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City of Salford

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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1960

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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FOR THE YEAR  
1960

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

MEDICAL OFFICER OF HEALTH

# CONTENTS

| HEALTH COMMITTEE                                                                                                     |     | PAGE |
|----------------------------------------------------------------------------------------------------------------------|-----|------|
| Members of the Health Committee                                                                                      | ... | 4    |
| Staff                                                                                                                | ... | 5    |
| Introduction                                                                                                         | ... | 7    |
| Statistical Summary and Tables                                                                                       | ... | 13   |
| SANITARY CIRCUMSTANCES                                                                                               |     | 17   |
| Smoke Abatement                                                                                                      | ... | 18   |
| Housing                                                                                                              | ... | 19   |
| Rent Act, 1957                                                                                                       | ... | 21   |
| Houses Let-in-Lodgings                                                                                               | ... | 22   |
| Smoking                                                                                                              | ... | 22   |
| Cinemas                                                                                                              | ... | 22   |
| Toilets                                                                                                              | ... | 22   |
| Disinfestation                                                                                                       | ... | 22   |
| Rodent Control                                                                                                       | ... | 23   |
| Wild Pigeons                                                                                                         | ... | 24   |
| Disinfecting Station                                                                                                 | ... | 24   |
| Drains and Sewers                                                                                                    | ... | 25   |
| Shops Act, 1950                                                                                                      | ... | 26   |
| Food Sampling                                                                                                        | ... | 27   |
| Kitchen Hygiene                                                                                                      | ... | 28   |
| Gelatine                                                                                                             | ... | 29   |
| Desiccated Coconut                                                                                                   | ... | 30   |
| Milk and Milk Bottles                                                                                                | ... | 30   |
| Food Poisoning                                                                                                       | ... | 31   |
| Public Swimming Baths                                                                                                | ... | 31   |
| Water                                                                                                                | ... | 32   |
| Clerical Administration                                                                                              | ... | 32   |
| Statistics                                                                                                           | ... | 32   |
| CITY ANALYST'S REPORT                                                                                                |     | 37   |
| Summary of Samples                                                                                                   | ... | 37   |
| Food and Drugs Act, 1955                                                                                             | ... | 37   |
| Milk                                                                                                                 | ... | 38   |
| Foods—Adulterated or Irregular Samples (other than Milk)                                                             | ... | 39   |
| Unsatisfactory Food and Drug Samples                                                                                 | ... | 40   |
| Swimming Bath Waters                                                                                                 | ... | 40   |
| Miscellaneous Samples                                                                                                | ... | 41   |
| Samples from Neighbouring Local Authorities                                                                          | ... | 41   |
| Atmospheric Pollution                                                                                                | ... | 41   |
| CARE OF MOTHERS AND YOUNG CHILDREN, SUPERVISION OF MIDWIVES AND DOMICILIARY MIDWIFERY SERVICE, HEALTH VISITING, ETC. |     | 43   |
| Statistics                                                                                                           | ... | 43   |
| Statutory Supervision of Midwives                                                                                    | ... | 45   |
| DOMICILIARY MIDWIFERY SERVICE                                                                                        |     | 46   |
| Staff Position                                                                                                       | ... | 46   |
| Statistics—Ante-Natal Care                                                                                           | ... | 46   |
| Deliveries                                                                                                           | ... | 47   |
| Puerperium                                                                                                           | ... | 49   |
| Breast Feeding Service                                                                                               | ... | 49   |
| Domiciliary Premature Baby Service                                                                                   | ... | 50   |
| Salford Part II Midwifery Training School                                                                            | ... | 50   |
| NURSING HOME — STATUTORY INSPECTION                                                                                  |     | 51   |
| CARE OF MOTHERS AND YOUNG CHILDREN                                                                                   |     | 51   |
| Ante-Natal Clinics                                                                                                   | ... | 51   |
| Post-Natal Clinics                                                                                                   | ... | 51   |
| Child Welfare Clinics—Area Statistics                                                                                | ... | 52   |
| Age Group Statistics                                                                                                 | ... | 53   |
| Welfare Foods                                                                                                        | ... | 53   |
| Transfer of Records                                                                                                  | ... | 54   |
| Visits to Voluntary Organisation Mother and Baby Homes                                                               | ... | 54   |
| Breast Feeding Clinic                                                                                                | ... | 54   |



|                                                                                   | PAGE |
|-----------------------------------------------------------------------------------|------|
| Domiciliary Premature Baby Service ... ..                                         | 54   |
| Dental Care ... ..                                                                | 55   |
| Family Guidance Clinics ... ..                                                    | 55   |
| Physiotherapy Service ... ..                                                      | 57   |
| DAY NURSERIES ... ..                                                              | 59   |
| PREMATURITY IN SALFORD, 1955-1960 ... ..                                          | 61   |
| HANDICAPPED CHILDREN AGED 0-5 YEARS ... ..                                        | 63   |
| ADOPTIONS ... ..                                                                  | 64   |
| PROBATION CASES ... ..                                                            | 64   |
| LIAISON ARRANGEMENTS ... ..                                                       | 64   |
| HEALTH VISITING SERVICE ... ..                                                    | 65   |
| General Health Visiting ... ..                                                    | 66   |
| Specialist Health Visitor Services :                                              |      |
| (a) Elderly Persons ... ..                                                        | 67   |
| (b) Unmarried Mother and her Child ... ..                                         | 75   |
| (c) Hospital Liaison ... ..                                                       | 76   |
| (d) Student Training ... ..                                                       | 79   |
| (e) Children Neglected in their Own Homes—Prevention of Family<br>Break-up ... .. | 80   |
| Mothers Clubs ... ..                                                              | 83   |
| Immunisation ... ..                                                               | 84   |
| Statistics ... ..                                                                 | 85   |
| HOME NURSING SERVICE ... ..                                                       | 86   |
| INCIDENCE OF BLINDNESS ... ..                                                     | 88   |
| HOME HELP SERVICE ... ..                                                          | 89   |
| Convalescence ... ..                                                              | 91   |
| Nursing Equipment ... ..                                                          | 91   |
| MENTAL HEALTH SERVICE ... ..                                                      | 92   |
| Co-ordination of Psychiatric Services ... ..                                      | 92   |
| Training and Staff ... ..                                                         | 97   |
| Institutions for Community Support ... ..                                         | 98   |
| Subnormality in Salford ... ..                                                    | 106  |
| Appendixes ... ..                                                                 | 116  |
| IMMUNISATION SECTION ... ..                                                       | 140  |
| Whooping Cough Immunisation ... ..                                                | 140  |
| Mantoux Tests of Children under 5 years ... ..                                    | 140  |
| B.C.G. Vaccination of School Children ... ..                                      | 140  |
| Poliomyelitis Vaccination ... ..                                                  | 141  |
| VACCINATION (Smallpox) ... ..                                                     | 142  |
| INFECTIOUS DISEASES ... ..                                                        | 142  |
| AMBULANCE SERVICE ... ..                                                          | 143  |
| HEALTH EDUCATION ... ..                                                           | 143  |
| HEALTH SURVEY ... ..                                                              | 145  |
| HOME SAFETY COMMITTEE ... ..                                                      | 147  |
| SALFORD HOUSE ... ..                                                              | 148  |
| SCHOOL HEALTH SERVICE ... ..                                                      | 150  |

# Members of the Health Committee, at 31st December, 1960.

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Alderman GEORGE H. GOULDEN, J.P.

*Deputy Chairman :*

Alderman MARGARET C. WHITEHEAD (Miss) (Mayor)

|                             |                         |
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| Alderman S. W. DAVIS        | Councillor V. HEMINGWAY |
| „ E. E. MALLINSON (Mrs.)    | „ A. JONES              |
| „ J. SHLOSBERG, J.P.        | „ G. M. JOPLIN          |
| Councillor H. BLYTHE        | „ F. M. MARRON (Mrs.)   |
| „ R. CASKET (Mrs.)          | „ W. NEAFSEY            |
| „ E. M. COOPER, J.P. (Mrs.) | „ N. WRIGHT             |
| „ T. CUNNINGHAM             |                         |

together with the following recommended member

Dr. N. S. MALIMSON

# STAFF

at 31st December, 1960.

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

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|                                                                         |                                                                                                                                             |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| DEPUTY MEDICAL OFFICER OF HEALTH ...                                    | D. H. VAUGHAN, M.B., Ch.B., D.P.H.                                                                                                          |
| SENIOR ASSISTANT MEDICAL OFFICER<br>(MATERNITY AND CHILD WELFARE) ...   | KATHLEEN M. BOYES, M.B., Ch.B., D.P.H.                                                                                                      |
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| PART-TIME SENIOR ASSISTANT MEDICAL<br>OFFICER (MENTAL HEALTH) ... ..    | M. W. SUSSEY, M.B., B.Ch., M.R.C.P.                                                                                                         |
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| PART-TIME CONSULTANT STAFF ... ..                                       | *R. I. MACKAY, M.B., Ch.B., M.R.C.P., D.C.H.<br>BARBARA OLDHAM, M.B., Ch.B., M.R.C.S.,<br>L.R.C.P.<br>*W. LEE, M.B., Ch.B.                  |
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| CHIEF ADMINISTRATIVE ASSISTANT ... ..                                   | H. MILLINGTON, B.A. (ADMIN.), A.I.S.W.                                                                                                      |
| 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.,<br>C.S.I.B.                                                                                           |
| CHIEF CLERK ... ..                                                      | H. THORNLEY, A.C.C.S.                                                                                                                       |
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| ASSISTANT SUPERVISOR OF MIDWIVES ...                                    | MISS E. BROOKS, S.R.N., S.C.M.                                                                                                              |
| SUPERINTENDENT OF DISTRICT NURSES ...                                   | MISS M. THISTLETHWAITE, S.R.N., S.C.M.,<br>Q.N., H.V.CERT.                                                                                  |
| ASSISTANT SUPERINTENDENT OF DISTRICT<br>NURSES ... ..                   | MISS M. GORE, S.R.N., Q.N.                                                                                                                  |
| FIRST ASSISTANT ANALYST ... ..                                          | (VACANT).                                                                                                                                   |
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| ADMINISTRATIVE ASSISTANT ... ..                                         | A. M. GERRARD.                                                                                                                              |
| HEALTH EDUCATION OFFICER ... ..                                         | MRS. D. BRUMHAM, B.A. (ADMIN.).                                                                                                             |
| SENIOR PHYSIOTHERAPIST ... ..                                           | MISS P. K. FOGG, M.C.S.P.                                                                                                                   |
| PART-TIME PSYCHOLOGIST ... ..                                           | MRS. K. HENRY, M.A.                                                                                                                         |

\* By arrangement with the Manchester Regional Hospital Board.



STAFF (*continued*)

|                                                                  |                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SENIOR CLERKS ... ..                                             | MISS D. McMILLAN,<br>L. F. HARPER, A.R.S.H.<br>T. O'ROURKE.<br>H. WINSTANLEY.                                                                                                                                                                                                                                                                                    |
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- 5 PUBLIC HEALTH INSPECTORS.
- 5 MENTAL WELFARE OFFICERS.
- 15 GENERAL HEALTH VISITORS.
- 5 HEALTH VISITORS (PART-TIME).
- 17 CLINIC NURSES.
- 15 HYGIENE ATTENDANTS.
- 3 APPROVED DISTRICT TEACHERS (MIDWIVES).
- 13 MIDWIVES.
- 1 MIDWIFE (PART-TIME).
- 3 PREMATURE BABY NURSES.
- 2 BREAST FEEDING SISTERS.
- 9 DISTRICT NURSES.
- 1 DISTRICT NURSE (PART-TIME).
- 3 STATE ENROLLED NURSES (DISTRICT NURSING).
- 2 STATE ENROLLED NURSES (PART-TIME) (DISTRICT NURSING).
- 1 NURSING AUXILIARY (DISTRICT NURSING).
- 2 NURSING AUXILIARIES (PART-TIME) (DISTRICT NURSING).
- 5 MATRONS OF DAY NURSERIES.
- 1 PHYSIOTHERAPIST.
- 4 SUPERVISORS OF TRAINING CENTRES (MENTAL HEALTH).
- 1 WARDEN OF HOSTEL (MENTAL HEALTH).
- 1 ASSISTANT AMBULANCE OFFICER.

## INTRODUCTION

---

MR. CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

In presenting the annual report for 1960 I take the opportunity of reviewing the contribution made by your Committee and its officers in the improvement of the physical environment of Salford families.

In the last ten years nearly 4,000 houses have been demolished as a result of the representation of their unfitness for human habitation. Great areas of the once thickly populated defective and insanitary houses have been flattened ; 2,500 are soon to be demolished, and another couple of thousand houses are awaiting the approval of the Ministry of Health. A mighty transformation has taken place in slumdum, and it will be a joy to you to see new housing accommodation provided after the ruins of the old have been swept away.

In the last 15 years nearly 100,000 notices have been served (actual number 98,783).

One thousand eight hundred and thirty applications for Certificates of Disrepair have been complied with.

Pioneer smokeless zones of dwellinghouses were established seven years ago at Fairhope and the houses still look "all bright and glittering in the smokeless air."

Good progress has been made in the task of rendering Salford smokeless within ten years.

### **Matters of Life and Death.**

Over 3,000 houses are in the area soon to be declared, we hope, a smoke control area.

It is sad to peruse the figures of deaths amongst Salford men and women. One must scrutinise critically the statistics of disease and death. The question should be asked : "Why had this patient to suffer from the disease : could it not have been prevented, or its development retarded : or if it could not be prevented, could not the disability, pain and suffering have been lessened " ?

Tables of mortality tell a sorrowful tale. There was a total of ninety-nine deaths from *lung cancer*. Salford men in 1960 died six times more frequently than women.

Salford Health Committee is fighting the battle of the air—safe air for our people to breathe. We have reached the "end of the beginning," for definite progress has been made in the establishment of smoke control areas. The campaign against smoke emission from industrial chimneys has shown a remarkable change, though the change from year to year may seem hardly perceptible. There are cancer-producing substances in the smoky air in all urban areas and no effort is too great or too quick for this peril to be completely removed.



Salford took part in the investigation of these cancer-producing substances in the air and, although as in most other things in medicine the link between cause and effect is not finally proved, all wise men would accept it. Whatever the cost in thought and care and money, we are going to make Salford a clean City.

I have estimated that some twenty of these deaths were due to air pollution and some eighty to that other form of personal air pollution—cigarette smoking. We have run smokers' clubs ; trying by every means in our power to help those people one feels so sorry for—patients who have been told they must give up smoking in order to save their health and, indeed, their lives, yet have failed again and again to do so. I use methods of group discussion and many other methods are used, depending on the particular difficulties of the individual—anything and everything which will help these people to rid themselves of an addiction which is bringing them misery, loss of health and loss of money.

### **Causes of Death.**

The following table gives some of the causes of death among men and women in Salford for the last five years :—



## NUMBER OF DEATHS — ALL AGES

| Cause                          | MEN   |       |       |       |       | WOMEN |       |       |       |      | TOTAL |       |       |       |       |
|--------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|------|-------|-------|-------|-------|-------|
|                                | 1960  | 1959  | 1958  | 1957  | 1956  | 1960  | 1959  | 1958  | 1957  | 1956 | 1960  | 1959  | 1958  | 1957  | 1956  |
| Cancer of the Lung ... ..      | 85    | 103   | 83    | 94    | 92    | 14    | 13    | 6     | 16    | 12   | 99    | 116   | 89    | 110   | 104   |
| Coronary Disease ... ..        | 177   | 168   | 168   | 163   | 150   | 110   | 105   | 115   | 101   | 100  | 287   | 273   | 283   | 264   | 250   |
| Bronchitis ... ..              | 136   | 143   | 159   | 143   | 156   | 59    | 69    | 96    | 83    | 88   | 195   | 212   | 255   | 226   | 244   |
| Cancer of the Stomach ... ..   | 36    | 39    | 33    | 35    | 37    | 33    | 25    | 31    | 28    | 22   | 69    | 64    | 64    | 63    | 59    |
| Motor Vehicle Accidents ... .. | 19    | 19    | 11    | 6     | 5     | 13    | 4     | 8     | 7     | 5    | 32    | 23    | 19    | 13    | 10    |
| All other Accidents ... ..     | 18    | 26    | 22    | 17    | 25    | 32    | 27    | 14    | 16    | 19   | 50    | 53    | 36    | 33    | 44    |
| Suicide ... ..                 | 9     | 11    | 8     | 12    | 10    | 3     | 7     | 8     | 8     | 4    | 12    | 18    | 16    | 20    | 14    |
| Leukemia ... ..                | 2     | 4     | 2     | 3     | ...   | 4     | 5     | 1     | 3     | 3    | 6     | 9     | 3     | 6     | 3     |
| All Causes ... ..              | 1,036 | 1,085 | 1,112 | 1,132 | 1,099 | 1,006 | 1,026 | 1,057 | 1,018 | 966  | 2,042 | 2,111 | 2,169 | 2,150 | 2,065 |

Deaths from *coronary disease* show a slow but ominous increase—especially among men. Unfortunately, not much is known as yet about the prevention of this condition.

For the first time the total deaths from bronchitis fell below 200. Deaths from this disease tend to fluctuate from year to year depending on the severity of the winter and the presence or absence of influenza in the community, and we can but hope that the widespread interest in the prevention and treatment of bronchitis is beginning to have some effect.

*Cancer of the stomach* is another disease which has been thought to be connected with atmospheric pollution and it can be seen to be taking a steady toll of life in Salford.

Deaths from motor vehicle *accidents* showed a steep increase in 1960. There has been a continuous rise since 1956. In most years they are, however, outnumbered by the other accidents (mostly at home or at work) and we must not forget this in the glare of publicity currently given to road accidents.

The number of *suicides* may seem small, but they represent only a part of the large field of mental ill-health about which so much needs to be done.

Deaths from *leukæmia* are also small in number and show no definite trend. This disease is showing some increase nationally and is being closely studied because of its relation to radiation.

The death rates of men between the ages of 45 and 64 have not shown the same tendency to fall in the same way as that of other groups in recent years. It is at this age that the chronic diseases begin to exert their effect and an increase in deaths from certain diseases (cancer of the lung and coronary disease for example) has been noted among these men. The results are often tragic in that they mean the loss of a husband, father, head of a family and main wage earner. Not only this, but there may have been a long period of ill-health and invalidism during which all kinds of family difficulties arise.

The following table gives the number of deaths from a number of causes among men aged 45–64 in Salford for the last five years :—

NUMBER OF DEATHS IN MEN AGED 45–64

| Cause                          | 1960 | 1959 | 1958 | 1957 | 1956 |
|--------------------------------|------|------|------|------|------|
| Cancer of the Lung ... ..      | 52   | 58   | 46   | 52   | 48   |
| Coronary Disease ... ..        | 77   | 80   | 73   | 75   | 62   |
| Bronchitis ... ..              | 43   | 58   | 67   | 48   | 71   |
| Cancer of the Stomach ... ..   | 16   | 15   | 16   | 10   | 16   |
| Motor Vehicle Accidents ... .. | 10   | 4    | 1    | ...  | 1    |
| All other Accidents ... ..     | 3    | 9    | 7    | 4    | 6    |
| Suicide ... ..                 | 3    | 5    | 4    | 4    | 5    |
| Leukæmia ... ..                | 1    | 1    | ...  | ...  | ...  |
| All Causes ... ..              | 347  | 396  | 383  | 366  | 375  |

To compare Salford with England and Wales it is necessary to calculate the death rates from various diseases and the next table shows some of these for 1960. The rates for Salford in men aged 45–64 are estimates because it is not known exactly how many men there are in this group.

CRUDE DEATH RATES — PER MILLION — 1960

| Cause                        | ALL MEN |                   | ALL WOMEN |                   | MEN AGED 45-64 |                   |
|------------------------------|---------|-------------------|-----------|-------------------|----------------|-------------------|
|                              | Salford | England and Wales | Salford   | England and Wales | Salford        | England and Wales |
| Cancer of the Lung ... ..    | 1,150   | 850               | 173       | 132               | 2,900          | 1,760             |
| Coronary Disease ... ..      | 2,400   | 2,560             | 1,360     | 1,500             | 4,300          | 3,680             |
| Bronchitis ... ..            | 1,810   | 860               | 730       | 316               | 2,390          | 990               |
| Cancer of the Stomach ... .. | 490     | 354               | 445       | 256               | 890            | 540               |
| All Causes ... ..            | 14,000  | 12,400            | 12,400    | 10,900            | 19,300         | 13,400            |



The position can perhaps be shown more clearly in the following table, where the rates for England and Wales are regarded as 100 for each disease and age group. This comparison takes no account of the different age structures of the two populations, and the position of Salford, where there are fewer old people than in England and Wales as a whole, will be worse than is shown :—

COMPARATIVE DEATH RATES (ENGLAND AND WALES : 100). SALFORD, 1960

| Cause                        | All Men | All Women | Men<br>aged 45-64 |
|------------------------------|---------|-----------|-------------------|
| Cancer of the Lung ... ..    | 135     | 131       | 165               |
| Coronary Disease ... ..      | 94      | 91        | 117               |
| Bronchitis ... ..            | 210     | 231       | 242               |
| Cancer of the Stomach ... .. | 138     | 174       | 165               |
| All Causes ... ..            | 113     | 114       | 144               |

The unfavourable position of Salford is obvious—in all cases (except coronary disease) the rate is well above that of the country as a whole. For bronchitis the rate is more than doubled.

In conclusion to this annual report for 1960, I should like to offer my sincere gratitude to the Chairman and members of the Health Committee for their help and encouragement and to the staff for their efforts and good work throughout the year.

I am,

Your obedient Servant,

J.L. Brown.

*Medical Officer of Health.*

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# STATISTICAL SUMMARY—1960

(Based upon figures supplied by Registrar-General)

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

|                                                             |     |     |     |     |         |
|-------------------------------------------------------------|-----|-----|-----|-----|---------|
| Population—(Registrar-General's Estimate at Mid-year, 1960) | ... | ... | ... | ... | 161,170 |
| „ —(Census, 1961)                                           | ... | ... | ... | ... | 154,963 |

Density—The Mean Density of the City is equal to 30·98 persons per acre

|                          |               |                 |     |     |       |
|--------------------------|---------------|-----------------|-----|-----|-------|
| Live Births—Legitimate : | 1,426 Males ; | 1,326 Females ; | ... | ... | 2,752 |
| „ „ —Illegitimate :      | 114 „         | 125 „           | ... | ... | 239   |
| TOTAL                    |               |                 |     |     | 2,991 |

Live birth rate per 1,000 population ... 18·56

Still-births : 29 Males ; 37 Females ; ... 66

Still-birth rate per 1,000 live and still-births ... 21·59

Total live and still-births ... 3,057

Infant Deaths (deaths under 1 year) Legitimate 73, Illegitimate 7 ... 80

Infant mortality rate per 1,000 live births—Total ... 26·75

„ „ „ „ „ „ „ —Legitimate ... 26·53

„ „ „ „ „ „ „ —Illegitimate ... 29·29

Neo-Natal (deaths under 4 weeks per 1000 total live births) ... 18·72

Early Neo-Natal mortality rate (deaths under 1 week per 1,000 total live births) 15·05

Illegitimate live births per cent. of total live births ... 7·99

Perinatal mortality rate (still-births plus deaths under one week per 1,000 total births)—

|                       |     |     |     |     |    |              |       |
|-----------------------|-----|-----|-----|-----|----|--------------|-------|
| Still-births          | ... | ... | ... | ... | 66 | } TOTAL, 111 | 36·31 |
| Deaths under one week | ... | ... | ... | ... | 45 |              |       |

Maternal deaths (including abortion) ... 1

Maternal mortality rate per 1,000 live and still-births ... 0·33

Deaths : 1,036 Males ; 1,006 Females ; ... 2,042

Annual rate of mortality per 1,000 of the population ... 12·67



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 1960.

| Years.     | Births. |        |          | Percentage of<br>Illegitimate Births<br>to Total Births | Deaths under<br>One Year. |        |          | Proportion of Deaths<br>under One Year<br>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       |
| 1960 ..... | 2991    | 2752   | 239      | 8.0                                                     | 80                        | 73     | 7        | 27                                                          | 27     | 29       |

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 1948 TO 1960.

| Years                   | Population<br>estimated<br>to middle<br>of each<br>year | Rates per 1,000 Population |             |                                             |        |                   |            |           | Deaths<br>under<br>one year<br>of age<br>per 1,000<br>Births. |
|-------------------------|---------------------------------------------------------|----------------------------|-------------|---------------------------------------------|--------|-------------------|------------|-----------|---------------------------------------------------------------|
|                         |                                                         | Births                     | Deaths from |                                             |        |                   |            |           |                                                               |
|                         |                                                         |                            | All Causes  | Tuberculosis<br>of<br>Respiratory<br>System | Cancer | Heart<br>Diseases | Bronchitis | Pneumonia |                                                               |
| Average 5 years 1943-47 |                                                         | 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                                                         |
| 1960.....               | 161,170                                                 | 18·56                      | 12·67       | 0·13                                        | 2·44   | 3·60              | 1·21       | 0·62      | 26·75                                                         |



TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM  
THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1931-1960 AND THE  
RATES PER 100,000 OF THE POPULATION.

(a) Number of Deaths.

(b) Rate per 100,000 of the population.

| Year | Bronchitis |       | Cancer<br>(all sites) |       | Heart<br>Diseases |       | Pneumonia |       | Tuberculosis<br>of Resp.<br>system |       | Total<br>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 |
| 1960 | 195        | 121.0 | 393                   | 243.8 | 580               | 359.9 | 100       | 62.0  | 21                                 | 13.0  | 2042            | 1267.0 |

## CAUSES OF DEATH—Registrar General's Return of Deaths in the City of Salford during the year 1960

|                                               | Males        | Females      | Total        | Under<br>1 year | 1 year<br>and<br>under<br>5 years | 5 years<br>and<br>under<br>15 years | 15 years<br>and<br>under<br>25 years | 25 years<br>and<br>under<br>45 years | 45 years<br>and<br>under<br>65 years | 65 years<br>and<br>under<br>75 years | 75 years<br>and<br>over |
|-----------------------------------------------|--------------|--------------|--------------|-----------------|-----------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|-------------------------|
| Tuberculosis—Respiratory ... ..               | 16           | 5            | 21           | ...             | ...                               | ...                                 | ...                                  | 3                                    | 10                                   | 5                                    | 3                       |
| " Other ... ..                                | ...          | ...          | ...          | ...             | ...                               | ...                                 | ...                                  | ...                                  | ...                                  | ...                                  | ...                     |
| Syphilitic Disease ... ..                     | 1            | ...          | 1            | ...             | ...                               | ...                                 | ...                                  | ...                                  | 1                                    | ...                                  | ...                     |
| Diphtheria ... ..                             | ...          | ...          | ...          | ...             | ...                               | ...                                 | ...                                  | ...                                  | ...                                  | ...                                  | ...                     |
| Whooping Cough ... ..                         | ...          | ...          | ...          | ...             | ...                               | ...                                 | ...                                  | ...                                  | ...                                  | ...                                  | ...                     |
| Meningococcal Infections ... ..               | 1            | ...          | 1            | 1               | ...                               | ...                                 | ...                                  | ...                                  | ...                                  | ...                                  | ...                     |
| Acute Poliomyelitis ... ..                    | ...          | ...          | ...          | ...             | ...                               | ...                                 | ...                                  | ...                                  | ...                                  | ...                                  | ...                     |
| Measles ... ..                                | ...          | ...          | ...          | ...             | ...                               | ...                                 | ...                                  | ...                                  | ...                                  | ...                                  | ...                     |
| Other Infective and Parasitic Diseases ... .. | 3            | 1            | 4            | ...             | 1                                 | ...                                 | ...                                  | ...                                  | 2                                    | ...                                  | ...                     |
| Malignant Neoplasm—Stomach ... ..             | 36           | 33           | 69           | ...             | ...                               | ...                                 | ...                                  | 1                                    | 29                                   | 22                                   | 17                      |
| " Lung, Bronchus ... ..                       | 85           | 14           | 99           | ...             | ...                               | 1                                   | ...                                  | 3                                    | 59                                   | 28                                   | 8                       |
| " Breast ... ..                               | 1            | 23           | 24           | ...             | ...                               | ...                                 | ...                                  | ...                                  | 11                                   | 8                                    | 5                       |
| " Uterus ... ..                               | ...          | 17           | 17           | ...             | ...                               | ...                                 | ...                                  | 7                                    | 7                                    | 1                                    | 2                       |
| " Malignant and Lymphatic Neoplasms ... ..    | 92           | 92           | 184          | ...             | ...                               | 4                                   | ...                                  | 6                                    | 65                                   | 49                                   | 60                      |
| Leukæmia, Aleukæmia ... ..                    | 2            | 4            | 6            | ...             | ...                               | 1                                   | ...                                  | ...                                  | 3                                    | 1                                    | 1                       |
| Diabetes ... ..                               | 4            | 13           | 17           | ...             | ...                               | ...                                 | ...                                  | 2                                    | 2                                    | 6                                    | 7                       |
| Vascular Lesions of Nervous System ... ..     | 102          | 146          | 248          | ...             | ...                               | ...                                 | 2                                    | 1                                    | 50                                   | 84                                   | 111                     |
| Coronary Disease, Angina ... ..               | 177          | 110          | 287          | ...             | ...                               | ...                                 | ...                                  | 11                                   | 103                                  | 90                                   | 83                      |
| Hypertension with Heart Disease ... ..        | 14           | 30           | 44           | ...             | ...                               | ...                                 | ...                                  | ...                                  | 9                                    | 16                                   | 19                      |
| Other Heart Disease ... ..                    | 89           | 160          | 249          | ...             | 1                                 | 2                                   | ...                                  | 7                                    | 44                                   | 61                                   | 134                     |
| Other Circulatory Disease ... ..              | 31           | 48           | 79           | ...             | ...                               | ...                                 | ...                                  | ...                                  | 12                                   | 27                                   | 40                      |
| Influenza ... ..                              | 1            | 1            | 2            | ...             | ...                               | ...                                 | ...                                  | 1                                    | ...                                  | 1                                    | 1                       |
| Pneumonia ... ..                              | 48           | 52           | 100          | 1               | 1                                 | 3                                   | ...                                  | 1                                    | 11                                   | 22                                   | 43                      |
| Bronchitis ... ..                             | 136          | 59           | 195          | ...             | ...                               | ...                                 | ...                                  | 2                                    | 57                                   | 52                                   | 83                      |
| Other Diseases of Respiratory System ... ..   | 10           | 7            | 17           | 1               | 1                                 | ...                                 | ...                                  | 1                                    | 1                                    | 6                                    | 7                       |
| Ulcer of Stomach and Duodenum ... ..          | 11           | 9            | 20           | ...             | ...                               | 1                                   | ...                                  | 4                                    | 6                                    | 5                                    | 5                       |
| Gastritis, Enteritis and Diarrhea ... ..      | 4            | 10           | 14           | 3               | ...                               | ...                                 | ...                                  | 1                                    | 5                                    | 3                                    | 2                       |
| Nephritis and Nephrosis ... ..                | 5            | 3            | 8            | ...             | ...                               | ...                                 | ...                                  | 1                                    | 4                                    | ...                                  | 3                       |
| Hyperplasia of Prostate ... ..                | 6            | ...          | 6            | ...             | ...                               | ...                                 | ...                                  | ...                                  | 2                                    | 1                                    | 3                       |
| Pregnancy Childbirth, Abortion ... ..         | ...          | 1            | 1            | ...             | ...                               | ...                                 | ...                                  | 1                                    | ...                                  | ...                                  | ...                     |
| Congenital Malformations ... ..               | 11           | 10           | 21           | ...             | 3                                 | ...                                 | ...                                  | 2                                    | 1                                    | ...                                  | ...                     |
| Other Defined or Ill-defined Diseases ... ..  | 103          | 110          | 213          | 40              | 2                                 | 1                                   | 2                                    | 9                                    | 29                                   | 40                                   | 90                      |
| Motor Vehicle Accidents ... ..                | 19           | 13           | 32           | ...             | 1                                 | ...                                 | 4                                    | 2                                    | 18                                   | 4                                    | 3                       |
| All Other Accidents ... ..                    | 18           | 32           | 50           | 1               | 2                                 | 4                                   | ...                                  | 4                                    | 6                                    | 7                                    | 26                      |
| Suicide ... ..                                | 9            | 3            | 12           | ...             | ...                               | ...                                 | ...                                  | 3                                    | 4                                    | 4                                    | 1                       |
| Homicide and Operations of War ... ..         | 1            | ...          | 1            | ...             | ...                               | ...                                 | ...                                  | ...                                  | ...                                  | 1                                    | ...                     |
| <b>TOTAL</b> ... ..                           | <b>1,036</b> | <b>1,006</b> | <b>2,042</b> | <b>80</b>       | <b>9</b>                          | <b>9</b>                            | <b>20</b>                            | <b>73</b>                            | <b>551</b>                           | <b>544</b>                           | <b>756</b>              |



## SANITARY CIRCUMSTANCES

The year 1960 marks the end of a decade of tremendous activity in housing. No similar period in our history has seen such widespread change save the mushroom growth of terraced houses in the earlier days of the Industrial Revolution. There is still much to be done, but the demolition, acquisition or representation for demolition of 7,033 houses in ten years is no mean achievement, out of a total of 50,000 houses. Behind this activity is the continual repair and maintenance of substandard houses which in itself is a problem of some magnitude in an old industrial town such as Salford. Housing, of course, is an age-old problem and there can never be an end to it. All that can be said is that in point of time we feel that something worthwhile has been achieved and we have left fewer problems for posterity.

Great progress has been made in food hygiene. Never before have our 3,000 food premises been so clean. This has been engendered by the spate of post-war legislation governing the most vulnerable items of our dietary—milk, meat, ice-cream, etc.—and the general upgrading of the structure and amenities of all food premises. Even more significant is the fact that for the past four years we have not had an outbreak of food poisoning. This is not general for the whole country. The tendency has been for food poisoning to increase despite the rising standards of cleanliness which are apparent everywhere. This brings us back to our early gospel of 1950 that "temperature control" is the vital factor and that cleanliness, desirable in itself, is not the answer to food poisoning. Even the fancy packages we are so pleased to accept might be incubators of disease unless their temperature is controlled. We have pressed this principle in Salford to the uttermost and we feel the results are conclusive as far as they concern mass outbreaks of food poisoning. A few individual cases still occur and we think that safe storage of foodstuffs in the home is a worthwhile project for the future. Man's progress from the cave to the "modern semi" came about chiefly because he learned how to store food, and it is high time he learned to store it safely.

The next decade for us will almost certainly be monopolised by clean air activities. Already four smoke control areas are in operation and the ground work has been completed for the first area containing private property. Council estates are fairly easy and, whilst we tackled the easiest first, we have no regrets, as this policy has certainly facilitated our more difficult projects. In fact, many private residents have been all too impatient even to wait for grants and have proceeded with the replacement of inefficient appliances, bearing the whole cost themselves. There is a considerable body of opinion that grants would be better used in subsidising smokeless fuel. There are many personal advantages to occupiers exchanging their old fuel burning appliances for more attractive appliances, and now that streamlined appliances are the vogue the public would want them regardless of cost or grants. Be that as it may the fight is on and we shall not rest until the air over this City is clean, safe, and fit to breathe.

Housing, food hygiene and clean air have been highlighted in this preamble, but the day-to-day activities of food sampling, drainage, public toilets, disinfection, rodent control, complaints of every description and the all embracing clerical work must not be forgotten. The depleted staff—and we are sadly depleted even though we do not fuss about it—has done a commendable job of work.



Appended are the usual statistical tables with commentaries on items of special interest.

### SMOKE ABATEMENT

The main problem of atmospheric pollution in this City lies in the domestic chimney. With few exceptions, the industrial chimneys have not given rise to smoke pollution.

Thus, concentration of work has been made with the scheme of Smoke Control Area establishment outlined in the previous report. The amount of detailed work involved has placed much upon the staff of one Inspector, two Technical Assistants and one Student, and although the schedule of progress has been kept in pace so far, it is clear that staff shortage will be a serious factor to contend with.

The following table shows the progress made :—

| Order. | Year Made. | Acreage. | No. of Premises. | Operative Date. |
|--------|------------|----------|------------------|-----------------|
| No. 1  | 1960       | 124      | 702              | 1961            |
| No. 2  | 1959       | 32       | 668              | 1960            |
| No. 3  | 1959       | 11       | 316              | 1959            |
| No. 4  | 1959       | 7        | 210              | 1960            |

The survey of No. 5 Area, comprising 378 acres and 3,000 houses, is almost complete.

There have been 5,966 visits in connection with the Smoke Control Area surveys made this year.

Under the Clean Air Act, 1956, 130 observations have been made, and to industrial and miscellaneous premises there have been 436 visits. Two offending companies were threatened with legal action. In one case new automatic low ram coking stokers were installed, and in the other the steam load on the existing boilers was reduced by the installation of additional heat-conserving equipment.

It has been found that several boiler plants are equipped with little or no ready means of observing emissions from the furnaces. Observation has to be made in these cases by the fireman through a skylight or dirty mirror, and in the extreme by seeking a suitable outside position for direct viewing. In all cases, where advantageous, the installation of automatic smoke density alarms or similar apparatus has been encouraged.

One certificate of temporary exemption under Section 2 (2) was renewed for a further period of twelve months, and where a certificate had been previously issued, new automatic underfeed stokers were installed, replacing hand-firing.

There were 17 notifications under Section 3 (3) of the Act relating to new furnace installation. In one instance it was discovered that no notification had been given to the authority. The plant, as regards operating efficiency, was satisfactory, and it was considered sufficient in the circumstances to advise the company of the offence and take no further action.

The provisions of Section 10 were considered in relation to 10 plans showing new chimney construction. As this section of the Act affords the only means of dealing with the discharge of sulphur oxides into the atmosphere, careful consideration is given to chimney height, but it has not been found practical to rely on recommended formulæ.

In six cases the chimney heights were settled satisfactorily by agreement. In the remaining cases details of the heating requirements are not yet known.

The burning of refuse in crude fashions has from time to time given cause for complaint. These complaints have arisen from an assortment of refuse, but amongst trade waste, plastic materials, and paint contaminated metal containers have been the most difficult to deal with. Salvage is not practicable for the cases in mind.

Only specially designed incinerators can deal with such refuse and in this field the vortex type seems to offer good prospects with highly volatile material. Fortunately, the newly constructed Corporation destruction plant will offer an outlet to many small refuse producers. Four new incinerators have been installed by private traders.

## HOUSING

During 1960 the rate of representation of unfit houses continued, though at a reduced tempo.

| Title of Area.                                  | Number of dwellinghouses (including dwellinghouse/shops) |
|-------------------------------------------------|----------------------------------------------------------|
| Brindleheath Clearance Area No. 1 ... ..        | 301                                                      |
| " " " " 2 ... ..                                | 8                                                        |
| " " " " 3 ... ..                                | 2                                                        |
| " " " " 4 ... ..                                | 28                                                       |
| Regent Road " " 1 ... ..                        | 91                                                       |
| " " " " 2 ... ..                                | 156                                                      |
| Total dwellings declared during the year ... .. | 586                                                      |

Orders made in respect of areas represented in 1959/60 were as follows :—

| Title of Area.                                                | Number of dwellings. |
|---------------------------------------------------------------|----------------------|
| Windsor Clearance Areas Nos. 2, 3, 4 and 5 (C.P.O.) ... ..    | 132                  |
| Hightown Clearance Area No. 1 (C.P.O.) ... ..                 | 518                  |
| Cobden Street Clearance Areas Nos. 1-3 (C.P.O.) ... ..        | 86                   |
| Toft Street Clearance Areas Nos. 1-2 (Clearance Order) ... .. | 30                   |
| TOTAL ... ..                                                  | 766                  |



The following Orders were confirmed, with or without modification, by the Minister of Housing and Local Government :—

| Area.                                                   | Number of Houses. | Order. | Subsequent Action.                |
|---------------------------------------------------------|-------------------|--------|-----------------------------------|
| Ellor Street No. 4A Clearance Area ...                  | 67                | C.P.O. | Corporation entry, April, 1960.   |
| „ „ Nos. 5A and 5B Clearance Areas.                     | 248               | C.P.O. | Corporation entry, August, 1960.  |
| Irlams-o'th'-Height Nos. 3 and 4 Clearance Areas.       | 24                | C.P.O. | Corporation entry, May, 1960.     |
| Irlams-o'th'-Height Nos. 1, 2, 3 and 4 Clearance Areas. | 18                | C.O.   | Tenancy agreements.               |
| Windsor No. 1 Clearance Area ...                        | 269               | C.P.O. | Corporation entry, January, 1961. |
| Total houses in areas confirmed during year ...         | 626               |        |                                   |

Public Inquiries into contested Compulsory Purchase Orders were held on six occasions during the year and comprised a total of 1,651 houses. Specialist Public Health Inspectors were responsible for the compilation of evidence in support of the Corporation's case and for detailed evidence given on individual properties at the Public Inquiry. The Specialist Inspectors were responsible for accompanying and assisting the Ministry Inspector on his detailed inspections of the properties concerned.

Rehousing of displaced families continued throughout the year, the department being responsible for the supervision of removals at Corporation expense, and the disinfection, prior to removal, of all furnishings and effects and of all premises prior to demolition.

The following table shows the steady progress of rehousing which was maintained throughout the year :—

| Period.                                                                  | Number of Families. | Number of Persons. |
|--------------------------------------------------------------------------|---------------------|--------------------|
| First quarter, 1960 ...                                                  | 206                 | 610                |
| Second „ „ ...                                                           | 280                 | 916                |
| Third „ „ ...                                                            | 231                 | 721                |
| Fourth „ „ ...                                                           | 159                 | 471                |
| Total families rehoused by the Corporation from Slum Clearance Areas ... | 876                 | 2,718              |
| Found own accommodation or deceased ...                                  | 25                  |                    |

The patch maintenance of properties taken over in deferred demolition areas is the responsibility of the Housing Department but, immediately subsequent to the official entry by the Corporation upon the premises, detailed schedules of works necessary to render the premises wind and weatherproof are handed over to the Housing Department, together with recommendations for premises meriting immediate closure.



It is pleasing to record that there continued the same spirit of friendly co-operation between all the Corporation departments concerned with the many aspects of Housing Clearance ; although it is true to say that temporary staffing difficulties in other departments interrupted the planned flow of unfit properties through the many stages from official representation to final demolition or Corporation Entry and patch maintenance.

The only staff fully employed on the Slum Clearance work consisted of two Specialist Public Health Inspectors and two Technical Assistants.

Premises in " Immediate Demolition " areas become the responsibility of the Health Committee after Corporation entry until subsequent demolition, and many acute problems in the continued maintenance of necessary services, particularly water, occur as a result of vandalism of pipes, fitting, etc., from unoccupied houses.

Because of the need for varying types of accommodation and because of individual preferences of tenants for particular types of property or areas of the City, no simple systematic clearance and demolition of property in Clearance Areas can be undertaken. Tenants sometimes have to live for months surrounded by the dirt, debris and discomfort of an area where active demolition is in progress and, although every effort is made by the Health Committee to maintain the houses in a habitable state, it is frequently a difficult and costly process.

Unhealthy housing with its consequent attack on the morale and well-being of such a large proportion of Salford residents is still a major problem which must continue to be attacked with the utmost vigour. There will be time to call a halt to the process of clearance or improvement only when every family within the City enjoys the normal amenities of living in a dry home in good repair with light, airy rooms, internal sanitation, bath and hot water supply, with adequate facilities for the storage and preparation of food and with pleasant surroundings.

It is a sobering thought that even today, in a highly industrialised City like Salford, more than half our families have no other means of cleaning up after a hard day's work than the kitchen sink and a kettle of water heated on the stove or fire.

## RENT ACT, 1957

### APPLICATIONS FOR CERTIFICATES OF DISREPAIR

|                                                          |     |
|----------------------------------------------------------|-----|
| Number of applications for certificates ... ..           | 94  |
| Number of decisions not to issue certificates ... ..     | 1   |
| Number of decisions to issue certificates :              |     |
| (a) in respect of some but not all defects ... ..        | 73  |
| (b) in respect of all defects ... ..                     | 20  |
| Number of undertakings given by landlords ... ..         | 41  |
| Number of undertakings refused by Local Authority ... .. | Nil |
| Number of certificates issued ... ..                     | 44  |

### APPLICATIONS FOR CANCELLATION OF CERTIFICATES

|                                                                      |    |
|----------------------------------------------------------------------|----|
| Applications by landlords to Local Authority for cancellation ... .. | 28 |
| Objections by tenants to cancellation ... ..                         | 11 |
| Decisions by Local Authority to cancel in spite of objection ... ..  | 3  |
| Certificates cancelled ... ..                                        | 26 |



In connection with the Rent Act, visits have been made to 122 houses, in addition to which a further 35 houses have been visited in respect of remedying of defects undertaken by landlords in undertakings given under the Act to tenants.

### HOUSES LET-IN-LODGINGS

During the year investigations have been conducted into houses which have been let-in-lodgings. Certain standards in respect of sanitary accommodation, washing and cooking facilities have been laid down in order to improve the conditions of the occupants of these houses. As the result of these inspections during this year 24 notices have been issued in accordance with Section 36 of the Housing Act, 1957, requiring the person in control either to carry out certain improvements or alternatively to reduce the number of lettings. Up to the end of the year 17 notices were complied with, 5 by reducing the number of occupants and 12 by carrying out the necessary work, and in 4 other cases work is in progress. In one case legal proceedings were instituted for non-compliance and the owner was fined £5 with a daily penalty of £2.

### SMOKING

In two instances legal proceedings have been taken in respect of persons smoking or handling tobacco whilst working with food. Both cases were of butchers, in one case the man was fined £10 for smoking and in the other case a fine of £5 was made for handling a cigarette.

### CINEMAS

A full inspection was made of all cinemas in connection with the annual renewal of licences in consultation with the police. Particular attention was given to ventilation, cleanliness and decoration, and toilet accommodation.

### TOILETS

In the City there are 20 toilets for men (four of which are staffed) and seven toilets for women (five of which are staffed).

The toilets for men and women at Victoria Bus Station were completed and opened in September, and immediately full use was made of this accommodation, showing that this provision filled a vital need.

Work has commenced on the provision of new toilets for men and women in the Dock area, namely in New Park Road, opposite the main Dock entrance. Proposals are still under consideration for toilet provision at the Oldfield Road / Chapel Street junction and also on a site at Hope Hospital, Pendleton.

### DISINFESTATION

Following the increases over the last few years of the number of infestations coming to the notice of the Local Authority, a policy of education of the public with regard to the disinfestation of their own property was adopted.

Although treatment for bedbugs by the tenants is often ineffective, treatment for cockroaches and other common pests can be quite efficient.

As a result of this, the treatment for bedbugs was carried on as in previous years, but of the 1,352 treatments for cockroaches during the year, 850 were carried out by the tenants themselves, using materials supplied by the department. Of the remaining 502 treatments, 265 were carried out by one operator at a nominal charge of 2s. 6d., the remaining 237 were treated by use of a high pressure powder blower incorporating Malathion which has proved to be highly effective in particularly stubborn infestations.

| Insects Attacked.         | Number of Operations, 1960. | Number of Operations, 1959. |
|---------------------------|-----------------------------|-----------------------------|
| Bedbugs ... ..            | 340                         | 322                         |
| Cockroaches ... ..        | 1,352                       | 895                         |
| Fleas ... ..              | 8                           | 28                          |
| Flies ... ..              | 33                          | 17                          |
| Lice ... ..               | 2                           | 4                           |
| Woodboring Beetles ... .. | 2                           | 6                           |
| Steam Flies ... ..        | 1                           | 1                           |
| Flour Beetles ... ..      | 1                           | ...                         |
| Wasps and Bees ... ..     | 7                           | 3                           |
| Moths ... ..              | 2                           | 1                           |
| Maggots ... ..            | 2                           | ...                         |
| Snails ... ..             | 1                           | ...                         |
| Earwigs ... ..            | 3                           | ...                         |
| <b>TOTALS ... ..</b>      | <b>1,754</b>                | <b>1,277</b>                |

### RODENT CONTROL

Following the treatment of the sewers with "Warfarin" it is now possible to give details of the excellent results. The infested areas have been considerably reduced and favourable reductions have also been recorded in the number of surface complaints received.

"Warfarin" at .005% and .025%, according to the type of infestation, is now used for all rodent control work, the use of pre-packed packets is proving very successful and often helps to trace the source of infestation.

#### RODENT CONTROL (SURFACE INFESTATIONS)

| NUMBER OF PREMISES VISITED.     | 1959         | 1960         |
|---------------------------------|--------------|--------------|
| Local Authority premises ... .. | 133          | 119          |
| Dwellinghouses ... ..           | 7,999        | 6,942        |
| Business premises, etc. ... ..  | 1,785        | 2,523        |
| <b>TOTAL ... ..</b>             | <b>9,917</b> | <b>9,584</b> |

#### PREMISES TREATED BY RODENT OPERATORS (RATS ONLY).

|                                 |            |            |
|---------------------------------|------------|------------|
| Local Authority premises ... .. | 9          | 8          |
| Dwellinghouses ... ..           | 369        | 252        |
| Business premises, etc. ... ..  | 72         | 54         |
| <b>TOTAL ... ..</b>             | <b>450</b> | <b>314</b> |



## PREMISES TREATED BY OCCUPIERS FOR MICE.

(Packets of Warfarin supplied by Department).

|                          |     |     |     |     |     |     |     |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|
| Local Authority premises | ... | ... | ... | ... | ... | 46  | 32  |
| Dwellinghouses           | ... | ... | ... | ... | ... | 404 | 341 |
| Business premises, etc.  | ... | ... | ... | ... | ... | 194 | 140 |
| TOTAL                    |     |     |     |     |     | 644 | 513 |

## SEWER TREATMENTS

|                                              | First<br>Treatment<br>19/10/59<br>to<br>31/3/60 | Second<br>Treatment<br>1/4/60<br>to<br>28/7/60 | Third<br>Treatment<br>22/8/60<br>to<br>29/12/60 | Materials<br>Used | Number of<br>Manholes<br>Visited |
|----------------------------------------------|-------------------------------------------------|------------------------------------------------|-------------------------------------------------|-------------------|----------------------------------|
| Total bait taken                             | ...                                             | ...                                            | ...                                             | Warfarin          | 3,155                            |
| Total number of manholes<br>showing takes... | 1,207                                           | 265                                            | 286                                             | Warfarin          | 3,155                            |

## WILD PIGEONS

The cage trap in the Dock area has again been successfully operated, a total of 1,137 birds having been captured and humanely destroyed during the year.

In view of the success of this trap, negotiations are in progress to extend the scheme to other areas of the City. It is hoped thereby to keep the number of wild pigeons within reasonable limits, to prevent the various nuisances caused by large flocks of these birds.

## DISINFECTING STATION — LADYWELL HOSPITAL

Bedding and clothing from houses where there had been infectious cases, bedding from slum clearance areas in Salford and from neighbouring Local Authorities, bedding from five 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-one demonstrations were given to student nurses.

Disinfections carried out by the spraying with Formaldehyde are indicated below :—

|                        |     |     |     |     |     |               |
|------------------------|-----|-----|-----|-----|-----|---------------|
| Ladywell Hospital      | ... | ... | ... | ... | ... | 310 beds.     |
| " " " " " "            | ... | ... | ... | ... | ... | 609 cubicles. |
| Salford Royal Hospital | ... | ... | ... | ... | ... | 25 wards.     |
| Houses                 | ... | ... | ... | ... | ... | 35            |
| Ambulances             | ... | ... | ... | ... | ... | 318           |
| Ships' cabins          | ... | ... | ... | ... | ... | 8             |
| Library books          | ... | ... | ... | ... | ... | 521           |

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

|                                                                   | <i>Beds.</i> | <i>Bales containing bedding or clothing or both.</i> |
|-------------------------------------------------------------------|--------------|------------------------------------------------------|
| From Clearance Areas in Salford ... ..                            | 1,568        | 1,079                                                |
| „ Eccles ... ..                                                   | 205          | 173                                                  |
| „ Stretford ... ..                                                | 14           | 7                                                    |
| „ Worsley ... ..                                                  | ...          | 4                                                    |
| „ Urmston ... ..                                                  | 3            | 4                                                    |
| „ Port Sanitary Authority ... ..                                  | 3            | 2                                                    |
| „ Ladywell Hospital ... ..                                        | 517          | 462                                                  |
| „ Salford Royal Hospital ... ..                                   | 20           | 18                                                   |
| „ Eccles and Patricroft Hospital ... ..                           | 9            | 31                                                   |
| „ Hope Hospital ... ..                                            | 17           | 115                                                  |
| „ Pendlebury Children's Hospital ... ..                           | ...          | 23                                                   |
| Infected bedding and clothing ... ..                              | 132          | 207                                                  |
| Verminous bedding and clothing ... ..                             | 49           | 103                                                  |
| Clothes from out-district patients at Ladywell ... ..             | ...          | 352                                                  |
| <b>TOTALS ... ..</b>                                              | <b>2,537</b> | <b>2,580</b>                                         |
| Blankets from Ambulance Services—Salford ... ..                   | ...          | 263                                                  |
| „ Urmston ... ..                                                  | ...          | 131                                                  |
| „ Stretford ... ..                                                | ...          | 121                                                  |
| „ Eccles ... ..                                                   | ...          | 23                                                   |
| „ Manchester ... ..                                               | ...          | 24                                                   |
| <b>TOTAL ... ..</b>                                               | <b>...</b>   | <b>562</b>                                           |
| Sterilising instruments and dressings at Ladywell Hospital ... .. | 3,016 drums. |                                                      |

## DRAINS AND SEWERS

The number of drain and sewer complaints during the year increased to 2,579 and the cause of this must be attributed to the long, wet summer. From this total, 260 were complaints from the Housing Department, and mostly found to be simple blockages which were removed by rodding or plunging and therefore making a saving on Housing Repairs Expenditure. In some cases defects were found in the drains and these had to be opened up and repaired.

The Drainage Inspector and Rodent Control section maintain that close co-operation which is necessary in investigating rat complaints, and tracing rat runs. These usually lead to a defective drain or sewer. The use of the "Smoke Machine" for "smoke testing" drains is necessary in this type of work.

The maintenance of Public Sewers is carried out by the City Engineer and often complaints of choked drains from occupiers of premises are found to be caused by a choked sewer. Hence, close contact with the City Engineer, Highways Surveyors Department is necessary. In some cases the cost of removing blockages from Public Sewers is recoverable and consequently notices have to be served by the Drainage Inspector.

The wet summer showed an increase in the number of percolations and subsidences caused by broken drains and sewers. The percolations were mostly found in cellars and subsidences in rear passages.



Advice and assistance is always available in removing blockages and cases where there are serious defects requiring the reconstruction of a drainage system. Most contractors are aware of their obligation to notify the Corporation when drainage work is in progress, but during the year a case came to light where the drain from a factory had been connected to a surface water sewer which discharged into the River Irwell. This drain was reconnected to a Public Sewer.

Drain and sewer blockages are regarded as the most urgent of all sanitary defects and, on the whole, landlords and agents give priority to this work. The word of the Inspector, in most cases, is all that is necessary to have the work carried out.

## **SHOPS ACT, 1950**

### **Early Closing.**

Fifty years ago members of the distributive trade were pressing for legislation to have a statutory early closing time, so that they could close their shops without fear of their business going to their competitors, and to enable them to enjoy relaxation without such fear. Legislation to establish this was enacted by the Shops Acts of 1912 and 1928 and by "Local Orders." Broadly speaking, it became compulsory to close shops at 9 o'clock on the "late night" (which was Saturday) and at 8 o'clock on other nights. Before the commencement of the Second World War the habit of shopping on Saturday evening had ceased, and Friday became the "late night."

Whilst the compulsory closing hours are still the same, the vast majority of shops close at 6 p.m., two hours earlier than required by law. The shopping habits of the public, trade union negotiations over hours of employment, and the cost of lighting and heating have contributed to this startling change. This change, however, does not apply to off-licensed grocery shops, small mixed grocery businesses, and some hairdressing establishments, and it is still necessary to have the principle of compulsory early closing maintained for these and other shops. People who have been employed in factories working overtime week-nights and on Sundays might buy a shop and adopt the attitude "I worked seven days a week and all hours for somebody else so why can't I work seven days a week until any hour when I work for myself."

The answer is, of course, that if every shopkeeper adopted the same attitude, and present legislation were cancelled, we should return to the days of over fifty years ago when a shopkeeper dare not close his shop until midnight for fear of losing business to his competitors, and the privileges fought for for years would be thrown away.

The enforcement of such provisions is therefore still maintained, and visits made to secure compliance.

### **Half-day Closing.**

Half-day closing, which must not be confused with the weekly half-holiday for assistants, is mainly operative in the City by virtue of a number of Local Half-day Closing Orders, which require different types of shops to close at 1 p.m. on Wednesday (or alternatively Saturday). Some shopkeepers, particularly hairdressers, have expressed dissatisfaction with the operation of the Local Order and would rather close regularly on a day of their own choice as allowed by the Act itself. In the case of Ladies' Hairdressers, where many



customers are employed in the distributive trade this dissatisfaction appears to be quite reasonable.

### Sunday Trading.

One of the difficulties has been and is the ambiguity of the law regarding what food can be sold, or cannot be sold, on Sundays.

This difficulty is a material one, and certain Court decisions have made the interpretation of the law extremely difficult. One hopes that legislation will be introduced in 1961 which will abolish ambiguities and clearly outline what transactions can legally be carried out on the Sabbath day whether from shops or by mobile van traders.

There are twenty-eight shops (occupied by persons of the Jewish religion) registered for trading on Sundays. These shops close at sunset on Fridays until Sunday when they are open until 2 p.m.

### Amenities in Shops.

Inspections have also been regularly carried out to ensure compliance with the provisions of the Act relating to ventilation, reasonable temperature, sanitary conveniences, washing facilities and facilities for the taking of meals, and any complaints made were speedily dealt with.

### Hairdressers and Barbers

These establishments, which are shops to whom the Shops Act applies, have also been registered under the Salford Corporation Act, 1955, and are subject to Byelaws which require standards of cleanliness of the shop, the staff and their clothing ; and the sterilization of instruments used.

The number of hairdressers and barbers registered at the end of the year is as follows :—

|                                           |     |     |     |     |     |     |     |     |
|-------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| Gentlemen's Hairdressing Establishments   | ... | ... | ... | ... | ... | ... | ... | 66  |
| Ladies'                                   | ... | ... | ... | ... | ... | ... | ... | 107 |
| Establishments for "Ladies and Gentlemen" | ... | ... | ... | ... | ... | ... | ... | 6   |
| TOTAL                                     | ... | ... | ... | ... | ... | ... | ... | 179 |

Number of shops where assistants are also employed :—

|                              |     |     |     |     |     |     |     |    |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|----|
| Establishments for Gentlemen | ... | ... | ... | ... | ... | ... | ... | 17 |
| " " Ladies                   | ... | ... | ... | ... | ... | ... | ... | 66 |
| " " Ladies and Gentlemen     | ... | ... | ... | ... | ... | ... | ... | 5  |
| TOTAL                        | ... | ... | ... | ... | ... | ... | ... | 88 |

### FOOD SAMPLING

A wide range of commodities has again been covered and in common with the national trend the majority of samples comply with the requirements of existing legislation. Samples have been taken to see whether foodstuffs comply with the various Food Standards Orders, to check whether food is of the quality, nature and substance demanded by the consumer and to secure compliance with the main requirements of the Labelling of Food Order, 1953, with regard to correction of statements of ingredients on labels of pre-packed foods.



The low rate of adulteration which is now being experienced is partly due to continual checking of commodities and partly due to the employment of systems of laboratory control by the large scale organisations through which a large proportion of foodstuffs are distributed today.

The year under review saw the introduction of the Skimmed Milk with Non-Milk Fat Regulations, 1960. These regulations seek to control the labelling and advertising of products composed of skimmed milk and non-milk fat. Although these regulations have not yet come into operation controversy has been raging, and in relation to the use of these products in beverages, the question of adequate protection of the public who may purchase beverages containing these ingredients in substitution for genuine whole milk products, is still provoking discussion. It will be interesting to see how in this respect the regulations work out in practice.

As previously mentioned, the Labelling of Food Order requires pre-packed food for retail sale to state a list of ingredients in the order according to quantity in which they are used. This order is clearly for the protection of the public and, with this view in mind, I am convinced that a more realistic view should be taken when assessing whether or not a sample is adulterated. For instance, minor infringements of the Labelling of Food Order can result in a sample being declared adulterated. In all honesty can one say that the omission of a declaration of salt from the label of a bottle of malt vinegar condemns that particular bottle to qualify for the "adulterated" label?

The year under review saw an appeal against a conviction under Section 2 of the Food and Drugs Act in respect of a sample of beef sausages containing only 37% meat. The sausages were part of a contract supply delivered to a Salford school. The contract demanded a 50% sausage and at the magistrate's hearing the contractor was fined £20 and a sub-contractor £20. The contractor appealed against the magistrate's decision that "he had not used due diligence" in checking his supplier's contract. At the Salford Quarter Sessions the Recorder dismissed the appeal against the conviction.

There were summonses issued in respect of samples of Tinned Creamed Rice and Tinned Sago Pudding. The labels stated the ingredients to be Full Cream Milk, Rice or Sago, Sugar. The Public Analyst certified that the full cream milk was deficient in milk fat. In defence it was stated that water could have been added without declaration and instead skimmed milk was added to enrich the product. The Stipendiary Magistrate convicted but imposed no penalties or costs.

### KITCHEN HYGIENE

The preparation, cooking and serving of large numbers of meals inevitably raise problems associated with the storage and disposal of waste and surplus food. Waste food left by diners on their plates, trimmings and bones from joints, waste from preparation of vegetables, tea leaves, etc., accumulate in large quantities in a kitchen and a method of disposal has to be found. A common method is to store waste food in a bin and remove it daily from the kitchen to a storage point. With this method the waste food is frequently utilised for animal feeding necessitating storage until it is collected by the purchaser. During warm weather the intervals between collection frequently result in putrefaction with consequent offensive odours. Contamination of the wall and floor surfaces occur and vermin, both flies and rodents, can be attracted. Failure to clean the storage bins causes further putrefaction and



smells. It is often difficult to find a suitable place in which offensive containers of this type can be satisfactorily cleansed and the residue properly disposed of. Because of the offensive nature of the work it is sometimes even more difficult to find someone to do it. Nevertheless, the problem exists and has to be resolved.

Two methods are in operation in the City, both of which are considered satisfactory.

- (1) The containers and contents are removed frequently by a Swill Contractor and replaced by clean containers. This obviates spillage, tipping into a vehicle and the subsequent trail of drippings from the vehicle. It is simple, quick and clean.
- (2) The second method involves the use of a garbage grinder and disposal unit in the kitchen. The machine which is usually situated alongside the sink is supplied with water through a tap over and connected to the drainage system via the waste pipe. It resembles a small sink. As waste is created it is forthwith placed into the garbage grinder in which it is ground up and with the aid of the water is conveyed into the drainage system. Soiled plates are scraped directly into the machine. Flies and rodents cannot be attracted.

From the point of view of hygiene this is the ideal solution, storage of any kind and attendant containers are eliminated. All plates are scraped and not merely placed into the washing-up water. On the other hand there is the loss of the residual value of the waste, the cost of the water, electricity and the machine itself. The increasing and widespread use of the machines may raise problems connected with the disposal and treatment of sewage and settlement of particles in sewers. This point is being watched.

### GELATINE

During the year the practice of sampling foodstuffs for bacteriological examination has continued. Gelatine has long been known as a possible reservoir of infection. It was not very surprising when samples of this product were reported as being positive for *Salmonellæ* organisms. A further repeat sampling of all stock of gelatine at the warehouse was again reported positive for *Salmonellæ* organisms.

Most surprising was the extent of the infection. Almost every sample taken was positive for *Salmonellæ*. The entire stock was removed from the warehouse for processing and sterilising under supervision, together with consignments recalled from various purchasers. No gelatine was to be released until sampled and reported free from organisms.

There is no doubt that raw materials coming into the country originate from many sources and are contaminated in the country of origin. The gelatine quoted above is an example. Bonemeal, fertilisers, feeding stuffs have been suspected as a source of infection and of causing foot and mouth disease. Frozen egg, egg albumen and crystal albumen have all been found to be infected. Random sampling cannot be expected to reveal all cases where infection is present. The problem of raw materials and their infection is formidable, but it is one which must be faced and dealt with, and appropriate methods to ensure safety devised.



### DESICCATED COCONUT

This product has been sampled extensively throughout the country since it has been found to be infected with *Salmonellæ* organisms. It seems incredible that a vegetable product which by virtue of its very nature is free from organisms should during processing and production be consistently contaminated by *Salmonellæ* organisms. As there is a large trade in desiccated coconut the risk to consumers is correspondingly large and proportional to the manner in which the coconut is used.

Experiments have been carried out to find suitable methods of sterilising infected coconut, thus eliminating the necessity of condemnation of infected supplies. A great deal of work has been carried out on these lines and, whilst this is wholly commendable, it is, unfortunately, a negative policy. It does not improve the conditions, methods or personnel by and under which the coconut is produced, processed, packed and handled in the producing country. Whilst sterilising of all consignments will render it safe, the risk of contamination would still be present and supplies could still arrive contaminated.

It is pleasing to find that the country concerned is making an attempt to rectify the situation and eliminate contamination at the source. Draft regulations which are now being made should ease the problem, improve the hygiene of production and personnel and render the product safer.

### MILK AND MILK BOTTLES

The milk supplied in the City consists entirely of designated milk, the bulk being pasteurised and sterilised with small quantities of tuberculin tested pasteurised, Jersey, Guernsey and Channel Islands milk.

All supplies are regularly sampled and tested, samples being taken at all points in production and delivery. Raw milk is also sampled and washed bottles are tested for cleanliness.

The glass bottle as a returnable container for milk is in very widespread use. There has been little use made of cartons, although a small quantity of cartoned milk is sold through canteens, vending machines, etc.

Returnable containers are liable to much misuse between leaving and returning to the suppliers. This is particularly so in the case of the milk bottle, on which deposit is rarely charged. The best which can be expected is that the bottles are rinsed and placed outside on the step for collection the following day. These bottles are a natural target for fouling by animals and also become contaminated by dust, flies, etc. Many customers fail to rinse bottles, some leave them lying around for long periods before returning them. Some bottles are used for holding liquids other than milk, such as paraffin, petrol, turpentine, whilst others may find use as paint containers, for the washing out of paint brushes, flower containers and so forth. Some are left lying around outside for long periods, others purchased by outside workers are simply thrown away. The stacking of crates containing empty bottles on the pavement or outside for subsequent collection leads to further fouling and soiling of both bottles and crates.

The removal of such deposits by normal bottle washing methods is difficult and sometimes impossible. Foreign bodies found in milk are frequently suspected of having gained access through misuse of some kind and milk which has dried or solidified in a bottle is most difficult to remove. Petrol,



paraffin and such-like liquids cannot be detected by visual examination, with the subsequent risk of unpleasant tastes in the milk.

Glass fragments from the chipping or breaking of bottles also gain access to filled bottles of milk. The inaccurate setting of the filler may result in undue pressure on the bottle and cause small fragments to break off from the rim and pass into the bottle. Alternatively, a bottle may shatter, leaving part of the neck adhering to the filler head. Unless this is removed the next bottle will contain the broken glass.

This leads one to the conclusion that there is a very real need for a suitable non-returnable container of a type other than glass. The dictates of necessity will no doubt lead to the development of a suitable type of container at a price consistent with national demand. So far there seems to be very little progress in the development of containers and such work as is being carried out is largely spasmodic.

Legislation on the question of types of containers is very desirable. Whilst economic considerations may influence policy at present there is no logical reason why in the future provision should not be made for a suitable alternative. It is inconsistent in the second half of the 20th century, in the age of space travel, that these primitive methods should prevail.

### FOOD POISONING

Once again there have been no mass outbreaks of food poisoning in the City. This is an amazing fact in view of the possibilities of infection. The entire population must have eaten food poisoning organisms and yet not developed clinical symptoms, except for eight isolated cases. This brings us back to our theory first mooted in 1950 that it is the massive dose which causes the trouble, and the massive dose is engendered by multiplication of organisms in foodstuffs stored or prepared without regard to the effect of temperature. This principle has been assiduously pursued with Salford food handlers over the past ten years and the results are gratifying.

It is obvious that more attention must now be given to isolated cases and the correct treatment of food in the houses of our citizens. In some cases it has been possible to highlight the time/temperature factor, but in others too much time has elapsed before notification of cases so that a clear history could not be obtained. However, there is no doubt that correct food storage and preparation in the home is a worthwhile project for the Public Health Inspector.

### PUBLIC SWIMMING BATHS

There are four public swimming baths in the area, containing nine plunges. The water in these baths is mains water supplied through the same mains as those supplying the City and is obtained from Manchester Waterworks. The cleanliness of all swimming bath water is ensured by passing it through sand filters and its sterilisation by treatment with chloride of lime liquor. The chloride of lime is mixed with water and the clear liquor siphoned into the main prior to entering the filter. After filtration the water is aerated, heated and then returned to the shallow end of the plunge. All plunges work on a four-hour turnover.

Samples for chemical and bacteriological examination are taken weekly. In the main, the reports reflect a good standard of treatment and a reduction in the small number of adverse reports which are received would be facilitated by a more suitable method of adding the chloride of lime liquor.



## 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 50,000 dwellings in the City and the population is 161,170 (Registrar-General's estimate at mid-year 1960).

## CLERICAL ADMINISTRATION

The report of the Public Health Inspectors' Section ought not to be completed without some reference to the clerical administration.

The work of the Public Health Inspectors' Department is essentially legal in character, requiring a specialised and experienced clerical staff with a knowledge and diligence beyond that normally associated with office work.

I am fortunate in possessing such a staff. The statistical tables will show some part of their work but I would specifically mention Smoke Control, Slum Clearance, Rent Act procedure and Pest Control as involving both comprehensive and complicated clerical records. I might mention that in order to save some clerical work, and at the same time to ensure payment of disinfestation accounts often found difficult to recover, it has been decided to authorise operatives to collect payment from tenants at the time of the application of the treatment and issue a receipt forthwith, in place of the usual procedure of sending an account to be paid into the City Treasurer's Department.

## STATISTICS

### NATURE OF INSPECTIONS.

|                                                 |               |
|-------------------------------------------------|---------------|
| Sanitary Defects ... ..                         | 18,151        |
| Sublet Houses ... ..                            | 180           |
| Seamen's Lodging Houses ... ..                  | 2             |
| Common Lodging Houses ... ..                    | 45            |
| Caravans ... ..                                 | 96            |
| Factories with Power ... ..                     | 301           |
| Workplaces ... ..                               | 5             |
| Outworkers Premises ... ..                      | 9             |
| Shops Act Inspections ... ..                    | 1,711         |
| Schools ... ..                                  | 17            |
| Cinemas and Theatres ... ..                     | 44            |
| Public Conveniences ... ..                      | 720           |
| Stables ... ..                                  | 45            |
| Piggeries ... ..                                | 12            |
| Pet Shops ... ..                                | 7             |
| Diseases of Animals Act ... ..                  | 22            |
| Dairies ... ..                                  | 353           |
| Food Shops ... ..                               | 1,845         |
| Food Stalls and Vehicles ... ..                 | 1,559         |
| Food Manufacturing Premises ... ..              | 148           |
| Restaurants and Snack Bars ... ..               | 184           |
| Canteens (Factory and Schools) ... ..           | 209           |
| Unsound Food ... ..                             | 229           |
| Swimming Bath and Drinking Water Samples ... .. | 115           |
| Food Samples ... ..                             | 1,206         |
| Infectious Diseases ... ..                      | 252           |
| Food Poisoning ... ..                           | 179           |
| Smoke Observations ... ..                       | 130           |
| Smoke Abatement ... ..                          | 6,402         |
| Disinfestations ... ..                          | 2,463         |
| Miscellaneous ... ..                            | 850           |
| Housing Act Inspections (Clearance Area) ... .. | 8,519         |
| <b>Total ... ..</b>                             | <b>46,010</b> |
| <b>Calls (No Admittance) ... ..</b>             | <b>2,754</b>  |

## Unsound Food Condemned

|                                               | <i>lbs.</i>   |
|-----------------------------------------------|---------------|
| Meat (canned) ... ..                          | 18,944        |
| Fruit (canned) ... ..                         | 3,504         |
| Vegetable (canned) ... ..                     | 7,654         |
| Poultry (canned) ... ..                       | 93            |
| Evaporated and Condensed Milk (canned) ... .. | 353           |
| Soup (canned) ... ..                          | 216           |
| Fish (canned) ... ..                          | 159           |
| Creamed Rice and Sago Pudding (canned) ... .. | 209           |
| Lyles Syrup (canned) ... ..                   | 12            |
| Bacon ... ..                                  | 640           |
| Sausage ... ..                                | 205           |
| Butter ... ..                                 | 239           |
| Lard ... ..                                   | 56            |
| Dried Fruit ... ..                            | 1,268         |
| Cheese ... ..                                 | 180           |
| Miscellaneous ... ..                          | 15            |
| Slab Cake ... ..                              | 92            |
| Sweets and Confectionery ... ..               | 318           |
| Biscuits ... ..                               | 28            |
| Sugar ... ..                                  | 112           |
| Five cwts. Maws ... ..                        | 560           |
| Two Hindquarters English Beef ... ..          | 299           |
| Three × 28 lbs. tins Frozen Egg ... ..        | 84            |
| Four cartons Cornflakes ... ..                |               |
| Six cartons Toasties ... ..                   |               |
| Two packets Sugar Puffs ... ..                |               |
| Three packets Farleys Rusks ... ..            |               |
| Thirteen bottles Sauce ... ..                 |               |
| Eighty-eight tins Baby Food ... ..            |               |
| One carton Cake ... ..                        |               |
| <b>TOTAL</b> ... ..                           | <b>35,240</b> |

## Results of Milk Samples

| Test.                   | Milk.                   | Number Tested. | Passed. | Failed. | Per cent. Failure. |
|-------------------------|-------------------------|----------------|---------|---------|--------------------|
| Phosphatase ... ..      | Pasteurised ... ..      | 431            | 427     | 4       | 0·92               |
| " ... ..                | T.T. Pasteurised ... .. | 242            | 242     | ...     | ...                |
| Turbidity ... ..        | Sterilised ... ..       | 83             | 83      | ...     | ...                |
| Methylene Blue ... ..   | Pasteurised ... ..      | 431            | 431     | ...     | ...                |
| " ... ..                | T.T. Pasteurised ... .. | 242            | 240     | 2       | 0·82               |
| " ... ..                | T.T. ... ..             | 25             | 23      | 2       | 8·00               |
| T.B. Inoculation ... .. | Pasteurised ... ..      | ...            | ...     | ...     | ...                |
| " ... ..                | T.T. ... ..             | 6              | ...     | ...     | ...                |

## Ice-cream—Results of Samples

| <i>Number of Samples.</i> | <i>Grades.</i> |
|---------------------------|----------------|
| 156 ... ..                | 1              |
| 20 ... ..                 | 2              |
| 10 ... ..                 | 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, and the number of dairies registered under the Milk and Dairies Regulations, 1949 :—

[illegible]

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, 1960.

| Total number of outbreaks. | Number of cases. | Number of deaths. | Organisms or other agents responsible.                                                                                             | Foods involved. |
|----------------------------|------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 8                          | 14               | Nil               | 5 <i>Salmonellæ</i> Newport<br>3 <i>Salmonellæ</i> Para Typhi B<br>4 <i>Salmonellæ</i> Typhi Murium<br>1 Food Allergy<br>1 Unknown | Roast Heart.    |

## List of Samples Taken.

[illegible]

### Complaints and Notices.

|                               |       |
|-------------------------------|-------|
| Complaints Received ...       | 5,270 |
| Statutory Notices Issued ...  | 1,865 |
| Statutory Notices Abated ...  | 2,081 |
| Intimation Notices Issued ... | 1,681 |
| Intimation Notices Abated ... | 1,65  |

| 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...              | 109              | ...          | ...              | ...                   |
| 2. Factories not included in (1) in which Section 7 is enforced by the Local Authority ...                  | 1,036            | 301          | 39               | ...                   |
| 3. Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers premises) ... | ...              | ...          | ...              | ...                   |
| TOTAL ...                                                                                                   | 1,145            | 301          | 39               | ...                   |

| Particulars.                                                                             | Number of cases in which defects were found |           |                                   |                       |
|------------------------------------------------------------------------------------------|---------------------------------------------|-----------|-----------------------------------|-----------------------|
|                                                                                          | Found.                                      | Remedied. | Referred<br>To H.M.<br>Inspector. | By H.M.<br>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 ... ..                                                                  | 5                                           | 4         | ...                               | ...                   |
| (b) Unsuitable or defective ... ..                                                       | 36                                          | 21        | 2                                 | 7                     |
| (c) Not separate for sexes ... ..                                                        | 1                                           | 1         | ...                               | ...                   |
| Other offences against the Act (not including<br>offences relating to outworkers) ... .. | ...                                         | ...       | ...                               | ...                   |
| <b>TOTAL ... ..</b>                                                                      | <b>42</b>                                   | <b>26</b> | <b>2</b>                          | <b>7</b>              |

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



## Cases Heard before the Magistrates

| Offences.                                                                                                                                              | Number of Cases. | Decision of Magistrate.                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------|
| (i) For failure to comply with the requirements of notices under Section 93 of the Public Health Act to remedy nuisances at dwellinghouses.            | 6                | Orders made to abate the nuisances.                      |
| (ii) For failing to provide adequate cooking and washing facilities at a house-let-in-lodgings.                                                        | 1                | Fined £5.                                                |
| (iii) For failing to remove accumulations of manure from stable premises.                                                                              | 1                | Fined £5.                                                |
| (iv) Offences against the Food Hygiene Regulations involving dirty food shops.                                                                         | 3                | 1 Fined £20.<br>2 Fined £15.                             |
| (v) Offences against the Food Hygiene Regulations involving smoking whilst handling food.                                                              | 2                | 1 Fined £10.<br>1 Fined £5.                              |
| (vi) Unauthorised parking of caravans ... ..                                                                                                           | 6                | Ordered to move.                                         |
| (vii) For selling sausages not of the nature, substance and quality of the article demanded being deficient in meat.                                   | 2                | Each Fined £20.                                          |
| Appeal against above ... ..                                                                                                                            | 1                | Dismissed with 30 gns. costs awarded against appellants. |
| (viii) For selling Creamed Rice and Creamed Sago Pudding not of the nature, substance and quality of the article demanded being deficient in milk fat. | 1                | Case proved, but defendants granted absolute discharge.  |

## CITY ANALYST'S REPORT

### SUMMARY OF SAMPLES

|                                                                |     |     |       |
|----------------------------------------------------------------|-----|-----|-------|
| Food and Drugs Act Samples from the City of Salford            | ... | ... | 1,118 |
| Fertiliser and Feeding Stuffs Act Samples                      | ... | ... | 8     |
| Swimming Bath Waters                                           | ... | ... | 344   |
| Contract Samples from the Central Purchasing Committee         | ... | ... | 140   |
| Miscellaneous Samples                                          | ... | ... | 18    |
| Test connected with the Investigation of Atmospheric Pollution | ... | ... | 1,633 |
| TOTAL                                                          | ... | ... | 3,261 |
| <hr/>                                                          |     |     |       |
| Samples from the Borough of Eccles                             | ... | ... | 198   |
| Samples from the Borough of Stretford                          | ... | ... | 173   |
| Samples from the Borough of Sale                               | ... | ... | 187   |
| <hr/>                                                          |     |     |       |
| GRAND TOTAL                                                    | ... | ... | 3,819 |

### FOOD AND DRUGS ACT, 1955

During the year under review two major pieces of legislation affecting the work of the Public Analyst's laboratory came into effect. Firstly, the Fluorine in Food Regulations, 1959, replaced the Fluorine in Food Order, 1947, by considerably lowering the permissible limits of fluorine in acidic phosphates, baking and raising powders and self-raising flours. Secondly, the Fertilisers and Feeding Stuffs Regulations, 1960, replaced the 1955 and 1956 (Amendment) Regulations. They have been arranged in a new order; although the first five schedules appear to reproduce without any change the five schedules to the 1955 regulations, they are followed by a sixth, containing details of the manner of taking samples for analysis; seventh and eighth, prescribing the methods of analysis for fertilisers and feeding stuffs respectively; ninth setting out the limits of variation (these appear to be unchanged); and tenth and eleventh, prescribing the forms to be used for certificates of analysis and for quarterly returns to the Ministry. The methods of analysis have been considerably altered and the forms of certificate of analysis have also been changed, notably by including on the certificate details of the statutory statement or other guaranteed analysis instead of leaving this to be attached separately to the certificate. The British Pharmaceutical Codex, 1959, came into force including some of the newer drugs and deleting some of the older.

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 procured 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 1,118 foods and drugs made up as follows were tested during the year.

| Samples.                                  | Number examined. | Number adulterated or irregular. |
|-------------------------------------------|------------------|----------------------------------|
| Coffee and Tea ... ..                     | 7                | ...                              |
| Confectionery Products ... ..             | 15               | ...                              |
| Cereals ... ..                            | 5                | ...                              |
| Dairy Products ... ..                     | 27               | ...                              |
| Fish Products ... ..                      | 11               | ...                              |
| Frozen Confectionery and Ice-Cream ... .. | 8                | 2                                |
| Meat Products ... ..                      | 39               | 4                                |
| Milk ... ..                               | 790              | 4                                |
| Milk, Channel Islands ... ..              | 65               | 1                                |
| Miscellaneous, Unclassified ... ..        | 12               | ...                              |
| Oils and Fats ... ..                      | 12               | 1                                |
| Preserves ... ..                          | 15               | ...                              |
| Pies and Puddings ... ..                  | 16               | 7                                |
| Sauces and Condiments ... ..              | 21               | ...                              |
| Soft Drinks ... ..                        | 19               | 2                                |
| Vegetables and Fruits ... ..              | 10               | ...                              |
| Drugs ... ..                              | 46               | 2                                |
| <b>TOTAL ... ..</b>                       | <b>1,118</b>     | <b>23</b>                        |

A total of 1,118 foods and drugs were tested during the year and, of these, 23 (2·1%) were adulterated or showed some form of irregularity.

### Milk.

A total of 855 samples of milk were analysed, of which 65 were designated as Channel Islands' milk. Of the 790 samples of ordinary milk four were deficient of fat (0·5%) and 15 were deficient of non-fatty solids. The Hortvet freezing point test showed, however, that all the non-fatty solids' deficiencies were due to natural causes and that no extraneous water was present.

It will be noted that the adulteration rate as regards fat deficiencies is appreciably less than in former years, but this is largely due to a revision of the method of certification. The bulk of the milk samples submitted are taken from deliveries of farmers' milk to dairy companies. These deliveries usually comprise several churns and it was ruled in the case of Telford and Fyfe that consideration of the composition of the milk in individual churns constituted unfair sampling and that the composition of the delivery as a whole should be the criterion. Consequently, although the Sampling Officer still procures samples from individual churns the analytical figures are averaged taking into account the amount of milk in each churn, and only if the average fails to satisfy the requirements of the Sale of Milk Regulations, 1939, is the milk certified to be adulterated.

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 :—

|                    | 1955  | 1956  | 1957  | 1958  | 1959  | 1960  | Minimum requirements. |
|--------------------|-------|-------|-------|-------|-------|-------|-----------------------|
| Fat %              | 3.58  | 3.62  | 3.67  | 3.69  | 3.53  | 3.62  | 3.00                  |
| Non-fatty Solids % | 8.69  | 8.81  | 8.78  | 8.82  | 8.63  | 8.68  | 8.50                  |
| Total Solids %     | 12.27 | 12.43 | 12.45 | 12.51 | 12.16 | 12.30 | 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. 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 65 samples analysed only one was deficient of fat and further samples taken from the same source of supply were found to satisfy the above regulations

### Foods.

#### ADULTERATED OR IRREGULAR SAMPLES (OTHER THAN MILK)

| Number. | Description.                  | Nature of adulteration or irregularity.                      | Remarks.                                                                                                                |
|---------|-------------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| B.5977  | Beef Sausage                  | 15% deficient of meat.                                       | Butcher cautioned.                                                                                                      |
| B.6089  | Stewed Steak with Gravy.      | 16.9% deficient of meat on a 75% minimum meat content basis. | No legal standards for these products.                                                                                  |
| B.6090  | Casserole Meat with Gravy.    | 14.9% deficient of meat on a 75% minimum meat content basis. |                                                                                                                         |
| A.1004  | Ice-Cream                     | 10.4% deficient of fat.                                      | Vendor cautioned.                                                                                                       |
| B.6336  | Blackcurrant Vitamin C Drink. | 9.5% deficient of the minimum stated vitamin C content.      | Manufacturer interviewed.                                                                                               |
| B.6339  | Potted Meat                   | Contained 12.8% of cereal filler.                            | Manufacturer agreed to label the product meat paste.                                                                    |
| B.6344  | Creamed Rice Pudding          | 39.3% deficient of fat.                                      | Formal sample No. A.1019 taken. Legal proceedings instituted. Defendants found guilty but given an absolute discharge.  |
| A.1019  | Creamed Rice Pudding          | 43.2% deficient of fat.                                      |                                                                                                                         |
| B.6356  | Soft Drink                    | Contained a trace of phenolic disinfectant.                  | Bottle had been properly cleansed, but contamination had come from the stopper.                                         |
| B.6380  | Sago Pudding                  | 39.2% deficient of fat.                                      | Formal samples No. A.1021 taken. Legal proceedings instituted. Defendants found guilty but given an absolute discharge. |
| A.1021  | Sago Pudding                  | 41.1% deficient of fat.                                      |                                                                                                                         |
| A.1034  | Ice-Cream                     | 21.0% deficient of fat.                                      | Vendor cautioned.                                                                                                       |
| B.6392  | Sago Pudding                  | 16.7% deficient of fat.                                      | Manufacturer informed.                                                                                                  |
| B.6495  | Creamed Sago Pudding          | Technical labelling offence.                                 | Manufacturer written.                                                                                                   |
| B.6496  | Creamed Tapioca Pudding.      | Technical labelling offence.                                 | Manufacturer written.                                                                                                   |
| B.6592  | Pork Dripping                 | Consisted of beef dripping.                                  | Butcher interviewed.                                                                                                    |



### Unsatisfactory Food Samples.

These totalled 16 altogether out of 187 foods other than milk analysed, *i.e.*, 8.6%. The table above gives details of the irregular samples. Only in the cases of creamed rice pudding and sago pudding were legal proceedings instituted, details of which are given below :—

#### CREAMED RICE PUDDING, SAMPLES NOS. B.6344 AND A.1019.

Informal sample No. B.6344 bore a label stating its constituent ingredients to be "Full Cream Milk, Rice, Sugar." Analysis showed there to be 8.2% of rice, 6.3% of sugar, the remainder consisting of fat deficient milk or ordinary milk and skimmed milk, together with a small amount of added water. If the milk used had consisted solely of full cream milk as claimed on the label the fat content of the sample would have been at least 2.47%, whereas actually it was 1.5%. There was thus a deficiency of 39.3% of fat, which means that the claim regarding the sole use of full cream milk was, in my opinion, incorrect.

Formal sample No. A.1019 on analysis was found to be similar in composition to the above having a deficiency of fat of 43.2%.

#### SAGO PUDDING, SAMPLES NOS. B.6380 AND A.1021.

Informal sample No. B.6380 was manufactured by the same concern as the above rice puddings and was labelled in an identical manner except sago being substituted for rice. The fat deficiency was found to be 39.2% and in the case of the formal sample No. A.1021 41.1%.

Legal proceedings were instituted in respect of both the above formal samples and at the hearing before the Stipendiary Magistrate the defendants pleaded that the sole use of full cream milk did not make a palatable pudding and that the failure to declare the presence of skimmed milk was an oversight. In spite of the prosecution pointing out that many brands of milk puddings were made solely of full cream milk, the Magistrate found the defendants guilty, but would not levy a penalty giving them an absolute discharge.

### Drugs.

Of the 46 samples analysed, 2 (4.3%) were found to be irregular. One was a sample of Sal Volatile which was deficient of ammonia probably due to prolonged storage, and the other, a sample of Boracic Ointment B.P., which no longer is included as an official medicine in the British Pharmacopœia but which is now the subject of a British Pharmaceutical Codex monograph, and should therefore have the suffix B.P.C. appended instead of B.P. In both cases these irregularities were pointed out to the pharmacists retailing these products.

### 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 being employed can be checked. Three hundred and forty-four samples were tested during the year, eighteen needed a slightly higher content of free chlorine for an adequate safety margin and in thirty-seven 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 borne in mind.



### Miscellaneous Samples.

One hundred and sixty-six samples were submitted under this heading. The majority (140) were tested on behalf of the Central Purchasing Committee and ranged 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.

Eight samples were tested for compliance with the Fertilisers and Feedings Stuffs Act, 1926, and two 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, 164 samples under the Food and Drugs Act, 33 swimming bath waters and one drinking water were analysed for the Borough of Eccles, 173 samples under the Food and Drugs Act and one drinking water for the Borough of Stretford, and 178 samples under the Food and Drugs Act and nine miscellaneous samples for the Borough of Sale. Fees totalling £1,062 8s. 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.

The table below 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 rainwater is examined for soluble impurities, chlorides and sulphates. The pH value is also ascertained which is a measure of its acidity or alkalinity.

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

|                            | Broughton<br>Modern<br>School. | Ladywell<br>Hospital. | Northern<br>Cemetery. | Park Lane,<br>Kersal. |
|----------------------------|--------------------------------|-----------------------|-----------------------|-----------------------|
| Rainfall, in inches ... .. | 3.24                           | 3.31                  | 3.25                  | 3.26                  |
| Tar ... ..                 | 0.46                           | 0.43                  | 0.39                  | 0.25                  |
| Carbonaceous Matter ... .. | 2.97 } 10.59                   | 5.29 } 17.25          | 3.65 } 14.86          | 2.13 } 7.83           |
| other than Tar ... ..      |                                |                       |                       |                       |
| Ash ... ..                 | 7.16                           | 11.54                 | 10.82                 | 5.45                  |
| Soluble Matter ... ..      | 5.87                           | 7.82                  | 6.69                  | 4.86                  |
| Total Solids ... ..        | 16.46                          | 25.08                 | 21.55                 | 12.69                 |
| Chlorides ... ..           | 1.23                           | 1.31                  | 1.09                  | 0.95                  |
| Sulphates ... ..           | 2.56                           | 3.77                  | 3.04                  | 2.16                  |
| pH Value ... ..            | 3.7                            | 3.5                   | 3.7                   | 3.7                   |



The lead peroxide (gravimetric) method is rather arbitrary in that it depends upon a chemical reaction between sulphurous gases and a prepared surface of lead peroxide. The method requires strict standardisation but even so the results are greatly affected by weather conditions. It is, however, a good indication of the relative intensity of attack by the sulphur pollutants on such things as buildings and steelwork. The table shows the variation in the daily average throughout the year.

| Month.           | Milligrammes Sulphur Trioxide<br>per 100 square centimetres. |                    |
|------------------|--------------------------------------------------------------|--------------------|
|                  | Daily Average.                                               |                    |
|                  | Regent Road.                                                 | Ladywell Hospital. |
| January ... ..   | 6.17                                                         | 5.85               |
| February ... ..  | 6.06                                                         | 5.67               |
| March ... ..     | 5.52                                                         | 4.34               |
| April ... ..     | 4.49                                                         | 3.77               |
| May ... ..       | 3.42                                                         | 2.90               |
| June ... ..      | 3.05                                                         | 2.43               |
| July ... ..      | 3.43                                                         | 1.86               |
| August ... ..    | 3.17                                                         | 1.94               |
| September ... .. | 3.84                                                         | 2.86               |
| October ... ..   | 5.01                                                         | 4.34               |
| November ... ..  | 6.33                                                         | 5.23               |
| December ... ..  | 6.38                                                         | 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 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 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. The table below depicts the average concentrations of smoke and sulphur impurities.

| Month.           | Smoke<br>(milligrammes per<br>100 cubic metres). | Sulphur Dioxide<br>(parts per<br>100 million). |
|------------------|--------------------------------------------------|------------------------------------------------|
| January ... ..   | 72                                               | 23.3                                           |
| February ... ..  | 61                                               | 20.2                                           |
| March ... ..     | 31                                               | 12.8                                           |
| April ... ..     | 36                                               | 11.5                                           |
| May ... ..       | 26                                               | 9.3                                            |
| June ... ..      | 16                                               | 6.4                                            |
| July ... ..      | 25                                               | 7.1                                            |
| August ... ..    | 30                                               | 7.8                                            |
| September ... .. | 38                                               | 10.5                                           |
| October ... ..   | 54                                               | 15.6                                           |
| November ... ..  | > 81                                             | 20.7                                           |
| December ... ..  | 107                                              | 30.1                                           |

The smoke stains obtained as above have been examined each month for the presence of certain polycyclic hydrocarbons which may be contributory factors in the incidence of certain respiratory diseases. These determinations involve the extraction of the hydrocarbons from the total impurities ; separation of the various constituents by chromatography ; and finally, the determination of the individual hydrocarbons in each fraction by ultra-violet spectrophotometry. The results obtained are recorded in the table below, the hydrocarbons being expressed as microgrammes ( $\mu\text{g}$ ) per 100 cubic metres of air and also as parts per million (P.P.M.) of the smoke content of the atmosphere. It is difficult to draw any conclusions apart from the fact that the hydrocarbon content of the atmosphere is closely related to its smoke density.

| Month,<br>1960. | $\mu\text{g}$ Smoke<br>per<br>100 cubic<br>metres. | $\mu\text{g}$ Hydrocarbons per 100 cubic<br>metres. |                      |                       | P.P.M. Hydrocarbons in Smoke. |                      |                       |
|-----------------|----------------------------------------------------|-----------------------------------------------------|----------------------|-----------------------|-------------------------------|----------------------|-----------------------|
|                 |                                                    | Pyrene.                                             | 3 : 4<br>Benzpyrene. | 1 : 12<br>Benzpyrene. | Pyrene.                       | 3 : 4<br>Benzpyrene. | 1 : 12<br>Benzpyrene. |
| January ...     | 72,380                                             | 19.7                                                | 14.4                 | 24.2                  | 272                           | 199                  | 334                   |
| February...     | 60,100                                             | 14.7                                                | 10.1                 | 26.2                  | 245                           | 167                  | 435                   |
| March.....      | 31,050                                             | 3.3                                                 | 5.3                  | 7.3                   | 105                           | 169                  | 242                   |
| April .....     | 36,267                                             | 3.9                                                 | 2.7                  | 6.5                   | 108                           | 73                   | 180                   |
| May.....        | 26,194                                             | 3.5                                                 | 2.4                  | 5.8                   | 132                           | 91                   | 222                   |
| June.....       | 16,039                                             | 1.0                                                 | 0.9                  | 1.2                   | 63                            | 53                   | 77                    |
| July .....      | 24,807                                             | 2.3                                                 | 1.7                  | 2.8                   | 92                            | 68                   | 111                   |
| August ...      | 29,623                                             | 3.3                                                 | 2.2                  | 3.7                   | 112                           | 73                   | 124                   |
| September       | 37,900                                             | 3.0                                                 | 1.9                  | 5.1                   | 79                            | 50                   | 135                   |
| October ...     | 53,484                                             | 5.6                                                 | 5.3                  | 17.5                  | 105                           | 99                   | 328                   |
| November        | 71,566                                             | 10.9                                                | 8.9                  | 32.6                  | 152                           | 124                  | 454                   |
| December        | 106,880                                            | 8.6                                                 | 11.4                 | 43.9                  | 80                            | 107                  | 411                   |

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

### Statistics.

The figures in this section of the report are compiled locally and do not necessarily correspond with those compiled by the Registrar General.

### Births.

The total number of live births notified during the year was 3,372—this was 141 more than in the previous year ; adjusted live births were 3,060—101 more than the adjusted births for 1959. The live birth rate for 1960 was 18.99, which is slightly higher than the rate for 1959.

Notified stillbirths were 85—a decrease of 12 from 1959 ; on adjustment there were 66 stillbirths for the City—22 fewer than in the previous year. This figure gave a stillbirth rate of 21.1 per 1,000 births, which is 7.78 lower than the 1959 figure.

There has again been a slight swing in favour of institutional births ; the adjusted figures show that 1,923 (61.5%) were institutional births and 1,203 (38.5%) were domiciliary.



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

In 1960 there were 45 deaths in the first week of life ; these deaths, added to the 66 stillbirths, gave a Perinatal Death Rate of 35.5—a decrease of 6.18 from the 1959 figure. This decrease is due to the reduction in the number of stillbirths, 66 in 1960 as compared with 88 in 1959. Since the causes operating to produce stillbirth and early neo-natal death are frequently the same, it would seem that, while the statistics show a definite improvement in the Perinatal Mortality Rate, some children have survived the causes of stillbirth only to succumb in the first week of life.

The Early Neo-Natal Death Rate was 14.7 in respect of the 45 deaths—1.52 higher than for 1959. The classification shows that 31 died from prematurity, four from congenital defects, three from birth injuries, three from respiratory diseases, two from congenital debility and two from other causes.

There were 56 neo-natal deaths, giving a Neo-Natal Death Rate of 18.3, an increase of 2.75 over the previous year. Prematurity accounted for 33 deaths ; congenital defects, 8 ; respiratory diseases, 6 ; birth injuries, 3 ; congenital debility, 2 ; and other causes, 4. The three greatest causes of neo-natal death in order of frequency, namely prematurity, congenital defect and respiratory disease, remain the same in 1960 as in 1959. The increase in deaths from prematurity, from 21 in 1959 to 33 in 1960, accounted for almost the whole of the increase in the Neo-Natal Mortality Rate, from 15.55 in 1959 to 18.3 in 1960.

### **Infant Deaths.**

The Infant Death Rate was 26.14—an increase of 2.15 over the 1959 figure. There were 80 deaths which were classified as follows : prematurity, 33 ; respiratory diseases, 20 ; congenital defects, 13 ; gastroenteritis, 3 ; birth injuries, 3 ; congenital debility, 2 ; accidental death, 1 ; and other causes, 5. The rise in the Infant Death Rate, as of the Neo-Natal Death Rate in 1960, is almost entirely accounted for by the increase in deaths from prematurity, there being only slight variations in the number of deaths in the other categories.

### **Deaths of Children aged 1-5 years.**

There were nine deaths in this group. The causes of deaths were : accidental death, 3 (two by drowning and one road accident) ; respiratory diseases, 3 ; congenital defect, 2 ; and other causes, 1. Accidents continue to be a major cause of death in this age group. Their prevention calls for continued and persistent effort from all concerned with the care of young children.

### **Maternal Deaths.**

There was one maternal death in Salford in the year 1960. This was due to a criminal abortion and was followed by a conviction of manslaughter. No medical advice had been sought by the patient and no attempt made to obtain ante-natal care at hospital or local authority ante-natal clinic.

### **Increase in the 0-5 years Age Group.**

Government and private building outside the City has accounted for the removal at an early age of many Salford residents. It was estimated that at 31st December, 1955, there were approximately 11,000 children under five



years of age residing in the City, although 14,722 were registered in the years 1951-55 as Salford babies. Since that date there has been a return or retention of children in this age group ; in the years 1956-60 there were 14,800 babies registered as Salford children, and on 31st December, 1960, it was estimated that approximately 13,126 children under five years of age were now resident in the City. Transfer of all relevant records to and from other authorities during these past ten years has been considerable, but it has enabled those concerned in the new areas to be quickly acquainted with previous history and background, and to follow on smoothly from their colleagues in the former areas who had hitherto concerned themselves with the care and welfare of these children.

An interesting survey was made concerning the years 1955-1960 inclusive, as to which areas children came from to reside in Salford and to which areas they removed out from Salford to live in. We found that we received children from almost every part of England, as well as from Ireland, Scotland, Wales, and the Channel Islands. Families with young children from Barrow, Bootle, Lancashire Health Division I (Ulverston), Ely, Huntingdonshire, Northamptonshire, Oxfordshire, Rutland, Westmorland, and the Isle of Wight were apparently not attracted to our City. Salford children moved out to every Lancashire County Borough, all Lancashire County Council Health Divisions, apart from Division I, every English County, Ireland, Scotland, Wales and the Isle of Man, in addition some emigrated overseas.

## STATUTORY SUPERVISION OF MIDWIVES

(Midwives Act, 1951)

### Notification of Intention to Practise.

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

|     |                 |     |     |     |     |     |     |     |     |     |     |    |
|-----|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| (a) | Institutional   | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 28 |
| (b) | Domiciliary ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 25 |
|     | TOTAL           | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 53 |

The rule allowing midwives under certain circumstances to notify as maternity nurses has been rescinded—thus all midwives irrespective of whether a doctor takes full responsibility or not must notify their intention to practise as midwives.

### Compulsory Post-Graduate Courses.

In accordance with the rules of the Central Midwives Board, midwives have continued to attend, at least once in every five years, courses arranged for post-graduate instruction.

It is notable that midwives are still the only members of the health team in which 100% attendance at such courses can be acclaimed!

## STATISTICS OF ATTENDANCE BY SALFORD MIDWIVES, 1960.

[illegible]



### International Congress of Midwives (Royal College of Midwives).

More than 1,000 midwives representing 41 nations gathered at Rome in October. The Supervisor of Midwives and two domiciliary midwives attended from Salford.

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

| Notification                   | Domiciliary | Private Practice | Total |
|--------------------------------|-------------|------------------|-------|
| Stillbirth ... ..              | 10          | 0                | 10    |
| Death of mother or baby ... .. | 2 (baby)    | 0                | 2     |
| Laying-out of dead body ... .. | 12          | 0                | 12    |
| Infection ... ..               | 23          | 0                | 23    |
| Medical aid ... ..             | 1,094       | 0                | 1,094 |

Notifications of artificial feeding have been rescinded—thus none of the above notifications under Central Midwives Board rules are now required from hospitals.

### DOMICILIARY MIDWIFERY SERVICE

#### Staff Position.

|                                   | Establishment. | Staff (31st December). |      |      |
|-----------------------------------|----------------|------------------------|------|------|
|                                   |                | 1960                   | 1959 | 1958 |
| Supervisor ... ..                 | 1              | 1                      | 1    | 1    |
| Assistant Supervisor ... ..       | 1              | 1                      | 1    | 1    |
| Approved District Teachers ... .. | 5              | 5                      | 5    | 5    |
| Non-Teaching Midwives ... ..      | 20             | 13                     | 15   | 13   |
| Premature Baby Nurses ... ..      | 3              | 3                      | 3    | 3    |
| Breast Feeding Sisters ... ..     | 2              | 2                      | 2    | 2    |

It is encouraging to note that 15 members of the present staff have been recruited from Salford's own Part II Training School. However, the marked increase in birth rate, which is inevitable in 3-4 years' time, is a warning against accepting too lightly the rather persistent under-staffing in the service.

*Staff absence* on account of sickness amounted to 560 days, making an average on the year of 22.4 days, this being mainly on account of long-term illness.

### Statistics of the Midwifery Service

#### Ante-Natal Care.

##### (1) CLINICS.

###### (a) ATTENDANCES :

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

###### (b) BOOKINGS :

|                                                                                        |               |
|----------------------------------------------------------------------------------------|---------------|
| Total number of domiciliary bookings ... ..                                            | 1,597 (1,458) |
| Total number of cancellations (including removals, transfers to hospital, etc.) ... .. | 341 (334)     |

##### (2) HOME VISITING.

|                                           |                 |
|-------------------------------------------|-----------------|
| (a) Follow-up of clinic defaulters ... .. | } 5,530 (6,018) |
| (b) Routine visits ... ..                 |                 |

###### (c) Investigations of home conditions :

|                         |       |
|-------------------------|-------|
| Actual homes ... ..     | 247   |
| Number of visits ... .. | 1,965 |

No case in which the home was considered unsuitable was refused a hospital bed.

#### COMPARATIVE STATISTICS—HOME INVESTIGATIONS.

| Year             | 1960 | 1959 | 1958 | 1957 | 1956 |
|------------------|------|------|------|------|------|
| TOTALS . . . . . | 247  | 222  | 202  | 525  | 508  |

#### (3) MOTHERCRAFT CLASSES.

Attendances :

|                             |       |
|-----------------------------|-------|
| New mothers . . . . .       | 402   |
| Others . . . . .            | 1,436 |
| Total attendances . . . . . | 1,838 |

#### Deliveries.

##### (1) STATISTICS.

|                                                 |       |
|-------------------------------------------------|-------|
| Doctor booked and present at delivery . . . . . | 78    |
| „ „ „ not present at delivery . . . . .         | 1,105 |
| „ not booked and present at delivery . . . . .  | 0     |
| „ „ „ not present at delivery . . . . .         | 20    |
| TOTAL . . . . .                                 | 1,203 |

N.B.—(a) Four cases of twins occurred, making total births . . . . . 1,207  
 (b) Average number of cases per midwife . . . . . 67  
 (c) Domiciliary births formed 38% of total.

#### COMPARATIVE STATISTICS.

|                                                       | Live Births. | Stillbirths. | Total. |
|-------------------------------------------------------|--------------|--------------|--------|
| 1956 . . . . .                                        | 1,173        | 17           | 1,190  |
| 1957 . . . . .                                        | 1,397        | 12           | 1,408  |
| 1958 . . . . .                                        | 1,248        | 9            | 1,257  |
| 1959 . . . . .                                        | 1,181        | 12           | 1,193  |
| 1960 . . . . .                                        | 1,197        | 10           | 1,207  |
| Number of nursing visits following delivery . . . . . | 25,934       |              |        |
| „ „ „ „ for hospital discharge . . . . .              | 906          |              |        |
| TOTAL . . . . .                                       | 26,840       |              |        |

From 1st July this year the “lying-in period” has been re-defined by the Central Midwives Board as a period being not less than 10 days and not more than 28 days—thus, the reduction from 14 to 10 days reduces the actual number of daily visits after the tenth day, providing that the condition of the mother and baby is satisfactory.

#### (2) ANALGESIA.

Two trilene machines have been added during the year, making a total of eight.

| STATISTICS.                          | Number of Patients.          |
|--------------------------------------|------------------------------|
| Nitrous oxide . . . . .              | 11                           |
| Trilene . . . . .                    | 840                          |
| Pethidine . . . . .                  | 585                          |
| Total inhalation analgesia . . . . . | 851 i.e., 71% of all births. |



## (3) STILLBIRTHS.

COMPARATIVE STATISTICS (domiciliary only).

|      |     |     |     |     |     |     |     |     |     | <i>Number of<br/>Stillbirths.</i> | <i>Rate per 1,000<br/>Registered Births.</i> |
|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----------------------------------|----------------------------------------------|
| 1956 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 18                                | 15.05                                        |
| 1957 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 12                                | 8.5                                          |
| 1958 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 9                                 | 7.15                                         |
| 1959 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 12                                | 10.0                                         |
| 1960 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 10                                | 8.3                                          |

## SUMMARY OF CASES.

| Classification           |   | Presentation | Weight<br>lbs. ozs. | Gestation | Fresh or<br>Macerated | Contributory<br>Factors                                                              |
|--------------------------|---|--------------|---------------------|-----------|-----------------------|--------------------------------------------------------------------------------------|
| Ante-Partum<br>Anoxia.   | 1 | Vertex       | 5 0                 | 38 weeks  | Early<br>maceration   | Gravida VI. No complications during pregnancy.                                       |
|                          | 2 | Vertex       | 1 6                 | 28 "      | Fresh                 | No ante-natal care.                                                                  |
|                          | 3 | Vertex       | 4 8                 | 36 "      | Macerated             | Undiagnosed pregnancy—under medical supervision for mitral stenosis.                 |
| Intra-Partum<br>Anoxia.  | 1 | Vertex       | 9 0                 | 41 "      | Fresh                 | Caused by true knot in cord.                                                         |
|                          | 2 | Vertex       | 8 0                 | 40 "      | Fresh                 | Anoxia during second stage. No obvious cause.                                        |
|                          | 3 | Vertex       | 5 8                 | 40 "      | Fresh                 | Prolapsed cord.                                                                      |
|                          | 4 | Vertex       | 7 0                 | 43 "      | Fresh                 | Gravida IX. Refused hospital confinement. Raised blood pressure. Placental infarcts. |
| Foetal<br>Abnormalities. | 5 | Breech       | 8 4                 | 40 "      | Fresh                 | Polyhydramnios<br>Anencephalic.<br>Anencephalic.                                     |
|                          | 1 | Face         | 2 8                 | 32 "      | Early<br>maceration   |                                                                                      |
|                          | 2 | Face         | 4 0                 | 34 "      | Fresh                 |                                                                                      |

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

|                                       |     |     |     |     |     |     |     |     |     |   |
|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Prematurity                           | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Prematurity and respiratory infection | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| TOTAL                                 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 |

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

|                                       |     |     |     |     |     |     |     |     |     |   |
|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Congenital abnormality                | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 |
| Respiratory infection                 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Prematurity and respiratory infection | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Cerebral hæmorrhage                   | ... | ... | ... | ... | ... | ... | ... | ... | ... | 2 |
| TOTAL                                 | ... | ... | ... | ... | ... | ... | ... | ... | ... | 7 |

## (5) EMERGENCY OBSTETRICAL UNIT.

The unit was called out from Hope Hospital on ten occasions : in three cases because of ante-partum hæmorrhage (two of these patients being admitted to hospital), and in seven cases because of complications in the third stage of labour (six of the mothers were subsequently admitted to hospital).

**Puerperium.****(1) INFECTION.**

Statutory notifications received :—

|                              | <i>Hospital.</i> | <i>District.</i> | <i>Total.</i> |
|------------------------------|------------------|------------------|---------------|
| Puerperal Pyrexia ... ..     | 25 (31)          | 4 (14)           | 29 (45)       |
| Ophthalmia Neonatorum ... .. | 2 (—)            | 5 (1)            | 7 (1)         |
| Pemphigus Neonatorum ... ..  | Nil (—)          | Nil (—)          | Nil (—)       |

Causes of pyrexia were as follows :—

|                                 | <i>Hospital.</i> | <i>District.</i> | <i>Total.</i> |
|---------------------------------|------------------|------------------|---------------|
| Local uterine infection ... ..  | 7                | 2                | 9             |
| Respiratory infections ... ..   | 1                | 0                | 1             |
| Breast infections ... ..        | 1                | 1                | 2             |
| Urinary tract infections ... .. | 5                | 0                | 5             |
| Undiagnosed cause ... ..        | 11               | 1                | 12            |

**(2) OPTHALMIA NEONATORUM.**

Seven cases were notified during the year and, of these, two were due to gonococcal infection.

In order to ensure immediate diagnosis of gonococcal ophthalmia a swab is taken by the midwife in all cases of discharge from a baby's eyes and sent for investigation to the Public Health Laboratory.

**Breast Feeding Service.**

The breast feeding service covers an increasing and wider field and the two sisters on the staff report interesting and successful results from most parts of their work.

The emphasis for successful breast feeding must still be in the ante-natal preparation and talks are given at all of the clinics ; but there is more and more proof of the value of the supervision and help given to individual mothers after the birth of the baby in their own homes, and the sisters visit mothers recommended to them by hospital, doctors, midwives, health visitors and mothers.

Outstanding among the mothers who have come under their care are : (a) one mother whose baby was artificially fed when discharged from hospital (15th day) and later was able to breast feed completely, and (b) two incidences of "history repeating itself" where two mothers who had previously been attended with babies who had developed pyloric stenosis—the new baby in each case followed the same pattern, resulting in early diagnosis and successful Ramstedt operations.

**RESULTS OF DISCHARGED MOTHERS**

|                                             |              |
|---------------------------------------------|--------------|
| Wholly breast fed ... ..                    | 66           |
| Mixed feeding ... ..                        | 33           |
| Artificially fed ... ..                     | 95           |
| <b>TOTAL ... ..</b>                         | <b>194</b>   |
| <br>Total number of home visits paid ... .. | <br>1,495    |
| "      "      " no access calls ... ..      | 75           |
| <b>TOTAL ... ..</b>                         | <b>1,570</b> |
| <br>Total number of clinics attended ... .. | <br>220      |



### Domiciliary Premature Baby Service.

Prematurity is the highest cause of neo-natal death and the importance of consultant pædiatric advice cannot be overstressed.

Clinics are held weekly at Regent Road Health Department, and Dr. Mackay, Consultant Pædiatrician, attends for the purpose of following up by examination and advice all premature babies nursed on the district. The mothers of the premature babies are invited to attend and, when necessary, transport has been arranged.

Useful consultations have also been held in the home during the early days of the baby's life when this advice has been sought by the general practitioner.

The premature baby sisters visit frequently and their experienced observations can often recognise early deviations from normal progress and thus act in time.

However, the first few weeks after a premature confinement can be very hard for the mother, as she will need to give considerable time both during the day and night to the baby. Practical help, in addition to the nursing care, when suggested, is usually felt by the mother to be too expensive.

The sisters continue to take the responsibility for a number of babies over 5½ lbs. who require special care and this extra attention is greatly appreciated by the mothers. They also visit premature babies born in hospital when these are still requiring specialised care. The follow-up care of the premature baby is recognised as a very important part of the whole service.

A new Oxygenaire incubator for the transport of premature or ill babies to hospital was added to the equipment during the year and should diminish the dangers of transferring these babies so soon after birth.

#### STATISTICS. Number of premature infants under care :—

|                                     |     |     |     |     |     |     |     |     |       |
|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Premature infants born at home      | ... | ... | ... | ... | ... | ... | ... | ... | 54    |
| Hospital discharges                 | ... | ... | ... | ... | ... | ... | ... | ... | 19    |
| Immature domiciliary babies         | ... | ... | ... | ... | ... | ... | ... | ... | 16    |
| TOTAL                               |     |     |     |     |     |     |     |     | 89    |
| <hr/>                               |     |     |     |     |     |     |     |     |       |
| Number of nursing visits to mothers | ... | ... | ... | ... | ... | ... | ... | ... | 617   |
| "    "    "    "    "    babies     | ... | ... | ... | ... | ... | ... | ... | ... | 1,770 |
| TOTAL                               |     |     |     |     |     |     |     |     | 2,387 |

#### PÆDIATRIC CLINIC.

|                 |     |     |     |     |     |     |     |     |     |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Attendances—New | ... | ... | ... | ... | ... | ... | ... | ... | 37  |
| Others          | ... | ... | ... | ... | ... | ... | ... | ... | 195 |
| TOTAL           |     |     |     |     |     |     |     |     | 232 |

### Salford Part II Midwifery Training School.

Twenty-one pupil midwives commenced Part II training at Jutland House during 1960. Fifteen of these were from Hope Hospital, and the remaining six have all returned to give three months' service after qualification. Two of them have remained on the staff and two others will probably do so after completion of their service.



## NURSING HOME — STATUTORY INSPECTION

Salford has only one registered nursing home, and this continues to meet the standards required.

## CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal Clinics.

The ten ante-natal sessions held weekly at seven of our clinics continued throughout the year. Some sessions are still too crowded, but it is hoped that additional accommodation in the Broughton area in the near future will alleviate this. The Summerville session, which was opened in 1959, is now well established, and has been helpful in relieving Police Street, which again is far too crowded because residents from the new multi-storey flats in the Lower Kersal area attend this clinic. The tabulation below shows the number of patients, attendances and consultations at the various clinics :—

| Clinic                          | Number of sessions weekly | Total Individuals at clinics | "Midwife Only" Sessions |                   | "Combined" Sessions |                 |               |
|---------------------------------|---------------------------|------------------------------|-------------------------|-------------------|---------------------|-----------------|---------------|
|                                 |                           |                              | Total attendances       | "New" attendances | Total attendances   | "New" attenders | Consultations |
| Summerville ... ..              | 1                         | 125                          | 335                     | 15                | 414                 | 75              | 232           |
| Encombe ... ..                  | 1                         | 86                           | 244                     | 27                | 283                 | 36              | 185           |
| Langworthy ... ..               | 2                         | 489                          | 1,021                   | 132               | 1,408               | 247             | 623           |
| Murray Street ... ..            | 2                         | 521                          | 994                     | 200               | 1,430               | 227             | 857           |
| Ordsall ... ..                  | 1                         | 158                          | 477                     | 56                | 524                 | 57              | 322           |
| Police Street ... ..            | 2                         | 343                          | 825                     | 110               | 1,040               | 178             | 570           |
| Regent ... ..                   | 1                         | 221                          | 495                     | 81                | 536                 | 107             | 292           |
| <b>TOTALS ... ..</b>            | <b>10</b>                 | <b>1,943</b>                 | <b>4,391</b>            | <b>621</b>        | <b>5,635</b>        | <b>927</b>      | <b>3,081</b>  |
| 1959 Figures for Comparison ... | 10                        | 1,925                        | 4,146                   | 578               | 5,637               | 934             | 3,116         |

The number of blood specimens taken at ante-natal clinics was as follows :

|                                        |       |
|----------------------------------------|-------|
| For Wassermann and P.P.R. Tests ... .. | 1,306 |
| „ Rhesus Factor ... ..                 | 1,218 |
| „ Hæmoglobin Estimation ... ..         | 1,409 |

Seven of the mothers were found to have a positive Wassermann test, an increase of four over last year's number.

Two hundred and ninety-eight re-tests for the Rhesus Factor were taken, of these, 185 were found to be Rhesus Negative. Thirteen of these Rhesus Negative mothers had antibodies present, of which twelve were anti-RH and one was anti-O/H. All the mothers with antibodies present were confined in hospital. Of the babies born to these mothers, six required blood transfusion.

### Post-Natal Clinics.

Again, only four mothers availed themselves of the post-natal facilities offered in the local authority clinics. Since the onus for ensuring that a post-natal examination is made rests with the family doctor and is part of his maternity service, it is unlikely that there will be any significant increase in attendances for post-natal examination at the local authority clinics.



## Child Welfare Clinics.

### AREA STATISTICS.

More children attended our clinics in 1960 than in the previous year and attendances were higher.

The Broughton area clinic was very well attended, there were 800 more attendances and 72 new cases above the recordings for 1959.

Attendances in the Pendleton area have been satisfactory ; Police Street has maintained its attendances, although many families are leaving this area because of demolition work for re-housing plans ; Summerville Clinic, as was expected, is now well established, and attendances have been higher this year ; the Langworthy Clinic has not been too successful in attracting children under two years of age, but the 2-5 group has attended very well, and almost 200 extra attendances are recorded this year above the previous year's figures ; there is little variation in attendances at the Cleveland Clinic.

Attendances at the three clinics in the Salford area have varied ; Regent Road has 200 more attendances and 63 new cases above their figures for 1959, Encombe Place has 117 fewer attendances and 32 fewer cases as compared with statistics for 1959, both these clinics have new housing estates nearby ; although the Encombe Place attendances are good at the one weekly session we hold there, it is felt that a bigger response might be made from this new housing area. The Ordsall Clinic attendances are very disappointing, 250 attendances fewer than in 1959, although there were only five individual children fewer in attendance.

Jutland House, the special clinic for premature babies, has shown slightly increased attendances this year.

The changing pattern of Salford in its re-building programme is, to some extent, showing its effect on the various clinics.

The following brief tabulation shows the distribution of sessions, attendances and cases during the year :—

CHILD WELFARE CLINIC SESSIONS, 1960.

| Clinics                                                 | Sessions | Attendances | Individuals | New Cases | Consultations |
|---------------------------------------------------------|----------|-------------|-------------|-----------|---------------|
| Cleveland ... ..                                        | 2        | 2,842       | 393         | 167       | 846           |
| Encombe ... ..                                          | 1        | 1,531       | 305         | 144       | 424           |
| Height ... ..                                           | 2        | 2,791       | 303         | 132       | 540           |
| Langworthy ... ..                                       | 4        | 7,914       | 1,368       | 558       | 1,998         |
| Murray Street ... ..                                    | 3        | 6,245       | 1,180       | 637       | 1,320         |
| Ordsall ... ..                                          | 2        | 1,618       | 322         | 149       | 451           |
| Police Street ... ..                                    | 3        | 4,483       | 792         | 353       | 1,288         |
| Regent ... ..                                           | 3        | 3,107       | 631         | 325       | 741           |
| Jutland House ... ..                                    | 1        | 228         | 32          | 30        | 228           |
| (Plus 45 who also attend other child welfare clinics).  |          |             |             |           |               |
| Plus removed out in 1960 ... ..                         | ...      | ...         | 189         | ...       | ...           |
| Plus clinic children died in 1960 ... ..                | ...      | ...         | 11          | ...       | ...           |
| Plus became 5 years in 1960 (plus attend clinic) ... .. | ...      | ...         | 61          | ...       | ...           |
| GRAND TOTALS ... ..                                     | 21       | 30,759      | 5,587       | 2,495     | 7,836         |
| GRAND TOTALS-1959                                       | 22       | 30,275      | 5,146       | 2,475     | 7,457         |



### AGE GROUP STATISTICS.

It was estimated that on 31st December, 1960, there were 13,126 children under five years of age residing in the City ; 5,587 children under five years of age made at least one attendance in the clinics during 1960, this is an increase of 441 above the previous year. The tabulation below gives distribution of attendances in the various age groups :—

| Age group                | Estimated number in age group | Number of children in group who attended a clinic in 1960 | Percentage of children attended clinics | Total attendances of these children | Average attendance per child |
|--------------------------|-------------------------------|-----------------------------------------------------------|-----------------------------------------|-------------------------------------|------------------------------|
| 0—1    ...    ...    ... | 2,966                         | 2,018                                                     | 67·9                                    | 24,950                              | 12·36                        |
| 1—2    ...    ...    ... | 2,740                         | 1,676                                                     | 61·16                                   | 3,444                               | 2·05                         |
| 2—5    ...    ...    ... | 7,420                         | 1,893                                                     | 25·5                                    | 2,365                               | 1·25                         |
| 0—5    ...    ...    ... | 13,126                        | 5,587                                                     | 42·5                                    | 30,759                              | 5·5                          |

Attendances in the 0—1 group are slightly lower than in the previous year, although more children were registered as Salford babies in 1960, the average attendance per individual child was slightly higher. Murray Street and Summerville showed increased attendances of children under one year of age, but the other six clinics showed a slight decrease. More children and increased attendances were recorded in the 1—2 year group in 1960, all clinics except Ordsall and Langworthy showed a rise in this group.

The children in the 2—5 year age group were more frequent visitors this year, all clinics except Cleveland and Summerville dealt with more children and higher attendances.

### Welfare Foods.

These are distributed at 32 sessions each week ; the Women's Voluntary Service distribute these foods at six of the sessions—four of them at Hope Hospital ante-natal clinic and the other two at the Murray Street clinic, Broughton. Once more our thanks are extended to the Women's Voluntary Service for their help in maintaining distribution at sessions where paid assistance would not be economic.

### ORANGE JUICE.

During the year 70,152 bottles were distributed, 3,428 bottles fewer than the previous year ; it is estimated that the uptake in 1960 was 37·22%. Sales of proprietary brand vitamin C preparations increased by 25% during the year.

### COD LIVER OIL AND A/D TABLETS.

In 1960 we distributed 8,501 bottles of cod liver oil and 7,373 packets of A/D tablets ; this was 401 bottles of oil fewer than in 1959 and 92 more packets of A/D tablets. It is estimated that the uptake of cod liver oil was 7·26% and A/D tablets 27·37% ; as births in 1960 were slightly higher than in 1959 it was anticipated that A/D tablet uptake would be increased.



### NATIONAL DRIED MILK.

Sales this year were again lower—39,144 tins as compared with 40,867 tins in 1959. Proprietary brands of milk foods showed a very slight increase—approximately 100 tins, but this increase in no way off-sets the drop of 1,723 tins in National Dried Milk sales. Proprietary brand cereal foods showed a very slight increase, but again, not enough to indicate even earlier weaning. There are two other possible reasons for the decline in sales of dried milk—increased breast feeding or the purchase of proprietary brand milks from chemists' shops.

### Transfer of Records.

This year has again been a busy one for us—912 children under 5 years of age left the City and records were forwarded if the address was known ; 543 children came into Salford in 1960. These figures are favourable to our population as 68 fewer children left the City and 49 more children came to reside here than in the previous year.

The School Health Service has been supplied with full records of all children who have attained the age of 5 years and for whom the name of the school has been ascertained.

During the year 1,483 hospital reports were received concerning children under 5 years of age ; they were circulated to medical and nursing staff for note and follow-up and then attached to child welfare clinic records or filed for future reference. These reports are becoming more numerous—there were 1,395 received in this department in 1959 and 1,007 in 1958 ; liaison between local authority and hospital government is very good in this section of the work.

### Visits to Voluntary Organisation Mother and Baby Homes.

There are two such homes situated in Salford. In accordance with a Ministry of Health request, visits were paid to these homes by the Senior Assistant Medical Officer for Maternity and Child Welfare.

It was felt that both homes supplied a valuable service and were conducted in a satisfactory manner.

Information was supplied as to Salford health services available, and suggestions offered as to the manner in which these could be helpful to the mothers and babies in the home.

The matrons expressed pleasure at the interest and co-operation shown to them by the local authority.

### Breast Feeding Clinic.

See report of "Domiciliary Midwifery Service."

### Domiciliary Premature Baby Service.

See report of "Domiciliary Midwifery Service."

### Dental Care.

Arrangements for the dental treatment of these classes were continued as in previous years, *i.e.* treatment was given on referral by the doctors, health visitors, etc., and no system of routine examination was carried out. This treatment was integrated with the normal work of the school clinics and was not carried out during specific sessions set aside for the purpose.

All forms of dental treatment were available, but due to the loss of the authority's technician, arrangements for the supply of dentures have been made under private contract with an outside laboratory.

#### 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<br>one session<br>per week in<br>total. |
| (2) Dental Officers       | ... | ... | ... | ... | ... | ... | ... |                                                       |
- (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 (Nil)
- (c) Number of dental clinics in operation at end of year ... 4 (4)
- (d) Total number of sessions (*i.e.*, equivalent complete half days) devoted to maternity and child welfare patients during the year ... 35 (25)
- (e) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year ... Nil (1)

#### A. NUMBERS PROVIDED WITH DENTAL CARE.

| (1)                               | Examined<br>(2) | Needing<br>treatment<br>(3) | Treated<br>(4) | Made<br>dentally fit<br>(5) |
|-----------------------------------|-----------------|-----------------------------|----------------|-----------------------------|
| Expectant and nursing mothers ... | 234 (146)       | 230 (143)                   | 228 (114)      | 180 (110)                   |
| Children under five years ...     | 433 (377)       | 410 (346)                   | 346 (312)      | 298 (263)                   |

#### B. FORMS OF DENTAL TREATMENT PROVIDED.

| (1)                                  | Scalings<br>and gum<br>treat-<br>ment<br>(2) | Fillings<br>(3) | Silver<br>nitrate<br>treat-<br>ment<br>(4) | Crowns<br>or<br>inlays<br>(5) | Extrac-<br>tions<br>(6) | General<br>anaes-<br>thetics<br>(7) | Dentures<br>provided                |                                        | Radio-<br>graphs<br>(10) |
|--------------------------------------|----------------------------------------------|-----------------|--------------------------------------------|-------------------------------|-------------------------|-------------------------------------|-------------------------------------|----------------------------------------|--------------------------|
|                                      |                                              |                 |                                            |                               |                         |                                     | Full<br>upper<br>or<br>lower<br>(8) | Partial<br>upper<br>or<br>lower<br>(9) |                          |
| Expectant and nursing<br>mothers ... | 74 (38)                                      | 62 (55)         | — (—)                                      | — (—)                         | 240 (264)               | 43 (33)                             | 28 (29)                             | 10 (14)                                | 1 (4)                    |
| Children under 5 years ...           | — (—)                                        | 73 (38)         | 263 (248)                                  | — (—)                         | 500 (399)               | 195 (171)                           | — (—)                               | — (—)                                  | 1 (1)                    |

The figures in brackets are the statistics for 1959.

### Family Guidance Clinics.

In presenting the Annual Report for the work of the above clinics, reference must be made to the alteration in the working of the centres during 1960. For domestic reasons, it was necessary for the Consultant to hold one session per week in Salford, alternating between a morning session at Murray Street one week, and an afternoon session at Langworthy Road the following



week. In addition, there was the important development of the opening of an evening session at the Encombe Place Centre, held on alternate Mondays, with Dr. Higham in attendance.

The availability of an evening session has been of real value. It facilitates the attendance of many who, owing to working conditions, cannot attend during the daytime, and who had not been catered for by the existing service.

It is impossible to compare the work of the centres this year with that of previous years, as the number of sessions available has been halved, but it will be seen that, in spite of this, almost as many interviews have been given as in 1959.

Grateful thanks are recorded to all who have co-operated most willingly and helpfully throughout the year. Reference of cases by general practitioners, Mental Health Department and the Probation Service has continued as before, and much fruitful work has been done.

#### 1. MURRAY STREET CLINIC.

During 1960 the total number of applicants on the register was 39, as against 27 in 1959, when double the number of sessions were available. The maximum number of interviews given at any one session was 9, the equivalent number to that of 1959. The total attendances in 1960 were 159, as against 162.

#### 2. LANGWORTHY ROAD CLINIC.

During 1960 the total number of applicants on the register was 55, as against 44 in the previous year. The maximum number of interviews given was 15, that for 1959 being only 10, and the total interviews given was 203, as against 256 in 1959.

It will be seen that, in spite of a reduction to half the number of available sessions, the total number of interviews, and the number of applicants on the register, remains almost without alteration, and it is felt that, with the decrease in the amount of sessions which have been held, the work has maintained itself and, indeed, been increased.

The type of cases seen has followed the usual pattern. Instances of marital disharmony have provided by far the large majority of those attending. Several cases in which parents have been in difficulty with their children have been referred, and also a number of applicants for pre-marital advice.

#### 3. ENCOMBE PLACE CLINIC (EVENING SESSION).

This has been functioning on alternate Mondays throughout the year in close co-operation with Dr. Oldham's day-time sessions.

The work has come from several sources. Firstly, from Dr. Oldham herself, who will refer a husband for interview in the evening, when she is seeing the wife during the day, and in cases of marriage difficulties which these cases comprise, the load of responsibility is shared. Also, as we are in constant communication with each other, reviewing and discussing each problem, fresh ideas are more readily stimulated, which can help enormously in dealing with these involved emotional disturbances, which are at the roots



of disharmony. As the attendances are over a long period—interviews can last about a half-hour or more—one's approach is thereby kept fresh.

Children seen at either a Child Welfare Centre or School Clinic who may suffer from either behaviour problems or organic complaints, which in many cases are really tension symptoms, *e.g.*, headaches, enuresis, dysmenorrhœa, severe nail-biting, eczema, frequently provide the "trigger" factor in revealing a veritable hornets' nest of disturbed family relationships. The mother or adult accompanying the child can give one side of the picture and it is then possible, by virtue of having this evening session, to see the father and discuss the problem with him; *e.g.*, one child was seen at the school clinic suffering from headaches and alopecia. The child had been investigated and it was thought there was something in the family background to account for this. On enquiry the circumstances were involved—the mother had recently died and a state of antagonism had been built up between the girl and her father. By seeing this child at the school clinic and her father in the evening, we were able to sort things out, and up to the present time the family relationship seems to have maintained considerable improvement.

The Ante-natal Clinic also can be the source of confidences, and sudden rises of blood pressure and tension symptoms may have nothing to do with the pregnancy itself. One interesting case which arose in this way had symptoms which were solely due to gross marital disharmony. By following up immediately at the next evening session and interviewing the husband a precipitate separation and probable divorce were prevented.

Finally, to get a full picture of a family with serious problems it is essential to obtain information from every possible helpful source, *e.g.*, general practitioner, psychiatrist (where consulted), Child Guidance Clinic, Mental Health Department, health visitor, head teacher, probation officer—even in one case a boys' club organiser—and constant direct communication is maintained as needed to make the necessary progress.

### **Physiotherapy Service.**

Owing to the improvement in the number of physiotherapists working in Salford, the work of the Physiotherapy Section has been able to expand in a very satisfactory way during this year.

At the clinics additional sessions give more choice to busy mothers of attending at times which are the most convenient for them. The physiotherapists are very pleased that they now have more time to treat children individually and help mothers with home training.

The Pædiatric Department was sending an increasing number of tiny babies for treatment, sometimes as young as four months, for chest drainage, and babies who were perhaps developing slowly or might possibly be cerebral palsy babies.

Under the direction of the orthopædic surgeon the large number of children from two to five years old with varying degrees of knock-knees were being treated with splints for wearing in bed at night and the wedging of shoes during the day. The mothers in many cases could be shown how to help the child by giving daily manipulations to the knees at home and so only required occasional supervision at the clinic, thus saving time for both the mother and physiotherapist. The majority of children soon learnt to tolerate



the splint very well and sometimes became so attached to the splint that they refused to get into bed without it. Occasionally, one did have an unco-operative child or mother but this was rare.

A great deal of expansion in physiotherapy has been done at the mental health centres during the year. It is realised that this is pioneer work, and the physiotherapists realise that they have a great deal to learn about mentally handicapped adults and children, and how they may be able to help them to live a fuller and more active life.

It is hoped that the greatest progress will be shown at Wilmur Avenue Special Care Unit. Here the physiotherapists are able to treat the younger children, many of whom have cerebral palsy of varying types and degrees of severity. This room used to be known as the inactivity room because the children lay all day in cots, not moving, but now there is great activity with children rolling over the floor knocking balls about and banging tins, laughing and as happy as children in a day nursery for normal children. Mongol children are not physically handicapped, but it is felt that general exercises and encouragement in all activities gives more enjoyment of life to the child and helps to prevent over-weight and lethargy.

Lack of accommodation at the centres limits much of the scope of physiotherapy and it is hoped that it will be possible to have a large physiotherapy room in the proposed mental health centre.

The geriatric clinic for men at Langworthy Health Centre continues and, as it has proved to be both beneficial and enjoyable, we are now giving physiotherapy at Police Street for women in conjunction with the geriatric clinic held there. The results so far are promising and we hope it will help to keep the old ladies more active and so to enjoy life, to be able to do things for themselves and to keep their self respect. Apart from the physical aspect it is found that both the men and women benefit considerably from the knowledge that somebody cares sufficiently for them to give them help.

The ante-natal relaxation classes are making slow progress. At some clinics the mothers are more co-operative than at others and it takes a great deal of perseverance and patience on the part of the physiotherapists to convince the mothers that relaxation will help them and is not some form of "keep fit" activity. Once they have experienced a relaxation class the mothers are much more co-operative and we have had some asking to come back when they are having another baby because they felt they had previously benefited.

Any child attending a day nursery is now given physiotherapy in the nursery. This does greatly increase the hard work involved and travelling for the physiotherapist. But it is realised that children are in the nursery because of their home circumstances and because of these it is frequently impossible for the mother to attend clinics. Therefore, if we do not visit the nursery the child is deprived of treatment considered necessary by the medical officer.

It is not generally realised that physiotherapists visit as many as four different clinics and specialised centres in one day, frequently requiring two buses between clinics. Much time is spent waiting for buses, anything up to a fifteen minutes wait and a thorough soaking on wet days, and the provision of improved transport would not only be a great saving in time, but would help to prevent bad colds and sinus trouble amongst physiotherapists.



### DAY NURSERIES

This report refers to the five day nurseries of the City offering places and equipment for 235 children between the ages of six months to five years. During this period 360 children were admitted and of these admissions 199 were still attending on 31st December, 1960. The length of stay varied considerably as is shown by the following figures :—

|                           |        |     |     |         |     |     |     |    |
|---------------------------|--------|-----|-----|---------|-----|-----|-----|----|
| Children who stayed under | 1 week | ... | ... | ...     | 10  |     |     |    |
| "                         | "      | "   | "   | 2 weeks | ... | ... | ... | 26 |
| "                         | "      | "   | "   | 4 "     | ... | ... | ... | 51 |
| "                         | "      | "   | "   | 8 "     | ... | ... | ... | 35 |

*i.e.*, 122 children stayed less than eight weeks.

Due to the increase in the charges per day, there was a marked decline in the numbers of children attending during the last three months of the year, and the numbers on the registers were still below full strength when the year ended. Absenteeism among the staff has been considerable again and in two of the nurseries absenteeism was so marked that admission of new children had to be curtailed.

The reasons for admission have remained as hitherto, namely, urgent health or social and financial difficulties. Most of the children whose stay was short have been for periods covering the illness of the mother and requested by the hospital almoners or the health visitors. Many children have been admitted on the request of a health visitor or the staff of the Mental Health Department, when it was felt that the mother would benefit by going out to work, rather from the point of view of "morale" than financial benefit. These children have been admitted without delay even if this has meant the exclusion of children whose parents were genuinely in need of help for financial reasons. It is these children of "problem" families who are frequently the poor attenders and the most difficult to settle into nursery life. During this last year more handicapped children have been admitted, including two children with suspected cerebral palsy and one with a diplegia, aged three and a half years and of good physique; two children with severe hearing loss who have been helped to use their hearing aids, and one child with a congenital amputation of the arm above the elbow and complicated by emotional disturbances. Several children were admitted on the request of the psychiatrist as severe emotional problems, *e.g.*, temper tantrums, head banging, aggressiveness, etc., and in every case the child, after initial difficulties during the period of settling in, became a happy member of the nursery, although still difficult with the parent.

The nurseries have been visited regularly by the medical officer each month and all new entrants have been examined as soon as possible. The children under the age of 18 months have been seen on each visit and the older children at six-monthly intervals, unless a special request is made by the matron in charge or by the parent. Courses of ultra violet ray therapy have been given by the matrons to those children examined by the medical officer and massage and remedial exercises have been given in the nursery by the staff of the Physiotherapy Department.

It is still difficult to persuade the parent to attend the Dental Clinic, but some improvement is noticed in the attendance when referred to the Eye Clinic for examination and correction.



The general condition and health of the children has been mainly satisfactory. In several cases where children have failed to gain in weight and no apparent reason has been found, a record of weights has been taken on Friday afternoons and Monday mornings for a few weeks, and in every case a loss of weight, varying from 2-8 ozs. has occurred over the week-end and during holiday periods. When confronted with actual figures the mother has proved more willing to listen to advice concerning food and bedtimes, in most cases with resulting benefit to the child.

The following is the table of infectious diseases for 1960 :—

|                      | Measles | Chickenpox | German Measles | Pertussis | Mumps | Sonne Dysentery | Giardia Lambia | Bacilli Coli | Salmonella Typhonurium | Scarlet Fever |
|----------------------|---------|------------|----------------|-----------|-------|-----------------|----------------|--------------|------------------------|---------------|
| Hayfield Terrace ... | 2       | 14         | 2              | 2         | 13    | 1               | ...            | ...          | ...                    | ...           |
| Eccles Old Road ...  | 3       | 30         | 5              | 2         | ...   | 36              | ...            | ...          | ...                    | ...           |
| Howard Street .....  | 26      | 27         | 2              | 1         | 2     | 4               | 2              | ...          | ...                    | ...           |
| Bradshaw Street ...  | 12      | 30         | 10             | 3         | ...   | 8               | ...            | 3            | 1                      | ...           |
| Hulme Street .....   | ...     | 2          | 7              | ...       | ...   | 15              | ...            | 4            | ...                    | 1             |
| TOTALS .....         | 43      | 103        | 26             | 8         | 15    | 64              | 2              | 7            | 1                      | 1             |

Compared with the figures of last year there is a marked increase in the incidence of infectious diseases throughout the nurseries.

The high incidence of Sonne Dysentery is attributable to the outbreak starting in one nursery when a suspicious stool occurred without any other symptom. A specimen was sent to the Public Health Laboratory. On the next and for several following days further suspicious stools were sent for examination. All were found to have Sonne Dysentery, and following a report by one parent that the child had been vomiting and had diarrhoea, a complete round of stools was sent and, in all, 36 were found to have Sonne Dysentery, including four members of the nursery staff and the cook.

With the one exception the children and staff were without symptoms and were allowed to attend whilst having treatment from the doctor. Five further cases were found on their return from holiday, making 41 cases in all, and the last case was cleared (*i.e.*, had three consecutive negative stools) by the first week in February, 1961.

Three hundred and ninety-seven specimens of suspicious stools were sent to the Public Health Laboratory for examination and, of these, 68 were found to be Sonne positive, seven had a Baccilli Coli infection, two were Giardia Lambia and one was Salmonella Typhonurium. In all cases three consecutive negative specimens were obtained before the child was taken back into the nursery.

As in previous years booster doses of Triple Antigen have been given in the nursery and with only one known exception the parents have accepted Anti-Poliomyelitis Vaccination if it had not been done before admittance.



Four students successfully completed their training in the day nurseries and gained the certificate of the National Nursery Examination Board. One student has undertaken further training for the teaching of mentally handicapped children and three have been employed by the Salford Education Committee. A fifth student was unsuccessful in obtaining the certificate and is seeking other employment.

Two matrons attended the Conference of Nursery Matrons in March, one at her own expense, and a detailed report of the lectures and discussions was submitted.

One warden and two deputy matrons attended refresher courses, and one nursery nurse and one nursery assistant gained the Warden's Certificate after attending the course arranged in Manchester.

The year has been one fraught with some difficulties, but a satisfactory effort has been made to fulfil the purpose of the day nurseries.

### PREMATURITY IN SALFORD, 1955-1960

Premature birth, by which is meant the birth of an infant weighing 5 lbs. 8 ozs. or less, is now the most important single factor in the deaths of infants in the first year of life, and particularly the first four weeks. About half of all stillbirths weigh less than 5½ lbs., but here the low birth weight is probably due more often to failure of development from other causes, rather than death due directly to the premature birth.

Any reduction in the Infant Mortality Rate will depend to a large extent on a reduction in the number of babies born prematurely. The extent and nature of the problem can be seen in the tables which follow.

TABLE I. PREMATURE BIRTHS IN SALFORD, 1955-1960.

|                             | Born in Hospital |           |           | Born at Home |           |           | All Births |           |           |
|-----------------------------|------------------|-----------|-----------|--------------|-----------|-----------|------------|-----------|-----------|
|                             | Total            | Premature | Per cent. | Total        | Premature | Per cent. | Total      | Premature | Per cent. |
| Live Births .....           | 10,215           | 1,088     | 10.6      | 7,286        | 428       | 5.9       | 17,501     | 1,516     | 8.7       |
| England and Wales, 1959 ... |                  |           | 8.1       |              |           | 4.3       |            |           | 6.7       |
| Stillbirths .....           | 424              | 264       | 62        | 73           | 42        | 58        | 497        | 306       | 62        |
| England and Wales, 1959 ... |                  |           | 56        |              |           | 43        |            |           | 54        |
| All Births .....            | 10,639           | 1,342     | 12.6      | 7,359        | 470       | 6.4       | 17,998     | 1,812     | 10.1      |
| England and Wales, 1959 ... |                  |           | 9.3       |              |           | 4.7       |            |           | 7.7       |

It will be seen that 10% of all births in Salford are premature compared with 7.7% in England and Wales as a whole. It has been shown that small mothers tend to have small babies and it might be that there are in Salford an undue number of normal, full-time babies with birth weights of slightly under 5½ lbs. and thus classed as premature. An analysis by birth weight



shows that this is not so (Table II). In fact, there is an excess of the smaller babies in Salford.

TABLE II. DISTRIBUTION OF PREMATURE LIVE BIRTHS BY BIRTH WEIGHT.

| Birth Weight                      | Salford   |           | England and Wales |           |        |           |
|-----------------------------------|-----------|-----------|-------------------|-----------|--------|-----------|
|                                   | 1955-1960 |           | 1953-1957         |           | 1959   |           |
|                                   | No.       | Per 1,000 | No.               | Per 1,000 | No.    | Per 1,000 |
| Up to 3 lbs. 4 ozs. ....          | 184       | 122       | 27,156            | 115       | 5,789  | 115       |
| 3 lbs. 5 ozs.—4 lbs. 6 ozs. ....  | 282       | 186       | 43,335            | 184       | 8,783  | 175       |
| 4 lbs. 7 ozs.—4 lbs. 15 ozs. .... | 342       | 226       | 46,938            | 200       | 10,197 | 203       |
| 5 lbs.—5 lbs. 8 ozs. ....         | 708       | 467       | 117,866           | 501       | 25,541 | 507       |
| All prematures ....               | 1,516     | 1,000     | 235,295           | 1,000     | 50,310 | 1,000     |

The importance of prematurity as a factor in causing death in the first four weeks of life is shown in the following table.

TABLE III. NEONATAL DEATHS IN PREMATURE AND MATURE INFANTS.

|                            | Salford, 1955-1960 |                | England and Wales, 1959 |                |
|----------------------------|--------------------|----------------|-------------------------|----------------|
|                            | No.                | Rate per 1,000 | No.                     | Rate per 1,000 |
| Total live births ....     | 17,501             |                | 748,501                 |                |
| Neonatal deaths ....       | 346                | 19.8           | 11,881                  | 15.9           |
| Premature live births .... | 1,516              |                | 50,310                  |                |
| Neonatal deaths ....       | 245                | 162            | 7,147                   | 142            |
| Mature live births ....    | 15,985             |                | 698,191                 |                |
| Neonatal deaths ....       | 101                | 6.3            | 4,734                   | 6.8            |

It will be seen that the neo-natal death rate for premature babies is twenty to twenty-five times as high as that of babies who weigh more than 5½ lbs. at birth.

The neo-natal death rate varies with the birth weight (Table IV).

TABLE IV. NEONATAL DEATHS OF PREMATURE BABIES.

|                                   | Live Births—Salford, 1955-1960 |                      |                     | England and Wales, 1959 |
|-----------------------------------|--------------------------------|----------------------|---------------------|-------------------------|
|                                   | No.                            | Survivors at 28 days | Neonatal Death Rate | Neonatal Death Rate     |
| All premature live births ....    | 1,516                          | 1,271                | 162                 | 142                     |
| Up to 3 lbs. 4 ozs. ....          | 184                            | 57                   | 690                 | 663                     |
| 3 lbs. 5 ozs.—4 lbs. 6 ozs. ....  | 282                            | 219                  | 223                 | 184                     |
| 4 lbs. 7 ozs.—4 lbs. 15 ozs. .... | 342                            | 312                  | 88                  | 71                      |
| 5 lbs.—5 lbs. 8 ozs. ....         | 708                            | 683                  | 35                  | 38                      |

This short account of premature births in Salford during the last six years shows that about one in every ten babies weighs less than 5½ lbs. at birth. This is higher than the average for England and Wales. The high death rate for such infants is also obvious. Any reduction in the incidence of prematurity would almost certainly lead to a reduction in the neo-natal death rate and also the infant mortality rate.

In some cases the cause of the premature birth is not clear, but more attention could be paid to such factors as poor diet, lack of rest, anæmia, and early signs of pre-eclampsia.

### HANDICAPPED CHILDREN AGED 0-5 YEARS

At the 31st December, 1960, there was a total of 189 children known to the Child Welfare Department whose names were on the register of handicapped children. This does not represent the total number of such children since they will not all have been notified. Of the 189 children, 22 were suffering from more than one handicap.

The following table gives the defects from which they are suffering and the numbers in each category :—

|                                             |            |
|---------------------------------------------|------------|
| Blind ... ..                                | 3          |
| Partially sighted ... ..                    | 5          |
| Deaf ... ..                                 | 4          |
| Partially deaf ... ..                       | 7          |
| Delicate respiratory conditions ... ..      | 10         |
| " circulatory " ... ..                      | 27         |
| " digestive " ... ..                        | 5          |
| " genito-urinary " ... ..                   | 5          |
| Miscellaneous ... ..                        | 13         |
| Epilepsy ... ..                             | 10         |
| Recurring convulsions ... ..                | 9          |
| Mental subnormality ... ..                  | 35         |
| Cerebral palsy ... ..                       | 15         |
| Other diseases of the nervous system ... .. | 21         |
| Orthopædic conditions ... ..                | 42         |
| Speech defect ... ..                        | 2          |
| <b>TOTAL ... ..</b>                         | <b>213</b> |

Of the 22 children suffering from more than one defect the following table gives the numbers of children and the combination of defects present :—

|                                                                               |           |
|-------------------------------------------------------------------------------|-----------|
| Mental subnormality and cerebral palsy ... ..                                 | 2         |
| " " " epilepsy ... ..                                                         | 3         |
| " " " blind ... ..                                                            | 1         |
| " " " partially sighted ... ..                                                | 1         |
| " " " deaf ... ..                                                             | 2         |
| " " " multiple congenital defects ... ..                                      | 1         |
| " " " congenital heart lesion ... ..                                          | 1         |
| " " " meningoencephalocoele ... ..                                            | 1         |
| " " " subnormality, cerebral palsy and epilepsy ... ..                        | 1         |
| Cerebral palsy and blind ... ..                                               | 1         |
| " " " epilepsy ... ..                                                         | 1         |
| Hydrocephalus, blind and epilepsy ... ..                                      | 1         |
| Spina bifida and talipes ... ..                                               | 1         |
| " " " congenital heart lesion ... ..                                          | 1         |
| Congenital defect of genito-urinary system and congenital heart lesion ... .. | 1         |
| " " " the digestive system and deaf ... ..                                    | 1         |
| Severe asthma and eczema ... ..                                               | 1         |
| Extensive nævus of face and convulsions ... ..                                | 1         |
| <b>TOTAL ... ..</b>                                                           | <b>22</b> |



During the year 1960, the names of 75 children were removed from the register for the following reasons :—

[illegible]

Twelve of the children considered cured had been suffering from orthopaedic conditions which had been diagnosed and treated from birth. This emphasises the importance of early diagnosis of handicap in the 0-5 year group, since many conditions formerly incurable or requiring prolonged treatment are now amenable to shortened treatment with the prospect of complete cure.

Of the 37 children who had reached 5 years, 29 had a single defect, 6 had two defects and 2 had three defects. They required educational provision as follows :—

[illegible]

## ADOPTIONS

During the year 1960, 12 children were referred to the Child Welfare Department for medical examination prior to adoption. This was the same number as in 1959, the proportion of girls to boys being also the same, namely, seven girls and five boys. All received a complete medical examination. In two cases a consultant's opinion was sought, but all the children were subsequently passed as medically fit for adoption.

## PROBATION CASES

In 1960 two girls were examined by the Senior Assistant Medical Officer for Maternity and Child Welfare ; one at the request of a probation officer, one at the request of a school medical officer ; the girls were aged 16 years and 15 years respectively. One of the girls was found to be pregnant and was admitted for a period to a mother and baby home ; the other, who had had very frequent changes of occupation since leaving school at 15 years, was admitted to a residential hostel and training school.

The numbers examined in 1960 compare favourably with those for the year 1959, only two in the former as against five in the latter.

## LIAISON ARRANGEMENTS

Liaison arrangements with hospitals and general practitioners. The family doctor's written consent is obtained by local authority medical officers before any child is referred for consultant opinion either at hospital or at local authority consultant clinics, except in extreme emergency. No child is sent



into hospital by them without first obtaining the family doctor's consent. Copies of the discharge letters to family doctors are sent to the Medical Officer of Health by one of the principal children's hospitals and by the pædiatric unit of a general hospital in the area, some other hospitals supply reports only on request.

Liaison Health Visitor—See report of "Health Visiting Service."

Facilities for Nursing Sick Children at Home—See report of "Home Nursing Service."

A consultant child psychiatrist holds a weekly session at a local authority clinic, to which can be referred children for whom the medical or nursing staff consider a consultant opinion should be obtained. Two family guidance sessions are held, one during the day staffed by a consultant, one in an evening staffed by a local authority medical officer with special training and aptitude. In addition, children under 5 years may be referred when necessary to the child guidance clinic of the School Health Service.

### HEALTH VISITING SERVICE

The Health Visiting Service covers a wider field and employs a greater number of professionally qualified staff than any other section of the Health Department. The range of work covers general health visiting (including maternity and child welfare), school health visiting, tuberculosis visiting, care and after-care ; a domiciliary immunisation service ; specialist services for vulnerable groups in the community, such as aged, infirm persons, unmarried mothers, illegitimate children and children neglected in their own homes ; liaison with hospitals and with the chest clinic ; the training of student nurses from four hospitals in the social aspects of disease ; and the full practical training of student health visitors. All corporation clinics are staffed by the section, involving the organisation of an average of some 225 staff sessions each week. Special auxiliary services include a central syringe service ; domiciliary foot hygiene and bathing services for infirm old people ; and the organisation and administration of chiropody clinics and domiciliary chiropody services for elderly persons.

#### Staff.

There was an improvement in the health visitor staffing position compared with previous years. Three health visitors left the service (against six in 1959 and nine in 1958). Four student health visitors qualified and commenced duties as health visitors in accordance with the provision of the Salford health visitors' training scheme. All three students who completed compulsory service applied successfully for permanent posts on the health visiting staff. One additional full-time and one part-time health visitors were appointed. Both were formerly employed as health visitors in Salford.

For the first time in many years all student health visitor places were taken up—eight in all.

Eight clinic nurses left the service and seven new nurses were appointed.

Five hygiene attendants left and five were appointed.



The clerk in the health visiting section left after ten years' service and was replaced. An additional clerk was appointed for work in connection with care of the elderly.

At the end of the year the total staff numbered 70. This figure included 45 professionally qualified workers and eight student health visitors.

#### **Honours List.**

Miss B. M. Langton, Superintendent Health Visitor since 1940, was awarded the M.B.E. in the New Year Honours for her services to health visiting, and received the Insignia of the Award in March, 1960.

#### **General Health Visiting.**

There was a general all-round increase in the number of visits paid to homes by health visitors, as was expected in view of the increase in number of health visitors employed during the year.

Problems of child care and a wide range of medico-social problems continued to make heavy demands on the health visitors' time. Meeting obvious needs of families where possible did not, however, always mean the end of family difficulties. Rehousing of families, for example, is not the problem solving panacea that some would think, and for the health visitor, as well as the mother, often means the exchange of one set of difficulties for another. Adjustment to living in blocks of flats, for example, is not an easy process for many families—lack of play space for small children of families living in upper storeys, feelings of isolation, and longing for a return to the old familiar street with its terraced houses, close proximity of friends and relatives, the corner shop and easy access to the street often give rise to psychological upsets in the family, especially the mother. The question of stair climbing in the many blocks of flats which have no lifts also creates a problem for the tired mother, and real hardship to many middle-aged and elderly persons. Health visitors in these areas find the stairs physically tiring and experience difficulty in dealing with problems which are brought to their notice by the mothers. One such problem is reluctance on the part of tradesmen to deliver certain commodities—coal for example. Where lifts are provided, the delivery of coal often means that the lifts are unavailable to tenants until the entire load has been delivered to all the families concerned, as the men delivering the coal need the uninterrupted use of the lifts.

Another problem in the multi-storied flats is delay in getting the lifts to the higher storeys. One mother, wishing her two boys to go for a cycle ride during an afternoon, waited so long whilst the lift was continuously intercepted by persons on the lower floors that eventually the outing was abandoned and the family remained indoors all afternoon.

Poor play facilities are another problem—a playspace open to traffic was the scene of one very distressing incident where a lorry rounding the corner avoided running down a child by the closest possible margin—when the vehicle stopped the radiator was in actual contact with the child. A mother from an upper (fourth) storey window witnessed this incident and was so shaken by it that she has never allowed her own child out to play unaccompanied since. Another dangerous play situation arises where an unfenced river bank forms one of the boundaries of an area where children play.



Shopping facilities in some instances are poor—in one large area only four shops are available to tenants—and mothers who are dissatisfied with the service, or the price, cannot withdraw their custom as there are no other shops in the vicinity and therefore no competition.

These problems are as frustrating to the health visitor as they are to the mother, as there is little practical help she can offer.

### Specialist Health Visitor Services.

#### (a) Elderly Persons.

The specialist health visitor in charge of this service for the past five years continued to be responsible for this work. The aim, as in the past, was to promote physical and mental well-being ; prevent or postpone the onset of disease or disability, encourage activity, and help the old folk to maintain their independence in their own homes as long as possible.

The number of persons dealt with during the year was 4,032, of which 1,257 were new cases (as against 3,661 and 953 respectively in 1959).

#### WARD DISTRIBUTION.

For the first time since the service started, Albert Park Ward lost its place as the area housing the greatest number of elderly persons on our register. The largest number of new cases (205) came from Regent Ward (total 427 cases) ; Albert Park came next with a total of 421, of which only 114 were new cases ; and Langworthy Ward a total of 386—with 147 new cases. Claremont had 110 new out of a total of 354 cases helped during the year.

#### SEX DISTRIBUTION.

As in former years over 70% of all cases on the register were women, as shown below :—

|                     | <i>New.</i>  | <i>Old.</i>  | <i>Total.</i> |
|---------------------|--------------|--------------|---------------|
| Males ... ..        | 304          | 774          | 1,078         |
| Females ... ..      | 953          | 2,001        | 2,954         |
| <b>TOTAL ... ..</b> | <b>1,257</b> | <b>2,775</b> | <b>4,032</b>  |

#### AGE DISTRIBUTION.

Over half the total number of persons on the register were between 70 and 79 years of age.

|                     | <i>New.</i>  | <i>Old.</i>  | <i>Total.</i> |
|---------------------|--------------|--------------|---------------|
| 60-64 years ... ..  | 168          | 217          | 385           |
| 65-69 „ ... ..      | 279          | 607          | 886           |
| 70-74 „ ... ..      | 351          | 802          | 1,153         |
| 75-79 „ ... ..      | 266          | 662          | 928           |
| 80-84 „ ... ..      | 150          | 343          | 493           |
| 85-89 „ ... ..      | 36           | 130          | 166           |
| 90+ „ ... ..        | 7            | 14           | 21            |
| <b>TOTAL ... ..</b> | <b>1,257</b> | <b>2,775</b> | <b>4,032</b>  |



## SOURCES OF REFERRAL.

New cases seen during the year were referred as follows :—

|                                                 |              |
|-------------------------------------------------|--------------|
| Civic Welfare                                   | 68           |
| Found by special health visitor whilst visiting | 78           |
| General practitioner                            | 59           |
| General health visitors                         | 40           |
| Home Help Department                            | 20           |
| Hospitals                                       | 152          |
| Mental Health Department                        | 4            |
| Relatives, friends and personal application     | 413          |
| Public health inspectors                        | 13           |
| Voluntary organisations                         | 18           |
| Housing Department                              | 8            |
| District nurses                                 | 387          |
| <b>TOTAL</b>                                    | <b>1,257</b> |

## REASONS FOR REFERRAL.

|                     |              |
|---------------------|--------------|
| Alone and neglected | 6            |
| Cancer conditions   | 30           |
| Chest               | 24           |
| Diabetic            | 39           |
| Incontinence        | 10           |
| Nephritis           | 6            |
| Rheumatic           | 80           |
| Senile Mental       | 52           |
| Vascular            | 39           |
| Heart               | 68           |
| In need of care     | 190          |
| Blind               | 13           |
| Deaf                | 9            |
| Other conditions    | 377          |
| Chiropody treatment | 320          |
| <b>TOTAL</b>        | <b>1,257</b> |

## STATE OF ACTIVITY.

|               |              |
|---------------|--------------|
| Bed-ridden    | 175          |
| Home-bound    | 90           |
| Semi-Ambulant | 406          |
| Ambulant      | 586          |
| <b>TOTAL</b>  | <b>1,257</b> |

Over one-third (433) of all cases referred were living alone.

Many of the old folk have known the health visitor and the nurses who assist her for several years, and good personal relationships have been built up over this period. Newly referred cases sometimes show hostility and suspicion, especially those suffering from some degree of mental deterioration, and much patience and understanding is required in meeting their needs.

## LIAISON WITH GERIATRICIAN.

Patients on the waiting list for admission to the chronic sick wards were visited and appropriate help and advice given. Information regarding any change in social environment which may affect the patient's priority on the waiting list was given to the geriatrician. Where there was any doubt as to the suitability of the home for reception of a patient due for discharge, the health visitor advised the hospital on this point. Arrangements were made where appropriate for the loan of nursing equipment.



#### LAUNDRY SERVICE.

This service provides for the bi-weekly collection and delivery of bed linen used for incontinent patients at a flat rate of 4s. 6d. per week. Patients in receipt of supplementary pensions receive an allowance to cover this cost. In conjunction with this service we have provided on loan a limited number of sheets and draw sheets.

Although much needed, this is not a well-accepted service for the following reasons :—

- (a) elderly relatives find the linen difficult to mark ;
- (b) the cost is prohibitive to persons not receiving supplementary pensions ;
- (c) collection and delivery is not sufficiently frequent. Wet or soiled linen retained three or four days between collections soon becomes offensive.

To care for an incontinent patient at home is a tremendous burden on the family and one which more than any other factor leads relatives to press for a hospital bed. If families are to be encouraged to keep their relatives out of hospital, better inducements than those at present offered need to be considered. An incontinent patient in hospital is changed four-hourly, and a plentiful supply of linen is available. Is it to be wondered that relatives, caring for patients with the same needs, but often with inadequate washing and drying facilities and limited supplies of linen, seek relief from this burden by clamouring for hospital admission ?

There are two ways of meeting this problem :—

- 1. Provide daily, and free of charge, a supply of fresh linen and the collection and laundering of wet and soiled linen.
- 2. Provide a free supply of disposable sheets or incontinent pads. Disadvantages here would be in the disposing of used pads and sheets. Relatives unable to burn such commodities may block drains in attempting to flush down W.C. pans ; or use domestic dustbins or refuse chutes.

As more areas become " smokeless zones " the question of disposal of many substances needing to be burnt will require consideration—including not only the above, but soiled and infected dressings, tuberculous sputum cartons, etc., as well as the comparatively harmless domestic vegetable refuse.

#### HOUSING AND THE ELDERLY.

One of the lesser publicised disadvantages of the present rehousing system in some cases is the separation of elderly people from their relatives and neighbours : younger people are being moved outside the city or to different districts leaving their elderly relatives behind, and vice versa. Aged persons who were able to get help from their children or neighbours are now having to apply for help from us—help which they have never needed to apply for before. This situation affects not only the health visiting section, which may be called upon to provide health visitor, home bathing and foot hygiene services, but—through the health visitor—other sections of the department may be called upon to help, including home helps, home nurses, mental health workers, as well as voluntary organisations providing, for example, meals-on-wheels. Not least, the separation of elderly people from life-long friends and relatives leaves a sense of desolation and loneliness in their lives which no official, no matter how kind and well-meaning, can dispel.



Perhaps an experiment carried out in slum clearance areas, in which planned rehousing of appropriate "communities" rather than individual families would show whether this disruption of community and family life with its costly aftermath (in terms of human happiness as well as social services) could be obviated.

#### HOME BATHING SERVICE CARRIED OUT BY ATTENDANTS.

Elderly, infirm persons unable to attend to their own personal hygiene were provided with assistance from attendants, who visited the homes fortnightly or if necessary (and possible) weekly, for this purpose. Eighty-eight persons remained on the bathing list at the end of the year.

#### DOMICILIARY FOOT HYGIENE SERVICE CARRIED OUT BY ATTENDANTS.

This service has a two-fold aim : (1) to provide for the comfort and well-being of elderly persons ; and (2) to prevent or postpone the need for the more expensive services of a chiropodist.

Some aged persons who, although able to bath themselves, sometimes find difficulty in caring for their feet. Washing and nail trimming in their own homes were offered by attendants who performed this service for them at appropriate intervals. Two hundred and sixty-six persons receiving this service remained on the list at the end of the year.

Both these services were very greatly appreciated by the old folk.

#### CHIROPODY.

The chiropody service for old people was expanded during the year to meet increasing demands.

The senior chiropodist reports as follows :—

"Although many of the troubles which affect the feet of the older age group may be traced back to injury, neglect or maltreatment in early life there are many foot complaints which manifest themselves in later life and can be directly attributed to the advance of old age.

"In the patients covered by this report, the most common causes of lesions seen at the clinics may be divided into three main groups.

"*Group 1.* Disorders stemming from orthopædic deformities.

"*Group 2.* Disorders due to changes in the arterial system, both degenerative and inflammatory, and the vasodilator and vasoconstrictor diseases associated with alteration in arterial tone.

"*Group 3.* Conditions causing pain which are not attributable to either of the preceding groups but are caused by the patient habitually wearing incorrect or inferior footwear.

"When treating aged patients in groups 1 and 2, the application of proven method of treatment is often more expedient than tentative trials with possible alternatives.

"With patients of group 1, the orthodox methods of protective padding and strapping have mainly been relied upon, but in some cases where the use of surgical insoles would prove beneficial, as where pronation was present



in cases of advanced weakfoot, these were made and supplied to the patients by the chiropodists; as were other forms of semi-permanent removable appliances. This form of padding is a great boon to the patient, who can remove them when washing the feet and replace them afterwards, thus helping to prevent the irritation caused by the prolonged contact of adhesive plaster on the skin.

" Similarly in group 2, treatment has been mainly palliative and aimed at treating existing lesions and attempting to prevent further troubles which could develop.

" With group 3, far more original and experimental work can be attempted with great benefit to the patient.

" Although a broken shoe cannot be exchanged for a new one in a chiropody clinic, much can be done to alleviate the troubles caused by faulty footwear, and experiments have been carried out with various materials to make good a very common cause of complaint, namely, the concavity which forms in the shoe beneath the metatarsal heads caused by the breakdown of the inner-sole which occurs when the shoe has been worn long after its normal useful life.

" When this breakdown develops in a shoe, subluxation is allowed to occur at the metatarso-phalangeal joints causing a clawing of the toes, thus giving rise to metatarsal pain and corn formation to the dorsum and apex of the toes.

" This has shown itself to be a very common cause of foot trouble in patients showing no other signs of orthopædic deformity.

" The shoes of one hundred of the patients who had complained of these symptoms were examined, and in eighty-four per cent. of the cases, the inner-soles of the shoes were found to be broken down to an appreciable extent. With these eighty-four cases the painful symptoms soon cleared up when the metatarsal depressions in the shoes were packed to provide a flat platform on which the patient could walk.

" Another very common complaint affecting the distal end of the great toe was found to be caused by the excessive use of bedroom slippers in older people.

" The trouble arises from the foot being allowed to slide forward and the great toe being subjected to trauma against the end of the shoe, which, in turn, caused a thickening of the toenail with subungual callous tissue formation.

" This inevitably leads to a rather severe inflammation with resultant lesions long familiar to chiropodists.

" With the co-operation of the patients regarding their footwear, the application of normal chiropodial techniques promises early relief from this painful condition.

" An increasing number of diabetic patients have been attending the clinics. This is especially gratifying because of their often comparative insensitivity



to pain in the extremities and the ease with which simple lesions soon become more complicated. This gives the chiropodists an opportunity to detect foot troubles before they have had time to become too well established.

“The incidence of the infectious types of skin diseases has been negligible and the standard of the cleanliness of the feet of the patients attending the clinics has been worthy of note.”

The administration of this service was carried out as in 1959 by health visiting section staff. Cases were referred by the special health visitor for care of the elderly, the W.V.S. and other voluntary organisations, Civic Welfare Department, hospital almoners, district nurses, general practitioners, relatives and old people themselves.

Clinics were held at Regent Road, Langworthy and Murray Street clinics. Patients able to do so made their own way to the clinics by public transport ; those unable to travel of their own volition were transported to the clinics by sitting car. Some sessions were also held at the Salvation Army Home for Women. Domiciliary chiropody was provided for home-bound persons who were unfit for transportation to a clinic.

This service entailed much home visiting by the special health visitor for care of the elderly, as cases referred from all sources were visited before being placed on the list for treatment. The demand for the service remained heavy as more people became aware of the facilities offered by the Corporation for treatment. In some instances, private chiropodists referred patients who were unable to afford private treatment.

In many cases, when the health visitor called on hitherto unknown persons referred for chiropody, she found them to be in need of other help also, which she was able to initiate or provide. In a number of instances, the condition of patients improved, enabling former sitting car cases to travel by public transport, and domiciliary cases to attend a clinic.

This is a service which is very much appreciated by the old folk.

The number of persons treated is given below :—

|                                     | Walking Cases |        | Sitting Car |        | Total |        | Grand Total |
|-------------------------------------|---------------|--------|-------------|--------|-------|--------|-------------|
|                                     | Male          | Female | Male        | Female | Male  | Female |             |
| Langworthy Clinic ... ..            | 344           | 1,244  | 108         | 502    | 452   | 1,746  | 2,198       |
| Regent „ ... ..                     | 127           | 702    | ...         | ...    | 127   | 702    | 829         |
| Murray Street „ ... ..              | 88            | 471    | ...         | ...    | 88    | 471    | 559         |
| Total Clinic Attendances ...        | 559           | 2,417  | 108         | 502    | 667   | 2,919  | 3,586       |
| Salvation Army ... ..               | ...           | ...    | ...         | ...    | ...   | 15     | 15          |
| Domiciliary Treatment ... ..        | ...           | ...    | ...         | ...    | 103   | 445    | 548         |
| Grand Total Treatments Given ... .. | ...           | ...    | ...         | ...    | 770   | 3,379  | 4,149       |

Clinic attendances were as follows :—

| LANGWORTHY.    |             |     |     |     | <i>Invited.</i> | <i>Attended.</i> |
|----------------|-------------|-----|-----|-----|-----------------|------------------|
| Monday         | (afternoon) | ... | ... | ... | 436             | 382 (87·61%)     |
| Wednesday      | (afternoon) | ... | ... | ... | 759             | 653 (86·03%)     |
| Wednesday      | (evening)   | ... | ... | ... | 141             | 128 (90·78%)     |
| Thursday       | (afternoon) | ... | ... | ... | 732             | 636 (86·88%)     |
| Friday         | (afternoon) | ... | ... | ... | 450             | 399 (88·66%)     |
| TOTAL          |             |     |     |     | 2,518           | 2,198 (87·29%)   |
| REGENT ROAD.   |             |     |     |     | <i>Invited.</i> | <i>Attended.</i> |
| Tuesday        | (evening)   | ... | ... | ... | 172             | 154 (87·53%)     |
| Thursday       | (morning)   | ... | ... | ... | 780             | 675 (86·53%)     |
| TOTAL          |             |     |     |     | 852             | 829 (87·07%)     |
| MURRAY STREET. |             |     |     |     | <i>Invited.</i> | <i>Attended.</i> |
| Monday         | (morning)   | ... | ... | ... | 461             | 364 (78·95%)     |
| Tuesday        | (morning)   | ... | ... | ... | 251             | 195 (77·68%)     |
| TOTAL          |             |     |     |     | 712             | 559 (78·51%)     |

Clinic sessions held :—

|               | <i>Day.</i> | <i>Evening.</i> | <i>Total.</i> |
|---------------|-------------|-----------------|---------------|
| Langworthy    | 276         | 28              | 304           |
| Regent Road   | 103         | 19              | 122           |
| Murray Street | 75          | —               | 75            |
| TOTAL         | 454         | 47              | 501           |

Of the total number of treatments given :—

|                                 | <i>Male.</i> | <i>Female.</i> | <i>Total.</i> |
|---------------------------------|--------------|----------------|---------------|
| (a) Number treated at clinics   | 667          | 2,919          | 3,586         |
| (b) " " " home                  | 103          | 445            | 548           |
| (c) " " " Salvation Army Hostel | ...          | 15             | 15            |
| TOTAL                           | 770          | 3,379          | 4,149         |

Patients still under care at year-end (including four handicapped persons) :—

|                                                         |       |
|---------------------------------------------------------|-------|
| 1. Able to attend clinic unaided                        | 993   |
| 2. With transport (sitting car) provided                | 212   |
| 3. Domiciliary cases                                    | 184   |
| Total number remaining on Register, 31st December, 1960 | 1,389 |

#### CLEANSING AND DISINFESTATION.

Although few in number, elderly persons needing disinfection present a problem as there are no suitable premises to carry out this work. Disinfection, where necessary, was carried out in the home by an attendant, working in collaboration with staff from the Public Health Inspectors' Section.

#### VOLUNTARY ORGANISATIONS.

Darby and Joan Club organisers continued to be most helpful in encouraging lonely persons to attend, even to calling at the house to accompany those too shy to make the first venture.

Provision of Meals on Wheels by the W.V.S. at a cost of 10d. a meal was restricted to only one meal per week, but it was hoped to extend this provision to two meals in the coming year.

#### CLINICS FOR ELDERLY PERSONS.

Weekly sessions were held at Police Street for ladies (89 on the register) and Langworthy Centre for men (58 on register).



The clinics provided a full medical examination by an Assistant Medical Officer of Health. This the old people enjoyed, as the numbers invited were restricted in order to enable the doctor to give much more time to each patient than would be possible in a busy surgery. Patients were referred where appropriate for chiropody and nail hygiene, X-ray at the M.M.R. Unit, breathing and relaxation exercises and other appropriate physiotherapy. Minor ailments were treated at the clinics. Letters were sent to the patients' own doctors informing them of findings and treatment.

Vitamins were supplied free of cost, and Horlicks Malted Milk and Complan—a high protein food—were supplied at reduced prices.

Clinic sessions also provided an opportunity for meeting and making friends, and for friendly and much enjoyed gossip over a cup of tea.

#### ELDERLY PERSONS' "FUND."

The Health Visiting Section organised a "Bring and Buy Sale" in November from which £40 was given to the Fund.

Monetary grants were given towards cost of a holiday, £2 ; redecorating bedroom, £2 ; deposit on television set, £1. A pipe was purchased for one man, and several packets of Complan bought for people needing extra nourishment. Fireguards were obtained and lent to every elderly person found to be in need of one.

Other voluntary assistance given during the year included Harvest Festival fruit from Clarendon Open Air School, Christmas parcels for four elderly ladies living alone provided and delivered by four girls attending Regent Road School, ten parcels provided and delivered by the Scout Cubs, Weaste. In December, an unknown man telephoned to ask for the addresses of two elderly persons without radio sets—which he later provided and had fixed. During Christmas week the same man asked for the addresses of twelve persons living alone, and to each he sent a hamper of food. The recipients of all these gifts were delighted.

#### STATISTICAL INFORMATION.

In reviewing the statistics over the past ten years it is interesting to note the number of persons referred in the earlier years still remaining on our register, particulars of which are given below :—

| Year.        | Male. | Female. | Total. |
|--------------|-------|---------|--------|
| 1950 ... ..  | 9     | 90      | 99     |
| 1951 ... ..  | 9     | 48      | 57     |
| 1952 ... ..  | 8     | 51      | 59     |
| 1953 ... ..  | 62    | 158     | 220    |
| 1954 ... ..  | 81    | 228     | 309    |
| 1955 ... ..  | 76    | 271     | 347    |
| 1956 ... ..  | 74    | 306     | 380    |
| 1957 ... ..  | 113   | 267     | 380    |
| 1958 ... ..  | 116   | 234     | 350    |
| 1959 ... ..  | 226   | 348     | 574    |
| TOTAL ... .. | 774   | 2,001   | 2,775  |

During the year 1960 :—

|                                            |     |
|--------------------------------------------|-----|
| Number of persons still in hospital ... .. | 402 |
| Died ... ..                                | 423 |
| Admitted to local authority homes ... ..   | 54  |
| "    " private homes ... ..                | 9   |
| Left district ... ..                       | 223 |

The total number remaining on the register to be carried forward to 1961 was 3,218.

**(b) The Unmarried Mother and her Child.**

A special health visitor with a social science qualification remained in charge of this service.

Cases dealt with during the year numbered 111, of which 86 were new cases and 25 brought forward from 1959.

Thirty-four of the new cases were expectant mothers and 52 had already been confined. Fourteen were married women or widows.

Cases were referred from the following sources :—

|                                   |           |
|-----------------------------------|-----------|
| Health Visitors ... ..            | 38        |
| Hospital Almoners ... ..          | 14        |
| Midwives ... ..                   | 3         |
| Moral Welfare Organisation ... .. | 2         |
| Family Doctors ... ..             | 1         |
| Mental Health Department ... ..   | 1         |
| Police ... ..                     | 1         |
| Probation Officer ... ..          | 2         |
| N.S.P.C.C. ... ..                 | 1         |
| Other Health Authorities ... ..   | 5         |
| Children Officer ... ..           | 2         |
| School Welfare ... ..             | 1         |
| Salvation Army ... ..             | 1         |
| Private Individuals ... ..        | 3         |
| Own Applications ... ..           | 11        |
| <b>TOTAL ... ..</b>               | <b>86</b> |

The outstanding problem of the year has again been the difficulty experienced by the unsupported unmarried mother in finding somewhere to live and suitable work. Keeping in touch with such mothers was often difficult owing to frequent changes of addresses and jobs. Co-operation of National Assistance Officers and Labour Exchange was obtained on their behalf.

Advice on affiliation procedure was given in all appropriate instances, but few girls will avail themselves of this means of providing for their children, and only seven girls applied for and obtained Affiliation Orders. One girl was accompanied to Court when the case was heard.

Six mothers were referred by the health visitor to an adoption society, although only two of these finally completed the adoption.

Many expectant unmarried mothers are unwilling to acknowledge their position by making arrangements for the confinement and provision for the coming baby. Endeavours were made to help girls known to us to face the situation and to make adequate preparation for this event.



Where Maternity Benefits were unavailable, help with baby clothes, etc., was given through the Children's Welfare Fund. Arrangements were made through Diocesan Moral Welfare Agencies for appropriate girls to be admitted to mother and baby hostels. Financial aid was granted by the Health Committee towards payment of hostel fees for thirteen girls.

At the end of the year cases had been resolved as follows :—

- 6 mothers had married the putative father of the child ;
- 10 left Salford ;
- 6 were cohabiting ;
- 20 were living with parents or other relatives ;
- 6 were living and supporting their children alone ;
- 2 babies died ;
- 2 babies were taken into care ;
- 14 babies were adopted (referred mainly from hostels and other agencies).

Forty-five cases were carried forward to 1961, including twelve expectant mothers—the remainder had continuing problems.

A survey of 458 illegitimate children under 5 years living in the city on December 31st showed the following grouping :—

|                                                             |     |     |     |     |     |
|-------------------------------------------------------------|-----|-----|-----|-----|-----|
| Married women having illegitimate children living with them | ... | ... | ... | ... | 58  |
| Unmarried women (a) living alone                            | ... | ... | ... | ... | 51  |
| (b) cohabiting                                              | ... | ... | ... | ... | 143 |
| (c) living with mother's own family                         | ... | ... | ... | ... | 103 |
| Mothers with more than one illegitimate child               | ... | ... | ... | ... | 89  |

Many of these children are, of course, living in family groups which are as stable as those of legally married couples. In some instances of girls who take their babies into their own families, the children regard the grandparents as parents of the whole family, including themselves. In the majority of such cases the girl's own mother is quite willing to take over the care of the baby whilst her daughter goes to work. An important feature of the health visitors' work for these children is to help the mother and the grandparents to a proper understanding of the problems of adjustment which may arise for the child in later years, and to help them to adjust their attitudes and principles of management towards preventing the development of future psychological difficulties.

### (c) Hospital Liaison.

Two special health visitors continued to be responsible for liaison with Hope and Ladywell Hospitals and with the Chest Clinic.

#### HOPE HOSPITAL.

The special health visitor for hospital liaison was mainly concerned with children under 15 years, as formerly. Ward rounds with the pædiatrician were continued, where an interchange of information was effected in relation to home conditions, standard of mothercraft, etc., on the one hand, and particulars regarding diagnosis and treatment on the other. The health visitor also attended the pædiatric out-patient clinics and the neo-natal clinic for similar purposes, and to carry out health education.



A valuable facet of her work was to help the medical and nursing staff of the hospital to see the patient against his own home background, and to appreciate the many difficulties to be faced after discharge from hospital.

There is still a need to support and encourage certain parents who have to make repeated visits to hospital and to out-patient clinics. Due to anxiety and stress at the time of the hospital visit, many mothers admit to being unable to concentrate when advice on care and management is being given. They are most grateful when the area health visitor is able to repeat these instructions in the patient's own home.

The number of children admitted for E.N.T. conditions was again increased—465 (436 in 1959 and 394 in 1958). Post-operative visiting by health visitors was carried out to advise on care and to emphasize the need for carrying out breathing exercises.

Seventy-five children were admitted for correction of strabismus.

Thirty-five admissions for observation and investigation revealed no organic cause of the signs and symptoms involved.

These children were referred to area health visitors for home supervision, it being a well known fact that emotional disturbances can produce physical manifestations.

#### ADMISSION FOR SOCIAL REASONS.

(a) *Illness of the mother* : Fifteen sick or handicapped children normally nursed at home were admitted because the mothers themselves were in need of hospital treatment.

(b) *Mentally handicapped children* were admitted from time to time for a short (two to three weeks) period to enable tired parents who were going through a difficult and trying period at home to have a break. This short-term admission also provided an opportunity to reassess the children's condition and to readjust routine care where this was found to be necessary. Health visitors were informed accordingly.

#### FEEDING PROBLEMS.

A number of babies were admitted to hospital with signs and symptoms of gastro-intestinal upsets diagnosed provisionally as feeding problems. Investigation subsequently proved that in many cases the illness was due to a specific coliform or other infection. In the small number of cases where the illness was found to be due to feeding mismanagement, close consultation with the area health visitors followed and information was given regarding feeding routines to be followed on discharge from hospital.

#### RESEARCH.

During the year information has been required by the Consultant Pædiatrician regarding children who have previously been treated in the hospital for meningitis. A review of these children was undertaken to ascertain (a) present state of health, and (b) the presence of any minor handicaps which could be attributable to the disease.



These children, in some instances now teenagers, were required to be medically examined and, where appropriate, hearing tests were undertaken. The link between the hospital and the school health and health visiting services was extremely valuable in this enquiry. Many of the families involved had moved to other districts in Salford; some had left the area completely. The link-up between the hospital and local authority services enabled many families to be traced, and where necessary contact to be made with other authorities.

A further survey was in operation—to cover a period of five years—in relation to children who had suffered from a marked degree of asphyxia following birth. Some of the children were still attending hospital for long-term follow-up. Others had been discharged or had failed to attend for medical supervision. Area health visitors were able to provide up-to-date information about the children under five years who were living in their districts. Relevant information regarding school children was available from school records of the first medical inspection undergone by the children concerned. Findings are not yet available.

#### ✧ LIAISON WITH THE CHEST CLINIC.

The work of the special health visitor carrying out liaison duties between the chest clinic and health visiting section has developed to include other chest conditions in addition to pulmonary tuberculosis.

The rising incidence of cancer of the lung is a matter of concern not only to the doctors and surgeons who are dealing with this disease in its clinical aspect, but to workers in the wide field of preventive and social medicine.

#### THORACIC SURGERY—LADYWELL HOSPITAL.

Special notes relating to patients suffering from lung cancer are taken by the special health visitor when she attends the Thoracic Consultants' Clinic at Ladywell, in order that these patients may be helped and followed-up in their own homes after hospital discharge.

These patients need sympathetic care and after-care whether operations or radiotherapy is considered or not. There is often a short expectation of life, the prospect of increasing pain, distress and fear. Special attention is shown by the health visitors to relatives who are sustaining the stress financially, morally and emotionally. The importance of avoiding or reducing smoking is stressed by the Chest Physician and the health visitor at every opportunity.

#### CHEST CLINIC—TUBERCULOSIS.

The number of patients interviewed by the specialist health visitor at the Chest Clinic has steadily increased during the year (247 interviews compared with 169 in 1959). Some were referred to the health visitor by the Chest Physician, but many people themselves requested interviews. Problems discussed included matters relating to housing, hospital admission, contacts, financial worries, personal fears, anxieties regarding the well-being of the family, care of young children and family during absence of either parent, possible loss of employment, etc.

Visits were paid by the health visitor to see newly notified cases in Ladywell Hospital, which gave some continuity of care and helped to develop a sense of security in the patient and his family.



**B.C.G. VACCINATION.**

Special sessions were held at the Chest Clinic on Tuesdays and Thursdays for the purpose of carrying out B.C.G. vaccination of contacts. Immunity (Mantoux) testing was carried out in all appropriate cases.

|                                                      |           |      |
|------------------------------------------------------|-----------|------|
| Notifications during the year ... ..                 | 96        | 1961 |
| Transfers from other areas ... ..                    | 32        | 106  |
| B.C.G. vaccination ... ..                            | 279 (258) | 32   |
| Patients interviewed ... ..                          | 249 (169) | 25   |
| Doctors interviewed ... ..                           | 150 (145) | 22   |
| Almoners contacted ... ..                            | 18 (51)   | 28   |
| Special visits, including visits to hospitals ... .. | 93 (69)   | 72   |

(Bracketed figures show cases during the year 1959).

Number of Mantoux tests—278, of which 60 were carried forward to 1961, for confirmation and conversion. In 80 cases it was unnecessary to carry out Mantoux testing before giving B.C.G. vaccination as the babies concerned were under six weeks old.

**(d) Student Training.**

A special health visitor working as a Tutor was responsible for arranging and participating in the training of students and the in-service training of established workers.

**1. STUDENT HEALTH VISITORS.**

Practical training of student health visitors sponsored by this authority, under the guidance of the special health visitor, continued. Four students completed the course and obtained the Health Visitors' certificate in July, and eight students commenced training in September. (The first full complement of students for many years). The full range of practical training was covered and was arranged in collaboration with the Tutors of the Manchester and Bolton Technical Colleges, who were responsible for the theoretical teaching.

**2. STUDENT NURSES.**

Student nurses from three hospitals attended the Department to study Social Aspects of Disease. Formal lectures, filmstrips and discussions were organised, and a programme of appropriate observation visits drawn up in collaboration with the Hospital Tutors concerned. Included were visits with health visitors, district nurses and public health inspectors, to the homes of the people; observation visits to Occupation and Industrial Centres of the mental health service; to clinics, Homes and hostels for the aged; to infant welfare centres and to special clinics held for school children. Visits to new housing estates gave the students an insight into modern methods of ventilation, heating and disposal of waste.

The section also collaborated in the experimental scheme of integrated training for nurses, arranged by the Department of Social and Preventive Medicine of Manchester University. Students taking the course attended for special experience in geriatric and paediatric work in the public health field.



The number of student nurses attending is given below :—

|                                                                 |              |
|-----------------------------------------------------------------|--------------|
| HOPE HOSPITAL.                                                  | <i>Days.</i> |
| 40 senior students in five groups for two days each ... ..      | 10           |
| 46 junior students in six groups for one day each ... ..        | 6            |
| SALFORD ROYAL HOSPITAL.                                         |              |
| 5 post registered students in one group for three days ... ..   | 3            |
| ROYAL MANCHESTER CHILDREN'S HOSPITAL.                           |              |
| 21 students in two groups for one day each ... ..               | 2            |
| MANCHESTER UNIVERSITY COMMUNITY NURSING COURSE.                 |              |
| 9 students for one day in each of eight successive weeks ... .. | 8            |
| TOTAL ... ..                                                    | 41           |

#### IN-SERVICE TRAINING.

Health visitors attended a two-day Health Education Seminar early in the year, and a two-day Refresher Course held at Manchester in March.

Talks, practical instruction and discussion groups, were also held in the Department for Hygiene Attendants.

#### VISITORS FROM OTHER COUNTRIES / AREAS.

The health visitor tutor also arranged observation visits and talks for the following :—

1. Four doctors from Hope Hospital taking the Diploma in Child Health (weekly visits extending over a period of several months).
2. Two student teachers.
3. Student health visitor tutor—from the Royal College of Nursing.
4. Vocational Guidance Officer, West Berlin.
5. Social Science Students, London University.
6. Medical Officer, Afghanistan (World Health Organisation).

#### LECTURES AND TALKS GIVEN OUTSIDE THE DEPARTMENT.

1. Talk to students at the Elizabeth Gaskell College, Manchester.
2. A course of eleven lectures on Personal and Communal Health to student nurses at the Royal Manchester Children's Hospital.
3. Youth Clubs.
4. Mothers' Clubs.
5. Schools—weekly talks and practical training in preparation for Junior Red Cross examination in First Aid, Home Nursing, and Child Welfare were given at three secondary modern schools.
6. Participation in the making of health visiting and school health filmstrips for Camera Talks.

#### (e) Children Neglected in their Own Homes—Prevention of Family Break-up.

A special health visitor was in charge of this service, whose duties included acting as Consultant to the Area Health Visitors on whom the responsibility for supervision and care of these families lies. She had a small case-load of "hard core" problem families, taken over in collaboration with general health visitors, in addition to problem families living in unstaffed districts. Particulars of the work relating to this aspect of the health visiting service is given below.



## REGISTER OF FAMILIES.

The special register of families classified under the above-named heading was continued. Changes were recorded as follows :—

Families carried over from 1959 for supervision in 1960—255.

Additions during 1960 :

Changes during the year :

|                                                             |    |     |
|-------------------------------------------------------------|----|-----|
| (a) Old cases reopened ... ..                               | 4  |     |
| (b) New cases added ... ..                                  | 29 |     |
|                                                             | —  | 33  |
| Total number registered during 1960 ... ..                  |    | 288 |
| (a) Families removed out of Salford ... ..                  | 29 |     |
| (b) Families stabilised and taken off the register ... ..   | 14 |     |
|                                                             | —  | 53  |
| Total number removed from register during 1960 ... ..       |    | 53  |
| Families remaining on the register in December, 1960 ... .. |    | 235 |
| Net decrease ... ..                                         |    | 23  |

In addition to cases represented above, 124 families outside the "problem family" category but who needed help with problems arising within the family group, were dealt with by the special health visitor (an increase of fifty-six over last year's figure). This aspect of the health visiting service therefore fulfilled the purpose of a health and social advice bureau open to all members of the Salford public. Problems dealt with included difficulties arising from excessive hire purchase commitments, and debts of all kinds, management of difficult adolescents; marital problems; fears arising from threatened eviction, or appearance in Court, difficulties arising from illness, problems of desertion and so on.

These cases were often very time-consuming and, whilst some could have been dealt with by area health visitors had they been accessible at the time, the majority needed the skill of this specially experienced health visitor. There is still need, none the less, for health visitors each to have an office situated in the district where they work, so that families may know where to turn locally in case of need (and where family doctors may make direct contact with the health visitor when required).

## THE CASE CONFERENCE.

The co-ordinating machinery continued to function as in previous years.

Conference meetings were held fortnightly throughout the year, under the chairmanship of the Deputy Medical Officer of Health.

|                                                      |        |
|------------------------------------------------------|--------|
| Number of conferences ... ..                         | 21     |
| Organisations or departments represented ... ..      | 21     |
| Representatives attending ... ..                     | 101    |
| Total attendances made ... ..                        | 336    |
| Average attendance per conference ... ..             | 16     |
| Number of discussions held ... ..                    | 144    |
| Number of families covered ... ..                    | 119    |
| Average number of cases discussed per session ... .. | 7 to 8 |

The majority of cases were referred by health visitors, although there was an increase in the number of referrals received from School Welfare Officers.



### PROBLEMS DISCUSSED.

Little variation occurred in the type of problems coming under discussion compared with previous years—poor family relationships, mis-spending of income, threatened eviction and disconnection of gas and electricity supplies, excessive drinking and gambling, pawning, irresponsible hire-purchase commitments, dirt and disorder, and so on.

Physical neglect or ill-treatment of children was less in evidence—largely due to the fact that many families who may have been guilty of such conduct were well-known to members of all the agencies represented at the Conference and were frequently visited. Minor deviations from normal health were detected early and action taken to prevent neglect which may have led to more serious developments. It may be appropriate to mention here that there were no prosecutions for child neglect in Salford during the year.

Less success can be claimed in the field of emotional deprivation, as many of the children concerned lacked the essentials necessary for normal development of character and personality. No amount of supervision can ensure a satisfactory emotional climate in families where the parents are insensitive, unstable, socially isolated, ill-adjusted or unable for other reasons to give their children the love and security of a happy home and family life.

More could be done for these children than is possible at present, for example :—

1. *Increased number of sessions at the Day Training Centre* for the socially isolated, non-coping mothers ; this provision to be complemented by a free Home Help Service to help and encourage the mothers to apply the principles taught at the Centre to their own homes.

2. *Wider use of Day Nurseries* for these children, and a better understanding and tolerance of problem family children, with free admission on admissions at a nominal fee.

3. *Nursery School placement.* Places in nursery schools should be more readily available in an effort to compensate for home deprivation. Although Greengate Special Nursery School is at present functioning in this capacity, the scope is limited in that it serves only a part of the City—for obvious geographical reasons.

4. *Local Authority Care.* In a few cases it may be necessary to place a child in Care for varying periods of time, according to social conditions.

It is reasonable to suppose that if home care could be complemented or in extreme cases substituted, by one or more of the provisions suggested above, maladjustment and juvenile delinquency may be reduced.

Effective inter-departmental liaison and good relationships between staff members have helped considerably towards successful casework with problem families. Local Authority Housing, Civic Welfare, Education and Schools Welfare, and Children's Departments, the Police and Probation services, and Voluntary Societies, such as the N.S.P.C.C., F.S.U., W.V.S. and F.W.A., have all made a great contribution in this field. Specially noteworthy was the continued co-operation between the Housing and Health Departments in so far as notification to us of possible eviction at a stage when something could



be done to prevent it. Rehousing in substandard property was used in appropriate cases as a means towards rehabilitation of those families who had proved themselves unable to care for better accommodation. No tenant of Corporation property, therefore, was referred for admission under the National Assistance Act to Part III Accommodation in 1960.

The inadequacy and poor state of repair of many privately rented houses occupied by problem and potential problem families is often a contributory factor in the continued failure to improve standards. The Public Health inspectors helped where possible but could do little in many cases.

It is difficult to assess the success one could claim with problem families, but as long as the family remains intact as a unit, and the children, though perhaps living in squalor, are happy, then that in itself might be regarded as some measure of success.

In those instances where, in spite of intensive casework, the family disintegrated temporarily, constant support was given and special measures in times of crises were taken.

Problem families present a most trying and difficult challenge to all workers. They do, however, require tolerance and sympathetic understanding, and, although it is difficult sometimes to regard all cases in this light, one should perhaps remember that "in faith and hope the world will disagree, but all mankind's concern is charity."

#### THE DAY TRAINING CENTRE.

The Centre, which is provided for a limited number of socially isolated mothers with special problems, continued to function at the Crescent Hostel throughout the year, although the premises were inadequate for the purpose. Scope was limited in that only one room was available for all purposes, the rooms which were formerly available for club activities had been taken over by the Mental Health Department following expansion of their work at the Hostel.

Activities of the club, therefore, were concerned mainly with sewing, knitting and make-do and mend. Personal problems of club members were dealt with by the special health visitor, and the happy informal atmosphere of the club was maintained in spite of the difficulties. That the club continued to function in these difficult circumstances and to hold the interest of the mother concerned was largely due to the influence of the staff—particularly the teacher of domestic subjects.

Towards the end of the year new accommodation at 6, Acton Square, was acquired for use as a Day Training Centre. Plans were in hand to make full use of the new facilities available, to increase the number of sessions held and to increase club membership in the coming year.

#### Mothers Clubs.

Two Mothers Clubs were in operation during the year. Officers were elected from club members, and the clubs operated as formerly under the leadership of certain health visitors who share the responsibility for the clubs. All meetings were held in the evenings.



### REGENT AND ORDSALL (COMBINED) MOTHERS CLUB.

Fortnightly meetings were held at the Landseer Street Infant Welfare Centre, with an average of 25 members attending each meeting. This was a lower average attendance than in 1959, mainly due to the rehousing of families to areas further afield.

*Group activities included :*

1. HEALTH EDUCATION. Talks and filmstrips relating to :
  - (a) The work of the Probation Office.
  - (b) Fire prevention in the home.
  - (c) The work of the Marriage Guidance Council.
  - (d) Problems of adolescence.
  - (e) Prophylaxis.
  - (f) Tuberculosis.
  - (g) Infectious diseases.
  - (h) First Aid in the home.
2. FILMS.
  - (a) British Railways.
  - (b) Frozen foods.
  - (c) Reinforced bread.
  - (d) Mineral fat for cooking.
3. DEMONSTRATIONS.
  - (a) Cooking.
  - (b) Knitting machine.
  - (c) Jewel-craft.
  - (d) Other handicrafts.
4. SOCIAL ACTIVITIES.
  - (a) Beetle Drive.
  - (b) Jumble Sale.
  - (c) Children's Christmas Party.
  - (d) Mothers' Evening Drive and Dinner.
  - (e) Mothers' Christmas Show and Party.

Knitting, sewing and make-do and mend were carried on at most meetings, and informal discussion on varying topics was often provocative and always lively.

Club meetings also provided an opportunity for private consultation with the health visitor, who was always available to mothers wishing to discuss personal and family problems.

### Immunisation

In addition to the special immunisation clinics to which children were invited, equipment was provided (including that for smallpox vaccination) at every child welfare session held throughout the year. Both mothers and children were offered appropriate protection as were all school children. Of the many thousands of injections recorded during the year the majority were given by health visitors and clinic nurses.

With the advent of the disposable syringe—its use was adopted by the department during the year—equipment is much lighter and less cumbersome to carry. Health visitors carried a minimum of equipment during all home visiting sessions, and offered on-the-spot immunisation to any unimmunised baby seen during the course of their ordinary work. Defaulters from immuni-

sation clinics were also referred to health visitors, but as these were often quite numerous, home visits exclusively for the purpose of offering domiciliary immunisation were passed on by the health visitors to the clinic nurses (State Registered Nurses) who assist them. The health visitors were, therefore, free to carry out duties more suited to their qualifications.

Special polio vaccination "drives" were organised in the first weeks of May and June. Clinics were held each evening and lunch times and on Saturday mornings during those two weeks at the four main centres: Langworthy, Police Street, Murray Street and Regent Road.

In addition the Mobile Clinic toured specific parts of the city one day in each week, as well as Saturday mornings and every evening.

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

### Statistics.

A statistical summary of visits paid and clinics attended by all members of the Health Visiting Section, *viz.*, health visitors, clinic nurses and hygiene attendants, is given below:—

#### HEALTH VISITORS AND CLINIC NURSES.

| <i>Type of Visits.</i>                      | <i>Access.</i> | <i>No Access.</i> |
|---------------------------------------------|----------------|-------------------|
| First visits—children 0-1 year ... ..       | 2,782          | 933               |
| Subsequent visits—children 0-1 year ... ..  | 9,832          | 2,116             |
| Visits to children 1-2 years ... ..         | 5,009          | 831               |
| "    "    "    2-5    "    ... ..           | 11,795         | 2,081             |
| First visits—ante-natal mothers ... ..      | 555            | 44                |
| Subsequent visits—ante-natal mothers ... .. | 288            | 31                |
| Tuberculosis visits ... ..                  | 1,150          | 397               |
| First visits—aged persons ... ..            | 1,191          | 108               |
| Subsequent visits—aged persons ... ..       | 4,914          | 438               |
| Visits <i>re</i> B.C.G. ... ..              | 31             | 8                 |
| "    "    mental health ... ..              | 101            | 9                 |
| "    "    Diphtheria Immunisation ... ..    | 4,715          | 2,035             |
| Miscellaneous visits ... ..                 | 7,623          | 1,086             |
| <b>TOTAL</b> ... ..                         | <b>49,986</b>  | <b>10,117</b>     |
|                                             | (43,332)       | (8,085)           |
| <b>GRAND TOTAL</b> number of visits ... ..  | <b>60,103</b>  | <b>(51,417)</b>   |

(Bracketed numbers denote figures for 1959).

#### CLINICS—PUBLIC HEALTH CLINIC SESSIONS.

|                      | <i>Health Visitors.</i> | <i>Clinic Nurses.</i> |
|----------------------|-------------------------|-----------------------|
| Full Sessions ... .. | 2,076                   | 697                   |
| Part Sessions ... .. | 360                     | 49                    |

#### HYGIENE ATTENDANTS.

##### (a) HOME VISITS.

|                                      |              |
|--------------------------------------|--------------|
| For treatment of scabies ... ..      | 11           |
| Aged and infirm—bathing ... ..       | 1,330        |
| "    "    "    —foot hygiene ... ..  | 1,997        |
| "    "    "    —miscellaneous ... .. | 1,019        |
| Miscellaneous general ... ..         | 55           |
| <b>TOTAL</b> ... ..                  | <b>4,412</b> |
| No access visits ... ..              | 636          |
| <b>GRAND TOTAL</b> ... ..            | <b>5,048</b> |



## (b) CLINIC SESSIONS.

|                                                    |              |
|----------------------------------------------------|--------------|
| Ante-natal ... ..                                  | 39           |
| Infant welfare ... ..                              | 288          |
| Mothers' Day Training Centre ... ..                | 288          |
| Minor Ailments School Clinic ... ..                | 853          |
| Mobile School Clinic ... ..                        | 277          |
| Chiropody—school children ... ..                   | 317          |
| „ —aged ... ..                                     | 234 (338)    |
| Scabies ... ..                                     | 10           |
| Eye Clinic ... ..                                  | 411          |
| Medical examination ... ..                         | 69           |
| Camp and miscellaneous sessions ... ..             | 76           |
| Cleansing sessions (children cleansed, 206) ... .. | 11           |
| <b>TOTAL</b> ... ..                                | <b>2,873</b> |

## (c) SCHOOL SESSIONS (in collaboration with health visitors).

|                                   |            |
|-----------------------------------|------------|
| Annual survey ... ..              | 40         |
| Vision testing ... ..             | 50         |
| Hygiene inspections ... ..        | 67         |
| Re-inspections ... ..             | 15         |
| School medical inspections ... .. | 19         |
| Short visits to schools ... ..    | 43         |
| Immunisation in schools ... ..    | 183        |
| <b>TOTAL</b> ... ..               | <b>417</b> |

## (d) SYRINGE SERVICE.

|                       |     |
|-----------------------|-----|
| Sessions spent ... .. | 513 |
|-----------------------|-----|

## HOME NURSING SERVICE

The staff and myself have welcomed Miss Thistlethwaite, who has been appointed Superintendent of the Home Nursing Service. We look forward to much development in this service following the plans which have been already made. There is no doubt we must help the people of Salford more by the provision of evening visits, by increasing and improving the amount of nursing equipment on loan and by a greater provision of auxiliaries to help the nurses in their work. We have a big problem with the size and the difficulty of nursing the large number of old folk and this is keenly appreciated by myself and by every member of the staff of the Health Department.

Great staffing difficulties occurred during the year, to quote one example : five Queen's Nurses left and only two were appointed, and the number of old folk is steadily increasing both actually and relatively to the rest of the population. The problems, and the opportunities inherent in these problems, are appreciated and are being tackled with courage and with the able and devoted efforts of the district nurse.

## District Nurse Training.

The Minister of Health has approved the Queen's Institute Course of District Nurse Training to be held at the Salford Training Centre, which he has duly recognised.

Four student district nurses entered for training and were successful in the examination for the Queen's District Nurses Roll.

|                                                |     |     |     |     |           |         |
|------------------------------------------------|-----|-----|-----|-----|-----------|---------|
| Number of patients on books, 1st January, 1960 | ... | ... | ... | ... | ...       | 357     |
| " " new patients during 1960                   | ... | ... | ... | ... | ...       | 1,726   |
| TOTAL                                          |     |     |     |     |           | 2,083   |
| Number of patients taken off books during 1960 | ... | ... | ... | ... | ...       | 1,700   |
| " " " on books, 31st December, 1960            | ... | ... | ... | ... | ...       | 383     |
| TOTAL                                          |     |     |     |     |           | 2,083   |
| Total visits during 1960                       |     |     |     |     |           | 44,524  |
| SOURCE OF CASES.                               |     |     |     |     |           |         |
| General Practitioners                          | ... | ... | ... | ... | ...       | 1,307   |
| Hospitals                                      | ... | ... | ... | ... | ...       | 373     |
| Personal Applications                          | ... | ... | ... | ... | ...       | 40      |
| Maternity and Child Welfare                    | ... | ... | ... | ... | ...       | 6       |
| TOTAL                                          |     |     |     |     |           | 1,726   |
| RESULTS OF NURSING CARE.                       |     |     |     |     |           |         |
| Patients recovered                             | ... | ... | ... | ... | ...       | 755     |
| " transferred to hospital                      | ... | ... | ... | ... | ...       | 233     |
| " died                                         | ... | ... | ... | ... | ...       | 179     |
| " removed for other reasons                    | ... | ... | ... | ... | ...       | 533     |
| " remaining on books                           | ... | ... | ... | ... | ...       | 383     |
| TOTAL                                          |     |     |     |     |           | 2,083   |
| CLASSIFICATION OF CASES AND VISITS.            |     |     |     |     |           |         |
| Medical                                        | ... | ... | ... | ... | Cases.    | Visits. |
| Surgical                                       | ... | ... | ... | ... | 1,555     | 36,220  |
| Tuberculosis                                   | ... | ... | ... | ... | 174       | 5,126   |
| Maternal complication                          | ... | ... | ... | ... | 56        | 2,812   |
| Preparation for diagnostic investigation       | ... | ... | ... | ... | 6         | 32      |
|                                                | ... | ... | ... | ... | 292       | 334     |
| TOTALS                                         |     |     |     |     | 2,083     | 44,524  |
| CLASSIFICATION OF AGE GROUPS.                  |     |     |     |     |           |         |
| Ages.                                          |     |     |     |     | Patients. | Visits. |
| 0-4 years                                      | ... | ... | ... | ... | 72        | 420     |
| 5-64 "                                         | ... | ... | ... | ... | 1,042     | 18,738  |
| Over 65 years                                  | ... | ... | ... | ... | 969       | 25,366  |
| TOTALS                                         |     |     |     |     | 2,083     | 44,524  |

The demand on the Home Nursing Service has been less heavy during the year 1960 : 2,083 patients were nursed as compared with 2,445 in 1959. This fact is largely accounted for by changing patterns of treatment ; the number of injections given is still declining—a trend already observed during the previous year.

A remarkably high proportion of the total visits were made to patients over the age of sixty-five years, *i.e.*, 25,366 out of a total of 44,524 visits. As many of these visits are for general nursing care they make a considerable demand on the nurses' time—time well spent for it helps the old people to remain in their own familiar surroundings amongst relatives and friends.

I cannot help feeling that the number of young children nursed in their own homes ought to be higher. Many children now sent to hospital could be spared the unhappiness of separation from the mother. There must be many more Salford mothers who would be willing to care for their own children even in serious illness if they could have the help and guidance of a trained nurse.



## 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 1960 — 28.

| (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 ... ..                                                                                        | 10                  | 3        | Nil                     | 9      |
| (b) Treatment—                                                                                                 |                     |          |                         |        |
| Medical ... ..                                                                                                 | 1                   | 2        | Nil                     | 3      |
| Surgical ... ..                                                                                                | ...                 | ...      | Nil                     | ...    |
| Optical ... ..                                                                                                 | ...                 | ...      | Nil                     | ...    |
| (ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment.                     | 1                   | 2        | ...                     | 3      |

### A2. FOLLOW-UP OF REGISTERED PARTIALLY SIGHTED PERSONS.

Total number of cases registered during 1960 — 46.

| (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 ... ..                                                                                        | 5                   | 2        | Nil                     | 5      |
| (b) Treatment—                                                                                                 |                     |          |                         |        |
| Medical ... ..                                                                                                 | 2                   | 2        | Nil                     | 6      |
| Surgical ... ..                                                                                                | 3                   | ...      | Nil                     | ...    |
| Optical ... ..                                                                                                 | 6                   | ...      | Nil                     | 15     |
| (ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment.                     | 6                   | 2        | ...                     | 20     |

### B. OPTHALMIA 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

## HOME HELP SERVICE

During 1960 the weekly case load remained between 1,000 and 1,100. The number of part-time helps employed varied between 275 and 285, most of them worked from 15 to 20 hours and were responsible for three or four cases each week.

The bare statement of figures, however, gives little indication to the real extent of the work accomplished or the amount of service and comfort generated by the part-time employment of these 280 women. Some of the helps, it is true, do more or less the work they are paid for and take little further interest in their cases, but the majority have a great sense of responsibility for the people they serve, especially for the elderly, and it would seem fitting that their efforts should be mentioned.

The few hours per week which are allotted to most of our cases are sufficient only for the heavy cleaning required in most of the houses. Washing, changing curtains (a frequent operation in Salford), cleaning cupboards and paintwork, not to mention the odd bits of paperhanging and distempering, are "extras" which are often done in the help's own time. Sometimes a help's husband is lured into action: often a bed is moved downstairs for the winter into the warmth of the living-room; the home help's baking day may include a pie for an old man's dinner, or a few scones for an old lady's tea, and mince-pies and cakes circulate very freely at Christmas time. One hears of an old person being invited to parties and weddings in the home help's family: of children sent along "to do the errands" or take Sunday dinner, and of old people looking in at the help's television. All these are little things but in total they make a valuable contribution to the community's care of the elderly.

The preventive aspect of the work, though it cannot be assessed in numbers or in cash, must be of some value. Two cases noted recently illustrate this:—

A husband and wife have been helped since 1950. The husband died recently in his 89th year. He and his wife have lived happily and comfortably in their own home almost without incident: no hospital treatment required, no admission to old people's home, no home nursing and little more than supervisory medical attention.

The same applies to another old man who lived until he was ninety. He lived alone and had a home help for nine years. He was quite happy and contented, a keen member of a veteran's bowling club. Like the first case he required no help other than his home help.

Perhaps the significant fact is that, in each case, the same home help attended throughout the years. Old people dislike changes, they become unduly worried about uncertainties, and worried people, young or old, become unhappy and sick.

Special efforts have been made to assist families referred by the mental health and specialist health visitor. No spectacular results can be expected here and none is claimed. Nevertheless, the total amount of help given must have been of considerable assistance both to the families and to the officers engaged in this difficult and apparently unrewarding work.









## MENTAL HEALTH SERVICE

The Annual Reports for 1957, 1958 and 1959 taken together examined the structure, the operation and the goals of the Salford Mental Health Service. In this report we describe some of our efforts to remedy old weaknesses and to begin new ventures. The problems of development will again be considered under the three heads of Co-ordination of Psychiatric Services, Staff Training, and Institutions for the Support of Patients in the Community. In addition, we study the operation of the service, although on this occasion in less detail and keeping mainly to the statistics of mental subnormality. (Appendixes I to XIII.)

A research grant from the *Nuffield Provincial Hospitals Trust* has enabled the service greatly to improve its statistical evaluation of the service and its research. Thus, statistics on mental illness are to be handled by the Manchester University electronic computer. Unfortunately, the changeover is not far enough ahead at the time of writing to enable us to analyse the figures.

### I. CO-ORDINATION OF PSYCHIATRIC SERVICES

Three main recommendations on co-ordination were made in the 1959 report. *First*, co-ordination of specialist services could be improved by appointing psychiatric consultants jointly to the mental hospital and to the general hospital out-patient unit. *Second*, in order to make their part in after-care effective, mental health workers, under the guidance of a psychiatrist, should see the patients before they are discharged from hospital and assist with follow-up clinics. *Third*, mental welfare officers might assist psychiatrists at general hospital out-patient clinics. In what follows we shall examine our progress in these matters.

The National Health Service is built on the tripod of general practice, hospitals, and public health authorities. Although these services all strive to meet the medical and health needs of patient and community, their apparent unity of purpose conceals many divergencies. These stem from the different and separate functions developed by the three services over the years and carried out independently of each other. Their present-day functions within the National Health Service have been linked and made complementary, and therefore many individual patients are served by all three. Co-ordination is needed to ensure continuity of care for the patient as he passes from one organisation to another, and to avoid duplication of services and a conflict of interests when more organisations than one provide care for the same patients concurrently.

Our report for 1959 described the discontinuities in the Salford psychiatric services between general practitioners, the mental hospitals, psychiatric out-patient clinics at general hospitals, and mental health services of the local authority. Efforts towards co-ordination by the mental health service have therefore to be made with each organisation in turn and separately.

#### General Practitioners.

We reported last year that the work of mental welfare officers had been based on practices rather than on areas, so that each doctor had a particular officer to call on. The system has improved efficiency and a statistical analysis is in progress to examine the extent of related changes in referrals from general practitioners. Unfortunately, the intention that each worker should send



routine summaries of each episode of patient-care to the practitioner has not been adequately fulfilled. This must be attributed mainly to the order of priority by which mental welfare officers arrange their work. In selecting from the load which faces them, they have given less importance to this communication than to other obligations.

A change occurred in relations between general practitioners and mental welfare officers when the *Mental Health Act*, 1959, came into force in November, 1960. Previously, the decision to arrange the admission of a patient to hospital had often rested with the social worker as duly authorised officer, or devolved upon him. This now became the responsibility of doctors, one of whom was to be by preference the general practitioner. It is too soon to make a firm statement about the effect of the Act on the work of the Mental Health Service. In most cases, when there is a question of hospital admission, doctors have continued to work with the social workers in assessing and providing for social needs. One untoward result has been the use, on occasion, of legal compulsion where it might have been avoided. This is probably a temporary consequence of the unfamiliarity of practitioners with the operation of the new laws. Mental welfare officers for their part appreciate the opportunities for face-to-face meetings with doctors, and for bringing their own expertise to bear together with that of the doctors in reaching agreed solutions. Most practitioners now have the chance to observe the social worker's mode of work, and to work with him; previously a number of practitioners tended not to call in the social worker at all, or when this became necessary to hand over entire responsibility to him.

There is a trend in this sphere of the work towards increased co-operation.

### **Hospital Psychiatric Services.**

The main proposals for co-ordination with Springfield Hospital (which takes nearly all new Salford psychiatric in-patients) have been concerned to obtain continuity of relationships between social worker and patient, and to make full use of the service which social workers can provide for psychiatrists and for patients under their care. Information collected by the social worker before the patient's admission can be useful to the psychiatrist who knows how to evaluate it; the uncertainties of this evaluation can be reduced by making the information objective, by trying to standardise subjective judgments of the social worker and by knowledge of his quality and personality. During the course of the patient's stay in hospital, the social worker can keep the psychiatrist posted on the situation in the patient's home and deal with social problems which might otherwise go unrecognised. After the patient leaves hospital he can ensure a low default rate in follow-up clinics, report on conditions in the home and assist in the patient's resettlement. In order to make use of these services, however, the hospital staff must first recognise that the social worker has a place in work with patients who are admitted, allow him entry to the ward so that he can continue his relationship with the patient, and guide him in the management of the family and of the patient after leaving the hospital.

The simplicity of this programme is deceptive, and only a small part of it has become effective. On the patient's admission the hospital has received a brief history from the mental welfare officer; during admission he does not keep contact with the patient, apart from indirect reports he may obtain at a monthly meeting held with the hospital psychiatric social worker; finally, under the new regulations, discharges can no longer be notified routinely



for after-care to mental health services, and referrals are few and have fluctuated between about 10% and 15%.

Co-ordination has improved in other ways, however, and hospital psychiatrists have been able to make an increasing contribution to the work of the mental health service outside the hospital. For some years now the Physician Superintendent at Springfield Hospital (Dr. R. A. Blair) has given a weekly session to the Cleveland Day Centre for Women. Despite heavy commitments, Dr. Blair later accepted the post of Honorary Consultant Psychiatrist to Salford City Health Department, and in 1959 he began to attend the weekly discussion held by the medical officer for mental health with mental welfare officers. This meeting is a means of training in casework and research, and a channel of communication through which policy can be transmitted from above, or modified from below.

The attendance of the superintendent of the mental hospital has helped to clarify the difficulties in the way of co-ordination. Some of these relate to the way each institution sees its place in providing a service, some to overlapping interest, and some to the complexity of the organisations themselves.

Mental health services throughout the country are struggling to take up the more favoured position recently allotted them by national policy. This means that their position in relation to other branches of the service is strengthened, but many factors impede them. Their doctors, social workers and other staff generally lack training and experience in what is now required of them. Indeed, they must remain uncertain as to the efficacy of their work and the principles of community care until there has been much experiment and trial. Not unnaturally, many psychiatrists and general practitioners have not recognised that social workers and the local health authority may have something to contribute to medicine and psychiatry; some may even be hostile to work which seems to obtrude on their own province. These attitudes are related to the fact that social workers inherit, from the Poor Law Relieving Officer and the Duly Authorised Officer, a stereotype which is at variance with their present-day work. Our annual reports of the past three years have documented the evolution of the mental welfare officer, from an official acting personal relationships to provide and arrange support. In this he carries out essential functions, many of which, in the past, were the duty of kin.

The Younghusband Report is the herald of a professional charter for this work, and the new laws confirm it, but in some ways they add to the insecurities of the mental welfare officer, who feels that he is losing a well-established position. Previously he had a statutory part to fulfil in nearly all admissions. Now the admission of patients to mental hospitals can be arranged directly between practitioners and mental hospitals. Although this procedure promotes co-operation and contact between general practitioners and psychiatrists, not surprisingly it sometimes by-passes the mental welfare officer. A similar result followed the abolition of routine referrals for after-care from hospitals to the mental health service. Mental welfare officers are unlikely to feel themselves secure in their new work until they achieve the acceptance of the longer established branches of the National Health Service. This position is not altered by the fact that work carried out independently of the other branches of the service is sufficient to occupy them.

The mental health service, therefore, strives to gain the co-operation of mental hospitals and practitioners for its own purposes of survival and development, as well as for the sake of its patients. Reluctance on the part of the



mental hospital to enter into joint schemes is sometimes interpreted more readily by members of the mental health service in terms of hostility towards its work than in terms of the internal problems and the therapeutic aims of the hospital. Exclusion from the hospital tends to be taken as a rebuff made more acute when the hospital staff do not comprehend the problems of work outside the hospitals. For instance, the criteria of urgency applied by a social worker confronted with a domestic situation are quite different from those applied by a mental nurse confronted with an assembly of patients on the ward.

The mental hospital as a therapeutic institution has also to contend with a stereotype image, as well as some actual survivals of its past. This stereotype is of a place for the long-term custody and restraint of dangerous persons, a place, therefore, to be feared, stigmatised and isolated, a closed organisation with a rigid hierarchy from the superintendent at the top to the patients at the bottom. The new Mental Health Act, although based on developments worked out in mental hospitals, is in some respects a criticism of this past, and has accelerated changes towards an active therapeutic approach to mental illness. Rapid change and experiment invariably leads to uncertainties and anxieties, and the mental hospitals have additional problems. One effective response of the hospitals to modern developments has been the concept of the therapeutic community. Many psychiatrists believe that for this purpose the milieu of the hospital should be controlled and that therapeutic relationships with the patients should be under the ultimate guidance of a single psychiatrist.

Some of the new trends in policy, however, conflict with these views. Thus, the intervention of local health authority doctors, social workers, and resettlement units brings about new relationships for the patient, and these can interfere with the control exercised by the psychiatrist and with therapeutic support. The new laws cut across the old self-sufficiency and isolation of the mental hospital and shift the balance of power and responsibility in psychiatric services. The Act requires that local authorities shall provide facilities for the care of psychiatric patients, and where this has been anticipated, as in Salford, the local authority may have a medical officer for mental health, mental welfare officers, day centres and therapeutic clubs. Parallel institutions may exist or develop in the mental hospital, and an active local authority may thus appear to duplicate or even usurp functions of the hospital. Both the superintendent and the medical officer of mental health administer psychiatric services in the same locale; psychiatric social workers in the hospital carry out duties of a similar kind to mental welfare officers, and on the same patients; day centres and therapeutic clubs in the hospital share methods and aims and even patients with those outside. At every level the overlap of interest must be reconciled. The hospital with a large catchment area may have to deal with a number of local health authorities, and the number of reconciliations must be multiplied by the number of authorities, because each must be dealt with separately.

Moreover, the avowed Ministry policy of "winding up" old mental hospitals, and transferring their work to smaller units based on general hospitals, creates anxiety that the mental hospitals may be forced to return to the old work of keeping chronic patients in custody with a skeleton staff. This is a further stimulus to the progressive mental hospital to protect its future by developing a self-sufficiency of services. All this interferes with the possibility of achieving a uniformity of aim between mental hospitals and mental health services.



### **Out-patient Clinics.**

Out-patient clinics in Salford are held at the two general hospitals, Salford Royal and Hope, and are independent of the main hospital. The consultant has sixteen beds in a medical ward at Hope Hospital. A part-time psychiatric social worker has been available at Salford Royal only and therefore psychiatrists have had to call on almoners and indirectly on the mental health services to help with social work. As foreshadowed in last year's report, in July a mental welfare officer took up duties at an out-patient clinic. This was intended as a first step towards providing social workers from the mental health service for all the out-patient clinics, and thus unifying some of the work on the two services. However, within a few weeks the mental welfare officer had to withdraw, for objections had been raised by the almoners and the psychiatric social workers. These were based on the fact that the mental welfare officer possessed no formal professional qualifications apart from nursing and mental nursing certificates, that he was assuming duties which the professional workers normally carried out, and that in some cases he seemed to be usurping their authority.

All professions try to establish a monopoly in their work, in return for a guarantee of high standards of service, ensured by qualifications and professional rules. The entry of an unqualified worker into the field was thus a provocation. This failure was not inevitable. It occurred because the ground had not been adequately prepared by the medical officer for mental health and the psychiatrist after they had made the plan; the role of each social worker should have been clearly defined before the mental welfare officer took up his duties. Much work followed with the social workers concerned and with their professional associations to repair the damage, and we hope that the psychiatric unit will soon be able to resume the arrangement. Thus, at the time of writing, mental welfare officers have begun to carry out research interviews in collaboration with the out-patient clinic.

### **The Regional Hospital Board.**

Other developments during 1960 were more encouraging. The Regional Hospital Board formulated a policy which was in close accord with that of the Local Health Authority for the mental health services. At a meeting with representatives of the local authority and the management committee of Hope and Salford Royal Hospitals, Regional Hospital Board representatives agreed to work for the appointment of a new consultant psychiatrist in Salford who should have sessions both in the out-patient clinic and in Springfield Hospital. Now, in 1961, this has been achieved. In addition, the consultant establishment at Springfield Hospital has been increased from one to four. Consequently, the service provided can be much improved, and general practitioners and mental welfare officers have been able to make increasing use of domiciliary consultations by psychiatrists. Patients, social workers and doctors should all gain from this.

The new situation should help us to solve some of the problems of co-ordination in Salford. Each psychiatrist might be able to give his main attention to a particular area, without interfering with the free choice of consultants. This would be more easily done if it proved possible to adopt in Springfield Hospital the firm system used in general hospitals.

We would hope that the psychiatrists who took in Salford patients might take over the direction of clinical psychiatry on the mental health service.



This work, for instance the surveillance of day centres and hostels, and consultations with mental welfare officers, has up to now been done by the medical officer for mental health and his medical staff, although they were not professional psychiatrists and were without many facilities for clinical work. In the new circumstances the medical officer for mental health might be more properly concerned with the business of medical administration and epidemiology. Such arrangements, when taken together with the background of systematic statistics now available in Salford, should provide the conditions for a rich collaboration in service and research.

### **Mental Deficiency Hospitals.**

Co-ordination between mental deficiency hospitals and mental health services hardly arises as a practical question. These hospitals are so far away from Salford, and each deals with so many local authorities, that for all the goodwill of staff on both sides, little active co-operation is possible.

The size, the construction, the site and the available facilities in mental deficiency hospitals seem to impede the application of new methods and new policies in the management of the subnormal. The only obvious solutions are radical ones ; some of these are discussed later under the heading of "Hostels."

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This analysis suggests that co-ordination is more than a matter of administrative efficiency. While the branches of the National Health Service might agree on broad ends they work towards these ends by different means, and they tend to see their own objectives and functions as primary and self-sufficient. Each has a specialised staff with its own type of training and a structure which imposes a special pattern of relations within the organisation, with patients, and with other organisations. In each case these features have been built into a tradition and a set of attitudes which are shared by members of staff. These relatively closed systems limit experience and understanding of the work of other institutions, and may even blind staff to the special needs of patients served by those institutions. Consequently, the work of other branches of the services in fields of common interest is sometimes needlessly duplicated or perceived as competitive. Difficulties are increased by changes in the functions of the institutions and professions involved. Unaware of the nature of their new functions they may resist them as alien to tradition, and they may fail to understand the new role which another institution or profession has assumed.

From the point of view of the local authority mental health services, therefore, a main problem in co-ordination is to gain recognition by hospitals and practitioners for the professional work of mental welfare officers, and for the work of public health authorities in providing facilities for the community support of mental patients in Salford. Happily, painstaking analysis of problems is bringing them near to solution.

## **II. TRAINING AND STAFF**

The question of staff training continues to be a pre-occupation of the mental health service because we are building new institutions and using untried methods, and no reservoir of persons experienced or trained in community mental health work exists.



**Mental Welfare Officers** are selected as far as possible from candidates who have had some theoretical training in social work and are appointed as trainees. The main basis of training is the weekly group discussion attended by mental welfare officers, doctors on the service, and the Superintendent of Springfield Mental Hospital. A mental welfare officer has been accepted on the Manchester University Mental Health Course, and on his return he will take up the post of senior case worker. Mental welfare officers could not join teaching ward-rounds and clinics in Salford general hospitals as planned, because the psychiatric unit was short-handed.

For the past three years the Mental Health Service has been fortunate in the relative stability of its staff, and it now has a core of trained and experienced mental welfare officers. This stability, on which the efficiency of the work depends, is threatened by the heavy demand for trained workers from other local health authorities who are now trying to build up mental health services. A serious loss during 1960 was that of the Senior Mental Welfare Officer (Mr. J. H. Hope) who had held the post for six years and who developed many new services.

*To avert losses, conditions of service in Salford will need to keep pace with those elsewhere.*

**Supervisors of Training Centres for the Subnormal** also attend a fortnightly group discussion recently started under the chairmanship of a doctor on the service. Our consultant psychologist (Dr. E. A. Lunzer) has assisted in this, and so also has the remedial teacher (Mrs. I. Hulme) who was appointed at the end of the year. This teacher will demonstrate nursery school methods to the supervisors in the junior centres, as well as teach reading, writing and reckoning in the senior centres. It is also intended that the supervisors of the junior centres will attend courses and lectures for nursery school teachers.

### III. INSTITUTIONS FOR COMMUNITY SUPPORT

In Salford the basis is now laid for an effective programme of community support. Within a short period several new institutions have been set up and radical changes have been made in existing ones. Much credit is due to the staff of the mental health service; as a body they have responded to experiment and innovation with vigour, resilience and altruism.

*Accommodation has now become a major limiting factor in all aspects of training, resettlement and sheltered work.*

The building of a new comprehensive centre to accommodate all severely subnormal patients will much improve the situation. Plans now hampered by lack of space could then be carried out. For instance, many patients with difficulties of adjustment to work following physical as well as mental illness can be helped. We would regard this as a proper task for our training centres for the difficulties are social and psychological. It should also be easier to meet the needs of the aged for an occupation centre. Old people have had little special attention from the mental health service. In part this is the result of poor co-ordination between local authority services. More could be done with the home help service, health visitors, the mental health service and the welfare services working together and canalising their activities. This co-operation in providing social services should be based on skilled social and clinical



assessment. Responsibility for this should rest with an individual who can draw together all the strands of information.

### **Training Centres for the Subnormal.**

At present there are four separate centres, each catering for a special class of patient.

**Broughton Junior Centre** takes the youngest and most severely handicapped children. One class comprises 11 children in the age range 3 to 12, with an average daily attendance of 9. There is also a *special care unit* comprising 18 children aged 2 to 11, who require special attention because of severe physical or emotional disorders; for instance, those who are partially paralysed or immobile. The average daily attendance is 14. This unit has relieved mothers of a heavy burden of nursing. The full success of the experiment has been hindered by lack of space and of trained staff. We place a heavy responsibility on women who are untrained, the more so as the supervisor who directs them had had no previous experience in such work. However, the risks seem well justified by the distinct improvement in several of the children.

The needs of very young children whose main problem is retarded development are probably best met in day nurseries or nursery schools. Their problems are developmental and of the same type as those of other young children, and of the stimulus of social intercourse with normal children can help to accelerate development. Furthermore, the morale of parents is sustained by the acceptance of their children, if only for a period, in groups of normal children. We hope in 1961 to make transfers to day nurseries, and to make new admissions directly to them.

**Seedley Junior Centre** takes children more advanced in development, for instance those who have learned continence and who are judged to be amenable socially. There are 33 children in the Centre in the age range 7 to 15, with an average daily attendance of 26. Salford Corporation paid for a bus to transport the children and this has helped to swell attendance: 85% of subnormal children aged 5 to 14 on the register and living at home now attend centres as compared with 65% in 1959. Corporation Transport has had an untoward effect in diminishing contact between centre supervisors and parents, and it rests with the social workers to try to remedy this.

**The Crescent Centre** was started as a centre for subnormal females of 15 years and older. Thirty-five patients were on the register at the end of 1960, with an average daily attendance of 30. They are given social and domestic training and also operate a laundry.

Four women were discharged during 1960. Three had been unemployed for 3 to 4 years, and a fourth for 17 years (Appendix XII). Average duration of attendance at the centre before taking up work was about 16 months. Three went to outside firms, one to domestic duties at home, and all are still employed.

There are, in addition, 14 men and boys, with an average daily attendance, of 9, who were brought to the Crescent Centre because they did not adapt well to the Industrial Centre at Broad Street. Social behaviour at the Crescent Centre seems to benefit from this mixing of the sexes. We hope to develop the productive work in this centre to balance its excellent achievements in social and domestic training.



**Broad Street Centre** caters for boys and men, all of whom are engaged in some productive work such as light assembly, woodwork or making paper bags and wood pattresses. Most of this is done by contract for outside firms. This centre caters for 26 subnormal patients with an average daily attendance of 22, and 17 patients who have suffered from mental illness with an average daily attendance of 9.

Eight Broad Street patients went into normal employment during the year, a most encouraging result achieved only by careful work on the part of the centre staff. Five were subnormal and two had been mentally ill. The turnover is even higher than at the Crescent. Six had been unemployed for periods of six months to 17 years, and the seventh had been excluded from school and progressed through the Training Centres for the subnormal (Appendix XII). Average duration of attendance on going into employment was 10 months. All but two have retained their jobs for more than a year at the time of writing. The man who was unemployed for 17 years was promoted from assistant storeman to storeman. A balanced training for patients requires that the pressures of industrial production are reconciled with their educational, social, and emotional needs, and it is these latter which require more emphasis at Broad Street Centre. The achievement of these aims depends on the capacity, the orientation and the training of teachers and supervisors.

#### **Therapeutic Day Centre for Women.**

Dr. R. A. Blair has made the following report :—

This centre, with which I have been associated since its beginnings in November, 1954, has grown steadily over the years. Although at first the centre was open only on the week-day afternoons, at first it proved of use both in the after-care of patients discharged from hospital and in the support of others who were receiving out-patient treatment. It gradually became apparent that something more was needed and, since August, 1957, it has been open morning and afternoon. Throughout its life it has had to conduct its various and growing activities in one none-too-large room. The psychiatrist has attended once weekly. The extent to which he could carry on personal or group psychotherapy was thus limited and no great attempt was made to initiate such procedures. In a number of cases, however, individual therapy at some depth was attempted with success or, at least, with reasonable response. At times of crises, and in the development of such a unit there are always crises, group techniques were used in an attempt to bring people's grumbles or misconceptions out into the open and have them discussed by all concerned. The patients at Cleveland have always been a mixed group and it was therefore difficult, particularly with the lack of alternative accommodation, to have selective groups for formal Group Therapy.

From the beginning it was our policy to have as few fixed plans or conceptions as possible but rather to let the Centre develop along whatever lines seemed best, or seemed necessary, according to the particular character, of the patients attending or of the talents of the individual workers who from time to time have supervised and taken an active part in the functioning of the Centre. I feel it is important to maintain a high degree of flexibility in the arrangements for the attendance of individual patients and the duration of their attachment to the Centre.

For some time I have been increasingly conscious of the limitations imposed on this Centre by the lack of adequate consultant supervision and



the lack of space in which to develop and expand its activities. I hope that, when a new consultant is actively engaged in his general hospital work in Salford and with his beds at Springfield Hospital, he will find it possible to take over the clinical handling of this Unit and give it more attention ; at the same time, I hope that this will enable me to be more of assistance to the Mental Health Department in other spheres of its work.

The close association of the medical administrator of the major mental hospital serving Salford (who is also in active clinical practice) is essential to the development of that co-ordination in services for the mentally ill to which the bulk of this report is devoted.

| Date        | Numbers on Register | Average Weekly Attendance |
|-------------|---------------------|---------------------------|
| 1955 ... .. | 15                  | 27                        |
| 1956 ... .. | 12                  | 30                        |
| 1957 ... .. | 13                  | 37                        |
| 1958 ... .. | 16                  | 50                        |
| 1959 ... .. | 17                  | 52                        |
| 1960 ... .. | 17                  | 53                        |

#### **Therapeutic Social Club.**

At the 1960 Annual General Meeting of the members of the club a constitution was adopted and the club was re-named after the Stepping Stones Club, in Bromley, Kent. The constitution defined the aims of the club and its relationship to the Health Department, established officers and rules, and instituted a membership fee of one shilling a year. The new policy owed much to the advice and inspiration of Dr. Elizabeth Tylden of Bromley General Hospital.

Since August, 1959, the club has been run by a committee elected from among the club members. No members of the mental health service sat on the first committee and only one on the second in 1960. The staff may attend all committee meetings but they have no voting rights unless elected.

Because of the increase in attendance which followed these changes it was decided to open the club on a second night each week (Appendix XIII). The club now meets every Tuesday and Thursday evening from 7.30 to 10 p.m.

Attendance averaged 24 on Tuesdays and 11 on Thursdays, compared with averages of 10 to 20 in previous years. Attendance in summer is lower than in winter. During the eighteen months under review the club was attended by 188 people, of whom 42 attended more than ten times and some as many as 80. Half of the 188 attended only once or twice ; the remaining quarter attended between three and ten times.

The club meets at the Seedley Training Centre. The organisation of all activities is in the hands of the elected committee, and during their period of office the activities have become more diverse. They receive new members, draw up programmes (which have included beetle drives, bingo evenings, coach trips to Southport and Blackpool), arrange for dance music, invite voluntary groups of entertainers, and see to the routine concerned with equipment, teas and the collections of money.



The Health Department provides premises and equipment. A doctor and a mental welfare officer attend the club meetings in their capacity as members; they also interview patients who cannot attend during the day and club members who wish to discuss their problems.

Most members are undergoing treatment for psychiatric illness or have undergone treatment. Friends or relatives are encouraged to attend club evenings and to become members. Other people interested in the club, such as members of the Manchester and Salford Association for Mental Health, have also joined during the last year. These new members have been a great help and have added to the diversity of club interests and activities.

Mrs. A. L. Jones gives dancing classes once a month.

There is little doubt that the main factor in the growth of the club has been the stimulus of independence. This has enabled members to take an active part in all the affairs of the club, and we conceive of this activity as healthy not only for the club but for its individual members. However, we need to understand more clearly the part played by social clubs in the therapeutic programme of a community mental health service. The club doctor, Dr. A. Kushlick, together with Dr. R. Frankenburg, a sociologist, and Dr. Joyce Leeson, of the Department of Social and Preventive Medicine, Manchester University, are studying the ways in which the club is able to help its members.

In the Annual Report of the Medical Officer of Health for 1951 it was suggested that the social club should be developed into a psychiatric day-hospital which could include out-patient facilities and a social club. Since then the day centre for women has been started at Cleveland House and the club has continued to operate at the Seedley Centre. An integrated unit could now be created by bringing these two services together in suitable premises. The Manchester Regional Hospital Board and the Hospital Management Committee of Hope and Salford Royal Hospitals have accepted the principle of providing psychiatric help for mental health service undertakings, although this has awaited an increase in the number of psychiatrists. The opportunity therefore exists for developing an integrated day hospital and social club on the model of the psychiatric unit at Bromley General Hospital; this will be considered in future years.

#### **Social Club for the Subnormal.**

In May, 1960, a club for subnormal persons was opened, largely as a result of the work of Mr. J. H. Hope, then Senior Mental Welfare Officer, and a number of parents. The Club meets once weekly at the Crescent Training Centre, and the activities are arranged by a committee of parents and the centre staff (Mrs. Morris, Mrs. Roberts and Mr. Robertson). Besides providing for the entertainment and social development of subnormal patients, the club serves as a focus for the activities of parents and as a link between themselves and with the mental health service.

Some of the most effective mental health work among subnormal's can be done through links with parents and between parents, and for this reason, amongst others, we applaud the increasing strength of the *Salford Society for Mentally Handicapped Children*. The Mental Health Service arranged talks to the Society by speakers from the University and the Health Department, and the society paid towards the Social Club and towards holidays and outings for subnormal patients.



## Hostels.

The Crescent Hostel was opened in July, 1960. The building had previously been a residence for twenty district nurses, but at the opening only ten places were ready for occupation by patients. The hostel was meant to provide a substitute home for hospital patients and others who had suffered from mental illness, and for young people who were marginally subnormal but who within a few years could be expected to attain intellectual maturity and social independence.

However, the greatest immediate pressure for places came from another class of patients. In the old terminology they would have been described as high-grade imbeciles, and such patients can be expected to remain in a permanent state of social dependence. They had usually lost their parents and, as a result, kin were not available, or if available found themselves unable to give life-long support. The permanent dependence and the childlike quirks of such patients place a considerable burden on those who would care for them. The pressure for places was greatest from relatives who wished to free themselves of this burden, but who nevertheless felt obligations towards the patient. To place the patient in the custody of some faraway and feared institution for the mentally subnormal stirred up deep feelings of guilt in their relatives, and the hostel offered a more acceptable compromise.

Within a short period, patients bordering on high-grade imbecile formed a majority of hostel residents, and this is likely to be an enduring one. In the past, hospitals for the mentally subnormal have had to meet the needs of patients of this grade, but our experience raised the question of the duty of local authorities towards them. About half of all patients of this grade are admitted to hospital for family reasons of the kind described above, according to the survey carried out for the Manchester Regional Hospital Board by Dr. Joyce Leeson. So far we have usually required that in order to gain admission to the Hostel rather than the hospital a patient should have a reasonable chance of keeping in regular work. The opportunity to work in the community is an important advantage and hostel places have been reserved for those who could profit from this. From the point of view of the local authority, of course, patients who are able to earn also reduce running costs.

The presence of a majority of dependent patients in the hostel raised problems for other patients, whose intelligence and capacities were less impaired, of companionship within the hostel and of social prestige outside it. Segregation may be necessary in order to avoid this, or alternatively, an increase in the number of patients with greater social capacities.

At first, women only were admitted to the hostel. There seemed to be a danger that this might encourage social relations of the type common to large institutions, and hinder those which we thought desirable and which would resemble rather those of a household. It seems reasonable to try to reproduce these social relations in our attempts to develop the independence of socially dependent and immature patients. This follows from the fact that the social and sexual morality of most normal individuals is founded on the social relations and experience of the family. Many of our patients have had little of such family experience, and the lack of opportunity for this kind of learning is probably a factor in their social transgressions. In our view attempts to repair this deprivation impose a number of requirements. Among these are parental substitutes in the persons of the staff, the presence of both



sexes and a variety of ages among the patients, and small, stable groups in which some meals and activities can be shared by staff and patients. In this way we might succeed in building up amongst these deprived subnormal persons a code of social behaviour that conforms with that of society at large.

We have far from realised these conditions in the Crescent Hostel. Our first attempt to introduce male residents disturbed the patients, partly because the physical disposition of the hostel did not lend itself to small social groups. The introduction of some difficult patients at too early a stage was also a factor, for they hindered the growth of social and emotional bonds which favour a familial type of relation between the sexes. We must wait for more suitable circumstances to repeat the experiment.

Meanwhile, pressure from relatives had overshadowed the needs of higher grade patients without relatives, but these needs remained great. Our initial calculations had suggested that within five years one hostel would not be sufficient for this group alone. Accordingly, a building was acquired for a second hostel, and here we hope to apply some of the lessons we have learned, modified to suit a less dependent group of patients. In this hostel we shall have to promote adult relations within a community of men and women. We shall have to develop a community that is tolerant and supportive but more or less self-governing, and with a strong orientation towards attaining social independence for its members.

From July until the end of the year there were 19 admissions (17 patients, two of whom had two admissions), and 10 discharges. Patients left for various reasons: 4 were admitted to provide temporary relief for social difficulties at home and therefore left after a fixed period; of these, two were improved and went to live with relatives; 5 were admitted to hospital. One patient left against advice, and a third left without warning.

At the end of the year the nine residents were engaged in the following activities:—

|                                |     |     |     |     |     |     |     |     |     |   |
|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|---|
| Employed outside               | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3 |
| Employed in Hostel             | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| Training Centre for Subnormals | ... | ... | ... | ... | ... | ... | ... | ... | ... | 4 |
| Psychotherapeutic Day Centre   | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 |
| TOTAL                          |     |     |     |     |     |     |     |     |     | 9 |

The diagnostic categories have included:—

|                               |     |     |     |     |     |     |     |     |     |    |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|
| Medium grade subnormality     | ... | ... | ... | ... | ... | ... | ... | ... | ... | 6  |
| High grade subnormality       | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3  |
| Psychosis                     | ... | ... | ... | ... | ... | ... | ... | ... | ... | 5  |
| Neurosis and Conduct Disorder | ... | ... | ... | ... | ... | ... | ... | ... | ... | 3  |
| TOTAL                         |     |     |     |     |     |     |     |     |     | 17 |

For the most part, little difficulty has been encountered with the mentally ill or with the severely subnormal. Deterioration in the mentally ill has been coped with by free transfers between Springfield Hospital and the hostel, and the severely subnormal have proved malleable and responsive. The greatest problems have arisen with those patients for whom the hostel was intended in the first place, namely subnormal patients aged between 15 and 25 years, who have not experienced an enduring set of family relationships, or whose family relations were otherwise disturbed. The disturbance in such patients tends to show itself in "conduct disorders," with aggressive acts against others and society at large, and in poor work records. In contrast with more introverted neurotic symptoms, behaviour of this type seems sometimes to be related to an incomplete process of socialisation resulting from family break-up.



The difficulty in the management of these patients is caused by the strain put upon tolerance of others, and by the limited resources for discipline in a hostel. Although these young people need love and unconditional help, they are often driven to reject what is offered them. They have to learn the limits of tolerance in the social group, but the discipline which marks this limit endangers the relationships on which their treatment depends, for they often react to discipline as though it were rejection. Sometimes they abscond, sometimes the disturbance they cause to other patients and even to the staff is so great that they must be returned to hospital. Unfortunately, such patients strain the resources not only of hostels but of most psychiatric units as well, and not uncommonly the end result is long-term confinement in a hospital for the mentally subnormal. In the hospital the process of maturation seems to continue spontaneously, but not, we believe, under the most favourable conditions.

Our experience in this field, seen in the context of studies in Salford and elsewhere, leads us to certain conclusions :—

1. Subnormal patients who are homeless or unsettled at home can in some cases be dealt with successfully in hostels. This can be difficult, but may be less so when there is a core of residents in the hostel with stable relationships, and when there is ready access to treatment in hospital. To discover the best forms of treatment special units (such as the Henderson Hospital) may be necessary, as suggested by the Percy Commission. Some hope of prevention may be offered by a programme of screening in the schools to detect vulnerable families.
2. In all this work much depends on the hostel wardens, on the responsibilities they assume and the leadership they give. Their task is difficult, and there is probably less experience to draw on in this field than in any other activity of the mental health service. In the initial stages the wardens have been supported by consultation with the medical officer for mental health and by co-operation with mental welfare officers. A psychiatrist with access to hospital beds and therapeutic facilities could give more effective help in this work.
3. The heaviest demand for hostel places is coming from the relatives of medium-grade subnormals and this reflects strong social needs. Although formerly these patients were nearly all admitted to hospitals for the subnormal, they are easy to manage as hostel residents. In view of the advantages derived by patients and families from small hostels near home, the regional hospital board and the local health authority should probably reconsider their responsibilities for the care of these patients. Whether or not large institutions should be dispersed, new hostels serving an area such as Salford might well be jointly maintained. For instance, the regional hospital board might give much-needed financial support and clinical support from psychiatrists, whereas day-to-day administration might be the responsibility of the local health authority.
4. Arrangements such as these would allow for the gradual preparation of the family and patient for the transfer, inevitable in many cases, from home to State support. The cycle would take the patient from day nursery or special care unit, through the junior and adult centres, with short stays in the hostel to relieve the strain caused by permanent dependence and the ageing of the whole family, until the final transfer took place into an already familiar hostel environment.
5. Only the low-grade subjects are likely to require the continuous medical and nursing care available in hospital. The needs of those who require continuous hospital care could be met by a special unit attached to a general hospital in the city. This would require a maximum of one bed per 4000



of the population (see below) although a further survey is needed to establish a minimum which might be much less. Most even of the low-grade subjects are capable of some degree of training and probably do not need hospital care.

### SUBNORMALITY IN SALFORD

In the reports for 1957, 1958 and 1959 we have examined some aspects of mental subnormality. Here we continue our examination. This report is divided into three sections. The first section deals with some characteristics of the people on the register as at 1st January, 1961. The second part examines the changes that have taken place in the register population over the past thirteen years. In the third section we examine the prevalence of mental subnormality and use the results to estimate the needs for junior training centres, and for hospital places.

#### The Register at 1st January, 1961.

The register of the mentally subnormal represents a cross-section of recognised subnormality and is made up of people notified to the department over a period of some 50 years.

Figure 1 shows the age and sex distribution of all persons on the register at 1st January, 1961, by whether they are in hospital or in the community.

Age and Sex Distribution of all Persons on Salford's Register of the Mentally Sub-normal, 1st January, 1961

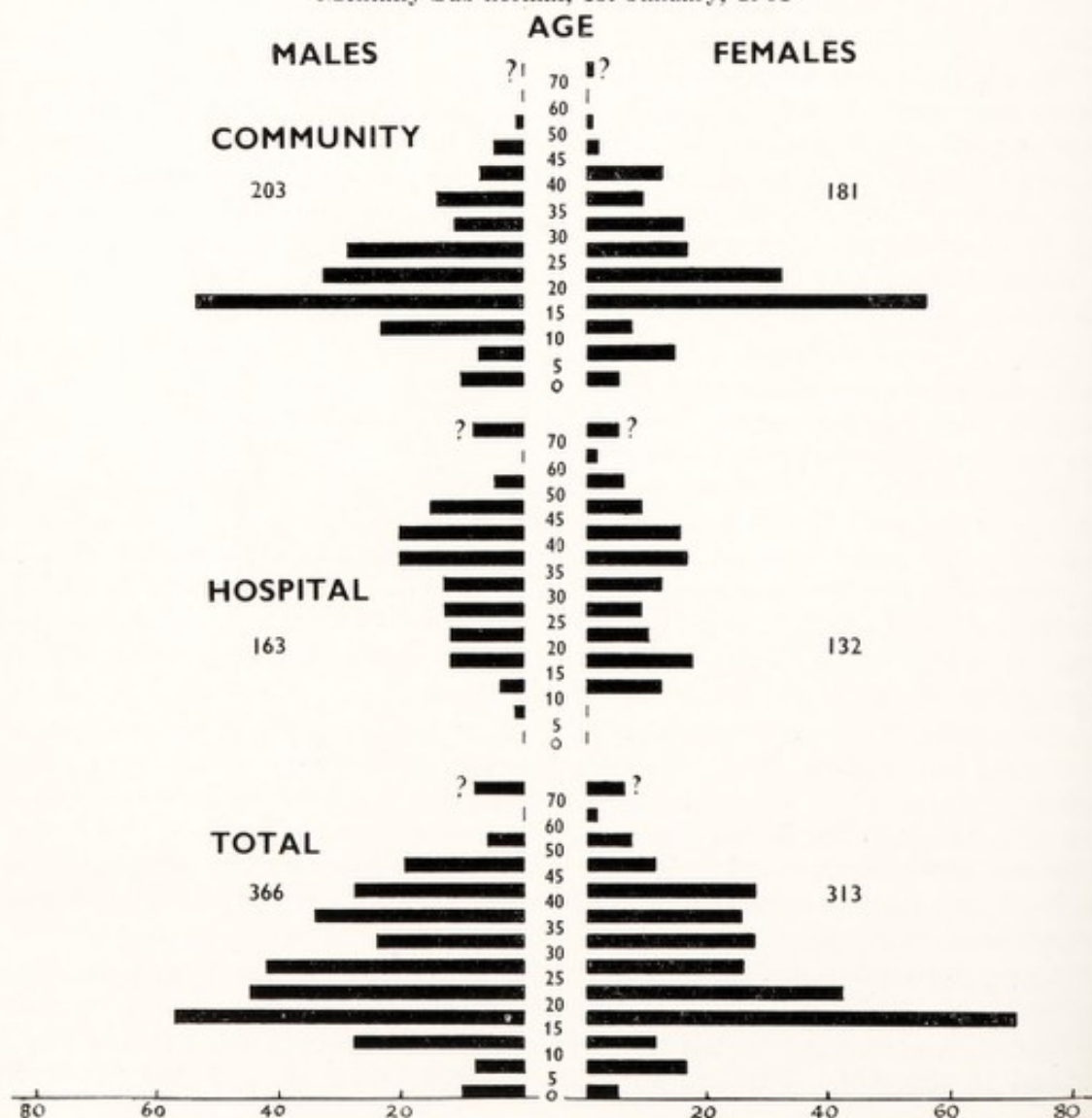


Fig. 1

The total number is 679. Those in the community (57%) are mostly young, with very large numbers in the age group 15-19. The proportion of subjects in hospital increases with age; thus, 83% of all subjects under 20 years of age are in the community and only 27% of those over 40. (Appendix XIV). In both hospital and community males outnumber females.

### Grades of Subnormality.

The patients have been classified by intelligence quotient in three categories: Low-grade (I.Q. below 20), Medium-grade (I.Q. 20-49), High-grade (I.Q. over 50).

### Low Grade.

Figure 2 shows the age and sex distribution of the low-grade subjects, who make up 9% of the total. They are usually identified early, and by the age of 10 most of them have been excluded from ordinary school and notified to the mental health service (Appendix XV).

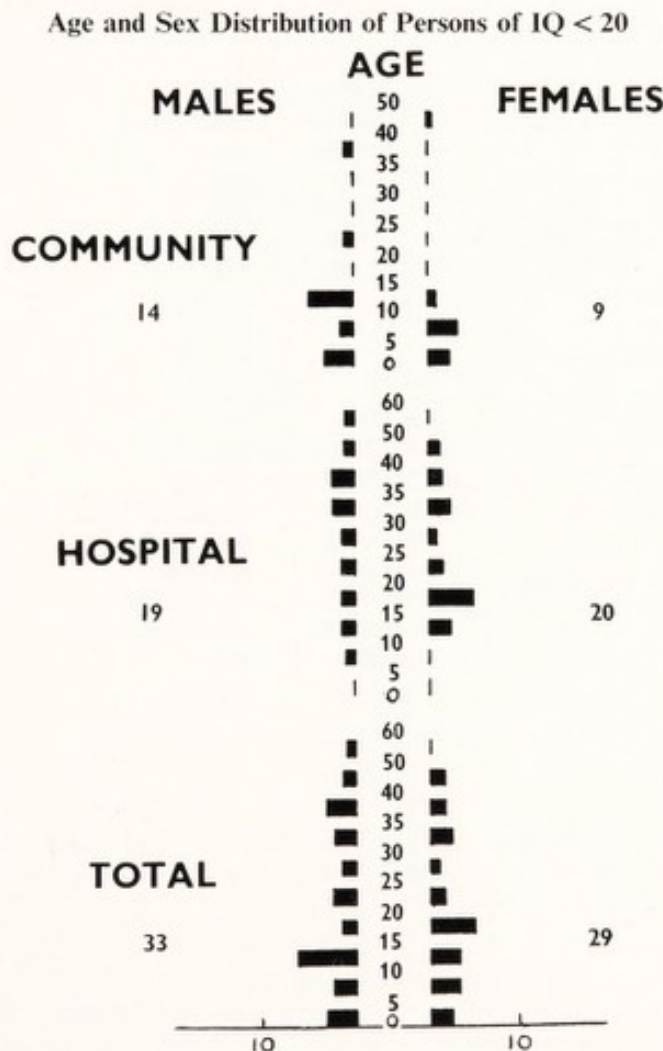


Fig. 2

After the age of 10 years in the case of males and 15 years in the case of females the numbers are less, due to the high death rate (Appendixes XVI, XVII, XVIII). Indeed, many low-grade subjects die shortly after birth and never appear on the mental subnormal register.

Sixty-three per cent. of these subjects are in hospital and most low-grade subjects who do not die at an early age are eventually admitted to hospital.



This is reflected in Figure II, where it can be seen that the fall in community numbers after the ages 10–15 is accompanied by a rise in hospital numbers.

There is a small excess of males over females.

#### Medium-grade.

Age and Sex Distribution of Persons of IQ 20-49

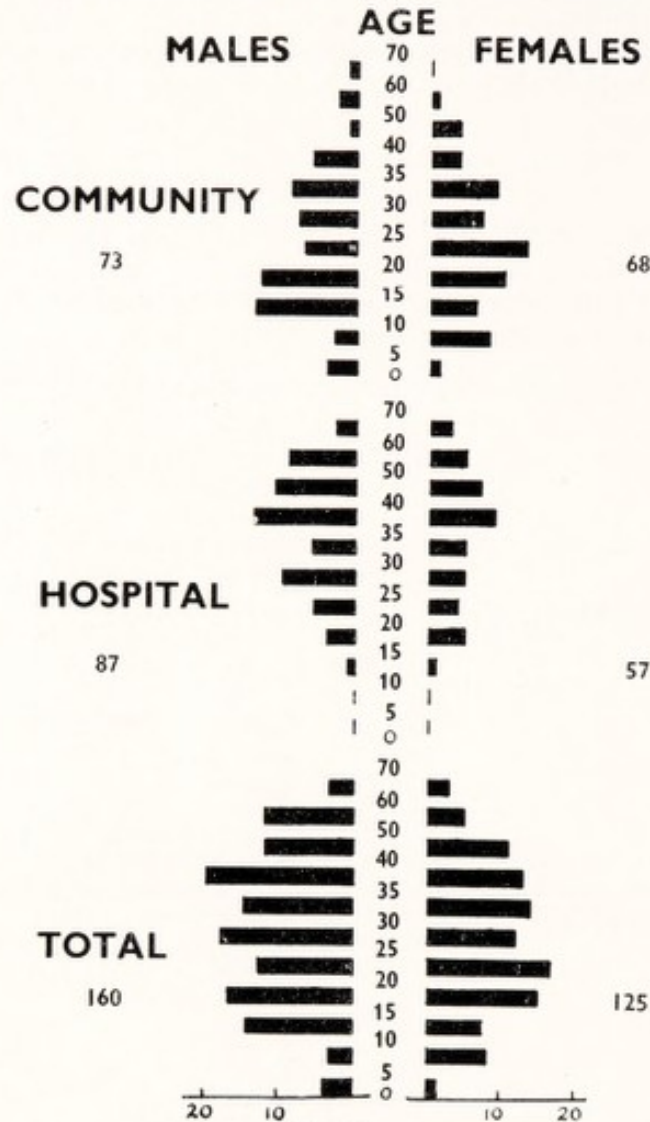


Fig. 3

Figure 3 shows the age and sex distribution of the medium-grade subjects, who make up 42% of the total. The numbers increase gradually as children are discovered in schools and then excluded. Only 72% of the medium-grade subjects on the register have been notified before the age of 15 (Appendix XV). Thus, no less than a quarter appear to continue within the ordinary educational system before being notified to a mental health department at school-leaving age. We have no certain explanation for this finding, but we are able to exclude a possible cause, *viz.*, immigration into Salford of people previously known to other authorities. Nor does it arise from the failure many years ago to detect such cases within the ordinary school system, because the percentage of medium-grade subjects notified after the age of 15 appears to have changed little from 31% among those on the register notified before 1948, to 33% among those notified between 1956 and 1960 (Appendix XV (c)).

Above the age of 15 years among the males and 20 years among the females the numbers are fairly constant. After the age of 40 the numbers fall gradually, due largely to deaths (Appendixes XVI, XVII, XVIII). Emigra-

tion is the most important cause of deletion from the register but probably occurs equally at all ages.

Fifty-one per cent. of the medium-grade subjects are in hospital. As with the low-grade subjects almost all medium-grade subjects who do not die at an early age are eventually admitted to hospital. This can be seen in Figure 3, where the decline in community numbers after the age of 15 is accompanied by a rise in hospital numbers.

There are more males than females and this is particularly marked in hospital. The reason for the male majority in hospital is likely to be social since it occurs mainly after the age of 35. Males in this age group may be admitted to hospital more often because of problems of social behaviour at home and may remain in hospital longer than females because of the difficulty of finding residential employment for males of this grade outside the hospital.

The reason for the overall male majority in hospital and community is not clear, but is in keeping with other evidence that there are more males than females of this grade.

### High-grade.

Figure 4 shows the age and sex distribution of the high-grade subjects. They form 47% of the total.

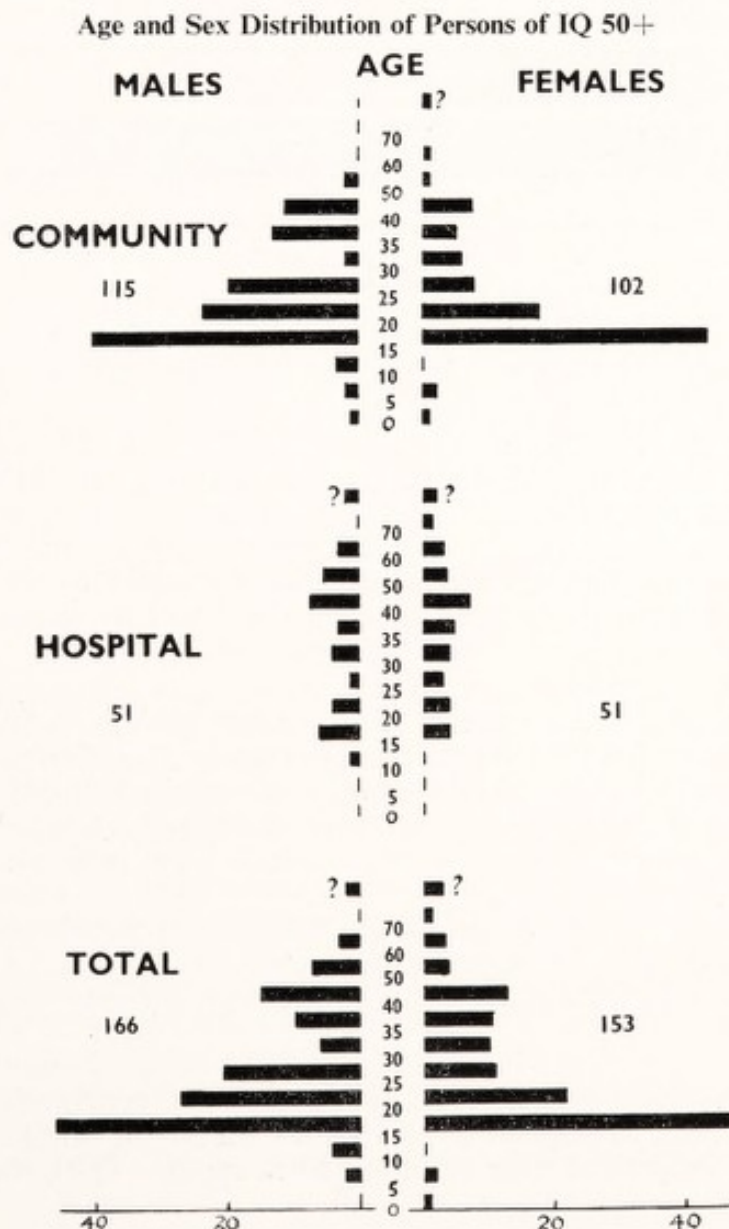


Fig. 4



Few come on to the register before the age of 15 and the numbers rise sharply in the age-group 15-19. In the next two age groups, however, the numbers decline sharply. After the age of 29 the decrease is more gradual. Of all high-grade subjects notified to our department between 1948-1960, 70% were notified between the ages of 15 and 19 (Appendix XV (B)). These people have been notified by the Education Authority for supervision when they leave school.

We now know that the decline in numbers after the age of 19 is due to the discharge of subjects from the register when they are judged by the service to require supervision no longer. From an examination of the records of the department it is clear that ten years after notification, two-thirds of all high-grade subjects are coping sufficiently well with their problems to be taken off any form of supervision.

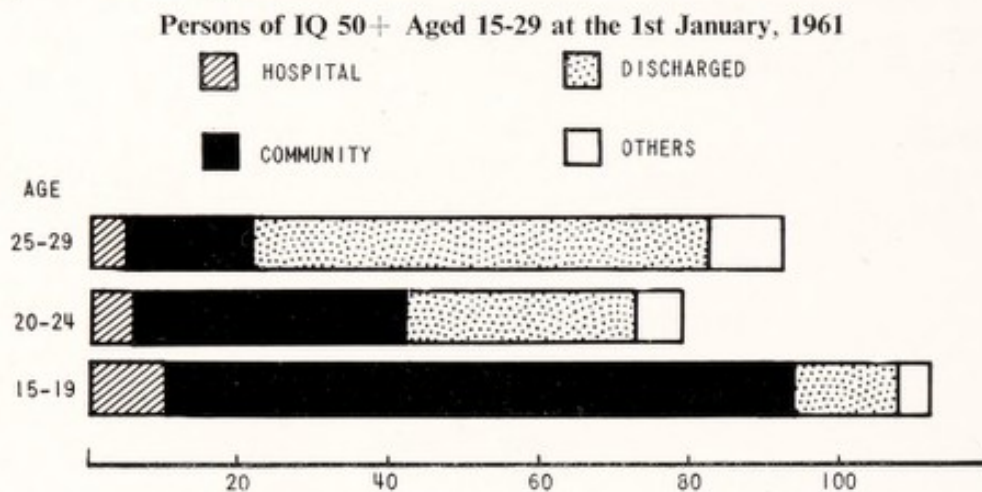


Fig. 5

Figure 5 shows the status at the end of 1960 of all high-grade subjects in the age-group 15-29 who were notified between 1948 and 1960. It shows that discharges had been achieved by 11% between 15 and 19 years, 38% between 20 and 24 years, and 65% between 25 and 29 years. It can be assumed that the people so discharged are making reasonable adjustments within the community because those who subsequently become social failures are likely to be discovered by social agencies such as the Police, N.A.B., N.S.P.C.C. and the Labour Exchange, and re-notified to the mental health service. A follow-up study of those discharged will be necessary to confirm this picture.

The prognosis of high-grade mental subnormality in Salford seems to be representative of the condition as it is seen in all industrial communities, because the characteristic age distribution found in Salford, *i.e.*, a marked preponderance of high-grade subjects in their early teens, has now been reported from several cities at widely separate time intervals.

The number of high-grade female subjects in the community declines more rapidly than that of males in the decade 20-29 years. This is probably caused by discharge from supervision at marriage, for they marry at an earlier age than men.

Unlike the low- and medium-grade subjects, nearly all of whom are eventually admitted to hospital unless they die whilst still young, only a minority of high-grade subjects is ever admitted to hospital. Thirty-two per cent. of



all high-grade subjects are in hospital and the decline in community numbers after the age of 20 is not accompanied by a rise in hospital numbers. This is in contrast with the picture among low- and medium-grade subjects where the decline in community numbers is accompanied by a rise in hospital numbers. Figure 4 shows the contrast in the shapes of the age-pyramids for community and hospital populations. The first significant rise in hospital numbers occurs in the age group 15-19, and after this, the numbers remain fairly constant until the age of 45, after which they decrease gradually. The outstanding feature of the community pyramid is the large number in the age-group 15-19 and the sharp decline of numbers in the next decade.

We conclude that the incapacity of the high-grade is largely temporary in nature. It is related to educational backwardness discovered at school, and this in most cases is an unreliable means of predicting the subject's future social ability. This contrasts with the incapacity of the low- and the medium-grade subjects, which appears to be largely permanent in nature.

These findings support other evidence that in most subjects of I.Q. less than 50 the pathology is organic, while in the majority of those with I.Q. over 50 there is no organic pathology. The former group has been called "brain-damaged" or "pathological" and the latter "sub-cultural" or retarded.

In the interpretation of these findings the following points should be borne in mind: (1) Our data show that most low- and medium-grade subjects who do not die at an early age are eventually admitted to hospitals for the mentally subnormal. As we have said above, however, we do not recommend that this is either the only or the best way to cater for their needs. We merely point out that for the most part they will require some form of special provision for the whole of their lives in contrast to the high-grade subjects whose incapacities and needs are largely temporary. (2) The respective prognoses illustrated for the three grades are valid only for large numbers of cases and the prognosis in an individual case requires consideration of many factors other than the intelligence quotient. (3) The medium-grade I.Q. range 20-49 contains within it a wide variation of capacity which may overlap at the upper end of its limit with that of the high-grade group. It may, therefore, include some "sub-cultural" subjects who have been scored below 50 on I.Q. tests. Similarly, the high-grade I.Q. range is likely to include some "brain-damaged" subjects in whom the incapacity is likely to be permanent.

### Changes over Time

In this section we examine the changes that have taken place in the register population over the past thirteen years. There has been an increase in the number of low- and medium-grade subjects. We present evidence that this is due to their increased survival rates. As these are likely to improve further we examine the problems which may develop in the future.

To understand the subnormal register one may make the analogy with a container (the register) and its contents (the subjects).

Flow into the container consists only of notifications to the mental health department. Flow out of the container may take the form of:—

- (1) discharge from care ;
- (2) emigration from Salford ;
- (3) death ;
- (4) loss (the subject changes address and cannot be found).



We examine :—

- (1) the inflow over the past thirteen years (notifications to Salford Mental Health Department, 1948–1960) ;
- (2) the outflow over the past thirteen years ;
- (3) the register as at 1st January, 1961.

By taking into account the outflow and inflow since 1948, we can reconstruct an estimate of the register at the 1st January, 1948 (Appendix XVI and Table 1).

It can be seen that over thirteen years the total prevalence of the register has increased by 21 %.

TABLE 1

| Grade          | Estimated<br>1-1-48<br>Register | Rate per 1000<br>(1951 census) | 1-1-61<br>Register | Rate per 1000<br>(1961 census) | % Change |
|----------------|---------------------------------|--------------------------------|--------------------|--------------------------------|----------|
| Low ... ..     | 39                              | 0.2                            | 62                 | 0.4                            | 83 %     |
| Medium ... ..  | 237                             | 1.3                            | 285                | 1.8                            | 38 %     |
| High ... ..    | 349                             | 2.0                            | 317                | 2.1                            | 4.4 %    |
| Unknown ... .. | 17                              | 0.1                            | 13                 | 0.08                           | ...      |
| TOTAL ... ..   | *642                            | 3.6                            | 677                | 4.4                            | 21 %     |

\* Our estimate of the 1948 population (642) differs from the estimate of 956 in the Medical Officer of Health's report for 1948 because the 1948 estimate included cases handed over to the mental health department by the Lancashire Mental Deficiency Association in 1948, who either were found living competently in the community or who could not be traced by the department.

It can be seen that most of the increase has taken place among the low-grade (83 %) and medium-grade (38 %) subjects, while the rate has remained stable among those of I.Q. over 50.

#### Increase of Low and Medium-grade Subjects.

We suggest that the increase among low- and medium-grade subjects reflects their improved survival rate. The wide use of antibiotics since the mid-1940's has reduced the mortality from infectious disease. In addition, our evidence tends to *exclude* the following causes :—

1. **Extension of Services.** Since 1958 services have been extended to low- and medium-grade subjects below the age of 5. The extension followed studies which focused attention on the needs of families with very young severely subnormal children, and set up a mechanism for their early notification to the mental health department. However, since there are only fifteen children on the register under the age of 5 and the increase of low- and medium-grade subjects is 71, this can explain only a small proportion of the increase. There have been no other deliberate extensions of our case-finding mechanism during the 13-year period under review.

2. **Migration.** Emigration exceeded immigration ; at 1st January, 1961, there were on the register 16 subjects of all grades who had immigrated to Salford between 1948–1960. During this period 28 low- and medium-grade subjects, who had been on the register before 1948, are estimated to have emigrated from Salford (Appendix XVI (A) ).



3. **Incidence at Birth.** Recent data compared with the 1929 national survey of mental subnormality (Goodman & Tizard, 1961) as well as our own, suggests that fewer fresh cases of non-mongol subnormality may be occurring at birth (Appendix XIX).

The observed increase in the number of low- and medium-grade subjects on the Salford Register over the past thirteen years is probably due to increased survival. We can take it that survival rates will continue to increase, and that the shortage of hospital places for persons of this grade, which is already acute, will be aggravated.

#### **High-grade Subjects.**

The interpretation of the apparently stable prevalence among high-grade subjects is difficult because the criteria for diagnosis of mental subnormality of this category are so imprecise and subject to changes in opinion and because the incapacity is largely temporary in nature.

**Discharges.** People are discharged from the register when doctors and social workers consider that they no longer require the supervision of the department. Both men and women are discharged when they have been in stable employment for some time ; women are also discharged when they get married. In other words, the people discharged take up normal places in the community.

It can be seen (Appendixes XVI, XVII, XVIII) that almost all who are deleted from the register in this way are high-grade subjects and that for them it is the most important source of outflow.

More than 90% of all those discharged from the register were high-grade subjects. It is likely that the 7% of medium-grade subjects discharged is made up of "sub-cultural" subjects (*i.e.*, without brain-damage), whose I.Q.s have been recorded as just below 50 and who have been classified as medium-grade on this account.

Between 1948 and 1960 40% of the high-grade subjects known before 1948, and 30% of those notified between 1948 and 1960, were discharged (Appendixes XVI, XVII). For every ten new high-grade notifications seven were offset by discharges (Appendix XVIII (B) ).

**Emigration.** Emigration is an important source of deletions from the register and about 10% of all persons coming on the register, both before 1948 and between 1948 and 1960, emigrated from Salford during the thirteen years under review. The percentage was the same for each of the three grades (Appendixes XVI, XVII). Two out of every 10 new notifications were offset by emigration (Appendix XVIII (B) ). Emigration is the most important source of outflow among the medium-grade subjects.

**Death.** During 1948-1960 there was one death for every three low-grade subjects notified ; one death for every five medium-grade subjects notified ; and one death for every ten high-grade subjects notified (Appendix XVIII (B) ).

It appears that there is a high death-rate among the younger low-grade subjects and that this decreases among those who survive ; thus, while deaths accounted for 13% of low-grade subjects on the register prior to 1948, 24% of the low-grade subjects notified during 1948-1960 died during the same



period. The recent notifications are younger than the survivors among those who were notified before 1948.

The percentage loss due to death among high-grade subjects is not very much lower than that among the medium-grades (Appendix XVIII (B)). The high-grade subjects who died were probably "brain-damaged." This explanation is supported by the fact that less than one-third of the high-grade subjects who died had been notified between the ages of 15 and 19, the age-group in which 70% of all high-grade subjects were notified (Appendix XV)—this suggests that they suffered from a type of incapacity unusual among high-grade subjects.

**Loss.** During 1948–1960, seven subjects could not be traced for every 100 new cases notified (Appendix XVIII (B)).

### **The Prevalence of Subnormality and the Planning of Junior Centre Needs in Salford.**

Appendix XX shows the prevalence by age of all grades of subnormality in rates per 1000 of the Salford population (1951 census, corrected) on the register at 1st January, 1961. For high- and medium-grade subjects the rates are highest in the age-group 15–19 and for low-grade subjects between 10 and 14. These peak rates are: high-grade subjects 9/1000; medium-grade subjects 3/1000; and low-grade subjects 1/1000.

In planning services for the mentally subnormal, the peak rates are useful because they enable us to calculate the maximum number of places that will be required at any time. Thus, we are using these rates to estimate the number of places required in the junior training centre to be built in Salford. Under the age of 15 most low- and medium-grade subjects are in the community (Appendix XIV). Their prevalence rates at 10–14 provide an estimate of the maximum number of places that are needed in junior training centres. In Salford this rate is 3/1000. If places are to be provided for children between the ages of 4–15, the maximum number of places can be estimated thus:

$$\frac{3}{1000} \times \text{average number of births per annum} \times 12.$$
 In Salford this is about 108.

On 1st January, 1961, there were 85 low- and medium-grade subjects under the age of 16 on the Salford register. Of these, 60 attended training centres, 12 were in hospitals for the subnormal, one was living in Brighton under a guardianship order, one was in a general hospital, one attended a school for spastics, one attended a classifying school and 9 were being cared for at home.

Of the 9 children cared for at home all were regarded as suitable for centre training and 6 had attended the centres at some time in the past.

Early attention to the needs of families of severely subnormal children may prevent early hospital admissions and increase the need for training-centre facilities. There is evidence of definite psychiatric illness in one parent of most of the young low- and medium-grade children who have been admitted to hospitals for the subnormal, or who are being withheld from attending the training centres. Many of the children concerned have at some time in the past, been excluded from the centres because of their difficult or dangerous



behaviour. All parents with a severely subnormal child are faced with considerable problems. The psychiatric illness of this group of parents may have been precipitated by the particular behaviour problems of their children. On the other hand, the illness of the parent may have been responsible for provoking emotional disturbances in the child. These families, therefore, need the careful and sympathetic services of mental welfare officers and psychiatrists if we are to gain their confidence so that they will avail themselves of the services offered by the department.

We can expect that as more pre-school children are notified, as early hospitalisation is avoided and as parents make full use of the facilities, the number of places required in Salford should then approach the estimated number of about 100.

### **Estimation of Hospital Requirements for the Mentally Subnormal.**

We have argued that the needs of high- and medium-grade subjects now in hospital for the mentally subnormal could be more effectively and conveniently met by foster homes, hostels, and sheltered workshops situated in parts of the city easily accessible to both staff and families.

If all low-grade subjects in Salford required hospital care, the number of places required would be  $\frac{62 \times 1000}{160,000} = 0.4$  places per 1000 of the Salford population, *i.e.*, roughly one bed for every 2,500 of the population.

From Figure 2 it can be seen that only 39 of the 62 low-grade subjects are in hospital, to this we add the number of low-grade subjects on the waiting list for hospital admission (3). Thus, assuming that all of these need hospital care, the number of such places required in Salford is 42, roughly one place per

$\frac{42 \times 1000}{160,000}$  of the total population in Salford.

It is difficult to predict whether this need will increase or decrease in the future. Our evidence suggests that the increase in survival rates will continue and lead to a greater demand for hospital places. On the other hand, as improvements in obstetric services prevent birth injuries and improved medical treatment prevents the complications of cerebral infections, the incidence of low-grade subnormality due to such causes is likely to decrease. In addition, improvements in training methods may relieve the demand for hospital places by improving the capacities of low-grade subjects.



## APPENDIX I

## THE CASE-LOAD IN MENTAL ILLNESS

|                                                             | 1956  | 1957  | 1958  | 1959  | 1960  |
|-------------------------------------------------------------|-------|-------|-------|-------|-------|
| A. Number of new patients referred ... ..                   | 323   | 312   | 289   | 351†  | 283§  |
| Number of known patients referred ... ..                    | 183   | 192   | 189   | 142†  | 239   |
| Total patients referred ... ..                              | 506   | 504   | 478   | 493†  | 522§  |
| Second and subsequent referrals during calendar year ... .. | 97    | 104   | 78    | 107†  | 90    |
| TOTAL REFERRALS ... ..                                      | 603   | 608   | 556   | 600†  | 612   |
| B. Total number of visits* ...                              | 3,609 | 4,773 | 4,752 | 5,297 | 4,692 |
| Number of officers (units time per annum)... ..             | 5.6   | 6.75  | 6.75  | 6‡    | 5.6‡  |
| Average number of visits per officer ... ..                 | 664   | 707   | 704   | 883   | 840   |
| Index of visits per officer ...                             | 100   | 106†  | 106†  | 133†  | 127   |
| C. Average number of new patients referred per officer      | 58    | 46    | 43    | 59†   | 51    |
| Average number of known patients referred per officer       | 33    | 28    | 28    | 24†   | 43    |
| Average number of referrals per officer ... ..              | 107   | 90    | 82    | 100†  | 109   |
| D. Average number of visits per patient referred ... ..     | 7.1   | 9.5   | 9.9   | 10.7† | 9.0   |
| Average number of visits per referral... ..                 | 6.0   | 7.8   | 8.6   | 8.8†  | 7.7   |
| Index of visits per referral ...                            | 100   | 131   | 143   | 147†  | 127   |

\* Includes office interviews, visits to hospitals, etc.

† Amended from 1959 Report, which was in error.

‡ Excludes trainees.

§ Includes 31 patients notified from outside Salford.

## THE CASE-LOAD IN MENTAL SUBNORMALITY

|                                             | 1956  | 1957  | 1958  | 1959  | 1960  |
|---------------------------------------------|-------|-------|-------|-------|-------|
| Number of cases on Register ...             | 610   | 642   | 656   | 669   | 681   |
| Total number of visits ... ..               | 2,055 | 2,654 | 3,153 | 3,263 | 2,735 |
| Number of officers ... ..                   | 5.6   | 6.75  | 6.75  | 6     | 5.6   |
| Average number of visits per officer ... .. | 367   | 393   | 467   | 544   | 488   |
| Average number of cases per officer ... ..  | 109   | 98    | 97    | 111   | 122   |
| Average number of visits per case ... ..    | 2.86  | 3.51  | 4.8   | 4.9   | 4.0   |

**APPENDIX II**  
**MENTAL ILLNESS**  
**REFERRALS TO HOSPITALS FROM ALL KNOWN SALFORD SOURCES**

| Agency                       | IN-PATIENTS |                                 |                    |       | OUT-PATIENTS |                                 |                    |       | Grand<br>Total |
|------------------------------|-------------|---------------------------------|--------------------|-------|--------------|---------------------------------|--------------------|-------|----------------|
|                              | Springfield | Salford<br>General<br>Hospitals | Other<br>Hospitals | Total | Springfield  | Salford<br>General<br>Hospitals | Other<br>Hospitals | Total |                |
| Salford Mental Health ... .. | 302         | ...                             | ...                | 302   | 3            | 6                               | 2                  | 11    | 318            |
| General Practitioner ... ..  | ...         | 25                              | 17                 | 42    | 11           | 207                             | 28                 | 246   | 288            |
| Other ... ..                 | 15*         | ...                             | ...                | 15    | ...          | 3                               | 2                  | 5     | 15             |
| TOTAL ... ..                 | 317         | 25                              | 17                 | 359   | 14           | 216                             | 32                 | 262   | 621            |

\* Patients admitted informally through the Salford Mental Health Service are classified under Salford Mental Health. In 1959, 30 such informal and voluntary admissions from the Salford Mental Health Service were classified under "Other."



## APPENDIX III

## NEW NOTIFICATION OF MENTALLY SUBNORMAL PERSONS

## A. BY SEX AND AGE.

|                | AGE |     |       |       |       |       |       |       | Total |
|----------------|-----|-----|-------|-------|-------|-------|-------|-------|-------|
|                | 0-4 | 5-9 | 10-14 | 15-19 | 20-29 | 30-39 | 40-49 | 50-59 |       |
| Males ... ..   | 5   | ... | 1     | 10    | ...   | 2     | ...   | ...   | 18    |
| Females ... .. | 2   | 2   | 1     | 9*    | 1     | 1     | 3     | 1*    | 20    |
| TOTAL ... ..   | 7   | 2   | 2     | 19    | 1     | 3     | 3     | 1     | 38    |

## B. BY SEX, GRADE AND AGE.

|                  | MALES |       |       |       |       | Total | FEMALES |     |       |       |       |       |       |       | Total Males and Females |
|------------------|-------|-------|-------|-------|-------|-------|---------|-----|-------|-------|-------|-------|-------|-------|-------------------------|
|                  | AGE   |       |       |       | Total |       | AGE     |     |       |       |       |       |       |       |                         |
|                  | 0-4   | 10-14 | 15-19 | 30-40 |       |       | 0-4     | 5-9 | 10-14 | 15-19 | 20-29 | 30-39 | 40-49 | 50-59 |                         |
| Low ... ..       | 1     | ...   | ...   | ...   | 1     | 1     | 1       | ... | ...   | ...   | ...   | ...   | ...   | 2     | 3                       |
| Medium ... ..    | 3     | ...   | ...   | 1     | 4     | ...   | 1       | 1   | 2     | ...   | 1     | ...   | 1*    | 6     | 10                      |
| High ... ..      | ...   | 1     | 10    | 1     | 12    | 1     | ...     | ... | 7*    | 1     | ...   | 3     | ...   | 12    | 24                      |
| Not Known ... .. | 1     | ...   | ...   | ...   | 1     | ...   | ...     | ... | ...   | ...   | ...   | ...   | ...   | ...   | 1                       |

\* One of these cases was notified to the department and left during the same year.

**APPENDIX III (continued)**  
**NEW NOTIFICATIONS OF MENTALLY SUBNORMAL PERSONS**

C. BY SEX, AGE, SOURCE OF REFERRAL.

|                             | MALES |       |       |       |       | FEMALES |     |       |       |       |       |       |       | Total<br>Males<br>and<br>Females |
|-----------------------------|-------|-------|-------|-------|-------|---------|-----|-------|-------|-------|-------|-------|-------|----------------------------------|
|                             | AGE   |       |       |       | Total | AGE     |     |       |       |       |       |       |       | Total                            |
|                             | 0-4   | 10-14 | 15-19 | 30-40 |       | 0-4     | 5-9 | 10-14 | 15-19 | 20-29 | 30-39 | 40-49 | 50-60 |                                  |
| Maternity and Child Welfare | 4     | ...   | ...   | ...   | 4     | 1       | ... | ...   | ...   | ...   | ...   | ...   | ...   | 1                                |
| Section 57 (3)              | ...   | ...   | ...   | ...   | ...   | ...     | ... | 1     | ...   | ...   | ...   | ...   | ...   | 1                                |
| Section 57 (5)              | ...   | 1     | 6     | ...   | 7     | ...     | ... | ...   | 4     | ...   | ...   | ...   | ...   | 4                                |
| Director of Education       | ...   | ...   | 3     | ...   | 3     | ...     | ... | ...   | 2     | ...   | ...   | ...   | ...   | 2                                |
| Children Department         | ...   | ...   | ...   | ...   | ...   | ...     | ... | ...   | 3*    | ...   | ...   | ...   | ...   | 3*                               |
| Other                       | 1     | ...   | 1     | 1     | 3     | 1       | 1   | ...   | ...   | ...   | 1     | 1     | ...   | 4                                |
| Immigration                 | ...   | ...   | ...   | 1     | 1     | ...     | 1   | ...   | ...   | 1     | ...   | 2     | 1*    | 5*                               |
|                             |       |       |       |       |       |         |     |       |       |       |       |       |       | 5                                |
|                             |       |       |       |       |       |         |     |       |       |       |       |       |       | 1                                |
|                             |       |       |       |       |       |         |     |       |       |       |       |       |       | 11                               |
|                             |       |       |       |       |       |         |     |       |       |       |       |       |       | 5                                |
|                             |       |       |       |       |       |         |     |       |       |       |       |       |       | 3*                               |
|                             |       |       |       |       |       |         |     |       |       |       |       |       |       | 7                                |
|                             |       |       |       |       |       |         |     |       |       |       |       |       |       | 6*                               |

\* One of these cases was notified to the department and left during the same year.



APPENDIX III (continued)  
NEW NOTIFICATIONS OF MENTALLY SUBNORMAL PERSONS

D. BY SEX, GRADE AND SOURCE OF REFERRAL.

|                             | MALES     |              |            |         | FEMALES |           |              |            | Total Males and Females |
|-----------------------------|-----------|--------------|------------|---------|---------|-----------|--------------|------------|-------------------------|
|                             | Low Grade | Medium Grade | High Grade | Unknown | Total   | Low Grade | Medium Grade | High Grade | Total                   |
| Maternity and Child Welfare | 1         | 3            | ...        | ...     | 4       | 1         | ...          | ...        | 1                       |
| Section 57 (3)              | ...       | ...          | ...        | ...     | ...     | ...       | 1            | ...        | 1                       |
| Section 57 (5)              | ...       | ...          | 7          | ...     | 7       | ...       | ...          | 4          | 11                      |
| Director of Education       | ...       | ...          | 3          | ...     | 3       | ...       | 1            | 1          | 2                       |
| Children Department         | ...       | ...          | ...        | ...     | ...     | ...       | 1            | 2*         | 3*                      |
| Other                       | ...       | 1            | 1          | 1       | 3       | 1         | 1            | 2          | 4                       |
| Immigration                 | ...       | ...          | 1          | ...     | 1       | ...       | 2*           | 3          | 5*                      |
|                             |           |              |            |         |         |           |              |            | 6*                      |

\* One of these cases was notified to the department and left during the same year.

APPENDIX IV  
DELETIONS FROM THE REGISTER OF MENTALLY SUBNORMAL BY AGE AND SEX

|                                          | MALES |       |       |       |       |     |       | FEMALES |       |       |       |       |       |       | Total<br>Males<br>and<br>Females |     |
|------------------------------------------|-------|-------|-------|-------|-------|-----|-------|---------|-------|-------|-------|-------|-------|-------|----------------------------------|-----|
|                                          | AGE   |       |       |       |       |     | Total | AGE     |       |       |       |       |       | Total |                                  |     |
|                                          | 0-9   | 15-19 | 20-29 | 30-39 | 40-49 | 50+ |       | 0-9     | 10-14 | 15-19 | 20-29 | 30-39 | 40-59 |       |                                  | 60+ |
| Discharged from Care                     | ...   | 2     | 4     | 1     | 1     | ... | 8     | ...     | ...   | 1†    | 2     | 1†    | ...   | ...   | 5                                | 13  |
| Migration                                | ...   | 1     | ...   | 1     | ...   | 1   | 4     | 1       | ...   | 1     | 1*    | 1     | ...   | ...   | 4                                | 8*  |
| Deaths (in Institution and<br>Community) | ...   | ...   | 1     | ...   | ...   | 1   | 2     | 1       | ...   | 1     | ...   | ...   | 2     | 1     | 5                                | 7   |
| TOTAL                                    | ...   | 1     | 3     | 5     | 2     | 1   | 14    | 2       | ...   | 4     | 3     | 2     | 2     | 1     | 14                               | 28  |

\* This woman was discharged from care when she migrated. She has been included among those discharged but not among those migrating.

† These women were discharged from care in the same year that they were notified.



**APPENDIX V**  
**DELETIONS FROM COMMUNITY REGISTER**

|                                  | MALES |       |       |       |       |       |     | FEMALES |     |       |       |       |       |       | Total<br>Males<br>and<br>Females |       |
|----------------------------------|-------|-------|-------|-------|-------|-------|-----|---------|-----|-------|-------|-------|-------|-------|----------------------------------|-------|
|                                  | AGE   |       |       |       |       |       |     | Total   | AGE |       |       |       |       | Total |                                  |       |
|                                  | 0-9   | 10-14 | 15-19 | 20-29 | 30-39 | 40-49 | 50+ |         | 0-9 | 10-14 | 15-19 | 20-29 | 30-39 |       |                                  | 40-69 |
| SALFORD PATIENTS                 |       |       |       |       |       |       |     |         |     |       |       |       |       |       |                                  |       |
| Discharged from Care...          | ...   | ...   | 2     | 3     | 1     | 1†    | ... | 7       | ... | (1†)  | 3     | (1†)  | ...   | ...   | 6                                | 13    |
| Admissions to<br>Institution ... | 1     | 2     | 2†    | ...   | 1     | ...   | ... | 6       | ... | 1     | 2     | 1     | ...   | ...   | 4                                | 10    |
| Migration ...                    | 1     | ...   | 1     | ...   | 1     | ...   | 1*  | 4       | 1   | ...   | 1     | 1†*   | 1†    | ...   | 4                                | 8     |
| Deaths ...                       | ...   | ...   | 1     | 1     | ...   | ...   | 1   | 3       | 1   | ...   | 1     | ...   | ...   | ...   | 2                                | 5     |
| TOTAL ...                        | 2     | 2     | 6     | 4     | 3     | 1     | 2   | 20      | 2   | 1     | 5     | 5     | 2     | ...   | 16                               | 36    |

\* Migrated while on licence.

† One case released from hospital during 1960.

‡ Discharged from register in the same year that they were notified.

## APPENDIX VI

## ADMISSIONS (LONG-TERM) TO INSTITUTIONS FOR SUBNORMAL

|                                                    | MALES          |       |       |       |       | Total | FEMALES |       |       |     | Total<br>Males<br>and<br>Females |       |
|----------------------------------------------------|----------------|-------|-------|-------|-------|-------|---------|-------|-------|-----|----------------------------------|-------|
|                                                    | AGE            |       |       |       | Total |       | AGE     |       |       |     |                                  | Total |
|                                                    | 0-9            | 10-14 | 15-19 | 30-39 |       |       | 10-14   | 15-19 | 20-29 | 70+ |                                  |       |
|                                                    |                |       |       |       |       |       |         |       |       |     |                                  |       |
| First Admission ... ..                             | 1              | 2     | 1     | 1     | 5     | 1     | 2       | 1     | ...   | 4   | 9                                |       |
| Readmission—Salford Patients on Licence ... ..     | ...            | ...   | 1     | ...   | 1     | ...   | ...     | ...   | ...   | ... | 1                                |       |
| Readmission—Cases Licenced from Other Areas ... .. | Not applicable |       |       |       | ...   | ...   | ...     | ...   | 1     | 1   | 1                                |       |
| TOTAL ... ..                                       | 1              | 2     | 2     | 1     | 6     | 1     | 2       | 1     | 1     | 5   | 11                               |       |



## APPENDIX VII

## DISCHARGES FROM INSTITUTION FOR SUBNORMAL

|                         | MALES |       |     |       | FEMALES |       |       |       |       | Total<br>Males<br>and<br>Females |     |
|-------------------------|-------|-------|-----|-------|---------|-------|-------|-------|-------|----------------------------------|-----|
|                         | AGE   |       |     | Total | AGE     |       |       |       | Total |                                  |     |
|                         | 10-19 | 20-24 | 40+ |       | 20-24   | 25-29 | 30-39 | 40-49 |       |                                  | 50+ |
|                         |       |       |     |       |         |       |       |       |       |                                  |     |
| SALFORD PATIENTS        |       |       |     |       |         |       |       |       |       |                                  |     |
| Still under Supervision | ...   | 1     | ... | 1     | ...     | ...   | 1     | ...   | 1     | 2                                | 3   |
| Discharged Completely   | ...   | 1     | 1   | 2     | 1       | ...   | 1     | ...   | ...   | 2                                | 4   |
| Licence                 | 1*    | ...   | ... | 1*    | ...     | 1†    | ...   | ...   | ...   | 1†                               | 2   |
| Died                    | ...   | ...   | ... | ...   | ...     | ...   | ...   | 2     | 1     | 3                                | 3   |
| TOTAL                   | 1     | 2     | 1   | 4     | 1       | 1     | 2     | 2     | 2     | 7                                | 11  |

\* Readmitted same year.

† Emigrated while on licence.

## APPENDIX VIII

## LICENCE

## IN SALFORD FROM OTHER AREAS

## FEMALES

|                                             | AGES  |       |       |       |     | Unknown | Total |
|---------------------------------------------|-------|-------|-------|-------|-----|---------|-------|
|                                             | 30-39 | 40-49 | 50-59 | 60-59 | 70+ |         |       |
| Number on Licence,<br>1st January, 1960 ..  | 1     | 2     | ...   | 1     | 1   | 5       | 10    |
| Additions during 1960 ...                   | ...   | 2     | ...   | ...   | ... | ...     | 2     |
| Deletions during 1960 ...                   | ...   | ...   | ...   | ...   | ... | ...     | ...   |
| Readmissions ... ..                         | ...   | ...   | ...   | ...   | 1   | ...     | 1     |
| Number on Licence,<br>1st January, 1961 ... | 1     | 4     | ...   | 1     | ... | 5       | 11    |

## APPENDIX IX

## WAITING LIST FOR HOSPITALS FOR THE SUBNORMAL

| MALES |       |     |       | FEMALES |     |       |       | Total Males<br>and Females |
|-------|-------|-----|-------|---------|-----|-------|-------|----------------------------|
| 0-4   | 10-14 | 50+ | Total | 0-4     | 5-9 | 10-14 | Total |                            |
| 1     | 1     | 1   | 3     | 1       | 2   | ...   | 3     | 6                          |

Total years on waiting list of all patients : 10 years 3 months.

Average period on waiting list : 1 year 9 months.

## TEMPORARY ADMISSIONS

| MALES |     |       |       |     |       | FEMALES |       |       |       |       | Total<br>Males and<br>Females |
|-------|-----|-------|-------|-----|-------|---------|-------|-------|-------|-------|-------------------------------|
| 0-4   | 5-9 | 10-14 | 15-19 | 30+ | Total | 5-9     | 10-14 | 15-19 | 20-29 | Total |                               |
| 1     | ... | 4     | 1     | 1   | 7     | 1       | 1     | 3     | 2     | 7     | 14                            |



APPENDIX X  
MENTAL HEALTH DEPARTMENT — STAFF

|                                                                  | Establishment | Vacancies | Staff left during 1960 | Staff appointed during 1960 | Staff at 31st December, 1960 |
|------------------------------------------------------------------|---------------|-----------|------------------------|-----------------------------|------------------------------|
| <b>MEDICAL :</b>                                                 |               |           |                        |                             |                              |
| Senior Assistant Medical Officer (Mental Health) (Part-time) ... | 1             | ...       | ...                    | ...                         | 1                            |
| Assistant Medical Officer (Mental Health) (Part-time) ...        | 1             | ...       | ...                    | ...                         | 1                            |
| <b>CONSULTANTS :</b>                                             |               |           |                        |                             |                              |
| Psychiatrist ...                                                 | ...           | ...       | ...                    | ...                         | 1                            |
| Pediatrician ...                                                 | ...           | ...       | ...                    | ...                         | 1                            |
| <b>EDUCATIONAL :</b>                                             |               |           |                        |                             |                              |
| Psychologist (Part-time) ...                                     | 1             | ...       | ...                    | ...                         | 1                            |
| <b>SOCIAL WORKERS :</b>                                          |               |           |                        |                             |                              |
| Senior Mental Welfare Officer ...                                | 1             | 1         | 1                      | ...                         | ...                          |
| Deputy Senior Mental Welfare Officer ...                         | 1             | 1         | ...                    | ...                         | ...                          |
| Mental Welfare Officers ...                                      | 8             | 3         | ...                    | ...                         | 5                            |
| Trainee Mental Welfare Officers ...                              | 2             | ...       | 2                      | 5                           | 4                            |
| <b>ADMINISTRATION :</b>                                          |               |           |                        |                             |                              |
| Administrative Assistant ...                                     | 1             | ...       | ...                    | 1                           | 1                            |
| <b>CLERICAL STAFF :</b>                                          |               |           |                        |                             |                              |
| Shorthand-Typist ...                                             | 1             | ...       | ...                    | ...                         | 1                            |
| Clerk ...                                                        | 1             | ...       | ...                    | ...                         | 1                            |
| <b>TRAINING CENTRES :</b>                                        |               |           |                        |                             |                              |
| Supervisors ...                                                  | 4             | ...       | ...                    | ...                         | 4                            |
| Assistant Supervisors ...                                        | 13            | 2         | ...                    | 4                           | 11                           |
| <b>DAY CENTRES :</b>                                             |               |           |                        |                             |                              |
| Centre Assistants ...                                            | 2             | 1         | ...                    | ...                         | 1                            |
| <b>RESIDENTIAL HOSTELS :</b>                                     |               |           |                        |                             |                              |
| Warden / Housekeeper ...                                         | 1             | ...       | ...                    | 1                           | 1                            |

## APPENDIX XI

### RESEARCH IN SALFORD MENTAL HEALTH SERVICE

1. Epidemiology of Educational Subnormality. (Drs. Zena Stein and M. Susser).
2. Systematic collection of data on all patients referred to the mental health service. This is the foundation for a study of social factors in mental illness and in mental hospital admissions. (Drs. Zena Stein and M. Susser).
3. The epidemiology of Mental Subnormality. (Dr. A. Kushlick).
4. Diagnostic survey of young subnormal patients (Dr. R. I. Mackay), combined with an epidemiological survey. (Drs. A. Kushlick and M. Susser).
5. Study of the functions of a Psychotherapeutic Social Club. (Drs. A. Kushlick, R. Frankenburg and Joyce Leeson).



## APPENDIX XII

PATIENTS PLACED IN WORK FROM ADULT TRAINING CENTRES DURING 1960.

|                | Age | I.Q. | Period Unemployed     | Centre Attendance | Type of Employment        | Result                |
|----------------|-----|------|-----------------------|-------------------|---------------------------|-----------------------|
| <b>MALES</b>   |     |      |                       |                   |                           |                       |
| Subnormal      | 19  | 69   | 2 years.              | 11 months.        | Labourer, Cleansing Dept. | Borstal for theft.    |
| Subnormal      | 30  | ...  | 2 "                   | 4 "               | Labourer, Motor Industry. | Several job changes.  |
| Subnormal      | 18  | 65   | 2 "                   | 14 "              | Woodwork Machinist.       | Stable.               |
| Subnormal      | 16  | 43   | Excluded from school. | 7 "               | Packer.                   | Stable.               |
| Subnormal      | 19  | 41   | 6 months.             | 20 "              | Labourer, Cleansing Dept. | Stable.               |
| Psychoopathy   | 37  | ...  | 3 years.              | 11 "              | Labourer.                 | Stable.               |
| Neurosis       | 48  | ...  | 17 "                  | 7 "               | Assistant Storeman.       | Promoted Storeman.    |
| Psychosis      | 36  | ...  | 5 "                   | 2 "               | Labourer.                 | Worked several months |
| <b>FEMALES</b> |     |      |                       |                   |                           |                       |
| Subnormal      | 19  | 65   | 3 years.              | 23 months.        | Domestic.                 | Stable.               |
| Subnormal      | 19  | 60   | 4 "                   | 31 "              | House domestic.           | Stable.               |
| Subnormal      | 22  | 47   | 4 "                   | 9 "               | Machinist.                | Worked 4 months.      |
| Subnormal      | 30  | 44   | 17 "                  | 2 "               | Buttonholer.              | Stable.               |

## APPENDIX XIII

## THE LANGWORTHY STEPPING STONES CLUB

ANALYSIS OF MEETINGS AND ATTENDANCES FOR THE PERIOD AUGUST, 1959, TO  
DECEMBER, 1960, INCLUSIVE

Total number of members registered during the above period — 188

|              |      |     |     | NUMBER OF MEETINGS |        |       | ATTENDANCE |        |       | AVERAGE ATTENDANCE |        |
|--------------|------|-----|-----|--------------------|--------|-------|------------|--------|-------|--------------------|--------|
|              |      |     |     | Tues.              | Thurs. | Total | Tues.      | Thurs. | Total | Tues.              | Thurs. |
| August,      | 1959 | ... | ... | 3                  | ...    | 3     | 53         | ...    | 53    | 17.7               | ...    |
| September,   | "    | ... | ... | 5                  | ...    | 5     | 107        | ...    | 107   | 21.4               | ...    |
| October,     | "    | ... | ... | 4                  | ...    | 4     | 114        | ...    | 114   | 28.5               | ...    |
| November,    | "    | ... | ... | 4                  | ...    | 4     | 108        | ...    | 108   | 27.0               | ...    |
| December,    | "    | ... | ... | 3                  | ...    | 3     | 78         | ...    | 78    | 26.0               | ...    |
| January,     | 1960 | ... | ... | 4                  | 2      | 6     | 116        | 29     | 145   | 29.0               | 14.5   |
| February,    | "    | ... | ... | 3                  | 4      | 7     | 94         | 55     | 149   | 31.3               | 13.8   |
| March,       | "    | ... | ... | 5                  | 4      | 9     | 108        | 43     | 151   | 21.6               | 10.8   |
| April,       | "    | ... | ... | 4                  | 3      | 7     | 79         | 25     | 104   | 19.8               | 8.3    |
| May,         | "    | ... | ... | 5                  | 3      | 8     | 133        | 25     | 158   | 26.6               | 8.3    |
| June,        | "    | ... | ... | 3                  | 3      | 6     | 74         | 29     | 103   | 24.7               | 9.7    |
| July,        | "    | ... | ... | 4                  | 2      | 6     | 81         | 10     | 91    | 20.3               | 5.0    |
| August,      | "    | ... | ... | 4                  | 2      | 6     | 88         | 11     | 99    | 22.0               | 5.5    |
| September,   | "    | ... | ... | 4                  | 4      | 8     | 95         | 44     | 139   | 23.8               | 11.0   |
| October,     | "    | ... | ... | 4                  | 3      | 7     | 115        | 51     | 166   | 28.8               | 17.0   |
| November,    | "    | ... | ... | 5                  | 3      | 8     | 113        | 46     | 159   | 22.6               | 15.3   |
| December,    | "    | ... | ... | 2                  | 2      | 4     | 38         | 28     | 55    | 19.0               | 14.0   |
| TOTAL ... .. |      |     |     | 66                 | 35     | 101   | 1,594      | 396    | 1,990 | 24.2               | 11.3   |



## APPENDIX XIV

SALFORD SUBNORMAL REGISTER, 1ST JANUARY, 1961

PERSONS IN INSTITUTION AND COMMUNITY BY AGE AND GRADE

| Age Groups  | I.Q. 50 +   |           | 20-49       |           | Under 20    |           | Total       |           |
|-------------|-------------|-----------|-------------|-----------|-------------|-----------|-------------|-----------|
|             | Institution | Community | Institution | Community | Institution | Community | Institution | Community |
| 0—          | ...         | 2         | ...         | 5         | ...         | 7         | ...         | 15        |
| 5           | ...         | 4         | ...         | 11        | ...         | 6         | ...         | 21        |
| 10          | ...         | 3         | ...         | 20        | ...         | 7         | ...         | 30        |
| 15          | ...         | 85        | ...         | 23        | ...         | ...       | ...         | 108       |
|             | 10          | 90%       | 9           | 84%       | ...         | ...       | 17%         | 83%       |
| 20          | 8           | 42        | 10          | 20        | 1           | 1         | 22          | 63        |
| 25          | 4           | 28        | 15          | 15        | ...         | ...       | 22          | 44        |
| 30          | 8           | 8         | 11          | 18        | ...         | ...       | 25          | 26        |
| 35          | 8           | 12        | 23          | 10        | 1           | 1         | 36          | 23        |
|             | 24%         | 76%       | 48%         | 52%       | ...         | ...       | 40%         | 60%       |
| 40          | 14          | 11        | 17          | 5         | 1           | 1         | 32          | 17        |
| 45          | 14          | 15        | 18          | 5         | ...         | ...       | 37          | 20        |
| 50          | 9           | 4         | 15          | 4         | ...         | ...       | 24          | 9         |
| 55          | 8           | 1         | 13          | 3         | ...         | ...       | 13          | 4         |
| 60          | 4           | ...       | 11          | 2         | ...         | ...       | 15          | 2         |
| 65          | 7           | ...       | ...         | ...       | ...         | ...       | 7           | 1         |
| 70          | 2           | ...       | ...         | ...       | ...         | ...       | 2           | ...       |
| 75          | 1           | ...       | ...         | ...       | ...         | ...       | 1           | ...       |
| Age Unknown | 4           | 1         | ...         | ...       | ...         | ...       | 13          | 1         |
|             | 60%         | 40%       | 80%         | 20%       | ...         | ...       | 73%         | 27%       |
|             | 32%         | 68%       | 51%         | 49%       | 62%         | 38%       | 43%         | 57%       |
| TOTAL       | 102         | 217       | 144         | 141       | 39          | 23        | 285         | 384*      |

\* Includes 13 persons of unknown grade.

## APPENDIX XV

SALFORD SUBNORMAL REGISTER, 1ST JANUARY, 1961

## (a) AGE AT NOTIFICATION BY GRADE (PERCENTAGES)

| Grade         | Age at Notification |      |       |       |      | Total % | Number |
|---------------|---------------------|------|-------|-------|------|---------|--------|
|               | 0-4                 | 5-9  | 10-14 | 15-19 | 20+  |         |        |
| Low ... ..    | 33 %                | 60 % | 7 %   | ...   | ...  | 100 %   | 62     |
| Medium ... .. | 7 %                 | 38 % | 27 %  | 17 %  | 11 % | 100 %   | 285    |
| High ... ..   | 3 %                 | 8 %  | 18 %  | 53 %  | 18 % | 100 %   | 319    |

## (b) ALL NOTIFICATIONS, 1948-1960.

## AGE AT NOTIFICATION BY GRADE (PERCENTAGES)

| Grade         | Age at Notification |      |       |       |      | Total | Number |
|---------------|---------------------|------|-------|-------|------|-------|--------|
|               | 0-4                 | 5-9  | 10-14 | 15-19 | 20+  |       |        |
| Low ... ..    | 53 %                | 43 % | 2 %   | ...   | 2 %  | 100 % | 47     |
| Medium ... .. | 13 %                | 37 % | 24 %  | 13 %  | 12 % | 100 % | 121    |
| High ... ..   | 2 %                 | 3 %  | 10 %  | 70 %  | 6 %  | 100 % | 335    |

## (c) AGE AT NOTIFICATION OF MEDIUM-GRADE ON THE REGISTER BY YEAR OF NOTIFICATION

| Year of Notification | Age at Notification |      |       |       |      | Total | Number |
|----------------------|---------------------|------|-------|-------|------|-------|--------|
|                      | 0-4                 | 5-9  | 10-14 | 15-19 | 20+  |       |        |
| Before 1948 ... ..   | 3 %                 | 37 % | 29 %  | 20 %  | 11 % | 100 % | 179    |
| 1956-1960 ... ..     | 23 %                | 21 % | 23 %  | 15 %  | 18 % | 100 % | 39     |



## APPENDIX XVI

DELETIONS FROM THE REGISTER, 1948-1960, OF THOSE NOTIFIED BEFORE 1948.

(a) NUMBERS.

| Grade          | Estimated Register, 1-1-48 | OUTFLOW, 1948-1960 |           |      |      | Remainder Register, 1-1-61 |
|----------------|----------------------------|--------------------|-----------|------|------|----------------------------|
|                |                            | Discharged         | Emigrated | Died | Lost | Total                      |
| Low ... ..     | 39                         | 1                  | 3         | 5    | ...  | 9                          |
| Medium ... ..  | 237                        | 12                 | 25        | 21   | ...  | 58                         |
| High ... ..    | 349                        | 138                | 41        | 20   | 25   | 224                        |
| Unknown ... .. | 17                         | 2                  | ...       | 3    | 3    | 8                          |
| TOTAL ... ..   | 642                        | 153                | 69        | 49   | 28   | 299                        |
|                |                            |                    |           |      |      | 343                        |

(b) PER CENT. (Numbers in brackets)

| Grade          | Estimated Register, 1-1-48 | OUTFLOW, 1948-1960 |           |          |          | Remainder Register, 1-1-61 |
|----------------|----------------------------|--------------------|-----------|----------|----------|----------------------------|
|                |                            | Discharged         | Emigrated | Died     | Lost     | Total                      |
| Low ... ..     | 100 (39)                   | 2.6                | 7.7       | 12.8     | ...      | 23.1                       |
| Medium ... ..  | 100 (237)                  | 5.1                | 10.5      | 8.9      | ...      | 24.5                       |
| High ... ..    | 100 (349)                  | 39.5               | 11.7      | 5.7      | 7.2      | 64.2                       |
| Unknown ... .. | 100 (17)                   | 11.8               | ...       | 17.6     | 17.6     | 47.1                       |
| TOTAL ... ..   | 100 (642)                  | 23.8 (153)         | 10.7 (69) | 7.6 (49) | 4.4 (28) | 46.5 (299)                 |
|                |                            |                    |           |          |          | 53.4 (343)                 |

## APPENDIX XVI (continued)

(c) PERCENTAGE DISTRIBUTION AMONG THE GRADES. (Numbers in brackets)

| Grade                           | Estimated<br>Register,<br>1-1-48 | OUTFLOW, 1948-1960 |            |            |            | Remainder<br>Register,<br>1-1-61 |
|---------------------------------|----------------------------------|--------------------|------------|------------|------------|----------------------------------|
|                                 |                                  | Discharged         | Emigrated  | Died       | Lost       | Total                            |
| Low ... ..                      | 6.2                              | 0.7                | 4.3        | 10.8       | ...        | 3.1                              |
| Medium ... ..                   | 40.0                             | 7.0                | 36.3       | 45.8       | ...        | 19.9                             |
| High ... ..                     | 55.8                             | 92.3               | 59.4       | 43.4       | 100        | 77.0                             |
| TOTAL ... ..                    | 100.0 (625)                      | 100.0 (151)        | 100.0 (69) | 100.0 (46) | 100.0 (28) | 100.0 (291)                      |
| Numbers of Unknown Grade ... .. | (17)                             | (2)                | (0)        | (3)        | (3)        | (8)                              |
|                                 |                                  |                    |            |            |            | (9)                              |
|                                 |                                  |                    |            |            |            | 100.0 (334)                      |



# APPENDIX XVII

DELETIONS FROM THE REGISTER, 1948-1960, OF THOSE NOTIFIED, 1948-1960.

(a) NUMBERS.

| Grade                | All<br>Notifications,<br>1948-1960 | OUTFLOW, 1948-1960 |           |      |      | Register,<br>1-1-61 |
|----------------------|------------------------------------|--------------------|-----------|------|------|---------------------|
|                      |                                    | Discharged         | Emigrated | Died | Lost | Total               |
| Low ... ..           | 51                                 | ...                | 7         | 12   | ...  | 19                  |
| Medium ... ..        | 132                                | 7                  | 10        | 5    | 4    | 26                  |
| High ... ..          | 362                                | 114                | 39        | 9    | 8    | 170                 |
| Unknown ... ..       | 9                                  | 2                  | ...       | 3    | ...  | 5                   |
| I.Q. under 50 ... .. | ...                                | ...                | ...       | ...  | ...  | ...                 |
| TOTAL ... ..         | 554                                | 123                | 56        | 29   | 12   | 220                 |
|                      |                                    |                    |           |      |      | 334                 |

(b) PER CENT. (Numbers in brackets).

| Grade                | All<br>Notifications,<br>1948-1960 | OUTFLOW, 1948-1960 |           |          |          | Register,<br>1-1-61 |
|----------------------|------------------------------------|--------------------|-----------|----------|----------|---------------------|
|                      |                                    | Discharged         | Emigrated | Died     | Lost     | Total               |
| Low ... ..           | 100 (51)                           | ...                | 13.7      | 23.5     | ...      | 37.3                |
| Medium ... ..        | 100 (132)                          | 5.3                | 7.6       | 3.8      | 3.0      | 19.7                |
| High ... ..          | 100 (362)                          | 31.5               | 10.8      | 2.5      | 2.2      | 47.0                |
| Unknown ... ..       | 100 (9)                            | 22.2               | ...       | 33.3     | ...      | 55.5                |
| I.Q. under 50 ... .. | 100 (2)                            | ...                | 50        | 50       | ...      | 100                 |
| TOTAL ... ..         | 100 (554)                          | 22.2 (123)         | 10.1 (56) | 5.2 (29) | 2.2 (12) | 39.8 (220)          |
|                      |                                    |                    |           |          |          | 60.3 (334)          |

## APPENDIX XVII (continued)

DELETIONS FROM THE REGISTER, 1948-1960, OF THOSE NOTIFIED 1948-1960

(c) PERCENTAGE DISTRIBUTION AMONG THE GRADES. (Numbers in brackets).

| Grade                           | All<br>Notifications,<br>1948-1960 | OUTFLOW, 1948-1960 |           |          |          | Register,<br>1-1-61 |
|---------------------------------|------------------------------------|--------------------|-----------|----------|----------|---------------------|
|                                 |                                    | Discharged         | Emigrated | Died     | Lost     | Total               |
| Low ... ..                      | 9.4                                | ...                | 12.5      | 46.2     | ...      | 8.8                 |
| Medium ... ..                   | 24.2                               | 5.8                | 17.9      | 19.2     | 33.3     | 12.1                |
| High ... ..                     | 66.4                               | 94.2               | 69.6      | 34.6     | 66.7     | 79.1                |
| <b>Total</b> ... ..             | 100 (545)                          | 100 (121)          | 100 (56)  | 100 (26) | 100 (12) | 100 (215)           |
| Numbers of Unknown Grade ... .. | (9)                                | (2)                | (0)       | (3)      | (0)      | (5)                 |
|                                 |                                    |                    |           |          |          | 100 (330)           |
|                                 |                                    |                    |           |          |          | (4)                 |



## APPENDIX XVIII

DELETIONS FROM THE REGISTER, 1948-1960, OF THOSE NOTIFIED BOTH BEFORE 1948 AND BETWEEN 1948-1960  
COMPARED WITH THE TOTAL NOTIFIED 1948-1960

(a) NUMBERS.

| Grade          | Inflow,<br>1948-1960 | OUTFLOW, 1948-1960 |           |      |      | Net<br>Increase,<br>1948-1960 |
|----------------|----------------------|--------------------|-----------|------|------|-------------------------------|
|                |                      | Discharged         | Emigrated | Died | Lost |                               |
| Low ... ..     | 51                   | 1                  | 10        | 17   | ...  | +23                           |
| Medium ... ..  | 132                  | 19                 | 35        | 26   | 4    | +48                           |
| High ... ..    | 362                  | 252                | 80        | 29   | 33   | -32                           |
| Unknown ... .. | 9                    | 4                  | ...       | 6    | 3    | -4                            |
| TOTAL ... ..   | 554                  | 276                | 125       | 78   | 40   | +35                           |

(b) PER CENT. (Numbers in brackets).

| Grade          | Inflow,<br>1948-1960 | OUTFLOW, 1948-1960 |            |           |          | Net<br>Increase,<br>1948-1960 |
|----------------|----------------------|--------------------|------------|-----------|----------|-------------------------------|
|                |                      | Discharged         | Emigrated  | Died      | Lost     |                               |
| Low ... ..     | 100 (51)             | 1.9                | 18.8       | 33.3      | ...      | +45.1                         |
| Medium ... ..  | 100 (132)            | 14.4               | 26.5       | 19.7      | 3.0      | +36.4                         |
| High ... ..    | 100 (362)            | 69.6               | 22.1       | 8.0       | 9.1      | -8.8                          |
| Unknown ... .. | 100 (9)              | 44.4               | ...        | 66.7      | 33.3     | -44.4                         |
| TOTAL ... ..   | 100 (554)            | 49.8 (276)         | 22.6 (125) | 14.1 (78) | 7.2 (40) | +6.3 (35)                     |

## APPENDIX XVIII (continued)

DELETIONS FROM THE REGISTER, 1948-1960, OF THOSE NOTIFIED BOTH BEFORE 1948 AND BETWEEN 1948-1960  
COMPARED WITH THE TOTAL NOTIFIED 1948-1960

(c) PERCENTAGE DISTRIBUTION AMONG THE GRADES. (Numbers in brackets).

| Grade                           | Inflow,<br>1948-1960 | OUTFLOW, 1948-1960 |           |          |           |
|---------------------------------|----------------------|--------------------|-----------|----------|-----------|
|                                 |                      | Discharged         | Emigrated | Died     | Lost      |
| Low ... ..                      | 9.4                  | 0.4                | 8.0       | 23.6     | ...       |
| Medium ... ..                   | 24.2                 | 7.0                | 28.0      | 36.2     | 10.8      |
| High ... ..                     | 66.4                 | 92.6               | 64.0      | 40.2     | 89.2      |
| TOTAL ... ..                    | 100 (545)            | 100 (272)          | 100 (125) | 100 (72) | 100 (37)  |
| Numbers of Unknown Grade ... .. | (9)                  | (4)                | ...       | (6)      | (3)       |
|                                 |                      |                    |           |          | 100 (506) |
|                                 |                      |                    |           |          | (13)      |



## APPENDIX XIX

## PREVALENCE OF LOW- AND MEDIUM-GRADE SUBNORMALITY IN SALFORD — COMPARISONS WITH OTHER STUDIES

| Age Group    | Survey          | LOW AND MEDIUM-GRADE |           | MONGOLS   |
|--------------|-----------------|----------------------|-----------|-----------|
|              |                 | Number               | Rate/1000 | Rate/1000 |
| 0-4 ... ..   | Lewis 1929      | 39                   | 0.7       | ...       |
|              | Middlesex* 1960 | 141                  | 0.98      | ...       |
|              | London 1960     | 204                  | 0.89      | ...       |
|              | Salford 1961    | 12                   | 0.87      | ...       |
| 10-14 ... .. | Lewis 1929      | 252                  | 4.3       | 0.34      |
|              | Middlesex* 1960 | 450                  | 3.6       | 1.14      |
|              | London 1960     | 624                  | 2.81      | ...       |
|              | Salford 1961    | 34                   | 2.66      | 0.9       |
| 0-14 ... ..  | Lewis 1929      | 568                  | 3.7       | ...       |
|              | Middlesex* 1960 | 962                  | 2.52      | ...       |
|              | London 1960     | 1,188                | 1.84      | ...       |
|              | Salford 1961    | 64                   | 1.6       | ...       |

\* The Middlesex rates are higher than those for London and Salford because they include children still attending school who were unknown to the mental health department, whereas in London and Salford these children were not included. Appendix V shows that Salford's prevalence rate in the age group 15-19 (3.89/1000) agrees very well with that for Middlesex in the age group 10-14 (3.6/1000). By the age of 15-19 Salford's figures probably include those subjects who went through the ordinary school system and who were therefore unknown to the mental health department, under the age of 15.

We are grateful to Miss Goodman and Dr. Tigmel for permission to publish their figures for London and Middlesex.

## APPENDIX XX

REGISTER PREVALENCE OF ASCERTAINED SUBNORMALITY, SALFORD, 1ST JANUARY, 1961

| Age Group      | Population | I.Q. 50+ |       | 20-49 |       | Under 20 |       | Total |       |
|----------------|------------|----------|-------|-------|-------|----------|-------|-------|-------|
|                |            | No.      | /1000 | No.   | /1000 | No.      | /1000 | No.   | /1000 |
| 0— ... ..      | 13,750     | 2        | 0.15  | 5     | 0.36  | 7        | 0.51  | 15    | 1.09  |
| 5 ... ..       | 12,210     | 4        | 0.33  | 11    | 0.90  | 7        | 0.57  | 22    | 1.80  |
| 10 ... ..      | 12,790     | 4        | 0.31  | 22    | 1.72  | 12       | 0.94  | 38    | 2.97  |
| 15 ... ..      | 10,290     | 95       | 9.23  | 32    | 3.11  | 8        | 0.78  | 135   | 13.11 |
| 20 ... ..      | 23,450     | 82       | 3.50  | 60    | 2.56  | 8        | 0.34  | 151   | 6.44  |
| 25 ... ..      |            |          |       |       |       |          |       |       |       |
| 30 ... ..      | 23,480     | 36       | 1.53  | 62    | 2.64  | 12       | 0.51  | 110   | 4.68  |
| 35 ... ..      |            |          |       |       |       |          |       |       |       |
| 40 ... ..      | 22,350     | 54       | 2.42  | 45    | 2.01  | 7        | 0.31  | 106   | 4.74  |
| 45 ... ..      |            |          |       |       |       |          |       |       |       |
| 50 ... ..      | 20,240     | 22       | 1.09  | 35    | 1.72  | 1        | 0.05  | 60    | 2.96  |
| 55 ... ..      |            |          |       |       |       |          |       |       |       |
| 60 ... ..      | 23,656     | 15       | 0.63  | 13    | 0.549 | ...      | ...   | 28    | 1.18  |
| 65 ... ..      |            |          |       |       |       |          |       |       |       |
| 70 ... ..      |            |          |       |       |       |          |       |       |       |
| 75+ ... ..     |            |          |       |       |       |          |       |       |       |
| Unknown ... .. | ...        | 5        | ...   | ...   | ...   | ...      | ...   | 14    | ...   |
| TOTAL ... ..   | 163,116†   | 319      | 1.96  | 285   | 1.75  | 62       | 0.38  | 679*  | 4.16  |

\* Includes 13 persons of unknown grade.

† This estimate of the population is now known to be too high. The 1961 census estimate is 153,000, but at the time of printing the age distribution is not yet available.



## IMMUNISATION SECTION

During the past year 2,350 children aged 0-15 years completed immunisation in Salford. The following figures show the results of the year's work :—

|                                                                   | 0-5 years. 5-15 years. 0-15 years. |        |        |
|-------------------------------------------------------------------|------------------------------------|--------|--------|
| Number immunised during the year ended 31st December, 1960 ... .. | 2,324                              | 26     | 2,350  |
| Number immunised during the year ended 31st December, 1959 ... .. | 2,286                              | 4      | 2,290  |
| Total completed immunisation at 31st December, 1960 ... ..        | 9,164                              | 22,117 | 31,281 |
| Total completed immunisation at 31st December, 1959 ... ..        | 9,017                              | 22,851 | 31,868 |
| Population figure, 1960 ... ..                                    | 13,400                             | 24,300 | 37,700 |
| Percentage immunised at 31st December, 1960 ...                   | 68.4%                              | 94.4%  | 84.5%  |
| " " " " " " 1959 ...                                              | 67.8%                              | 94.8%  | 85.2%  |

The children were immunised as follows :—

|                                                                    |              |
|--------------------------------------------------------------------|--------------|
| At Child Welfare Centres ... ..                                    | 1,579        |
| By Public Health Nursing Staff in the homes of the children ... .. | 481          |
| By Nursing Staff at schools ... ..                                 | 26           |
| By General Practitioners ... ..                                    | 251          |
| At Day Nurseries ... ..                                            | 4            |
| At Hope Hospital ... ..                                            | 5            |
| At Greenbank ... ..                                                | 4            |
| <b>TOTAL ... ..</b>                                                | <b>2,350</b> |

Of the 2,350 children completing immunisation, 2,308 received diphtheria, pertussis and tetanus (triple antigen) injections, five received combined diphtheria and pertussis injections, 37 were immunised against diphtheria only.

1,387 doses against diphtheria were given to schoolchildren during 1960. 911 children were given a booster dose of triple antigen twelve months after the completion of primary immunisation.

### Whooping Cough Immunisation.

2,319 children were given protection against whooping cough during 1960. This number includes children who have received triple antigen and double antigen injections.

### Mantoux Tests of Children under 5 years of age.

Two children had a negative reaction.

### B.C.G. Vaccination of School Children.

Below are set out statistics of all the children in the thirteen to fourteen year old age groups who have received mantoux tests and B.C.G. vaccinations during 1960 :—

|             | No.<br>invited | Consents | 1/1000<br>positive | 1/1000<br>negative | D.N.A. | Total | B.C.G.<br>vacc. | D.N.A. |
|-------------|----------------|----------|--------------------|--------------------|--------|-------|-----------------|--------|
| BOYS.....   | 1,513          | 720      | 69                 | 592                | 59     | 720   | 561             | 31     |
| GIRLS ..... | 1,410          | 728      | 66                 | 598                | 64     | 728   | 563             | 35     |
| TOTALS..... | 2,923          | 1,448    | 135                | 1,190              | 123    | 1,448 | 1,124           | 66     |



During the latter part of 1959 and the beginning of 1960 an investigation was conducted on behalf of the British Tuberculosis Association Research Committee, the object being to examine the best combination of number of needles and strength of vaccine required for effective freeze-dried B.C.G. vaccination by a multiple puncture method. The participants were eleven to twelve year old children attending schools under the Salford and Lancashire Education Authorities. The school children were tuberculin tested using P.P.D. (Weybridge) as issued by the Ministry of Health, by using two automatic guns of six needles set at 2 mm. which were supplied on loan by the B.T.A. The reading of this test was held after seven days and any child who was negative was given B.C.G. vaccination. Children with grades 1-3 papules of induration were regarded as positive and no further action was taken; grades 0-003 papules of induration were eligible for vaccination; six multiple puncture guns supplied on loan by the B.T.A. were used. The first three, one of six, one of 20 and one of 40 needles, were used once in that order, with 83 mg/mc strength of vaccine, followed by the second three guns similarly with 125 mg/mc strength of vaccine. The six guns thus used in rotation, allowed for cooling after sterilisation, before the sequence was repeated. Ten to thirteen weeks after B.C.G. vaccination the children were tuberculin tested using the same procedure as before except that the test was on the right forearm, the reading of this test was taken seven days later. From a total of 2,082 children invited 1,304 consents were received from parents willing to participate in the trials. All these children were born in 1948, and 1,017 children received B.C.G. vaccination, 104 children were found to be positive, 113 children were absent for the tuberculin test and 70 who had the tuberculin test were absent for the B.C.G. vaccination. The first post-vaccination tuberculin tests were given ten to thirteen weeks after vaccination. Of the 1,017 children vaccinated, 810 were found positive, 60 negative and 147 were absent. Further tests will be given in twelve months time and the vaccinations will be given where necessary.

### **Poliomyelitis Vaccination.**

During 1960 the age group for polio vaccination was again extended to include people up to the age of forty years. During May and June, 1960, a polio campaign was arranged. Four evening clinics and four lunch-time clinics were held per day. Also vaccine was made available at all the child welfare clinics. Nurses made home visits to vaccinate people. The mobile unit patrolled the City during the day and evenings; in addition, visits to firms were arranged to give polio vaccination to the employees. In October and November, 1960, a mobile unit was available to us and this went to various districts in the City to persuade people up to the age of forty years to have their polio vaccination. Although these all-out campaigns succeeded in getting more people vaccinated the number of vaccinations given to the older age groups is still disappointing.

The following figures show the number of vaccinations given during the year :—

|                          | <i>Second Injections.</i> | <i>Third Injections.</i> |
|--------------------------|---------------------------|--------------------------|
| 1943-60 ... ..           | 2,978                     | 8,012                    |
| 1933-42 ... ..           | 1,522                     | 5,245                    |
| 1920-32 ... ..           | 4,125                     | 905                      |
| Expectant Mothers ... .. | 52                        | 157                      |



The figures below show the total number of injections given at 31st December, 1960 :—

|                               | <i>Second Injections.</i> |     | <i>Third Injections.</i> |     |
|-------------------------------|---------------------------|-----|--------------------------|-----|
| 0-5 years, 1956-60 ... ..     | 6,326                     | 47% | 3,352                    | 25% |
| 5-15 „ 1945-55 ... ..         | 20,162                    | 83% | 15,932                   | 66% |
| 0-15 „ 1945-60 ... ..         | 26,488                    | 70% | 19,284                   | 51% |
| Young Persons, 1933-44 ... .. | 11,874                    | 43% | 7,791                    | 28% |
| 1920-32 ... ..                | 3,805                     | 10% | 963                      | 2%  |

### VACCINATION (SMALLPOX)

The figures relating to vaccination during 1960 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 ... ..        | 875          | 66     | 32        | 25         | 49                | 1,047 |
| Re-vaccinations ... ..             | Nil          | 1      | 6         | 24         | 187               | 218   |

### 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 ... ..              | 112      | ...     | 38  | 71   | 2     | 1     | ...   | ...         |
| Whooping Cough ... ..             | 177      | 22      | 98  | 53   | 2     | 2     | ...   | ...         |
| Measles ... ..                    | 1,184    | 72      | 698 | 409  | 5     | ...   | ...   | ...         |
| Dysentery ... ..                  | 138      | 7       | 73  | 26   | 8     | 24    | ...   | ...         |
| Pneumonia ... ..                  | 53       | ...     | 7   | 3    | 12    | 11    | 10    | 10          |
| Enteric Fever ... ..              | 1        | ...     | 1   | ...  | ...   | ...   | ...   | ...         |
| Paratyphoid Fever ... ..          | 2        | ...     | 2   | ...  | ...   | ...   | ...   | ...         |
| Erysipelas ... ..                 | 6        | ...     | 1   | ...  | 1     | 2     | 1     | 1           |
| Puerperal Pyrexia ... ..          | 32       | ...     | ... | 15   | 17    | ...   | ...   | ...         |
| Ophthalmia Neonatorum ... ..      | 8        | 8       | ... | ...  | ...   | ...   | ...   | ...         |
| Rheumatism ... ..                 | 22       | ...     | 3   | 19   | ...   | ...   | ...   | ...         |
| Tuberculosis (Respiratory) ... .. | 96       | ...     | 3   | 4    | 16    | 27    | 43    | 3           |
| Tuberculosis (Others) ... ..      | 6        | ...     | 1   | 2    | ...   | 2     | 1     | ...         |
| TOTALS ... ..                     | 1,837    | 109     | 925 | 602  | 63    | 69    | 55    | 14          |

## AMBULANCE SERVICE

The following table shows the patients carried and the mileage run during 1960, as compared with the previous year :—

| Class of Patient           | 1960          |                | 1959          |                |
|----------------------------|---------------|----------------|---------------|----------------|
|                            | Patients      | Miles          | Patients      | Miles          |
| Spastics ... ..            | 5,583         | 8,601          | 4,557         | 7,715          |
| Midwifery ... ..           | 2,423         | 11,550         | 2,513         | 11,379         |
| House Conveyance ... ..    | 51,740        | 157,432        | 52,018        | 154,551        |
| Inter-Hospital ... ..      | 1,714         | 10,258         | 1,767         | 10,474         |
| Maternity ... ..           | 1,537         | 9,979          | 1,504         | 9,512          |
| Gas/Air ... ..             | 402           | 1,555          | 457           | 1,798          |
| Mental Disorder ... ..     | 3,004         | 9,405          | 7,613         | 16,069         |
| Rechargeable ... ..        | 229           | 2,407          | 197           | 2,225          |
| Emergency ... ..           | 3,672         | 16,087         | 3,285         | 14,176         |
| Miscellaneous ... ..       | ...           | 3,877          | ...           | 3,098          |
| Infectious ... ..          | 311           | 2,182          | 250           | 1,699          |
| Handicapped Persons ... .. | 1,950         | 1,556          | 1,704         | 1,435          |
| <b>TOTALS ... ..</b>       | <b>72,565</b> | <b>234,889</b> | <b>75,865</b> | <b>234,131</b> |

During the year, ambulances carried 62,965 patients and travelled 185,070 miles, and sitting-case cars carried 9,600 patients and travelled 49,819 miles.

At 31st December, 1960, there were in operation ten ambulances, three sitting-case ambulances and two sitting-case cars, and the staff was as follows :—

|                                 |    |
|---------------------------------|----|
| Ambulance Officer ... ..        | 1  |
| Deputy Ambulance Officer ... .. | 1  |
| Station Officer ... ..          | 1  |
| Shift Leaders ... ..            | 3  |
| Driver Attendants ... ..        | 36 |

Replacement of the short-wave radio sets continued during 1960 with sets of the transistor type which are now being installed in the vehicles. In addition, all ambulances have now been equipped with 12-volt plugs for use with the portable incubators used in connection with the midwifery service.

## HEALTH EDUCATION

### In-Service Training Course.

An In-Service Training Course on Family Health, organised by the Central Council for Health Education, was held on January 5th and 6th. Lectures given to members of the Health Department Staff included the Place of Family Health in the Community and Teaching Tactics in Health Education. The course was interesting and stimulating, particularly in the demonstration of visual aids and other Health Education techniques.

### Chest X-Rays and Health Survey.

It was decided to combine multi-phasic screening tests with the annual chest x-ray survey this year. Volunteers for x-ray examinations were also



offered tests designed to discover unknown cases of diabetes, anæmia and irregularities of blood pressure. These tests proved extremely popular and an account of them appears elsewhere in this report.

Although Chest X-Ray examinations were concentrated on people with symptoms of chest diseases ; Family Doctor referrals ; persons whose occupations brought them in contact with children and those whose occupations made them at risk, no-one outside these groups was refused examination. Chest x-ray examinations were carried out by No. 2 M.M.R. Unit (Medical Director, Dr. R. Walshaw) and No. 6 M.M.R. Unit (Organising Secretary, Mr. N. Hall) for whose co-operation I am grateful.

Facilities for all tests were available for one month at the Drill Hall, Cross Lane, to serve St. Thomas's, St. Paul's and Crescent Wards, and for month at the Drill Hall, Great Clowes Street, to serve Kersal, Mandley Park and Albert Park Wards. An intensive publicity campaign was carried out in these areas by means of posters, 'bus posters and a house-to-house delivery of a joint letter from Dr. Walshaw and the Medical Officer of Health, the latter task again cheerfully undertaken by the Boy Scout movement. Industrial and other organisations were invited to participate.

#### **Polio Week, May 9th-14th.**

In February, 1960, the age limit for polio vaccination was raised to 40, and publicity used during Polio Week emphasised this fact. Posters, car streamers, window stickers and hand-out leaflets were widely displayed by Corporation Departments, the Gas and Electricity Boards, breweries, shops and sports and social organisations. On Friday, May 6th, a Mobile Unit commenced working in the City. This was covered by Granada T.V. news cameras and the local newspaper carried editorial material relating to Polio Week. Corporation Departments and industrial and other organisations were offered the services of a medical team to vaccinate their staffs. This offer produced a good response. It should be noted that the greater part of the printed publicity material is obtained free of charge.

A further effort was made in September when a free offer of a fully equipped Mobile Unit made by a drug company was accepted.

#### **Health Services Handbook.**

A new edition of the Health Services Handbook was published and widely distributed during the year.

#### **Cancer Education.**

A start was made on this difficult but very necessary task, in co-operation with the Manchester Committee on Cancer Educational Project. A number of large firms were offered to services of a new mobile cancer education unit. Two accepted and, while it was hoped that the response would have been greater, it is also realised that a good deal of prejudice needs to be overcome. Further efforts will be made.

#### **Smoking and Lung Cancer.**

An effort was made to emphasise the dangers of smoking to school-children and to young people. With the consent and co-operation of the







These figures give some idea of the incidence of unsuspected disease present among the general population. This represents only one aspect of the survey, but it must be remembered that a much larger number of persons could be reassured that the tests were satisfactory.

About six months after the tests those doctors whose patients had abnormal results were asked whether the abnormality was already known to them, and if not, whether the abnormality had been confirmed. Replies were received from about half the doctors written to, and these stated that in some cases the abnormality was already known.

|                            | <i>Replies<br/>received.</i> | <i>Abnormality<br/>already known.</i> | <i>Per cent.</i> |
|----------------------------|------------------------------|---------------------------------------|------------------|
| Glycosuria ... ..          | 9                            | 2                                     | 22               |
| Albuminuria ... ..         | 13                           | 8                                     | 62               |
| High blood pressure ... .. | 51                           | 28                                    | 55               |
| Low hæmoglobin ... ..      | 66                           | 20                                    | 30               |

It is not known how representative of all the abnormalities these replies are, but it is obvious that in these cases the screening tests were unnecessary in that the abnormality was already known.

The doctors' replies also showed that it is not always easy to see a patient in their practice who has been shown to have an abnormality requiring further investigation. It is not yet very common for doctors to go out to see their patients before the latter consult the doctor on account of some symptoms.

It was found that the number of people known to have been treated as a direct result of abnormalities discovered by the screening tests were as follows :—

|                                |    |
|--------------------------------|----|
| Diabetes (glycosuria) ... ..   | 2  |
| Albuminuria ... ..             | 4  |
| High blood pressure ... ..     | 9  |
| Low hæmoglobin (anæmia) ... .. | 17 |

Information was obtained for rather less than half the patients found to have abnormalities and so the number treated may well be twice those just given.

Just as important is the fact that 1,493 of those attending could be assured that their tests were normal.

The experience gained in this survey was very valuable and many lessons were learned for the future when it is hoped that such screening tests will play a greater part in the care of patients.

## HOME SAFETY COMMITTEE

Home accidents treated at Salford Royal Hospital during 1960 :—

| Cause                        | MALE;     |              | FEMALE;   |              | TOTAL     |              |
|------------------------------|-----------|--------------|-----------|--------------|-----------|--------------|
|                              | Fatal     | Non-fatal    | Fatal     | Non-fatal    | Fatal     | Non-fatal    |
| Burns and Scalds ... ..      | 2         | 213          | 1         | 165          | 3         | 378          |
| Falls ... ..                 | 4         | 506          | 7         | 663          | 11        | 1,169        |
| Lacerations ... ..           | ...       | 557          | ...       | 336          | ...       | 893          |
| Poisoning ... ..             | ...       | 40           | ...       | 22           | ...       | 62           |
| Overdose ... ..              | 2         | 19           | 2         | 34           | 4         | 53           |
| Animal Bites ... ..          | ...       | 40           | ...       | 41           | ...       | 81           |
| Gas Poisoning ... ..         | 1         | 14           | 1         | 8            | 2         | 22           |
| Swallowed foreign bodies ... | ...       | 123          | ...       | 99           | ...       | 222          |
| Miscellaneous ... ..         | 9         | 3,125        | 18        | 2,154        | 27        | 5,279        |
| <b>TOTAL; ... ..</b>         | <b>18</b> | <b>4,637</b> | <b>29</b> | <b>3,522</b> | <b>47</b> | <b>8,159</b> |

## ACCIDENT; REQUIRING IN-PATIENT TREATMENT.

|                     |            |
|---------------------|------------|
| Males ... ..        | 558        |
| Females ... ..      | 404        |
| <b>TOTAL ... ..</b> | <b>962</b> |

The figures which are given above show how great is the need for increased public awareness of dangers in the home. These dangers persist because we do not recognise ordinary familiar things as being dangerous and often because we are convinced that accidents will not happen to us. But accidents do happen to all of us as these disturbing figures show. The Home Safety Committee, which is a voluntary body, endeavours to reduce home accidents by taking part in national safety campaigns organised by the Royal Society for the Prevention of Accidents, by distributing literature and by providing a panel of speakers to address any organisation which makes a request. Several talks have been given this year. During the year the Committee decided to publish a new edition of the Home Safety Handbook. The preparation of this handbook, which will be available early in 1961, has taken a good deal of the Committee's time.

The Home Safety Committee is always ready to help to promote safety in the home in any way which presents itself. The following is just an example. A parent drew the attention of the Committee to an illustration on a toy which showed a small girl who was wearing a billowing dress putting a kettle onto an open fire. Believing that anything which leads a child to regard fire with less respect than its own safety deserves is important the Committee wrote to the manufacturers who agreed not to use illustrations of this nature in the future.

The Committee wishes to express its appreciation to Alderman M. C. Whitehead for kindly accepting the office of President during her Mayoralty and to the Chairman and members of the Health Committee for their continued support.

Requests for information and for speakers should be sent to the Hon. Secretary, Mrs. D. Brumham, Health Department, 143, Regent Road, Salford, 5.



## SALFORD HOUSE

Salford House provides separate cubicle accommodation for 285 men. Some men stay a few nights, most stay indefinitely, many consider themselves permanent residents and are referred to as "regulars." The number of "regulars" is very high when compared with other hostels and must rate with the highest in the country. At the present time the figure is approximately 70%.

During 1960 the charges were 21s. 0d. per week and 3s. 6d. per night, and the average number of residents was 280 per night.

The high figure of residential pensioners continues; in December a reasonable and impersonal check revealed 140 old aged pensioners, an increase of 30 over the year 1959. The check also revealed that approximately 40 pensioners did night watching, 110 younger men (ages 25 to 55) were mostly in unskilled and labouring work. The number of craftsmen (mainly bricklayers, joiners and plasterers) was no more than a dozen, they earned high wages and moved around the country, others earned about £8 10s. 0d. The remaining 20-30 were unemployable because of health or mental illness, a few were in the process of finding new employment.

One of the difficulties which faces a report into the details and nature of a hostel is the lack of information about the men. This is because residents traditionally expect an escape from questioning. There has been a change in this respect from the regulars, who have now availed themselves of the various services provided by the Local Authority and in particular the Health Department. The Health Visitor is now a regular caller and the men are willing to be interviewed and confide their health problems and accept advice and guidance. Also the chiropody service, which attends Salford House monthly, is now fully accepted by the old aged pensioners, who take full advantage of this beneficial treatment.

The National Assistance Board worked in close liaison with the management and many needy cases received additional help in the form of allowances for extra nourishment and over seventy pensioners and unemployable persons received clothing grants.

Booths Charity provided forty pensioners with footwear and shirts at Christmas. The W.V.S. and local hospital officials co-operated with the management in recommending a number of residents for admission to various convalescent centres.

The hostel was regularly visited by small parties of students from hospitals, welfare organisations and other organisations who wished to see the inside workings of a municipal hostel.

The Ministry of Labour continues to send young men from areas experiencing heavy unemployment. It is interesting that these men quickly find work and, whilst the majority move on into private accommodation, they all speak highly of the hostel and make regular return visits to the Social Club.

The traditional Christmas Party for pensioners was again a great success and was enhanced by the attendance of the Mayor and members of the Council, who assisted in the serving of an excellent Christmas dinner.

The residents' Social Club is still the main centre of harmony and friendship, and continues to benefit the residents and the general atmosphere of the hostel. The club can make an undisputed claim that residents, whether staying a few nights or as permanent lodgers, are encouraged to develop a degree of responsibility and appreciation towards this unique enterprise, which enables men quickly to form friendly relationships, removing all the usual problems of a stranger fitting into a large community.



# 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.<br>MARIAN MAXWELL-REEKIE, M.B., Ch.B.<br>ELEANOR P. BROWN, M.B., Ch.B.<br>ELIZABETH HIGHAM, M.B., Ch.B.<br>D. W. PRESTON, M.B., Ch.B., D.P.H.<br>ARIANE G. M. WISEMAN, M.B., Ch.B., D.P.H.<br>MARY S. GILBODY, M.B., B.Ch., B.A.O., D.P.H. |
| PART-TIME SCHOOL MEDICAL OFFICERS                       | MARJORIE F. LANDAU, M.B., B.S., M.R.C.S.,<br>L.R.C.P., D.C.H.<br>MARY C. MURRAY, M.B., B.Ch., B.A.O.<br>EUGENIE CHEESMOND, M.B., Ch.B. (Capetown).                                                                                                                                |
| *CONSULTANT EAR, NOSE AND THROAT<br>SPECIALIST.         | P. LEESON, F.R.C.S.                                                                                                                                                                                                                                                               |
| *CONSULTANT ORTHOPÆDIC SPECIALIST ..                    | D. D. CRANNA, M.B., Ch.B., F.R.C.S.<br>(Until June, 1960).<br>W. SAYLE-CREER, M.Ch. Orth., F.R.C.S.<br>(From July, 1960).                                                                                                                                                         |
| *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. (until July, 1960).<br>SHEILA THOMPSON, D.B.O.                                                                                                                                                                                                           |
| PRINCIPAL SCHOOL DENTAL OFFICER ...                     | W. C. PARR, L.D.S.                                                                                                                                                                                                                                                                |
| ASSISTANT SCHOOL DENTAL OFFICERS ..                     | AGNES M. PATERSON, L.D.S.<br>A. E. FRANKENSTEIN, D.D.D., D.M.D.                                                                                                                                                                                                                   |
| PART-TIME SCHOOL DENTAL OFFICERS ..                     | E. BLAKENEY, L.D.S.<br>S. E. TURNER, L.D.S.                                                                                                                                                                                                                                       |
| PART-TIME DENTAL ANÆSTHETIST ...                        | R. BRADBURY, L.D.S.<br>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.<br>(Eng.).                                                                                                                                                                                                                         |
| ORAL HYGIENIST ... ..                                   | CLARICE WORSLEY.                                                                                                                                                                                                                                                                  |
| SUPERINTENDENT OF HEALTH VISITORS<br>AND NURSING STAFF. | BEATRICE M. LANGTON, M.B.E., D.N. (London).<br>S.R.N., S.C.M., H.V.Cert.                                                                                                                                                                                                          |
| SENIOR PHYSIOTHERAPIST ... ..                           | PATRICIA K. FOGG, M.C.S.P.                                                                                                                                                                                                                                                        |
| SPEECH THERAPIST... ..                                  | GRETA M. GORDON, L.C.S.T.<br>ANN P. MYERS, L.C.S.T.<br>JEAN COHEN, L.C.S.T.                                                                                                                                                                                                       |
| PART-TIME CONSULTANT CHIROPODIST...                     | FRANKLIN CHARLESWORTH, Ed.D., D.S.C. (Ohio)<br>F.Ch.S.                                                                                                                                                                                                                            |
| PART-TIME ASSISTANT CHIROPODISTS ...                    | C. NEWMAN, M.Ch.S.<br>MARGARET E. CHARLESWORTH, M.Ch.S.                                                                                                                                                                                                                           |
| AUDIOMETRICIAN ... ..                                   | K. S. BROWN.                                                                                                                                                                                                                                                                      |

\* By arrangement with the Manchester Regional Hospital Board.

CHIEF CLERK ... .. F. E. BIRTWISTLE, M.R.I.P.H.H.



## SCHOOL HEALTH SERVICE ANNUAL REPORT

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TO THE CHAIRMAN AND MEMBERS OF THE SCHOOL HEALTH SUB-COMMITTEE.  
Mr. Chairman, Ladies and Gentlemen,

I give a brief account of the whole of the School Health Service.

School children form a group so vital for the physical, social and industrial health of the future of the country that it is with a sense of pride and privilege that we can assist in the supervision of their health. The whole staff of the School Health Services try to protect our children from some epidemic diseases, and from some of the stresses of growth, and to mitigate the effect of many disorders, even if they cannot be cured outright.

It is a pleasure to support the Education Authority and its teaching and administrative officers in the aim of providing the best possible educational services. Health of the body is essential for the proper function of the mind. Health supervision is still required in the so-called normal child, and supervision is particularly required in the case of the handicapped child.

Stress has been laid throughout the year on the *close co-operation* between doctor, school health visitor, teacher and parent, and the number of children examined at each session is kept at a maximum of fifteen in order to allow time for consultation, time to listen, and time to confer with head teacher or class teacher. I would like to pay tribute also to the work of the school welfare officers. One of the duties of the health staff is to examine attendance registers to find out the ailing children, and to confer with the welfare staff.

Other opportunities of useful collaboration have been through the fortnightly case conference for neglected children at which the School Welfare Officer and members of the staff of the School Health Service have compared notes, pooled information, discussed the case together, decided on a common policy of how the child and, above all, the family should be supervised and "with whom," "when" and "where" the supervision is to be carried out.

I would like to pay tribute to the help we received from the *hospitals and specialist services*. The staffs of hospitals are co-operative in giving us information about the school children under their care, particularly would I commend the co-operation of Dr. R. I. Mackay, Consultant Pædiatrician.

The backbone of the service is the skill, experience and deep interest taken by the medical, nursing and administrative staff in seeing that the health of the child is safeguarded and enhanced during the child's school life. We encourage informal inspections throughout school life, in addition to a routine inspection of children at the time of entry.

Very good care has been given to children who suffer from certain *physical handicaps*, due no doubt to our special problems of air pollution and spread of infections due to the environmental evils of overcrowding. We have twelve children suffering from bronchiectasis. Postural drainage, the work of the physiotherapist, and the help and understanding provided by the teaching staff, have assisted greatly in the special care.



The special class for *spastic* children has meant that only one child who has multiple defects is in a residential institution. An interesting feature of our work is that there appear to be very few delicate children.

Without good *sight* a child's education is hampered. It is important that all children should, therefore, have a vision test at their first medical inspection and subsequently routine screening tests with the Illiterate 'E' test or Snellen chart should be carried out every two years. Tests may also be arranged especially for an individual child if it appears to the teacher that the child has difficulty in seeing.

At these examinations the nurse is careful to look for any signs of squint. Many cases of squint are recognised before the child reaches school age by the medical officers, Health Visitors and nurses of the Maternal and Child Health Service, but it may happen that squint becomes more evident when the child enters school, particularly at the end of the day when the child is tired.

The next stage in the health supervision is the *weighing and measuring* of the child. Parents whose children are thought to be too light or too heavy are advised about diet. Carefully taken, these observations can be of great value in indicating changes of nutritional state over a period of years, and the impact of any general health or social change (*e.g.*, communal feeding) can be carefully watched.

The examination by the school medical officer is the final stage in the *periodic medical inspection*. Here the school nurse and the parent are usually present. At the school entry examination, while the child's general health condition is checked, emphasis is laid on the discovery of defects which could lead to an educational handicap. Ear, nose and throat infections may lead to partial deafness, which, if not corrected, can cause educational retardation. The importance of recognising and treating such defects is clear when it is realised that without such recognition the difficulty in educating the child may be wrongly attributed to lack of intellectual ability with disastrous consequences for the child.

At the school leaving examination, emphasis is laid on the suitability of the various types of employment available. This is especially important in the case of children suffering from a handicap and a close liaison with the Youth Employment Service is maintained. The school medical officer is able to advise the parent about dealing with any social or emotional problems which may arise from the sharp transition from school to working life as so many children are ill-prepared for this great change in their environment which occurs during their adolescence.

The progress of children for whom treatment is prescribed may be checked at school clinics held by the school medical officer.

It is essential to have *co-operation* between the school medical officer and the head teacher. Following the medical inspection the school medical officer and the head teacher can discuss the children in their care. The pooling of complementary knowledge, which each has of the child's ability, leads to a better understanding of the child and, consequently, ensures that the best possible approach to him will be made in order that he may benefit fully from his education.



Some educational authorities are now experimenting with schemes which do not include routine medical inspection at the age of 11 years. Recent surveys have shown that new defects are uncommon at this age and that it is more valuable for the school medical officer to be in frequent contact with each school and to see those children about whom either teacher or parent is worried. In Salford a survey at six-monthly intervals of all the children is carried out by the school nurse in close co-operation with the class teacher. Persistent absences from school, defects of vision, hearing and posture, skin infections, lack of normal energy and appetite, and a variety of major or minor disorders may need to be referred to the appropriate service. In this way the child's progress is assessed. Is he in good health? If not, what is needed to restore him to normal well-being and ensure his development?

The *Minor Ailments Clinic* deals with courses of treatment prescribed by the school medical officer and dressing minor injuries.

Our mobile clinic visits schools daily in order to save the children's school time which would otherwise be spent in travelling to and from the clinic and also to avoid traffic dangers. In some schools a special room is set aside for the school nurse to treat minor ailments on daily visits.

Some of the defects discovered at periodic inspections require the opinion of a consultant, and we have the services of a pædiatrician who is able to hold a regular consultative clinic and to offer an advisory service to the school medical officers. Children with a particular handicap must have careful consideration given to their long-term educational and medical needs and it is essential that the parents understand the problem involved before they can be asked to co-operate, and a consultant is only too happy to discuss the child with the mother and explain to her the need to persist in the treatment advised.

Children are referred to the Eye Clinic from a clinic or school examination by the medical officer or health visitor. In addition, a child may also be referred directly from schools by head teachers or as a result of observations made by parents themselves. Emergency cases involving injuries, inflamed eyes, etc., are sent directly from schools and treatment is given the same day.

### Special Services.

Children with *strabismus* may derive considerable benefit from orthoptic exercises. Whilst not all cases need or respond to this form of treatment—which takes a long time—in suitable cases the benefits, physical and psychological, may make it very worth while. The orthoptist gives exercises for the eye muscles and makes use of the variety of machines—e.g., the synoptophore.

We have special arrangements for the children attending the *partially sighted class* at Claremont Open Air School. They sit at a special desk, well-lit from the large window which has a Venetian blind to reduce the glare.

If a child's vision is 6/24, or worse, in each eye, and depending on the cause—such as congenital abnormalities and a high degree of myopic astigmatism, etc., the child must usually be educated by special methods in a class or school for partially sighted children. Efforts are made to provide as full an education as possible within the visual capabilities of the child. Books with large type, and special writing and drawing boards are used.



Some of our children at such schools have succeeded in the entrance examinations for grammar schools.

Children whose sight is so defective that they must be educated by methods not involving the use of sight are classed as blind and usually educated at special boarding schools.

To investigate hearing routine audiometry tests are carried out on all new school entrants and again at the 10+ age group. A child failing the group test in school is invited for an individual audiometer test.

For the *partially deaf child* there are special facilities. The education of children with hearing loss may take one of several forms, depending on the severity of the loss. A child who is slightly deaf may be able to remain in his ordinary class, either sitting in a favourable position in class or, in more severe cases, using a hearing aid. He may, however, require to be taught in a special class or school for partially deaf children. In such a class the teacher concentrates on the slow and difficult task of building up a working vocabulary for the child. Each word needs to be taught as a separate unit so that it is fully understood before being included in day-to-day speech.

In the special class the teacher is encouraging a group of children to lip-read. Some of the children who have been in this class for two or three years have made good progress educationally in command of language and in social behaviour.

A partially deaf child must learn to make use of the small amount of hearing which he has by listening intently to the single syllable word and then identifying the object on the table. The "loop" hearing aid system which we use enables the children to be comparatively mobile in the classroom.

The excessive tension which is a feature of children who stammer needs to be overcome before *speech therapy* is given. Before the child reads alone to the speech therapist he does special exercises which help him to relax. The use of a tape recorder helps the child by giving him the opportunity to hear his own voice as the therapist helps him by explaining how to overcome the speech difficulties which are revealed by the record. The tape-recorder is also useful to demonstrate improvements in speech which have taken place.

It may be difficult for a child with a speech defect to differentiate between similar sounds, for example, the consonants G and K, by hearing alone. By using a mirror, the child is able to see as well as hear the difference.

The *care of the feet* is obviously most important and there is nothing more fascinating than the supple and graceful feet of a healthy child.

Regular foot inspections are carried out at school ; children requiring treatment are referred to the clinics. The most common defects found are hallux valgus, over-lapping fifth toe, webbed toes, hallux varus, underlying and overlying and rotation of lesser toes, pronated feet and pes cavus.

The wearing of ill-fitting shoes can produce great deformities but, provided that constricting shoes have not been worn for too long a time, the condition of children's feet may be improved by simple foot exercises.



Only the best services are good enough for children and we have the services of an orthopaedic consultant who is able to give advice to the mother. The attendance of the consultant ensures a close link between the specialist and hospital services and the school child requiring special educational treatment.

In our *spastic* class the children learn by playing. Through the medium of drawing and painting these children can learn how to control their limbs and fingers and express their ideas and indeed there are some remarkable paintings done by spastic children.

To enable the *physically handicapped* children to leave the Cleveland Spastic Class a ramp has been specially constructed to help them by avoiding steps.

For the delicate children we have Claremont and Barr Hill Open Air Schools. Many of them suffer from long-standing disease of lungs or heart and require to have regular periods of rest or physiotherapy which would be impossible in an ordinary school without serious interruption of their education.

Many of them are educationally retarded as a result of long illness and they often have psychological difficulties as well.

A recent visit to Claremont showed the pleasant and informal conditions in the classroom and the wide expanse of open window. With many children suffering from respiratory disease, special care is necessary to prevent cross-infection.

For a child with bronchiectasis postural drainage helps to remove the large amount of mucous in the lungs. Regular drainage in this way may prevent recurrent bouts of infection which lead to absence from school and seriously interrupted education.

Children and their parents can be taught breathing exercises to be carried out at home which will be of great benefit.

Children with lung troubles—for example, asthma and bronchitis—derive great benefit from exercises which show them correct methods of breathing. After a short period of instruction they can usually carry out the exercises by themselves.

A number of children appear to be *dull or backward* at some time during their school life, to the teacher, the parent, the nurse or the doctor. As there may be many reasons to account for backwardness such children are referred to the school medical officer for his opinion. Factors such as deafness, frequent absences from school and psychological difficulties must be ascertained before coming to the decision that a child is below average intelligence. An intelligence test is an important aspect of the correct diagnosis of such cases.

If, as a result of full investigation, it is found that a child suffers from a low level of intellectual ability, it must be decided whether special education is required either in a special school or a special class.



We have apparently only nine maladjusted children and this type of child who does not easily play with other children has a constant desire to "keep herself to herself." Such a child needs much care and understanding, for seeds of adolescent and adult maladjustment to life and society are sown in early childhood.

A *maladjusted child* is defined as a child who shows evidence of emotional instability or psychological disturbance and to require special educational treatment in order to effect his or her personal, social and educational readjustment.

Various psychological services, such as Child Guidance Clinics (and, better still, Child and Family Guidance Clinics) may be evoked in order to provide treatment. Always the co-operation of the parents is needed. Much understanding, patience and resourcefulness may be required to effect improvement. Occasionally, some children have benefited from a change of environment. Rarely, residential accommodation in a hostel or that of selected foster parents may be indicated.

As the Underwood Report stated :—

"There has never been an age in which more was known about children, but it is also true that there has never been an age in which parents had less confidence in their own powers to handle their children. In time past, parents relied on instinct and common sense ; but in the complexity of modern civilisation these are overlaid or mistrusted and popular books on psychology are no substitute. Some of the common beliefs about the behaviour and development of children are very misleading and many parents become anxious if their children do not develop with the speed and behave in the manner expected. Parents need some understanding of the wide range of normal behaviour in children and of their requirements at different stages of development."

In school life there is a great opportunity for the teacher and health visitor to recognise serious problems of maladjustment and to consider together how adjustment to school and life may be attained.

Skilled help is often needed and the Child Guidance Service supplies this. Despite its name a good deal of work is done with the family as a whole because it is not only the child who needs help. The staff of a Child Guidance Clinic usually consists of a psychiatrist, psychologist and psychiatric social worker. Let us take the case of "Tommy," whose problems are being investigated at the clinic.

Tommy first has an intelligence test. It is very important to ascertain the child's level of intelligence before any form of psychotherapy is undertaken. If a child is of low intelligence it is doubtful whether psychotherapy would be successful because it is essential that a child must have an understanding of its problems and see what the psychotherapist is attempting to do for him. Psychotherapy is not magic and it is not always possible to help every maladjusted child.

Adults can tell the doctor about their problems—young people show their problems in their play. If they draw police or play going to prison repeatedly they are perhaps showing their concern over their naughtiness. A timid little boy comes with a large gun with which to shoot the doctor, hoping



to convince himself that he is not frightened. Some children have to show off how clever they are—often they are not doing very well at school.

Tommy likes making things—he wants to be as good as his dad—he is *not* just *playing*.

The high incidence of dental caries among school children has led to it being described as the “last and greatest epidemic of our times.” The aim of the *school dental service* is therefore not only to deal with decayed teeth but also to promote dental health by treatment and by health education.

Routine dental inspections are carried out by school dentists in the schools although, owing to staff difficulties in the School Dental Service, the time between inspections is longer than is desirable. With the parents’ consent, treatment found necessary may be carried out by the school dental surgeon.

The orthodontist fits an appliance to a child’s teeth in order to correct malformation, enabling the teeth to be cleaned more easily and more thoroughly and thereby reduce decay. Successful orthodontic treatment is often beneficial to the child’s mental as well as physical health, and allows cleaning.

An oral hygienist is employed by the authority, who after cleaning and scaling a child’s teeth, instructs him in the correct method of daily cleansing and arranges for a return visit after six months for a further check.

In order that his potential ability may be fully developed, a child must be adequately nourished. The *School Meals Service*, therefore, plays a valuable part in modern school life by providing nourishing, well-balanced meals containing the essential components of good diet. School mid-day meals are further supplemented by a third of a pint of milk daily.

Children are encouraged to observe the rules of personal hygiene after a visit to the toilet and before and after meals. An “individual” towel for each child is essential to the prevention of cross-infection which can be so troublesome and dangerous. It is a duty of the School Health Service and indeed of the Education Service as a whole, to teach the children good habits of personal hygiene and the best measures which may be taken in promoting health and preventing disease.

The unhygienic roller towel should be replaced by disposal paper towels. The use of these towels has been found to be most acceptable to school authorities, the school staff and the children.

It is said that half of the boys aged 15 years smoke. The relationship between *smoking* and lung cancer is discussed by a Health Education Officer with “teenagers.”

*Homework* is often necessary at the time of the 11+ examination, or following entrance to secondary, technical or grammar school. Home conditions such as lack of quiet and privacy have an adverse effect not only on the health of the child but also on his ability to take full advantage of his education at school.



The school child who has understanding and affectionate parents, who is well-cared for at home but left in peace to do that work which is his own, tends to be the happy, healthy child. A favourable home and school environment, the full co-operation of the parents, together with the School Health Service, will help the nation's school children to attain a state of "physical, mental, and social well-being."

It is a pleasure to place on record my sincere appreciation of the work of all persons in any way associated with the School Health Service, especially the medical, nursing and administrative staff. To Mr. F. A. J. Rivett, Director of Education, who has—along with the teachers and all other staff of the Education Committee—co-operated so ably and ungrudgingly. To you, Mr. Chairman, Ladies and Gentlemen, my grateful thanks for your support.

*J. L. Brown*

Principal School Medical Officer.

## MEDICAL INSPECTIONS

During the year 5,135 children were examined. Almost all those examined were school entrants (aged 4-6) or school leavers (aged 13 or 14). Very few children in the intermediate age groups were examined.

When a child is found to have a defect which requires treatment, advice is given to the parent by the School Medical Officer at the time of the inspection. Some children are referred to a specialist clinic (such as the Pædiatric Clinic, the Ear, Nose and Throat Clinic, the Chest Clinic, the Ophthalmic Clinic or the Child Guidance Clinic), or sent to see a specialist at a hospital out-patients' department. No child is sent to see a specialist unless the consent of the family doctor has been obtained. Occasionally a child is seen who requires immediate hospital treatment. Some children are referred to the family doctor for treatment, whilst others have defects which can be treated at a minor ailment clinic. Many children, unfortunately, have to be encouraged to visit the dentist because of dental caries. Some children are found who require a course of ultra-violet light, or physiotherapy, or speech therapy, or a visit to the chiropodist. A number of children are referred for a further examination to ascertain whether they are in need of special educational treatment as handicapped pupils.

### School Clinics

One thousand and sixty-one school clinics were held during the year and nearly 12,800 children actually attended.

The children who are examined by medical officers at school clinics are children referred by head teachers, health visitors, nurses or school welfare officers, or children examined at the request of their parents, or children who have previously been examined by a medical officer and require re-examination. Children whose general condition is poor can obtain free vitamins at the clinics. Treatment for some ear, nose and throat defects is prescribed at school clinics, while the more serious defects are treated at the ear, nose and throat clinic. Periods of convalescence are sometimes recommended by medical officers. Advice is frequently given to mothers on the management of the troublesome condition of enuresis. At some school clinics warts have been successfully treated using the carbon dioxide snow method. In addition, children seen at school clinics can be referred for treatment in exactly the same way as children seen at periodic medical inspections.

### Hæmoglobin Estimations.

At the request of medical officers, 257 estimations were carried out on children, of which 86 were below 80% and 16 were below 70%. Three severely anæmic children were detected, the hæmoglobins being 38%, 40% and 56% respectively. All three were successfully treated with iron therapy without admission to hospital.

### Examination of Teachers.

During the year 100 candidates for employment as teachers were medically examined. Ninety-three of these candidates were found to be free from physical defects or to possess defects which were not likely to interfere with efficiency in teaching.



Also, 20 candidates for entry to training colleges were medically examined. Eighteen were found to be free from physical defects or to possess defects which were not likely to interfere with efficiency in teaching.

### Employment of Children.

In connection with the employment of children under Section 18 of the Children and Young Persons Act, 1933, 512 permits were issued for the following occupations : Delivery of newspapers (484) ; groceries (20) ; meat (7) ; and errand boy—shoe repairers (1). Also two permits were issued for children to appear on the stage under Section 22 of the same Act.

Permits are issued only if, in the opinion of the examining medical officer, employment will not have an adverse effect on either the education or the health of the child.

### Infectious Diseases.

|                       |     |
|-----------------------|-----|
| Scarlet Fever ... ..  | 70  |
| Whooping Cough ... .. | 60  |
| Measles ... ..        | 408 |
| Tuberculosis ... ..   | 4   |
| Dysentery ... ..      | 24  |
| Pneumonia ... ..      | 3   |
| Rheumatism ... ..     | 22  |

It is pleasing to be able to record that no case of paralytic or non-paralytic poliomyelitis has occurred among Salford school children. But poliomyelitis has not yet been conquered, and it is still important to see that children are vaccinated against this crippling disease.

## THE HANDICAPPED PUPIL

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 on the register of handicapped pupils during the last four years.

|                                               | 1957 | 1958 | 1959 | 1960 |
|-----------------------------------------------|------|------|------|------|
| (a) Blind ... ..                              | 8    | 10   | 7    | 4    |
| (b) Partially sighted ... ..                  | 13   | 11   | 13   | 13   |
| (c) Deaf ... ..                               | 18   | 17   | 20   | 17   |
| (d) Partially deaf ... ..                     | 18   | 18   | 21   | 23   |
| (e) Educationally subnormal ... ..            | 102  | 116  | 139  | 546  |
| (f) Epileptics ... ..                         | 6    | 3    | 2    | 2    |
| (g) Maladjusted ... ..                        | 6    | 7    | 11   | 9    |
| (h) Physically handicapped ... ..             | 48   | 47   | 47   | 33   |
| (i) Pupils suffering from a speech defect ... | Nil  | Nil  | Nil  | Nil  |
| (j) Delicate ... ..                           | 296  | 346  | 306  | 325  |

### Educationally Subnormal Children, 1960

| Number of children examined. |     |     |     |     |     |     |     | <i>New Cases</i> | <i>Old Cases</i> | <i>Total</i> |
|------------------------------|-----|-----|-----|-----|-----|-----|-----|------------------|------------------|--------------|
| Boys                         | ... | ... | ... | ... | ... | ... | ... | 143              | +                | 14 = 157     |
| Girls                        | ... | ... | ... | ... | ... | ... | ... | 92               | +                | 14 = 106     |
| Totals                       | ... | ... | ... | ... | ... | ... | ... | 235              | +                | 28 = 263     |

#### CLASSIFICATION.

|                                           |     |     |     |     |     |     |     |     |
|-------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| 1. Education in an ordinary school        | ... | ... | ... | ... | ... | ... | ... | 37  |
| 2. Education in a day special school      | ... | ... | ... | ... | ... | ... | ... | 125 |
| 3. Education in a boarding special school | ... | ... | ... | ... | ... | ... | ... | 9   |
| 4. Notified under Section 57.3            | ... | ... | ... | ... | ... | ... | ... | 4   |
| 5. Notified under Section 57.5            | ... | ... | ... | ... | ... | ... | ... | 9   |
| 6. To be re-examined within twelve months | ... | ... | ... | ... | ... | ... | ... | 79  |
| Total                                     | ... | ... | ... | ... | ... | ... | ... | 263 |

The number of appointments made for examination of educationally subnormal children was 328, of which 80% attended.

Number of examinations requested by :

|                             |     |     |     |     |     |     |     |     |
|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| (a) School Medical Officers | ... | ... | ... | ... | ... | ... | ... | 182 |
| (b) Head Teachers           | ... | ... | ... | ... | ... | ... | ... | 64  |
| (c) Director of Education   | ... | ... | ... | ... | ... | ... | ... | 17  |
| (d) Children's Officer      | ... | ... | ... | ... | ... | ... | ... | Nil |
| Total                       | ... | ... | ... | ... | ... | ... | ... | 263 |

### CONSULTANT PÆDIATRIC CLINIC

The School Pædiatric Clinic has continued a weekly session throughout the past year, though the form of this session has altered a little.

Every fourth week children are seen who are referred specially by the Mental Health Department so that all mentally subnormal children are reviewed regularly both in respect of current medical problems and also with regard to their behavioural adjustment. These children are seen in co-operation with Dr. Wiseman and great benefit accrues from this work.

In order to devote more time to the handicapped child the School Consultant Clinic has been condensed with the Premature Baby Follow-up Clinic into the same session—mostly to reduce travelling time. This condensation has not meant that children wait longer for an appointment as it seems possible to review the requisite number of premature infants in the first part of the afternoon and continue with the school work afterwards.

Naturally, the functioning of this clinic is in close contact with the work of the Pædiatric Department at Hope Hospital. This contact being secured in a major degree by the activities of the Liaison Health Visitor.



## SCHOOL HEALTH VISITING

The main functions of the school health visiting service may be classified as follows :—

1. Assessment and supervision of health of the children in all its aspects—physical, emotional, mental and social.
2. Advising children and their parents on findings—where appropriate.
3. Discussion with teachers concerning assessment.
4. Acting as link between home, school and school health service.
5. Health teaching in school.
6. Referral of appropriate children for examination by a school medical officer.
7. Consultation with School Medical Officers carrying out routine medical inspections.
8. Special supervision of handicapped children :—
  - (a) in open-air schools ;
  - (b) in schools and classes for educationally sub-normal children
  - (c) in special classes, *e.g.*, Cleveland Spastic Class.
9. Home follow-up, and counselling of parents.
10. Treatment of minor ailments.
11. Staffing of general and special medical examination clinics.

Health Visitors are assisted by State Registered Nurses and auxiliary nurses (hygiene attendants), who carry out all treatment of minor ailments staff school clinics, and assist with health surveys, undertake vision and other tests, carry out cleanliness inspections and other duties which do not need for their performance the services of a health visitor.

### Staffing.

Alteration in the method of recording statistical information was made in 1956, since when no time analysis has been possible. It is likely, however that the equivalent of 18.89 full-time health visiting and clinic nursing staff employed in the School Health Service during that year has increased considerably. Several new Minor Ailments Clinics have since been opened, and each clinic must be staffed even in times of shortage of personnel and often at the expense of general health work.

**Minor Ailments Clinics** continued to function as in former years ; general and special medical examination clinics were staffed by nursing or auxiliary staff according to need. Chiropodists were assisted by auxiliaries in every instance.

### Examination of Children by Health Visiting and Nursing Staff.

The aim is to examine each child three times a year. A comprehensive examination of every child was carried out by the health visitor once in the year, plus a hygiene inspection each remaining term. Children found to be unsatisfactory from any viewpoint at any examination were re-examined subsequently at appropriate intervals, and any action necessary for the well-being of the child was undertaken.

Stress continued to be laid on such features as behaviour difficulties, nervousness, fatigue, posture and nutrition, as well as cleanliness, verminous infestation and physical defects.



Individual children examined at annual surveys totalled 22,821. Of these 559 were referred for further investigation. The number of children referred to the health visitor by teacher who had noticed some deviation from normal was 102.

**Vision Testing** was carried out in respect of children in the 8-10-12-14-year age groups in addition to school-leavers, and many children in the 6-year group who were tested by the "Illiterate 'E'" method. Of the children referred to the Eye Clinic during the year, some 2,704 in number, over 1,850 were submitted by the school health nursing section.

#### **Colour-vision Testing.**

Colour-vision testing was carried out on boys in the 10-11 age-group at 67 schools; 2,558 boys were given screening tests, of which 150 were referred for full Ishihara testing.

The number of boys with colour-vision defects were as follows :—

|                                   |     |
|-----------------------------------|-----|
| Partially Red-Green Blind ... ..  | 20  |
| Completely Red-Green Blind ... .. | 109 |
| Total Defects ... ..              | 129 |

Information regarding this condition was passed on to school teachers as the children concerned may experience difficulty with lessons where colours are involved—map reading, for example.

Boys suffering from Red-Green blindness are usually excluded from certain occupations on the railways and are not accepted as naval recruits or for training as pilots in the air services. Youth employment officers are informed of this defect when the boys leave school.

#### **Infectious Disease.**

Outbreaks of infectious disease were followed up by Health Visitors, who examined contacts in class and paid home visits in appropriate cases.

#### **Nursery Schools.**

Daily supervision of children where possible continued throughout the year in Nursery Schools. Close co-operation and good relationships already established between teaching and health visiting staff was maintained.

Nursery classes were visited where possible every month. A nursing auxiliary assisted the medical officer carrying out the annual medical examination of these children.

#### **Open-Air Schools.**

These schools were visited daily by a Clinic Nurse, who carried out all nursing care and treatment, including special tests as required by the School Medical Officer. Good liaison between the nurses in question and area health visitors, and with the specialist health visitor for children neglected in their own homes was maintained.



### **School Journeys—Holiday Camp.**

Examination by nursing and auxiliary staff of all children prior to making school journeys or going to Prestatyn Holiday Camp, continued as formerly.

### **Verminous Infestation.**

Head inspections were carried out each term and infested children re-examined after issue of Gammexane shampoo. Home visits where appropriate were paid. The cleansing of children unsatisfactorily cared for at home was carried out in a limited number of cases.

The incidence of verminous infestation was reduced, but it has been found most difficult to cope with persistent offenders who, despite all measures, become re-infested time and again. Every effort was made to persuade parents and other family members to use the Gammexane shampoo which they promised to do but obviously did not. As persuasive measures have failed in this minority of cases action against the parents under Section 54 of the Education Act, 1944, may be contemplated in the coming year.

The percentage of individual children infested during the year was reduced to 3.88% (5.5% in 1959). Children disinfested numbered 29 (41 in 1959).

### **Teaching.**

Regular class teaching was extended to two additional schools. "First Aid," "Home Nursing," "Health and Hygiene" were subjects taught, each of which gave opportunities for general health teaching which were not lost by the health visitors concerned. The little asides—for example, when describing the function of the lung in relation to artificial respiration the affect of cigarette smoking on the lung may just be mentioned—often make a bigger impact on the mind than is generally supposed.

During teaching of personal hygiene the opportunity is taken to describe the life history of the head louse, an account which some girls find quite fascinating. It is astonishing to discover that, even in these enlightened days, the idea that head lice generate spontaneously to inhabit the hair of certain children still persists in some families.

From the evolution of the nit to the louse it is not too difficult a step to elementary facts about the growth and transmission of bacteria, the infection of scratches and abrasions of the skin; the importance of cleanliness, the principles of asepsis. Knowledge gained here forms a most valuable foundation for teaching covering a much wider field—including the care of food and milk, and prevention of spread of infection.

The children concerned were prepared for the junior examinations of the British Red Cross Society, and the St. John Ambulance Association, which will be held early in 1961.

That real interest in these subjects has been stimulated by these lessons is evidenced by the fact that older girls are in some cases already making enquiries about joining the evening classes for more advanced training, and about nursing cadet schemes.

We are grateful to the Head Teachers in the schools concerned, not only for granting every facility for giving these talks, but for their interest and encouragement throughout.



## NURSERY CLASSES

Children who are under 5 and attending nursery classes are medically examined periodically. During the year a total of 425 such examinations took place, comprising 391 children, who were seen once only, and the rest two or three times as required. Ten were unsatisfactory, but these, when examined later, had improved in health considerably.

The general health of the children is good, but dental caries (171), knock knees (48), and nose and throat trouble (54), still head the list of defects. Fifteen children had a squint and many of these had already been supplied with glasses and were wearing them.

It is interesting to report that one epileptic child and one mild spastic are both "holding their own" and enjoying their school life. Speech was causing problems for five children, and three were referred for an individual Audiometer test.

I feel that the examination of these children is so important. They are not brought to the Welfare Clinics usually because mother is working and, as they are under five years of age, they are not seen at the annual medical inspection of entrants to the Infants' Schools.

## SCHOOL DENTAL SERVICE

Early in the year, the services of Mr. Hargreaves were lost to us and, whilst in other respects the staff situation has remained constant, it has not been possible to replace him.

Our Encombe Place clinic is therefore now operating only on a part-time basis and the overall strength has been reduced by four sessions per week.

The rate of routine school inspections has been maintained, *i.e.*, approximately half the school population was inspected during the year. The frequency of inspections varies slightly for different parts of the city. Children found to be needing treatment at these inspections are offered this. All treatment accruing from this is carried out before proceeding to a further school inspection. The number of children seen as "specials," *i.e.*, not as a result of school inspections, is high, and must remain so whilst routine inspections are at such relatively long intervals.

The number of "specials" inspected and treated has to be borne in mind in interpreting the figures in the statistical tables. Since most of these children are seen for urgent reasons, practically all of them need and accept treatment, and this factor tends to obscure the true relationship of the number of children offered and accepting treatment at the routine dental inspection. Children seen at school inspections, who are undergoing treatment from general dental practitioners, are not included in the headings of children, either found to require treatment, or children referred for treatment.



The amount of conservative work carried out during the year has remained steady, whilst the number of teeth extracted has fallen slightly from previous years. Ninety-three children were supplied with artificial dentures, the large proportion being one, or two, tooth dentures to replace teeth broken or lost in accidents of various kinds, which were not seen sufficiently quickly after injury, for more conservative treatments to be initiated. During the year, a number of acrylic jacket crowns have been fitted to complete such conservative treatment. Such crowns have been recorded under the heading of other operations which also include silver nitrate treatments, dressings, etc.

The results of a survey carried out at the end of 1959 by Mr. Hargreaves, and referred to in the report of that year, were available for statistical survey early this year. This survey revealed that only 3% of the children examined at the ages of 8 and 12 years were free from caries. This figure, whilst spotlighting the great need for dental treatment, emphasises the fact that the problem cannot be solved on a basis of treatment alone.

Last September we were fortunate to obtain the services of Miss Norman, oral hygienist, for two days per week, in addition to the full-time oral hygienist, Miss Worsley, on our staff. It was decided to concentrate the efforts of Miss Norman purely to the field of Dental Education, and arrangements have been made for her to circulate amongst the schools and clinics, giving talks and lectures on this subject.

The policy of taking the Hygienist to school on routine dental inspections was continued as in previous years. It is felt that this intensification of education in the field of Dental Hygiene is one measure open to us in the fight against dental disease and that, whilst any results which might accrue from it must necessarily be of a long-term nature, it cannot be over-emphasised that sound oral hygiene is the best defence against dental disease available.

Some 1,150 children who made 2,300 attendances were treated by the Oral Hygienist. These children who are referred to her by the Dental Officers are usually the ones whose hygiene is in an unusually bad state. Their teeth are scaled and any necessary gum treatment carried out, they are given instruction in the maintenance of a healthy mouth, and are recalled at six-monthly periods for revue and any further necessary treatment.

The principles adopted for Orthodontic treatment during recent years have been continued and an increasing number of children are now having irregularities corrected by appliances which are only worn at night.

Every effort is made to ensure that children are only recommended for Orthodontic treatment when both they and their parents have been made fully aware of the position and the necessity for continued treatment if satisfactory results are to be obtained. Where it is not considered that the child will tolerate the wearing of the necessary appliances or where the necessary parental co-operation is not obtainable any other lines of treatment such as by extraction are carried out.

It is regretted that in spite of this there are still a large number of children who fail to complete orthodontic treatment after its having been started.

I am indebted to Mr. Senior (Consultant Orthodontist) for the accompanying photographs of children treated. They are self-explanatory.





MARCH, 1960



FEBRUARY, 1961





MARCH 1960



FEBRUARY, 1961

### SPEECH THERAPY

Perhaps this may prove a suitable occasion on which to clear up a number of misunderstandings concerning the role of the Speech Therapist. A Speech Therapist can be defined as a professional worker qualified to diagnose and treat all forms of speech, voice and language disorders.

The causes of these various disorders are multiple but they can be roughly classified under the following five headings : Emotional ; Structural ; Neurological ; Auditory and Intellectual. Impoverished intellect is claimed to be the commonest cause of language disorder. Language is a learned skill and a highly complex one, therefore, a child of low intelligence will find difficulty in the acquisition of normal language. Rarely does one find a child where laziness is the single cause of his speech defect.



Children requiring Speech Therapy are generally referred by their school area doctor or parents. When a child first enters the Speech Therapy unit in Salford, he is automatically referred for a hearing test. During the introductory interview, the therapist compiles a case history from the parent and child, in order that she may obtain a comprehensive knowledge of the child's hereditary and environmental history, and occasionally during this initial interview some chance remark made by the parent may indicate the crux of the problem.

The number of times a child attends the clinic obviously varies, but generally speaking the children attend on a weekly basis. In a good percentage of cases the child is accompanied by a parent. Often the children attend for a prolonged period, varying from two months to a number of years, depending on the severity of the defect involved. As may be expected, the Speech Therapist has to contend with the problems of unpunctuality, erratic attendance and inadequate home practise. To overcome these problems there must be a conscientious liaison between school, home and therapist.

Salford therapists feel that the general standard of co-operation is good, but naturally there is always room for improvement. Unfortunately, our complement was reduced to two by the loss of Miss A. Myers, who left Salford before the Christmas vacation.

The Friday morning clinic at Claremont Open-Air School was terminated before the Easter vacation and was replaced by a weekly clinic established in Parkfield School, but this still leaves one session each week at Claremont.

### **EAR, NOSE AND THROAT CLINIC**

The nature of the work in the Ear, Nose and Throat Clinic has proceeded along the lines indicated in the report submitted last year. More cases have received hospital treatment and more ear operations, both of major and minor type, have been performed. Some inevitable delay has occurred before children could be admitted to hospital, but, on the whole, the waiting list for the removal of tonsils and adenoids has been little more than in previous years, because of useful co-operation with hospitals outside Salford.

The effect of this trend has been to reduce the number of cases returning to the Ear, Nose and Throat Clinic for conservative treatment, thus freeing appointments for a greater number of new cases. At the same time it has been possible to take more time to investigate the educational progress of children with milder hearing loss on the basis that such children, especially those in the infant and lower end of the junior schools, may be handicapped in their learning by being unable to hear quite all that the teacher is saying. The result of this on a young child is frustrating in that he may be quite likely to misunderstand instructions, or else to lose interest because of the heightened concentration required.

Proceeding on this thesis, the aim has been to base recommendations for surgical treatment not only on the symptoms and signs of tonsillitis, catarrh or ear trouble, but particularly on the effect of these on the child's hearing. In so many of the cases being referred to the clinic, hearing is affected in some way, not necessarily obvious to parents and teachers. Of the 547 operations carried out in 1960, 396 children underwent removal of tonsils and adenoids, and 22 underwent removal of tonsils alone, but no less than 70 operations



were performed on the throat or nose to improve hearing, and 32 on the ears for the same purpose. Surgical procedures on the ears, amongst a school population as prone to "running ears" as ours has shown itself to be, provide very encouraging results. Of the 32 ear operations, 10 have consisted of repair to perforated ear drums, and 10 minor operations to withdraw fluid from the middle ear before it could cause further damage and more permanent loss of hearing.

Space does not permit us to show in detail the age and sex ratios of the children examined but, for the older child who has been more or less handicapped by a prolonged period of indifferent hearing and whose reading has possibly suffered along with other subjects which rely on speech for their teaching the outlook is brighter. If all such children, and also the quiet, retiring or stubborn child were promptly referred for examination at the Ear, Nose and Throat Clinic, their future could be considerably improved.

Co-operation with the Education Department has been particularly satisfactory in dealing with the problems raised by children attending the Ear, Nose and Throat Clinic, and is of prime importance to the successful outcome of all such treatment.

### OPHTHALMIC CLINIC

In addition to the normal work of the ophthalmic clinic, it has been possible during the last twelve months to give further attention to the amblyopia of squint with special reference to the factor of eccentric fixation which occurs in that condition. Each case of strabismus, as it attended the clinic, either as a new case, or as a repeat visit, was first refracted and then examined with the visuscope when the pupil was dilated. A detailed history of each new case was made, having regard to the following details—date of birth, age at onset of squint, interval of time between onset and first attending for treatment, family history, possible cause of squint and degree of refraction. There was found to be a statistical difference in the incidence of non-central fixation between treated and untreated cases. A series of more than 150 new cases showed a percentage of 25.3 having eccentric fixation and a further series of conventionally treated cases of a percentage of 15.2 with eccentric fixation. The children having a later age of onset of the squint were less likely to have non-central fixation compared with younger children, but the operative factors tending to increase the incidence of non-central fixation were the interval of time between onset and first treatment and the degree of anisometropia. These factors were independent of each other. Of these factors, age at onset, interval of time between onset and treatment and the degree of anisometropia, the first two are subject to influence as a result of medical inspection. The inference which has been drawn suggests that squint in children should be ascertained and treated as soon as possible in order (1) to treat the children in the younger age groups who show a greater likelihood of developing eccentric fixation, and (2) to diminish the interval of time between onset and treatment in order to diminish the likelihood of eccentric fixation developing in the untreated case. With these objects in view, the family doctors and the school medical staff of the local authorities have been circularised suggesting that cases of squint should be sent for treatment immediately they are discovered.

During the last nine months, 22 new cases of squint have been supervised and treated by occlusion at fortnightly intervals, with the result that up to date more than 90% of these have achieved central fixation.



## FOOT HEALTH SERVICE

During the past year, much thought has been given to the apparent increase in Verruca and Tinea Pedis during recent years, and we have endeavoured to carry out surveys and clinical investigations.

Aetiological and pathological factors are very difficult to pin down in the case of Tinea Pedis, although as a result of our investigations we have been able to arrive at some conclusions which may possibly be given consideration in the appropriate quarters. There is no doubt that there has been a very marked and progressive increase in Verruca, Tinea Pedis, and other dermatosis during the last five years. When one looks for the cause of this progressive increase, one naturally studies any factors associated with the conduct of the patient which may have some bearing on the problem.

One is first struck by the very poor foot hygiene, the legs and feet of a large number of children are in a filthy state for considerable periods. In some cases, so far as the feet are concerned, the dirt is positively polished into the skin, indicating that soap and water have not been used for a long time. There is no doubt that this deterioration in foot hygiene has been equally as progressive as the increase in the dermatosis, and can be considered as a contributory factor. Another is the change in footwear construction and the materials used for insoles and soles.

Investigations which were recently carried out, relative to the use of substitutes for leather and their relationship to Verruca, Tinea Pedis and other dermatosis proved very instructive.

Reverting to the early period of this service, footwear was of four types, all leather shoes, leather footwear which has a top sole of vulcanised rubber termed uskide, then a proportion, particularly during the summer, of plimsols, and, in the winter, a proportion of wellingtons. In other words, a great majority of children were wearing leather footwear or footwear with leather uppers and a leather middle sole next to the foot. Except when wearing plimsols and wellingtons there were no rubber or plastic materials next to the feet. In both types of footwear it was leather only that was in contact with the feet.

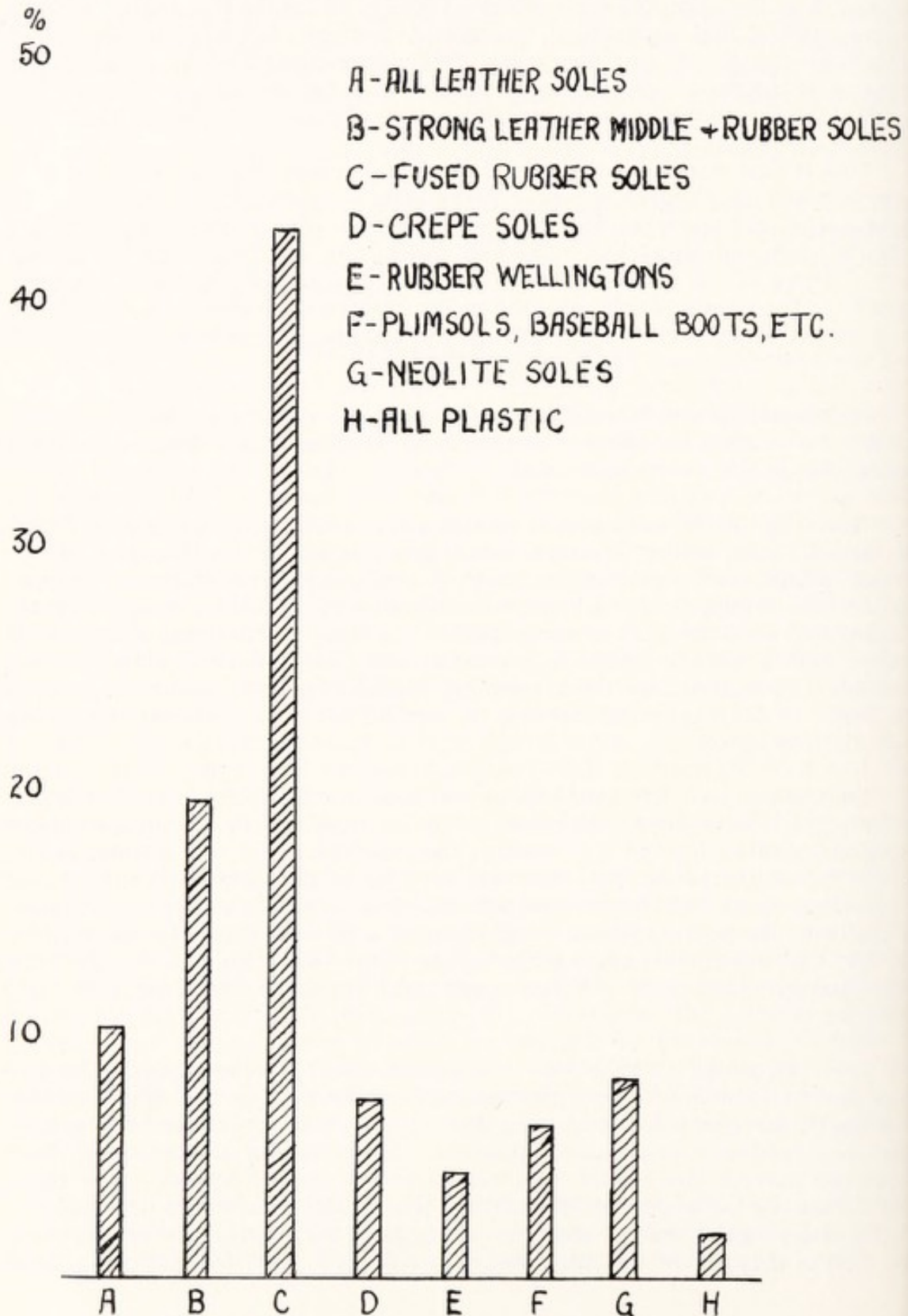
During the past five years there has been a marked increase in the use of substitutes for leather, and either resinous compound or vulcanised rubber compounds of some type were used. The point to make here is that, in the earlier footwear, the material that was brought in contact with the foot was a substance natural in character which absorbed, and did not repel, excretions of the feet. By wearing lighter-weight leather soles and uppers in the summer the feet kept reasonably cool, whilst in the winter footwear of a heavier type with stronger soles kept the feet warm and insulated from the cold, wet pavements.

It is interesting to note how the introduction of substitutes for leather soles and heels have reached a proportion of some 89.8% of all the footwear. It is particularly interesting to note that 42.6% of the footwear have welded soles of a rubber or resinous composition. The sole, heel and waists of these shoes are cast in one mould and welded to the leather uppers. The inner sole is usually of a composition, other than leather, which is non-porous. There is one good thing, however, about this particular type of footwear and that is they are in the main made on "Satra" lasts, that is to say, lasts

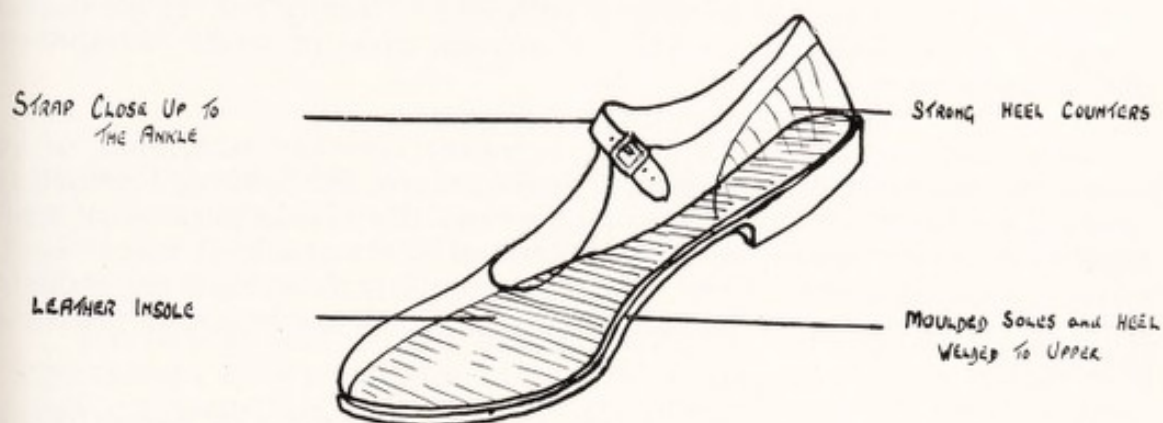


approved by the Shoe and Leather Trades Research Association. These are good lasts and a great proportion of these shoes are made on them. Also it is good to note that the majority of them have a strong heel counter, also a rigid waist.

PERCENTAGE OF TYPES OF FOOTWEAR WORN BY CHILDREN.  
( TOTAL NUMBER EXAMINED - 4737.)

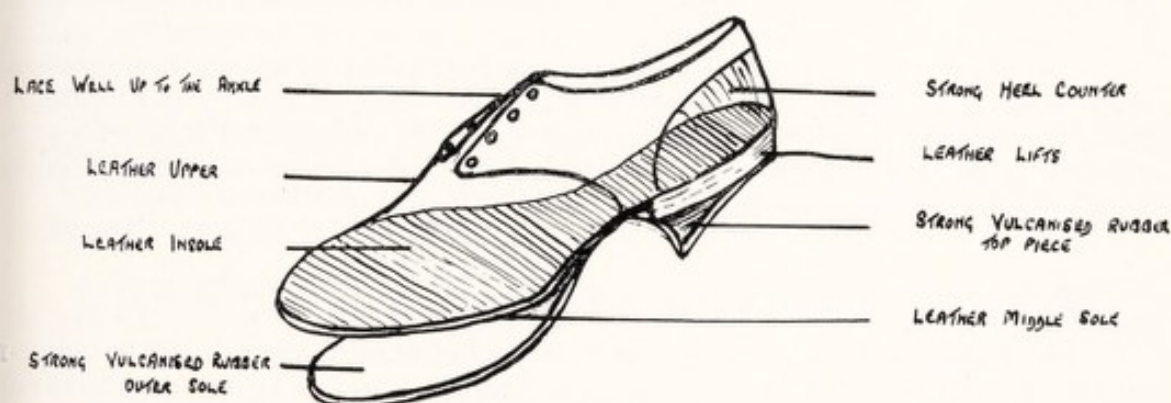


There are two faults that one could mention in these shoes, however, and that is the insole, being of a non-porous substance, repels the excretions of the feet which condense into an aqueous solution which can be reabsorbed by the tissues. This tends to make the tissues soggy and relaxed, thus destroying the defensive mechanism.



ALTERNATIVE SCHOOL SHOE.

F.C.



IDEAL SCHOOL SHOE.

F.C.

One feels that these factors, like the deterioration in foot hygiene, are important factors, particularly as substitutes for leather are reaching such a point, that footwear completely excluding leather is being manufactured in ever increasing numbers.

We are constantly pointing out to parents the dangers of substitutes for leather. We do feel that the retention of a good real leather insole with real leather uppers would meet the case of healthy footwear, and advocate strongly that substitutes should not go further than use in the outer soles in the footwear of children.

I am pleased to say that much progressive work has been done largely because of the willing and helpful co-operation of school heads and teachers.



### AUDIOMETRY

More evidence has been produced, by the year's work, of the effect of deafness in the life of a school child; a hearing loss of no more than ten decibels in both ears is enough to impair a child's emotional and educational development. Of the 137 children referred to the Speech Therapist during the year just over 24% had a hearing loss of varying degrees in both ears, and only 29% had normal hearing in both ears. Hearing loss, at the period when a child is developing speech, is a frequent cause of speech impediment and stammering.

Deafness, associated with upper respiratory infection, was found to be very common, as is to be expected in an industrial area like Salford. Fluctuating deafness is characteristic of this condition and this can be a cause of mal-adjustment and frustration amongst children who are unable to adjust themselves to a changing hearing loss. When one considers that 75% of the children in the city suffer in this way one realises the educational and behaviour problems implied.

Greater emphasis was paid to the 4-7 year age group in Sweep testing of hearing in school, in order to detect deafness at an early stage in the child's school life before serious work is commenced. A total of 3,336 children were tested—including 637 in the 13 year age group—and, of the total, 538 (16%) failed the test. These failures were then given a full hearing test with the result that a further 84 were found to have no loss of hearing, leaving 454 (13.5% of the total number tested) with a hearing loss affecting their education.

One thousand nine hundred and eighty-eight air conduction individual audiometer tests were carried out during the year (this being a record number). Bone conduction testing would be a most desirable supplement to the services already given, but a more adequately sound-proofed room will be necessary before such tests can be started.

### CONSULTANT ORTHOPÆDIC CLINIC

The Orthopædic work of the Salford School Health Service is carried out at the Regent Road Clinic, Cleveland Special Class, Claremont Open-Air School and at the several Physiotherapy clinics.

The children can be divided roughly into Cerebral Palsy (Spastics), Poliomyelitis and postural deformities, such as knock knees, valgus feet, curled toes.

The treatment can be divided into surgical (operations), mechanical (wedged shoes, splints, etc.), and physiotherapy. We are learning to perform fewer and fewer operations on spastics, but more and more on postural conditions. These operations which are necessary are done at either Hope Hospital or the Royal Manchester Children's Hospital.

It is a continued pleasure to record the excellent general healthy conditions of our children. Smiling eyes, glowing skin and strong muscles confirm the good effects of propaganda and good feeding over the post-war years.

We have now reached the stage when we must look away from *treatment* to *prevention* even in the simpler things. But prevention implies knowledge of the factors involved. Knowledge can only be gained by investigation.



An immense survey has been started in Salford (in conjunction with Guy's Hospital in the London area), into the way that children's feet grow and alter. It will take 15-20 years. We hope to have some information much sooner. But we need much co-operation from everyone—not least of all the children and their parents. If everyone connected with the care of children will help by encouraging parents to attend for examination when requested, the survey will be completed the more quickly.

### PHYSIOTHERAPY

This year has been a most satisfying one. This is because the staffing position has improved over the twelve months taken as a whole, and, though the full establishment has not been reached, the position has been much better than in previous years.

The clerical staff of the School Health Department have helped the physiotherapy staff greatly by taking over a large part of the clerical work which previously had to be done by the physiotherapists at odd moments. This was never satisfactory and the clerical side of the department is now done much more efficiently thus allowing the physiotherapists to concentrate on the work for which they were trained.

The quality of the work has improved because there is now more time to devote to each child as an individual. Being able to spare a moment to take a personal and individual interest in both a child and its parent makes all the difference to the child in the value of the treatment and makes the work much more satisfactory for the physiotherapist.

During the year, Mr. Sayle Creer has become the Orthopædic Consultant at the clinics. Children requiring operation are admitted to Hope Hospital for operative treatment and very good co-operation is maintained with the orthopædic staff at the hospital.

A large part of our work is carried out at Claremont Open-Air School. As the school has been enlarged so has our work grown. The wide differences in the types of children attending the school creates many difficulties.

There are a considerable number of children attending with bronchiectasis, and, as these children are carriers of a wide range of infections, great care has to be taken to prevent cross-infection during treatment. We now have four aerosol machines and this means that the children requiring this treatment can now have it daily.

A number of the severely handicapped children are now growing older and, consequently, heavier and more difficult to lift. This presents difficulties as we have no male attendants at the school to help with lifting and dressing. We have managed to solve this problem to some extent as we are fortunate enough to have a male physiotherapist on the staff. Without him it would be impossible for some of the older and heavier children to have adequate treatment and we can only hope we may be fortunate in having a male physiotherapist until the physically handicapped school is ready and more appropriate arrangements can be made.

Since September last we have taken six severely handicapped children once a week to the swimming baths. Two members of the teaching staff arrange between them for one to go each week and the physiotherapist goes every week.



The response of the children to water therapy has been most rewarding and their joy of movement in the water miraculous. It is hard for a fully mobile person to appreciate the sense of achievement a chair-bound child feels at being able to kick his legs and move independently in the water. Unfortunately, we are once more up against the problem of helping these children to dress and undress, and lifting them in and out of the water. The ambulance drivers and bath attendants are most kind, but there are several more children who would enjoy and benefit tremendously from a visit to the baths if only we had more help.

The class for those suffering from cerebral palsy is a very happy unit and the children now join the class as soon as they become of school age. As most of them have attended the clinics regularly as babies, they are well known to the physiotherapists, who can give a clear picture of the child's capabilities to the teacher and assist the child to settle down happily at school. There is no break in treatment as a physiotherapist attends the school daily, and a familiar face helps the child to settle down more happily. It also gives the parents a feeling of confidence that the individual problems of their child are understood.

All clinics are adequately staffed and we hope this will continue so that the physiotherapists may not only treat the child to the best of their ability but may have time to listen to the mother and relieve the hidden anxieties that parents have but find difficulty to express when staff are rushed and frequently overworked.

Salford is most fortunate in having staff who are all very interested in the children and their problems, and it gives them great pleasure to be able to encourage parents by telling them that a Salford child with cerebral palsy, admittedly mild, has won a foundation scholarship to Manchester Grammar School and another is making good progress at Salford Grammar School.

### SCHOOL CHILDREN'S CONVALESCENCE

One hundred and one school children were afforded convalescence during 1960. Eleven children referred to the Almoner did not avail themselves of the provision made.

Sources of referral :—

|                               |     |     |     |     |     |     |     |     |
|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| School Medical Officers       | ... | ... | ... | ... | ... | ... | ... | 81  |
| Hospital Almoners             | ... | ... | ... | ... | ... | ... | ... | 5   |
| Health Visitors               | ... | ... | ... | ... | ... | ... | ... | 7   |
| General Medical Practitioners | ... | ... | ... | ... | ... | ... | ... | 8   |
| Total                         |     |     |     |     |     |     |     | 101 |

63 children were away for four weeks or less.

2    "    "    "    "    five weeks.

23   "    "    "    "    six    "

2    "    "    "    "    eight   "

—

90

—



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

|                                         |    |
|-----------------------------------------|----|
| Tanllwyfan, Colwyn Bay ... ..           | 1  |
| Taxal Edge, Derbyshire ... ..           | 28 |
| Ormerod, St. Annes-on-Sea ... ..        | 16 |
| Margaret Beavan, Heswall ... ..         | 9  |
| Bryn Aber Nursery Home, Abergele ... .. | 19 |
| Hillary Nursery Home, Prestatyn ... ..  | 13 |
| West Kirby ... ..                       | 3  |
| Swanscoe ... ..                         | 1  |
| Total ... ..                            | 90 |

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

### CHILD GUIDANCE CLINIC

The task of a Child Guidance Clinic, which seeks to meet the needs of a particular community, can be usefully divided into three main headings. The first task is to see and make a diagnostic assessment of any child referred. In this work the Child Psychiatrist, the Psychologist and the Psychiatric Social Worker all contribute their different approach. Subsequent to and dependent on the diagnostic assessment, the task either consists primarily in treatment of the child's neurotic disturbance or in supervision which may include placement of the individual child and continuing contact with the family, school, or Children's Home.

In determining whether a child can benefit from psychotherapy it has to be assessed how far the child himself is neurotically ill and how far he and the environment are capable of co-operating in treatment. In the second group the child is undoubtedly often ill, but it may be that the form his illness takes makes it inadvisable for him to remain at home (*e.g.*, excessive truancy, repeated delinquency), or that the child comes from a home background which lacks the consistency necessary for therapy to be effective (*e.g.*, extremely impulsive, unstable parents, or an excessive degree of marital disharmony).

Percentages in these groups have not been calculated, but it is certainly true that this latter group takes up a great deal of time and calls for co-operation between different agencies. Because of their own problems the families belonging to this group often seek to hide their inadequacy by trying to create rivalry and misunderstanding amongst those who attempt to help them. "Problem families" in other areas are known to have had no less than seven visitors in one morning. Fortunately there is not this degree of duplication of work in Salford, although the need for co-operation cannot be over-emphasised.

### GREENGATE DAY SPECIAL NURSERY SCHOOL

On 1st April, 1960, the Open-Air School portion of the former Greengate Children's Home and Open-Air School was transferred with Ministry of Education approval to the Salford Education Authority as a Day Special School for children of nursery age—30 places being provided.



It was felt that the long tradition of the school, when administered by its voluntary Committee, of catering for socially handicapped children should be maintained, and extended to include children handicapped by psychological and physical disabilities. Since the children are of nursery age, close liaison between the Education and Child Welfare departments is essential.

This has been effected by the routine weekly visit to the school of a Special Health Visitor and a monthly routine medical inspection by the Senior Assistant Medical Officer for Maternity and Child Welfare. At this visit are seen :—

1. New entrants.
2. Children referred for observation from previous inspections.
3. Children for whom the Head Teacher or Health Visitor requires a special medical examination.

From the Head Teacher's waiting list priority cases for admission are assessed by consultation between the Head Teacher, Senior Assistant Medical Officer and Health Visitor. This ensures that every aspect of the child's need, educational, social and health is taken into consideration.

Without exception the mothers have attended at the first medical examination and in most cases at the re-examination of their children. They have co-operated in taking their children for consultant examination when required, but great difficulty is encountered in persuading them of the need for suitable footwear.

All the children show evidence of having benefited from attendance at the school. They have all gained weight—those who previously had poor appetites are now enjoying their school dinners.

Those children reported as having behaviour difficulties on admission have either not manifested these in school or are found to be making satisfactory adjustments. Of the children suffering from more serious physical defects, one has a congenital heart lesion which is causing no disability, one has epilepsy, one has a congenital kidney defect and one paralysis of a leg due to poliomyelitis. None of these children cause any problem and they are able to participate in the normal school activities.

### CLAREMONT OPEN-AIR SCHOOL

This has been a year of change. Staffing has been subject to many changes. Dr. Scully has continued to pay one visit per term to see the partially-sighted children, and Mr. Sayle-Creer also visits to examine physically-handicapped pupils. This term, the first time, Dr. R. I. Mackay will hold a clinic at Claremont.

Ten years ago, when the school opened, there were five classes. There are now nine classes, including the class for partially-sighted children, and an opportunity class of only twenty children, designed to help those pupils whose work has fallen seriously behind due to prolonged absence and illness. The new block has been in use for two years now and is proving fairly satisfactory.

The main body of children in school are admitted with respiratory ailments, but there are more physically-handicapped children on roll than at any time since the school opened. They fit into the school life very well, and this year,



due to the kindness and thought of the Baths and Laundries Committee, it has been possible to take a small class of severely handicapped children to Blackfriars Road Baths, where a small swimming pool, especially heated, is placed at our disposal. Ambulance drivers and baths' attendants have been most helpful in lifting children and helping with dressing and undressing. It has been a great joy to find how relaxed and mobile these children become in the water. One boy with an amputated leg and arm can now swim a breadth unaided, and all children have gained in confidence—and not only in the water. A demonstration of swimming was given by asthmatic and physically-handicapped children during the summer term at the Baths and Laundries Committee Gala.

Although the widespread influenza epidemic of the beginning of 1960 inevitably affected the school, attendance was not affected as much as had been feared, and the disturbing results of the last Asian influenza epidemic, when the whole pattern of discharges for the year was changed, did not repeat themselves. On the whole, attendance figures have not compared badly with those of normal schools, and no doubt the lack of severe weather this winter has helped.

In October, Captain R. L. Hagley, master of the M.V. "Port Hardy," the school's adopted ship for many years, visited the school with his wife. Captain Hagley brought with him a most beautiful model of the M.V. "Port Hardy," made by the crew, and it was formally presented to the children. The Christmas presents made by the children for the crew were on display. Captain Hagley stayed all day and shared in an instructive and pleasant time. The crew continue to send letters, maps and pictures from their various ports of call.



*With acknowledgment to the "Evening Chronicle," Manchester.*



With the exception of one cerebral palsied boy, all children of school age leaving during the year have been found employment. The boy not employed is studying at home and attending evening classes, and employment for him is hoped for very soon. The Youth Employment officers are very helpful. One boy, once considered to be potentially unemployable because of maladjustment and ill-health, is now happily settled on a farm. Few employers are reluctant to give a job to a child leaving from this special school, and none have so far found cause for complaint on grounds of absenteeism. Most of the school's children keep in touch after leaving, and many re-visit the school.

Children now rest by prescription only, and about half the children in school lie on beds in the rest shed for one hour during the lunch break. Those children who are not considered in need of extra sleep either play freely or attend one of various physiotherapy classes held during the dinner hour.

The Christmas party and fancy dress parade was a great success. During the following week the children were taken by special bus to Belle Vue Circus, where the performance was greatly enjoyed.

Alderman Miss Margaret Whitehead, the Mayor of Salford, paid a visit while the ship's Christmas parcel was being packed, and sent a card to the crew.

A significant change seems to be taking place in the ages of children admitted to the school—more are coming in in the infant age range. This would seem to be a good thing, since disabilities are treated early. Average length of stay is eighteen months to two years, and only chronically delicate children reach the top classes. Fewer and fewer children come in at over twelve years of age. The average age of children in school seems to grow lower each year.

There have been, as always, very pleasing contacts with parents, who visit regularly, and show, in almost all cases, great interest in the physical and academic progress of their children. Many of them show great courage in the face of adversity, and all are anxious to do the right thing for their children and willing to accept guidance and help. The family atmosphere is most pleasing and the children are so willing to help themselves and each other.

### **BARR HILL OPEN-AIR SCHOOL**

During the year thirty children left the school. Five were school leavers, two were transferred to Claremont Open-Air School for additional medical treatment, two left the city, and twenty-one were discharged medically fit.

The length of stay varied between nine months and seven years. An equal number of children was admitted, keeping the total at seventy-two.

The year saw some structural alterations and renovations. The rest shed was separated from the senior classroom by a soundproof partition, and a new access to the cloakroom was made by the construction of a doorway.

During the Whitsuntide holiday the interior of the school was painted and, with the addition of new curtaining, looked very fresh. The floor of the rest shed has been relaid and the school yard resurfaced.



The rest beds have been replaced by reclining chairs and a generous library book allowance now enables the rest period to be occupied by leisured reading. New furniture has been supplied to the Head Teacher's room, and additional stacking chairs and tables allow remedial groups to be taken in the rest shed.

The staffing position continued difficult until September, but has been stable since then.

### HOPE HOSPITAL SCHOOL

This has been a very busy year and the average number of children on the school roll has increased considerably. A large proportion of the children have been short-term patients, and many of them have been in the junior or infant age groups. There have, however, been more children of secondary school age than has been the case for some years, and many of these, unfortunately, have been accident cases.

The ward which deals with surgical and orthopaedic cases has been very full and busy throughout the year. The two children's medical wards have not been so busy but, on the whole, have dealt with longer term patients.

The children admitted to hospital for eye operations are presenting more difficulty from a teaching point of view than has hitherto been the case, as in recent months there has been a much wider age range within the group. There have even been quite a large number of these children of pre-school age. There has been very little out-of-door activity during the year because of bad weather and, even during the summer holiday, it was seldom possible to take the children into the garden. The site of the children's garden in the hospital grounds is now being built upon, but a new children's garden is to be laid out elsewhere, later in the year.

#### **Spastic Class—Cleveland House.**

This class is now rather unusual in composition in that it consists of two very well-defined groups—an infant age group of (with one exception) not seriously handicapped children, and a senior group of acutely spastic children. For all practical purposes there are no children of junior school age and this makes the class particularly difficult to organise in the limited space available.

In the course of the year the class has suffered several changes. One teacher left on marriage in July and was succeeded in September by another teacher.

Most of the children have, nevertheless, made good progress and only one boy has lost ground owing to bad attendance. The younger children are attempting formal work very satisfactorily and several of them compare favourably with normal children. Two of the older girls are learning to type, and the whole class has derived pleasure from the gardening lessons which were begun in the Autumn Term. Open Day in July was well attended in spite of inclement weather. The children had their usual Christmas party in December, and one afternoon was given up for a Carol Service to which parents were invited.



## HOME TEACHING

The teaching of the Home-bound children has continued steadily throughout the year.

Early in the year one teacher thus employed was transferred to Primary School teaching. A successor was secured, however, who began service later in the year.

Most of the children now have the help of both teachers, one being responsible for Art and Social Studies, the other for English and Arithmetic.

The children have made progress in various directions.

*M.D.* has a very real interest in literature, drawing and map-making.

*W.S.* has made excellent progress in nature study and model making.

*G.R.* has more confidence ; he has a wide range of reading and works with great care and interest.

*E.M.* has gone to a residential school where it is hoped she will be very happy, and *R.K.* will soon be admitted to one of the open-air schools.

The Open Day was held in October at Claremont Open-Air School. This was most successful. The Head Mistress and her staff made the children feel at home in the school and are to be thanked for their kind help and interest.

Although these children are not able to attend school they have all received home teaching very regularly. They look forward to the sessions with the Home Teachers and the parents are to be congratulated on their co-operation.

## PARTIALLY DEAF CHILDREN

The class for partially deaf children at Seedley provides accommodation for ten boys and girls between the ages of five and eleven. At the present time there are four children of infant school age, and six of junior school age.

Help is provided for two broadly differentiated groups of pupils ; firstly, there are those received from ordinary schools where they have been falling behind with school work because of their hearing loss ; then there are children whose handicap has been ascertained during their pre-school life and who are sent directly to the class.

The needs of the groups differ in certain ways ; with the first, the aim is to bring about a speedy improvement in basic attainment with a view to returning the child to the ordinary school ; in the second case a school environment is provided in which children with a more severe handicap, who would, failing the present accommodation, be educated in a school for deaf children, receive the specialised help they require but are yet living as members of the hearing community.



The classroom is designed to provide excellent acoustic conditions for the use of hearing aids. Training in the best use of residual hearing is a major objective.

Children admitted to the class are often emotionally disturbed because of their inability to communicate effectively with other people. Through auditory training and individual counselling the child learns to accept hearing aids willingly and to use them to offset in part the handicapping effect of his hearing loss.

At the present time an experiment in binaural hearing is in progress which may lead to the discovery of information which may be of general benefit to deaf children.

Great importance is laid upon the integration of the class with the school as a whole. Children attend the ordinary classes for such periods as singing, music and movement, physical education, games and art. In this way, whilst receiving the help they need from the specialist teacher of the deaf, they can also live along with their hearing peers; they can compete in spheres in which their deafness, viewed as a handicap, is minimised. From a psychological standpoint the benefits in terms of the opportunities afforded for structuring the normal world of the hearing are wide and of fundamental importance to the mental health of the children. The children benefit in wide measure from the special interests and abilities of some highly competent teachers of the ordinary classes they attend. The generous co-operation of the staff contributes in no small way to the success of the class.

Pupils in the class are making rapid advances in school attainment, often after years of frustration and failure. The effect on their personality and emotional behaviour of the realisation that they can be helped to hear and that they can do the school tasks that other children can do is significant, and indeed has implications for the whole study of school placement of deaf children.

In that the class for partially deaf children is helping to provide an answer to some of these problems it is contributing significantly to the mental health of Salford school children.

The class at Regent Road consists of ten children whose ages range from 11 to 15 plus. There are at present four boys and six girls with reading and arithmetic abilities ranging from 5 years to 14 years. Schemes for reading and arithmetic are therefore necessary for each child individually. When oral lessons of Nature Study, Geography, History, Science and Hygiene are undertaken it is possible to combine with benefit to all. Needlecraft and Woodcraft are taken with normal children, the P.D. children using their individual hearing aids. At the moment P.E. is limited to games periods within the class because the main school has recently been reorganised as a Junior Mixed School. This is only temporary, as next year the class will remove to a new room specially provided in the Clarendon Secondary Modern School.

Art and Craft is also a class subject, and all the children can handle simple drawing instruments with neatness and dexterity. Religious Education occupies a daily period and the B.B.C. Children's Service is relayed through the group hearing aids each Friday morning, and as this is in the privacy



of their own room most of the children will attempt some form of singing, and all join in the prayers and responses.

A major proportion of school time is devoted to reading and speech, with the building of a good vocabulary.

During the past twelve months one girl has left and taken up employment as an embroideress. Another has returned to normal schooling at the age of 14.

From time to time children are admitted who have a background of poor progress or lack of co-operation. Their hearing loss has not been obvious, being confined to one ear only, which on proper examination may prove to be very serious—even complete loss. Under such a handicap they may have been considered stupid and lazy, especially if their "sound side" was always away from the direction of the teacher's voice. When these cases have been discovered and taken in hand and they begin to spend most of their school time under individual attention and in special units where they have the use of a sensitive as well as powerful group hearing aid many of their earlier tendencies disappear. Speech and reading improve and their whole attitude becomes much more alive and harmonious. It is found, too, that the other children who have been with the unit for a number of years help and reassure the new entrants, so that the therapy is of advantage to all.

## PARTIALLY DEAF CHILDREN — 31st DECEMBER, 1960

| Year of Birth                                  | 1956         | 1955 | 1954 | 1953 | 1952 | 1951 | 1950 | 1949 | 1948 | 1947 | 1946 | 1945 | Total |
|------------------------------------------------|--------------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Attending Seedley Partially Deaf Class ... ..  | ...          | 2    | ...  | *2   | 1    | 1    | 1    | 3    | ...  | ...  | ...  | ...  | 10    |
| Attending Regent Road Partially Deaf Class ... | ...          | ...  | ...  | ...  | ...  | ...  | ...  | 2    | 1    | 3    | 3    | 1    | 10    |
|                                                | ...          | 2    | ...  | 2    | 1    | 1    | 1    | 5    | 1    | 3    | 3    | 1    | 20    |
| Awaiting Placement ... ..                      | 1            | ...  | ...  | ...  | 1    | 1    | 1    | ...  | ...  | ...  | ...  | ...  | 4     |
| Refused Placement ... ..                       | ...          | ...  | ...  | ...  | ...  | ...  | ...  | ...  | ...  | 1    | ...  | ...  | 1     |
|                                                | TOTAL ... .. |      |      |      |      |      |      |      |      |      |      |      | 25    |

\* Extra-District Children.



## BROOMEDGE SCHOOL

There were 60 children on roll throughout the year, of whom 41 were boys ; this is the normal ratio of two boys to one girl found in most schools for educationally subnormal children throughout the country. During the course of the year, 20 children left. Of these, 14 had reached senior age and were transferred to special classes in secondary modern schools. All could read at levels of ability which ranged from just a few words to a reading ability of 7.6 years. Two children left because of travelling difficulties ; one was transferred to an occupational centre under Section 57 (3) of the 1944 Act, and one, an extra-district child, was transferred to Cheetham Special School, Manchester. The remaining two children were re-examined and found to have reached the requisite level to enable them to attend normal schools and were transferred accordingly.

The new intake joined the school during September. The following table gives a summary of the composition of the school in the September term, 1960.

| I.Q.          | AGE RANGE |     |     |     |     | Totals |
|---------------|-----------|-----|-----|-----|-----|--------|
|               | 7         | 8   | 9   | 10  | 11  |        |
| 40-44 ... ..  | ...       | ... | 1   | ... | ... | 1      |
| 45-49 ... ..  | ...       | ... | ... | ... | ... | ...    |
| 50-54 ... ..  | 1         | 1   | 1   | 1   | ... | 4      |
| 55-59 ... ..  | 1         | ... | ... | ... | ... | 1      |
| 60-64 ... ..  | ...       | 1   | ... | 2   | ... | 3      |
| 65-69 ... ..  | ...       | 2   | 3   | ... | 1   | 6      |
| 70-74 ... ..  | ...       | ... | 3   | 2   | 2   | 7      |
| 75-79 ... ..  | 2         | 5   | 3   | 9   | 4   | 23     |
| 80-84 ... ..  | ...       | 3   | 2   | 7   | ... | 12     |
| 85-89 ... ..  | ...       | ... | ... | 2   | ... | 2      |
| 90-94 ... ..  | ...       | ... | ... | ... | 1   | 1      |
| Totals ... .. | 4         | 12  | 13  | 23  | 8   | 60     |

The mean I.Q. is 74 and the range is 44 points. Almost two-thirds (38) of the children are above the mean and 35 fall in the 75-84 range. As was observed in the reports of previous years, the figures indicate the thoroughness with which ascertainment is being carried out. There has been a steady decline of one point per year over the past five years in the mean—a trend which is probably due to the children being ascertained at an earlier age. This is borne out by a corresponding decline in the mean age over the five years. In addition, there were 16 children in the 7-8 age group, compared with 11 in 1957, 14 in 1958 and 15 in 1959, each out of the total school populations of 60. It is generally agreed that the earlier children are referred and ascertained the better are their chances of recovery, both emotionally and scholastically.

### Physical Health.

At the routine medical inspection held in June the following recommendations for further examination or treatment were made :—

|                       |    |
|-----------------------|----|
| Dental ... ..         | 13 |
| Ears ... ..           | 4  |
| Speech therapy ... .. | 9  |
| Nasal drill ... ..    | 5  |
| Eye tests ... ..      | 7  |
| Chiropodist ... ..    | 2  |

### Mental Health.

Two children, a boy and a girl, were referred for psychiatric treatment. There was not a single Juvenile Court case during the year.

The average attendance was 90% ; the highest figure was 94% (March) and the lowest 84% (November).

The increased capitation allowance for apparatus and equipment has made a most welcome contribution to the school's work. The new apparatus, which was purchased early in the year, soon made its presence felt, and, together with the supply of new furniture, curtains and a carpet, have given the school a very much improved appearance.

### Out-of-School Activities.

There were eight organised school journeys and visits.

- May.* The whole school had a day at Ainsdale.
- July.* The school leavers visited their new schools.
- October.* Visits to Homes for the Aged and Handicapped ("Belmont" and "Glendale") to deliver harvest gifts.
- October.* Visits to old age pensioners in their own homes to deliver harvest baskets and sing harvest hymns.
- December.* The whole school visited Broughton High School to attend a Carol Service.
- December.* The school choir visited "Glendale" to sing Christmas Carols.
- December.* The whole school went to Belle Vue Circus.
- December.* Six children were taken to a party at Manchester University Union.

Whenever the weather was suitable, classes were taken for nature-study walks.

Throughout the summer season a party of 16 attended weekly at Blackfriars Baths. During this time three children learned to swim.

The last major event of the year was the school's Christmas party. The children sang and played games and were later entertained most successfully by Mr. Ronald Colman who presented a good performance of musical puppets and Punch and Judy.



## PHYSICAL EDUCATION

The problems affecting the work in 1959 still continue in 1960. However, some progress can be reported in so far as, with the opening of another Secondary Modern School, another fully-equipped gymnasium, complete with showers, has become available for senior age group children. Changing pavilions have been built at two playing fields on the north side of the City and came into use at the early part of the year, which has helped materially with the organised games.

Regular physical education lessons continue to form part of the timetable in all types of schools. In most schools top clothing is removed for the lesson. In the case of senior girls it is desirable that special blouses should be kept and worn for the physical education lesson. A beginning has been made with this and the practice is increasing. In the secondary schools showering is now an accepted part of the physical education lesson.

Staffing is still the major problem. In the Secondary Modern Schools there are twelve vacant specialists positions which, despite repeated advertising and the offer of graded posts, produced no applicants, so that despite excellent facilities, the work is seriously handicapped. In the Primary and All Standard Schools shortage of teachers, instability of staffing and the appointment of temporary teachers affect the work adversely and lower the standards. The provision of large equipment, which offers a stimulating challenge to the children, is made and there has been a slight improvement in this respect over the year.

The Education Committee continue to provide a supply of small apparatus for schools and the marking of school playgrounds for various activities is maintained. Plimsols have not been provided this year and these have been greatly missed.

### Organised Games.

All schools, except Infants' Departments, allocate one or more periods of their physical education time to games. Good use is made of the Committee's grounds and also of the facilities provided by the Parks Department. The completing and taking over of pavilions, with changing facilities and showers, at the Legh Road and Northumberland Street Playing Fields, has added materially to the amenities of these two grounds. Facilities such as these generally on the playing fields are inadequate and much work remains to be done. The Ordsall Park has been re-opened but not for organised games, so that, although a few groups of children can go to the park for some activities, a scheduled time-table is not possible. This is an unhappy situation in this very crowded area of the City where there is so much demand for games space. It does, too, underline the problem of the increasing number of Secondary Modern Schools who require, or who will require, games areas in which to play, and for whom, in the foreseeable future, it will not be possible to make provision. The Education Committee still rent playing pitches at the Duncan Mathieson Playing Field and here facilities have been slightly increased. In addition, a pavilion, complete with showers, has also been provided which the boys are allowed to use. Unfortunately, no provision is made for the girls as yet.



### Swimming.

Interest in this branch of work continues to be well maintained. During the first part of the year, the Blackfriars Bath having been re-opened, all four baths were available, but in April, 1960, one of the three plunge baths at Seedley was closed for repairs and has remained out of use ever since. This seriously curtailed the work during the busiest part of the year, the summer, and some schools had to manage without any swimming. In addition, the facilities withdrawn by the Manchester Baths Committee in 1959 have not been regained and these two factors have had an adverse effect upon the work. The introduction in junior schools of classes of mixed sexes was made for the first time and it was highly successful and greatly appreciated by the schools, where it materially assists in time-table organisation.

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 :—

| <i>3rd Class</i> | <i>2nd Class</i> | <i>1st Class</i> | <i>Advanced</i> | <i>Total</i> |
|------------------|------------------|------------------|-----------------|--------------|
| 1,392            | 820              | 565              | 329             | 3,106        |

Thanks are due to the Baths Committee who awarded Free Season Tickets to the 1,392 children granted certificates for the first time.

The Royal Life Saving Society examinations have been taken by Salford school children with the following results :—

|                                   | <i>Boys</i> | <i>Girls</i> | <i>Total</i> |
|-----------------------------------|-------------|--------------|--------------|
| Elementary ... ..                 | 107         | 114          | 221          |
| Intermediate ... ..               | 106         | 122          | 228          |
| Bronze Medallion ... ..           | 75          | 54           | 129          |
| Bar to Bronze Medallion ... ..    | 9           | 1            | 10           |
| Bronze Cross ... ..               | 8           | 3            | 11           |
| Scholar Instructor Unigrip ... .. | 4           | 29           | 33           |
| Totals ... ..                     | 309         | 323          | 632          |

The Humane Society for the Hundred of Salford once more awarded twelve medals for competition in the City, seven medals being allocated to boys and five to girls.

A special gold medal is awarded to the fastest boy and the fastest girl in the whole of the area covered by the Hundred of Salford Examinations each year. Salford had the signal honour of winning both of these awards in 1960.

Several schools organised their own Swimming Galas and this is now becoming increasingly popular with schools.

### Out-of-School Activities.

The Salford Schools' Sports Federation has continued with a wide range of activities and more children than ever are being catered for in these out-of-school activities.

Courses were arranged for Tennis, Cricket and Rugby Football. In addition, a "Spotlight on Netball and Hockey" and a School Leavers' Rally were held.



The **Swimming Section** carried out an active programme and 14-year-olds took part in the Lancashire Schools' Championships. In addition, teams of boys and girls competed in the Northern Counties Inter-town Championships. It is pleasing to say that the results obtained were better than ever before.

**Rugby Football.** The Association reported that more boys than ever before took part in activities held. Twelve schools now take part in these activities conducted by the Association.

**Association Football.** Over 1,200 boys are taking part in the competitions. The City team, however, had another disappointing year.

**Athletics.** For the first time cross-country teams will enter for the Lancashire Championships. Three very successful meetings were held at the School Sports. More and more schools are now organising their own Sports Meetings.

**Cricket.** A very successful season was enjoyed and, following the cricket courses held, a higher standard of cricket is developing in the schools.

**Boxing.** A greater interest is being shown by schools in boxing and, although numbers are still small, the enthusiasm is high.

**Basket-ball.** The game of Basket-ball continues to flourish and is attracting more and more boys to this excellent game. As new gymnasias are being erected, facilities for basket-ball are increasing, and greater opportunities are made for boys to play this game.

**Netball.** The City team reached the Final of the Lancashire School League, and won the Lancashire Schools' Rally at Denton. In the demonstration game at the "Spotlight on Netball," the Salford City Team beat the combined Manchester and Wythenshawe Team—the first time ever recorded.

**Rounders.** The City Team reached the Final of the Lancashire Schools' League.

#### **Individual Honours.**

(a) Football ... .. One boy represented Lancashire.

(b) Rugby Football ... .. One boy represented Lancashire.

(c) Cricket ... .. Three boys represented Lancashire.

One boy, on the recommendation of the Lancashire Schools' Cricket Association, attended Lilleshall for advanced coaching.

The City Team reached the Semi-final of the Hacking Cup.

(d) Netball ... .. Two girls selected for trial for the Lancashire Junior Team.

One girl selected to play for the Lancashire Junior Team.



### Physical Activity within the Youth Service.

Physical activities both indoor and outdoor continued to maintain progress during 1960 in spite of the restricting action of the weather 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. 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 12th Annual Athletic Sports.

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 | 11. Table Tennis (Boys) ...       | 86 |
| 2. Keep Fit (Girls) ...          | 10 | 12. Table Tennis (Girls) ...      | 2  |
| 3. Basket-ball (Boys) ...        | 3  | 13. Fives (Boys) ...              | 2  |
| 4. Netball (Girls) ...           | 10 | 14. Weight Lifting (Boys) ...     | 3  |
| 5. Boxing (Boys) ...             | 6  | 15. Athletic Coaching (Mixed) ... | 2  |
| 6. Mixed Badminton ...           | 26 | 16. Swimming (Boys) ...           | 16 |
| 7. Country Dancing ...           | 4  | 17. Swimming (Girls) ...          | 11 |
| 8. National Dancing (Girls) ...  | 2  | 18. Fencing ...                   | 1  |
| 9. American Square Dancing ...   | 4  | 19. Judo (Boys) ...               | 4  |
| 10. Ballroom Dancing Instruction | 6  |                                   |    |

#### (b) OUTDOOR.

|                          |    |                           |    |
|--------------------------|----|---------------------------|----|
| 1. Soccer ...            | 66 | 10. Camping (Boys) ...    | 31 |
| 2. Rugger ...            | 5  | 11. Camping (Girls) ...   | 8  |
| 3. Netball ...           | 12 | 12. Hiking (Mixed) ...    | 16 |
| 4. Rounders (Girls) ...  | 11 | 13. Holidays (Club) ...   | 26 |
| 5. Rounders (Mixed) ...  | 2  | 14. Cycling ...           | 6  |
| 6. Athletics (Boys) ...  | 16 | 15. Cricket (Boys) ...    | 23 |
| 7. Athletics (Girls) ... | 9  | 16. Harriers (Boys) ...   | 4  |
| 8. Tennis (Mixed) ...    | 10 | 17. Pot Holing (Boys) ... | 1  |
| 9. Hockey (Mixed) ...    | 2  | 18. Archery (Mixed) ...   | 2  |

### SCHOOL MEALS SERVICE

The number of children having dinner at school has remained at much the same level as it was in the previous year, which had produced the highest number of children dining for three years. In October, 1960, an average of 10,738 children had the school dinner daily, against an average of 10,676 in the previous year. This represents almost 44% of the children present in school and, of these, some 15% have the dinner without payment.

There was a slight reduction in the number of children regularly drinking milk at school, 86% against 88% in the previous year.

Five new centres were opened during the year, three having both cooking and dining facilities, bringing the total number of centres up to 74, excluding the Jewish Canteen, which serves children from the areas of both Lancashire and Salford. The serving of dinners on Saturdays and in school holiday periods has continued. Four centres are opened for serving of dinners in holiday periods and three centres for the Saturday service.





**Children and Young Persons Act, 1933-38, Section 22.****Children Employed in Entertainment.**

Two licences were issued for children to appear on the stage, and as the children concerned were appearing in Manchester theatres, they were able to reside at home and continue to attend their ordinary schools. The Manchester Education Authority has been informed and satisfactory arrangements were made for the supervision of these children when they are at the theatres.

**Clothing and Footwear Cases dealt with in 1960. First Application for the Year Only.**

The largest group of parents helped are still those in receipt of National Health Insurance benefit for long periods, and their children number 750. Then comes the following groups :—

|                                                                                    |     |
|------------------------------------------------------------------------------------|-----|
| Widows and deserted mothers ... ..                                                 | 450 |
| Unemployment over a long period ... ..                                             | 150 |
| Parents separated and the mother has a Court Order ... ..                          | 70  |
| National Assistance cases ... ..                                                   | 52  |
| Cases where parents are working and paying weekly contributions                    | 32  |
| Parents died and the grandmother bringing up children ... ..                       | 22  |
| Parents working on unskilled work for small wage and eligible for free help ... .. | 13  |

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During the year an innovation has been tried in the employment of members of the School Meals Staff as escorts on the four special buses which convey children to and from Special Schools. These escorts are under the supervision of the School Welfare Department and the experiment appears to be working successfully. The escorts assist the Transport Department Staff in maintaining good order on the buses.



## SCHOOL CLINICS

| <i>Location of School Clinics.</i>       | <i>Treatment carried out.</i>                                                                                                               | <i>Attendance of School Medical Officer.</i> |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Regent Road ... ..                       | Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Pædiatric, Orthopædic. | Daily (mornings).                            |
| Police Street ... ..                     | Dental, Physiotherapy, U.V.R., Minor Ailments.                                                                                              | Daily (afternoons).                          |
| Murray Street ... ..                     | Dental, Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.                                                                       | Daily (afternoons).                          |
| Langworthy Centre ... ..                 | Physiotherapy, U.V.R., Speech 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 ... ..                                                                                | Tuesday morning.<br>Friday ..                |
| 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, Physiotherapy ...                                                                                                           | —                                            |
| Ordsall Secondary Modern School (Boys).  | Minor Ailments ... ..                                                                                                                       | Daily (mornings).                            |
| Ordsall Secondary Modern School (Girls). | Minor Ailments ... ..                                                                                                                       | —                                            |
| Cromwell Secondary Modern School.        | Minor Ailments ... ..                                                                                                                       | —                                            |
| St. Albert's Secondary Modern School.    | Minor Ailments ... ..                                                                                                                       | —                                            |

## DEATHS (SCHOOL CHILDREN)

During the year, nine Salford children (three boys and six girls) died between the ages of 5-14.

The commonest single cause of death was accident—as is usual at this age. One boy was drowned and another suffered head injuries after falling from a height. One girl fractured her skull after falling off her cycle, and another suffocated when a peanut lodged in her trachea.

One child died as a result of encephalitis and one as a result of heart failure due to heart disease. Two deaths occurred from pneumonia—one of which arose in the course of a chronic disease of nerves and muscles. One death unfortunately happened as a result of a squint operation.

## 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<br>(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)         |
| 1956 and later ... ..                      | 156                        | 144                                    | 92          | 12             | 8           |
| 1955 ... ..                                | 999                        | 920                                    | 92          | 79             | 8           |
| 1954 ... ..                                | 1,365                      | 1,225                                  | 90          | 140            | 10          |
| 1953 ... ..                                | 403                        | 359                                    | 89          | 44             | 11          |
| 1952 ... ..                                | ...                        | ...                                    | ...         | ...            | ...         |
| 1951 ... ..                                | ...                        | ...                                    | ...         | ...            | ...         |
| 1950 ... ..                                | ...                        | ...                                    | ...         | ...            | ...         |
| 1949 ... ..                                | ...                        | ...                                    | ...         | ...            | ...         |
| 1948 ... ..                                | 100                        | 95                                     | 95          | 5              | 5           |
| 1947 ... ..                                | 810                        | 778                                    | 96          | 32             | 4           |
| 1946 ... ..                                | 844                        | 815                                    | 97          | 29             | 3           |
| 1945 and earlier ... ..                    | 458                        | 451                                    | 98          | 7              | 2           |
| TOTAL ... ..                               | 5,135                      | 4,787                                  | 93%         | 348            | 7%          |

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.  
(Excluding Dental Diseases and Infestation with Vermin).

| Age Groups Inspected<br>(by year of birth) | For Defective Vision<br>(excluding squint) | For any of the other<br>conditions recorded in<br>Part II | Total<br>Individual<br>Pupils |
|--------------------------------------------|--------------------------------------------|-----------------------------------------------------------|-------------------------------|
| (1)                                        | (2)                                        | (3)                                                       | (4)                           |
| 1956 and later ... ..                      | 3                                          | 36                                                        | 36                            |
| 1955 ... ..                                | 9                                          | 274                                                       | 281                           |
| 1954 ... ..                                | 11                                         | 436                                                       | 436                           |
| 1953 ... ..                                | 18                                         | 108                                                       | 114                           |
| 1952 ... ..                                | ...                                        | ...                                                       | ...                           |
| 1951 ... ..                                | ...                                        | ...                                                       | ...                           |
| 1950 ... ..                                | ...                                        | ...                                                       | ...                           |
| 1949 ... ..                                | ...                                        | ...                                                       | ...                           |
| 1948 ... ..                                | 7                                          | 30                                                        | 32                            |
| 1947 ... ..                                | 83                                         | 185                                                       | 242                           |
| 1946 ... ..                                | 72                                         | 176                                                       | 218                           |
| 1945 and earlier ... ..                    | 44                                         | 88                                                        | 127                           |
| TOTAL ... ..                               | 237                                        | 1,333                                                     | 1,485                         |





## PART II.

TABLE A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1960.

| 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.....             | 97                   | 130                   | 111                 | 190                   | 8                   | 24                    | 216                 | 344                   |
| 5.              | Eyes—                 |                      |                       |                     |                       |                     |                       |                     |                       |
|                 | (a) Vision ...        | 32                   | 24                    | 208                 | 157                   | 2                   | ...                   | 242                 | 181                   |
|                 | (b) Squint ...        | 117                  | 36                    | 18                  | 30                    | 11                  | 7                     | 146                 | 73                    |
|                 | (c) Other ...         | 25                   | 31                    | 15                  | 21                    | 2                   | 2                     | 42                  | 54                    |
| 6.              | Ears—                 |                      |                       |                     |                       |                     |                       |                     |                       |
|                 | (a) Hearing           | 148                  | 286                   | 121                 | 107                   | 15                  | 36                    | 284                 | 429                   |
|                 | (b) Otitis Media      | 40                   | 737                   | 22                  | 370                   | 8                   | 83                    | 70                  | 1,190                 |
|                 | (c) Other ...         | 46                   | 90                    | 19                  | 46                    | 6                   | 7                     | 71                  | 143                   |
| 7.              | Nose and Throat       | 206                  | 997                   | 57                  | 335                   | 25                  | 144                   | 288                 | 1,476                 |
| 8.              | Speech.....           | 29                   | 113                   | 5                   | 31                    | 1                   | 18                    | 35                  | 162                   |
| 9.              | Lymphatic Glands      | 1                    | 1,025                 | ...                 | 307                   | ...                 | 145                   | 1                   | 1,477                 |
| 10.             | Heart .....           | 29                   | 171                   | 13                  | 45                    | 1                   | 22                    | 43                  | 238                   |
| 11.             | Lungs .....           | 57                   | 235                   | 4                   | 49                    | 7                   | 18                    | 68                  | 302                   |
| 12.             | Develop- mental—      |                      |                       |                     |                       |                     |                       |                     |                       |
|                 | (a) Hernia...         | 2                    | 57                    | 1                   | 5                     | 1                   | 8                     | 4                   | 70                    |
|                 | (b) Other ...         | 3                    | 94                    | 2                   | 88                    | ...                 | 14                    | 5                   | 196                   |
| 13.             | Orthopædic—           |                      |                       |                     |                       |                     |                       |                     |                       |
|                 | (a) Posture           | 4                    | 29                    | 4                   | 37                    | ...                 | 3                     | 8                   | 69                    |
|                 | (b) Feet.....         | 81                   | 188                   | 55                  | 70                    | 13                  | 30                    | 149                 | 288                   |
|                 | (c) Other ...         | 41                   | 260                   | 77                  | 184                   | 9                   | 49                    | 127                 | 493                   |
| 14.             | Nervous System—       |                      |                       |                     |                       |                     |                       |                     |                       |
|                 | (a) Epilepsy          | 3                    | 27                    | 3                   | 11                    | ...                 | 1                     | 6                   | 39                    |
|                 | (b) Other ...         | ...                  | 154                   | 3                   | 62                    | ...                 | 28                    | 3                   | 244                   |
| 15.             | Psycho- logical—      |                      |                       |                     |                       |                     |                       |                     |                       |
|                 | (a) Develop- ment ... | 8                    | 72                    | 5                   | 80                    | ...                 | 11                    | 13                  | 163                   |
|                 | (b) Stability         | 2                    | 207                   | ...                 | 77                    | ...                 | 37                    | 2                   | 321                   |
| 16.             | Abdomen ...           | 10                   | 32                    | 2                   | 1                     | ...                 | 2                     | 12                  | 35                    |
| 17.             | Other .....           | ...                  | 2                     | ...                 | 1                     | ...                 | 1                     | ...                 | 4                     |



## PART II.

TABLE B—SPECIAL INSPECTIONS.

| Defect<br>Code<br>No.<br>(1) | Defect or Disease<br>(2) | Special Inspections           |                                 |
|------------------------------|--------------------------|-------------------------------|---------------------------------|
|                              |                          | Requiring<br>treatment<br>(3) | Requiring<br>observation<br>(4) |
| 4.                           | Skin ... ..              | 448                           | 521                             |
| 5.                           | Eyes—                    |                               |                                 |
|                              | (a) Vision ... ..        | 193                           | 210                             |
|                              | (b) Squint ... ..        | 38                            | 83                              |
|                              | (c) Other ... ..         | 48                            | 94                              |
| 6.                           | Ears—                    |                               |                                 |
|                              | (a) Hearing ... ..       | 121                           | 1,379                           |
|                              | (b) Otitis Media ... ..  | 567                           | 404                             |
|                              | (c) Other ... ..         | 463                           | 1,097                           |
| 7.                           | Nose and Throat ... ..   | 956                           | 2,336                           |
| 8.                           | Speech ... ..            | 67                            | 248                             |
| 9.                           | Lymphatic Glands ... ..  | 45                            | 1,123                           |
| 10.                          | Heart ... ..             | 157                           | 612                             |
| 11.                          | Lungs ... ..             | 84                            | 894                             |
| 12.                          | Developmental—           |                               |                                 |
|                              | (a) Hernia ... ..        | 9                             | 24                              |
|                              | (b) Other ... ..         | 31                            | 539                             |
| 13.                          | Orthopædic—              |                               |                                 |
|                              | (a) Posture ... ..       | 43                            | 66                              |
|                              | (b) Feet ... ..          | 172                           | 211                             |
|                              | (c) Other ... ..         | 194                           | 545                             |
| 14.                          | Nervous system—          |                               |                                 |
|                              | (a) Epilepsy ... ..      | 11                            | 93                              |
|                              | (b) Other ... ..         | 12                            | 268                             |
| 15.                          | Psychological—           |                               |                                 |
|                              | (a) Development ... ..   | 27                            | 122                             |
|                              | (b) Stability ... ..     | 33                            | 409                             |
| 16.                          | Abdomen ... ..           | 23                            | 168                             |
| 17.                          | Other ... ..             | 37                            | 870                             |

## 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 ... .. | 229                                           | —         |
| Errors of refraction (including squint) ... ..                       | 2,476                                         | —         |
| TOTAL ... ..                                                         | 2,705                                         |           |
| Number of pupils for whom spectacles were prescribed                 | 1,902                                         |           |

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 ... ..                                                           | —                                          | 24        |
| (b) adenoids and chronic tonsillitis ... ..                                              | —                                          | 453       |
| (c) other nose and throat conditions ... ..                                              | —                                          | 69        |
| Received other forms of treatment ... ..                                                 | —                                          | 1         |
| TOTAL ... ..                                                                             |                                            | 547       |
| Total number of pupils in schools who are known to have been provided with hearing aids— |                                            |           |
| (a) in 1960 ... ..                                                                       | —                                          | 17        |
| (b) in previous years ... ..                                                             | —                                          | 31        |

TABLE C—ORTHOPÆDIC AND POSTURAL DEFECTS.

|                                                                 | Number of cases known to have been treated |
|-----------------------------------------------------------------|--------------------------------------------|
| (a) Pupils treated at clinics or out-patient departments ... .. | 377                                        |
| (b) Pupils treated at school for postural defects ... ..        | 99                                         |
| TOTAL ... ..                                                    | 476                                        |



TABLE D—DISEASES OF THE SKIN.

(Excluding uncleanness for which see Table D of Part I).

|                            | Number of cases known to have been treated |
|----------------------------|--------------------------------------------|
| Ringworm—                  |                                            |
| (a) Scalp ... ..           | 7                                          |
| (b) Body ... ..            | 38                                         |
| Scabies ... ..             | 34                                         |
| Impetigo ... ..            | 146                                        |
| Other skin diseases ... .. | 1,057                                      |
| <b>TOTAL ... ..</b>        | <b>1,282</b>                               |

TABLE E—CHILD GUIDANCE TREATMENT.

|                                                 | Number of cases known to have been treated |
|-------------------------------------------------|--------------------------------------------|
| Pupils treated at Child Guidance Clinics ... .. | 102                                        |

TABLE F—SPEECH THERAPY.

|                                            | Number of cases known to have been treated |
|--------------------------------------------|--------------------------------------------|
| Pupils treated by Speech Therapists ... .. | 273                                        |

TABLE G—OTHER TREATMENT GIVEN.

|                                                                                                | Number of cases known to have been dealt with |
|------------------------------------------------------------------------------------------------|-----------------------------------------------|
| (a) Pupils with minor ailments ... ..                                                          | 18,572                                        |
| (b) Pupils who received convalescent treatment under School Health Service arrangements ... .. | 91                                            |
| (c) Pupils who received B.C.G. vaccination ... ..                                              | 2,141                                         |
| (d) Other than (a), (b) and (c) above (specify)—                                               |                                               |
| 1. Sun-ray ... ..                                                                              | 372                                           |
| 2. Chiropody ... ..                                                                            | 1,238                                         |
| 3. Treatment by Neurologist ... ..                                                             | 48                                            |
| 4.     ,,     ,, Pædiatrician ... ..                                                           | 173                                           |
| 5.     ,,     ,, Breathing Exercises ... ..                                                    | 754                                           |
| 6.     ,,     ,, Postural Drainage ... ..                                                      | 46                                            |
| <b>TOTAL (a)—(d) ... ..</b>                                                                    | <b>23,435</b>                                 |

## 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                                                                              | ... | 12,323 |
| (b) As Specials                                                                                          | ... | 3,775  |
| TOTAL (1)                                                                                                |     | 16,098 |
| (2) Number found to require treatment                                                                    |     | 11,689 |
| (3) Number offered treatment                                                                             |     | 11,689 |
| (4) Number actually treated                                                                              |     | 10,486 |
| (5) Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) below |     | 15,332 |
| (6) Half days devoted to :                                                                               |     |        |
| (a) Periodic (School) Inspection                                                                         | ... | 89     |
| (b) Treatment                                                                                            | ... | 1,453  |
| TOTAL (6)                                                                                                |     | 1,542  |
| (7) Fillings—                                                                                            |     |        |
| (a) Permanent Teeth                                                                                      | ... | 4,491  |
| (b) Temporary Teeth                                                                                      | ... | 632    |
| TOTAL (7)                                                                                                |     | 5,123  |
| (8) Number of teeth filled—                                                                              |     |        |
| (a) Permanent Teeth                                                                                      | ... | 4,281  |
| (b) Temporary Teeth                                                                                      | ... | 632    |
| TOTAL (8)                                                                                                |     | 4,913  |
| (9) Extractions—                                                                                         |     |        |
| (a) Permanent Teeth                                                                                      | ... | 2,380  |
| (b) Temporary Teeth                                                                                      | ... | 6,237  |
| TOTAL (9)                                                                                                |     | 8,617  |
| (10) Administration of general anæsthetics for extraction                                                |     | 2,284  |
| (11) Orthodontics—                                                                                       |     |        |
| (a) Cases commenced during the year                                                                      | ... | 125    |
| (b) Cases carried forward from previous year                                                             | ... | 193    |
| (c) Cases completed during the year                                                                      | ... | 90     |
| (d) Cases discontinued during the year                                                                   | ... | 34     |
| (e) Pupils treated with appliances                                                                       | ... | 151    |
| (f) Removable appliances fitted                                                                          | ... | 119    |
| (g) Fixed appliances fitted                                                                              | ... | 32     |
| (h) Total attendances                                                                                    | ... | 1,155  |
| (12) Number of pupils supplied with artificial teeth                                                     |     | 93     |
| (13) Other operations—                                                                                   |     |        |
| (a) Permanent Teeth                                                                                      | ... | 521    |
| (b) Temporary Teeth                                                                                      | ... | 799    |
| TOTAL (13)                                                                                               |     | 1,320  |



## HANDICAPPED PUPILS

|                                                                                                                   | Blind | Partially Sighted | Deaf | Partially Deaf | Delicate | Physically Handicapped | Educationally Subnormal | Maladjusted | Epileptic | TOTAL |
|-------------------------------------------------------------------------------------------------------------------|-------|-------------------|------|----------------|----------|------------------------|-------------------------|-------------|-----------|-------|
| Number <i>newly placed</i> in special schools or boarding homes ...                                               | —     | 2                 | 2    | —              | 111      | 3                      | 31                      | 3           | 1         | 153   |
| Number <i>newly assessed</i> as needing special educational treatment at special schools or in boarding homes ... | —     | 2                 | 1    | —              | 115      | 10                     | 116                     | 2           | 1         | 247   |
| (i) Number on the registers of—                                                                                   |       |                   |      |                |          |                        |                         |             |           |       |
| (1) maintained special schools—                                                                                   |       |                   |      |                |          |                        |                         |             |           |       |
| (a) as day pupils...                                                                                              | —     | 13                | —    | —              | 272      | 16                     | 62                      | —           | 2         | 365   |
| (b) as boarding pupils ...                                                                                        | —     | —                 | —    | —              | —        | 2                      | 10                      | —           | —         | 12    |
| (2) non-maintained special schools—                                                                               |       |                   |      |                |          |                        |                         |             |           |       |
| (a) as day pupils...                                                                                              | —     | —                 | 8    | —              | —        | —                      | —                       | —           | —         | 8     |
| (b) as boarding pupils ...                                                                                        | 4     | —                 | 9    | —              | 13       | 4                      | 21                      | 1           | —         | 52    |
| (ii) Number on the registers of independent schools under arrangements made by the Authority ...                  | —     | —                 | —    | —              | —        | —                      | —                       | 4           | —         | 4     |
| (iii) Were boarded in homes and not already included under (i) or (ii) ...                                        | —     | —                 | —    | —              | —        | —                      | —                       | —           | —         | —     |
| Number being educated under arrangements made under Section 56 of the Education Act, 1944—                        |       |                   |      |                |          |                        |                         |             |           |       |
| (i) in hospitals ...                                                                                              | —     | —                 | —    | —              | —        | —                      | —                       | —           | —         | —     |
| (ii) in other groups ...                                                                                          | —     | —                 | —    | —              | —        | —                      | —                       | —           | —         | —     |
| (iii) at home ...                                                                                                 | —     | —                 | —    | —              | 2        | 6                      | —                       | —           | —         | 8     |

## 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 ... ..                                                                                              | —     | —                 | —    | —              | 37       | 5                      | 447                     | —           | —         | 489   |
| (b) boarding ... ..                                                                                                   | —     | —                 | —    | —              | 3        | 6                      | 6                       | 4           | —         | 19    |
| (ii) Number included in the totals above who had not reached the age of 5—                                            |       |                   |      |                |          |                        |                         |             |           |       |
| (a) awaiting day places ... ..                                                                                        | —     | —                 | —    | —              | 1        | 3                      | —                       | —           | —         | 4     |
| (b) Awaiting boarding places ... ..                                                                                   | —     | —                 | —    | —              | —        | —                      | —                       | —           | —         | —     |
| (iii) Number who had reached the age of 5 but whose parents had not consented to their admission to a special school— |       |                   |      |                |          |                        |                         |             |           |       |
| (a) awaiting day places ... ..                                                                                        | —     | —                 | —    | —              | 5        | —                      | 55                      | —           | —         | 60    |
| (b) awaiting boarding places ... ..                                                                                   | —     | —                 | —    | —              | 1        | —                      | 5                       | 1           | —         | 7     |

During the calendar year ended 31st December, 1960—

(i) how many children were reported to the Local Health Authority :

(a) either under Section 57 (3) (prior to 1-11-60) ... .. 5  
or under Section 57 (4) (from 1-11-60) ... .. —

(b) under Section 57 (5) (prior to 1-11-60) ... .. 9  
how many decisions that a child is unsuitable for education at school have been cancelled under Section 57A (2) of the Education Act, 1944 ? ... .. 0



CHILDREN ASCERTAINED EDUCATIONALLY SUBNORMAL IN 1960.  
Table Showing Number of Children Attending Salford Schools, Age Groups 5-15.

| Age        | BOYS     |       |       |       |       |      | Total Boys Attending Salford Schools | Total Girls | Total Girls Attending Salford Schools | Salford School Population (Ages 5-15) |    |    |     |    |        |        |
|------------|----------|-------|-------|-------|-------|------|--------------------------------------|-------------|---------------------------------------|---------------------------------------|----|----|-----|----|--------|--------|
|            | I.Q.     |       |       |       |       |      |                                      |             |                                       |                                       |    |    |     |    |        |        |
|            | under 50 | 50-59 | 60-69 | 70-79 | 80-89 | 90 + |                                      |             |                                       |                                       |    |    |     |    |        |        |
| Under 5    | ...      | ...   | ...   | ...   | ...   | ...  | 3                                    | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 5          | ...      | ...   | ...   | ...   | ...   | ...  | 1                                    | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 6          | ...      | ...   | ...   | ...   | ...   | ...  | ...                                  | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 7          | ...      | 3     | 2     | 1     | 2     | ...  | 1                                    | ...         | 1                                     | ...                                   |    |    |     |    |        |        |
| 8          | 1        | ...   | ...   | 3     | 4     | 1    | ...                                  | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 9          | ...      | ...   | 1     | 6     | 7     | 1    | ...                                  | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 10         | ...      | ...   | ...   | 8     | ...   | 1    | 1                                    | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 11         | ...      | ...   | ...   | 2     | 2     | ...  | ...                                  | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 12         | 1        | ...   | 1     | 6     | 3     | 2    | ...                                  | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 13         | ...      | 1     | 2     | 6     | 2     | ...  | 1                                    | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 14         | ...      | ...   | 2     | 5     | 1     | ...  | ...                                  | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| 15         | ...      | 1     | 1     | ...   | ...   | ...  | 1                                    | ...         | ...                                   | ...                                   |    |    |     |    |        |        |
| TOTALS ... | 2        | 5     | 9     | 39    | 21    | 5    | 13,014                               | 6           | 3                                     | 11                                    | 25 | 18 | ... | 63 | 11,942 | 24,956 |





