School, Salford. (Monday to Friday boarders).

HANDICAPPED PUPILS—*Continued.*

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Number requiring places in special schools—										
(i) TOTAL (*a*) day	—	1	—	—	43	1	263	—	—	308
(*b*) boarding ...	—	—	—	1	1	6	10	3	—	21
(ii) Number included in the totals above who had not reached the age of 5—										
(*a*) awaiting day places	—	—	—	—	1	1	—	—	—	2
(*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	—	1	—	—	5	—	18	—	—	24
(*b*) awaiting boarding places	—	—	—	—	—	—	7	1	—	8
Number of children reported to the local health authority—										
(*a*) under Section 57 (3) (excluding any returned under (*b*))	—	—	—	—	—	—	11	—	—	11
(*b*) under Section 57 (3) relying on Section 57 (4)	—	—	—	—	—	—	—	—	—	—
(*c*) under Section 57 (5) of the Education Act, 1944	—	—	—	—	—	—	14	—	—	14

CHIROPODY SURVEY SUMMARY, 1959

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		
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	Total
Corns	—	—	—	—	—	—	—	—	—	1	1	1	—	—	—	4	—	—	1	—	—	1	2	5	8
Verruca	—	—	—	—	—	—	—	—	—	—	—	5	—	2	—	4	—	8	—	6	—	10	—	15	25
Weak Long Arch	40	25	41	12	7	9	16	6	7	5	42	14	31	8	64	33	33	10	40	17	118	57	203	82	460
Footwear Degrees of Accuracy in Fitting	65	29	70	28	19	7	32	21	9	2	43	25	32	10	119	76	51	10	89	54	176	58	353	204	791
Defects of Lesser Toes	6	15	12	9	8	4	8	7	3	—	11	6	6	3	13	19	2	—	14	6	25	22	58	47	152
Hallux Valgus	34	6	35	5	12	—	28	3	7	—	41	10	39	3	91	36	29	—	68	17	121	9	263	71	464
Nails	—	3	5	8	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1	3	5	9	18
Total	145	78	163	62	46	20	84	37	27	8	138	61	108	26	287	172	115	28	212	101	441	160	884	433	1918
Total Number of Children Examined Males and Females	225		218		86		137		56		192		185		338		120		238		672		1123		
Total Number of Males and Females Examined	443				223				248				523				358				1795				