

[Report 1969] / Medical Officer of Health, Salford County Borough.

Contributors

Salford (England). County Borough Council.

Publication/Creation

1969

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CITY OF SALFORD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

1969







CITY OF SALFORD

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

D. J. ROBERTS

M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.

1969

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MEMBERS OF THE HEALTH COMMITTEE

at 31st December, 1969

His Worship the Mayor, Alderman Vincent Hemingway, J.P.

Chairman:

Councillor ALAN ASHCROFT

Deputy Chairman:

Councillor ALLAN PLANT

Aldermen

S. C. HAMBURGER, C.B.E., J.P.

MARGARET C. WHITEHEAD (Miss)

Councillors

A. BOWIE

W. EDDER

A. W. EVANS (Mrs.)

P. J. FENLON

W. JOHNSON

B. NOLAN

R. STONES (Mrs.)

I. ZOTT

Dr. A. HART — Co-opted Member

STAFF

at 31st December, 1969

MEDICAL OFFICER OF HEALTH	D. J. ROBERTS, M.A., M.B., B.Ch., M.R.C.S. L.R.C.P., D.P.H.
DEPUTY MEDICAL OFFICER OF HEALTH	D. W. PRESTON, M.B., Ch.B., D.P.H.
SENIOR MEDICAL OFFICER	MARY S. GILBODY, M.B., B.Ch., B.A.O., D.P.H.
MEDICAL OFFICERS IN DEPARTMENT	K. M. PEARCE, M.B., Ch.B., D.C.H., D.M.S.A. SHANTI JAIN, M.B., Ch.B., M.S.
PART-TIME MEDICAL OFFICERS IN DEPARTMENT	ELIZABETH HIGHAM, M.B., Ch.B. A.G. BROWN, M.B., Ch.B., D.Obst.R.C.O.G. ELIZABETH M. SUMMERS, M.B., Ch.B., D.Obst.R.C.O.G.
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PUBLIC ANALYST	G. S. MEADOWS, M.Chem.A., M.Ph.A., F.R.I.C.
CHIEF ADMINISTRATIVE OFFICER	H. MILLINGTON, B.A.(Admin.), M.I.S.W.
CHIEF PUBLIC HEALTH INSPECTOR	H. F. ROBINSON, F.R.S.H., F.A.P.H'I. C.S.I.B.
DEPUTY CHIEF PUBLIC HEALTH INSPECTOR	H. L. LATHAM, M.A.P.H.I., C.S.I.B.
CHIEF MENTAL WELFARE OFFICER	G. H. MOUNTNEY, Dip.Soc.Studies, A.A.P.S.W.
CHIEF NURSING OFFICER	Miss D. LAMB, S.R.N., R.F.N., S.C.M., H.V.Cert.
PRINCIPAL NURSING OFFICER (HEALTH VISITING)	Miss D. DUCKENFIELD, S.R.N., S.C.M., H.V.Cert.
PRINCIPAL NURSING OFFICER (SUPERVISOR OF MIDWIVES)	Miss V.E. LANGRIDGE, S.R.N., S.C.M., R.F.N., M.T.D.
PRINCIPAL NURSING OFFICER (HOME NURSING)	Miss J. MARSDEN, S.R.N., S.C.M., Q.N., D.N.T.
PRINCIPAL NURSING OFFICER (HOME HELP AND DAY NURSERIES)	Miss K. ROEBUCK, S.R.N., R.F.N., S.C.M., H.V.Cert.
DEPUTY CHIEF MENTAL WELFARE OFFICER	W. M. DOUGLAS, M.A., Dip.Soc.Admin., A.A.P.S.W.
ASSISTANT PRINCIPAL NURSING OFFICERS	Miss E. DONEGAN, S.R.N. B.T.A. Cert., Part I Cert.C.M.B., H.V.Cert. Miss B. E. EGAN, S.R.N., Q.N. Miss M.E. HODGSON, S.R.N., S.C.M. R.F.N., M.T.D

* By arrangement with the Manchester Regional Hospital Board

STAFF (continued)

SENIOR SOCIAL WORKER	Miss J. DANSON, Dip.Soc.Studies
AMBULANCE OFFICER	H. DOWN, F.I.A.O.
HEAD TEACHER (MARGARET WHITEHEAD SCHOOL)	Mrs. J. TOMKINSON, Diploma for Teachers of the Mentally Handicapped
TRAINING CENTRE ORGANISER	G. G. HANCOCK, N.A.M.H.Teaching Diploma
SUPERINTENDENT PHYSIOTHERAPIST	Miss P. K. FOGG, M.C.S.P.
CHIEF CHIROPODIST	(Vacant)
ASSISTANT CHIEF PUBLIC HEALTH INSPECTOR	W. E. POLLITT, M.A.P.H.I., C.S.I.B.
PUBLIC HEALTH INSPECTORS WITH SPECIAL RESPONSIBILITIES	D. C. JONES, M.A.P.H.I., C.S.I.B. G. FOULDS, M.A.P.H.I., C.S.I.B. J. CHURCH, M.A.P.H.I., C.S.I.B. B. THORNLEY, M.A.P.H.I., C.S.I.B. W.H. HASKAYNE, M.A.P.H.I., C.S.I.B. K. WOOD, M.A.P.H.I., C.S.I.B., A.C.C.S. R. TAYLOR, M.A.P.H.I., C.S.I.B.
SENIOR ADMINISTRATIVE ASSISTANTS	Miss D. McMILLAN Mrs. E. GODFREY T. O'ROURKE
ADMINISTRATIVE ASSISTANTS	L. F. HARPER, A.R.S.H. Mrs. M. JENNINGS
SENIOR CLERKS	H. WINSTANLEY G. A. KELLY
MANAGER OF SALFORD HOUSE	C. H. PETERSON

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

1969

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE

Ladies and Gentlemen,

Atmospheric pollution is still a serious problem in Salford as it is in many other cities especially those in the North West. The level of smoke pollution which we experience at the present time is similar to the level of pollution experienced by the Greater London Area ten years ago. The progress in Salford in spite of this, has, however, been considerable. The level of smoke pollution in the last eight to ten years has been halved and by 1974 the whole of the City will be covered by Smoke Control Orders. This does not mean, however, that the City will be entirely free from smoke; there will remain somewhere in the region of 6,000 houses excluded from the Orders and awaiting demolition under the Slum Clearance programme. It will be realised from what has just been said that Slum Clearance, in its turn, is playing a most important part in producing clean air. There can be little doubt that there is a strong co-relation between the incidence of chronic bronchitis and atmospheric pollution. The death rate from chronic bronchitis in this City is double that for England and Wales as a whole. The position regarding solid smokeless fuel is therefore extremely distressing and it would appear doubtful as to whether adequate supplies will be available in the coming winter. Many of us remember the frightful smogs that used to occur in the industrial areas of this country. I myself have personal recollections of the great smog in London when several thousand people died and animals at the Smithfield Show had to be destroyed because they were in such distress. It is unlikely, I think that we shall ever again see anything as bad as that and I am not anticipating that even with a shortage of solid smokeless fuel we shall suffer smogs of that intensity in the coming winter. We must not forget, too, the part which vehicle exhausts now play in the production of smog. As many of you are aware, Los Angeles suffers greatly from smogs produced almost entirely from vehicle exhaust fumes. Their petrol is, however, somewhat different from the petrols used in this country but nevertheless one has only to study a busy arterial road anywhere in this or neighbouring cities to see the effects of vehicle exhaust fumes. It is therefore gratifying to know that the United States Government is introducing legislation to deal with this problem which will in turn have its effect on vehicle exhaust emissions in this country. It is also gratifying to know that the major car firms are experimenting with electrically driven vehicles and even with steam cars.

Let us not forget, too, that there is some connection between the incidence of carcinoma of the lung and atmospheric pollution although the main culprit, without doubt, is the cigarette. With regard to cigarette smoking, there can hardly be a single adult who is not aware of the relationship between cigarette smoking and lung cancer. If, however, any individual is still not convinced of the relationship he need only consider the fact that there is only one group of people in whom cancer of the lung is definitely known to be falling and this group is made up of members of the medical

profession. One has only to look around at doctors at the present time to see a marked difference compared with the position ten or fifteen years ago. Most doctors have now given up smoking or moved over to something much less dangerous than the cigarette such as cigars or a pipe. Those who cannot give up smoking altogether would be well advised to do likewise. I should add, too, that there is no great evidence that the filter tip cigarette provides any great measure of protection, and, in fact, there is no reason why it should unless such a filter were to provide a better mechanism of removing carcinogenic products than tobacco itself and, in fact, this is not the case. However, as it is almost impossible to smoke a cigarette completely down to the filter, it may be that some slight benefit is obtained. Smokers may not be quite as convinced as some would appear to be with regard to their lack of fear of developing lung cancer, as cigarette manufacturers are selling more and more filter tipped cigarettes. The cynical would probably reply that the answer is simply that filter tipped cigarettes are cheaper.

With regard to Health Education, the time is now ripe for appointing a Health Education Officer to organise and co-ordinate our health education efforts, within the City. Sex education is always a thorny problem and in some respects our difficulties arise in that we tend to look upon sex education as something for the teenager or older child when, in fact, we should look upon it as a natural process of education from the time when the pre-school child is old enough to ask questions. The other factor is that most people in this country, even if well versed in teaching and health matters, find considerable embarrassment in giving talks on such a subject — although we have clearly progressed considerably from the days when the male accoucheur was expected to deliver the infant under a sheet appropriately draped so as to avoid embarrassing the mother-to-be!

The chiropody services underwent considerable difficulty during the year and we were all extremely sorry to witness Mr. Blank's departure to Israel. Mr. Blank had served the Authority well for several years and we all wish him well in his new life. We were pleased to welcome Mr. E. G. Jones as our new Chief Chiropodist. Most of our difficulties in this service have now been resolved as a result of reorganisation and making greater use of the School of Chiropody at the Salford College of Technology. We are very fortunate in fact in having such a fine School of Chiropody in the City and which makes such an immense contribution to the foot health of Salford residents.

The infant mortality rate for the year could hardly be considered low. At 32 per 1,000 live births it was well above the average for England and Wales of 18. There is, I think, nothing inevitable about these figures but they are a reflection of the total environment in which we live and are characteristically high for this part of the country. The infant mortality rate is perhaps as good as any criterion for measuring a population's standard of living. The rates for England and Wales, Australia and New Zealand are remarkably similar and are lower in Sweden and the Netherlands. The United States of America now returns a higher infant mortality rate than this country and the figure is considerably higher in countries such as Spain and Portugal. The infant mortality rate is therefore a reflection of many aspects of our way of life and I would expect to see a steady fall in the infant mortality rate as our total environment improves.

Family Planning is an essential basis for any Welfare State and especially in these days when restrictions on abortion have been eased to a considerable extent. Many members of the medical profession dislike having to carry out abortions unless there is a serious risk to the health of the mother, and we must therefore provide better health education and family planning in an endeavour to see that the need for abortion, except in the most exceptional circumstances, is reduced to a minimum. The Abortion Act is, I believe, already having its effect with regard to couples who wish to adopt children and are finding this more and more difficult owing to a shortage of unwanted children. There is also the fact that more unmarried mothers are keeping their babies and we must, as a society, make it possible for them to look after their children and bring them up without the child having to suffer further disadvantages on top of the already serious disadvantage of being fatherless. It is therefore essential that, amongst other things, we should improve our day nursery facilities and our playgroup provision. Under the Urban Programme, and in co-operation with the Housing Department, we are aiming to establish a playgroup in a block of flats and a second playgroup in a further area of new development. One should make it clear, however, that a playgroup does not provide the necessary facilities which would enable an unmarried mother to have her child looked after and to go out to work and we are therefore including two 45-place day nurseries in phase three of the Urban Programme. We are perhaps only just beginning to accept in this country that many unmarried mothers want to keep their babies and only now beginning to accept that we ought to make provision to enable them to do this.

The Home Help Service went through a difficult period in 1969 as it was one of the services seriously affected by the economies. My statement that we need to treble the number of whole-time home help equivalents was fully borne out by a recent publication which, in general, found that most authorities needed to do this so as to provide a really efficient service. It ought to be possible for a home help service to provide a home help on seven days a week, if necessary, but it must be remembered that we are talking of large sums of money. To treble the hours worked by our home help service would involve further expenditure in the region of £140,000 per annum, assuming we could recruit a sufficient number of home helps.

The Public Analyst's section was one of those affected by the economy campaign and suffered great difficulties in maintaining its services. At the time when Mr. G. S. Meadows took up a new appointment in Norwich there was only one other member of staff left and all possibility of restaffing and maintaining Salford's own laboratory service was ended. The laboratory had a fine record and was one of the oldest public health laboratories in the area. I should like to take this opportunity, on behalf of the Authority, to thank Mr. Meadows for his many years of service and to wish him every success in his new appointment.

The Midwifery Services now have the benefit of the use of a General Practitioner Maternity Unit. The mother goes into the Unit to have her baby and is then allowed to go home several hours later. Should complications develop during the period of delivery, it is a relatively simple matter to transfer the patient to the Consultant beds within the same hospital precinct. The mother therefore obtains, in many ways, the best of both worlds; she is delivered in proper surroundings by people with whom she has had previous contact and who have looked after her during the ante-natal period. If everything is satisfactory, as it is in the majority of cases, she is then

allowed to return to her own home surroundings and to the comfort of her own family.

Salford has an appalling housing problem. Our aim is to clear 13,000 unfit houses within the next ten years and yet even this rate of progress is totally inadequate considering the appalling conditions under which so many people in the City are living. In spite of all the efforts of local and central government to deal with the housing problem in the country as a whole, the rate at which property deteriorates appears to be greater than the rate at which we can demolish and replace it. Our national record for new house building, too, when compared with other countries, appears to be abysmally poor. New legislation enabling more to be done with regard to the improvement of older properties should help to slow the pace at which houses fall into disrepair, but such efforts must be in addition to, and not a replacement for active clearance and rebuilding programmes. It is time, too, that Central Government made more effort to aid specific areas with regard to housing. As we all know there are many areas of the country where the housing problem is minimal and where the desperate situation which we know only too well in the North West is undreamt of.

We should not become too pessimistic in a City such as ours with regard to a falling population. In some respects this gives us an opportunity to cope more readily with our problems but also it should not be forgotten that it is in the main the fit and able who leave the City so that there is a tendency for the elderly and infirm to be left behind.

During the period of the Health Department's economic crisis there had been talk of closing one of the mental health hostels. I believe it is true to say that my predecessor was able to prevent this only as the result of agreeing to economies being made in other services. Even the suggestion of such a closure was a tremendous blow to the mental health services which, although running at a high cost when compared with other authorities, were in many respects being run almost too economically. This is in many ways an apparent contradiction, but the buildings being used by the mental health services are in the main old buildings which should be replaced as soon as possible. The Local Authority is, in fact, planning new hostels and other Units to replace these buildings. At the time of writing, the new Adult Training Centre is out to tender and detailed planning is progressing on a new Mental Health Support Unit. It is also planned to provide three new hostels for the mentally ill and the mentally sub-normal over the next few years. When all these new premises are functioning, the cost of the mental health services will inevitably rise. I should add that there is nothing unusual in this programme at the present time and the high cost of the service here in the past was probably due to the fact that Salford was very early in the field with the development of its mental health services. The restriction on the filling of vacancies also caused a great deal of upset within the mental health section. I am glad to say that at the present time none of the units has had to close and we are recruiting extremely well-qualified and able staff. I should like to take this opportunity of thanking Mr. G. H. Mountney for his many years' service to the City and the part that he has played in the mental health field. I am sure we all wish him every success in his new appointment. I should also like to welcome Mr. W. Kenny as our new Chief Mental Welfare Officer. The earlier part of the year saw the opening of the new Margaret Whitehead School for mentally

handicapped children. This is a truly magnificent school and is a tremendous step forward in the provision being made for this type of child.

With regard to research, the department, along with family doctors in the City, is now taking part in a further investigation into the efficacy of pertussis vaccine, organised by the Public Health Laboratory Service. The department is also now taking part in an investigation organised by the Social Medicine Unit of the London School of Hygiene and Tropical Medicine into the relationship between hard and soft water, and sudden death from coronary thrombosis. We have also had further discussions with a pharmaceutical firm with regard to carrying out further vitamin C studies in selected groups of the population.

Salford has perhaps been surprisingly late in the field with Health Centres and as yet there is not a single Health Centre functioning in the City. However, by the beginning of the year the Health Centre for the Lower Broughton Area was already in an advanced stage of planning and following several more meetings with the family doctors, a tender has been accepted and work on the site at the time of writing should shortly begin. Discussions have also taken place with regard to two other Health Centres, one of these is to be sited in the new Central Area Redevelopment and the planning and design of it is already in the hands of a firm of private architects. The third Centre is at the stage of feasibility studies but I am optimistic that progress on both these Centres will proceed quickly. There is tremendous enthusiasm for Health Centres at the present time amongst many of the family doctors within the City and our problem now is not in encouraging them to work in Health Centres but in providing the physical structures as quickly as possible. The whole face of Salford is, in fact, changing at a truly astonishing pace.

With regard to measles vaccination it is essential to realise that measles is a serious illness. At the present time measles is killing more children than scarlet fever, diphtheria and whooping cough put together. The complications from measles are also extremely high; for example, 1 per 1,000 cases will develop encephalitis and approximately one third of these will show evidence of permanent brain damage. Bearing in mind that in alternate years notifications of measles have regularly exceeded 500,000, one can see that measles results in a frightening morbidity. Why it is that measles has been looked upon for so many years as nothing more than a mild childhood illness is quite beyond my comprehension for even in the pre-1930 era measles resulted in twice as many deaths in children as were due to diphtheria. It is absolutely essential therefore to have all children vaccinated against measles if we are to eliminate what can be a lethal and crippling disease.

I should here like to thank Dr. John Lancelot Burn, on behalf of the people of Salford and the Members of the Council, for the service which he has rendered to this City and to the field of Preventive Medicine in general, during his 28 years as Medical Officer of Health. Dr. Burn had a very distinguished career in public health and I am sure we all wish him a very happy retirement. I can hardly say "happy rest and retirement" as he is now actively engaged in the field of general practice!

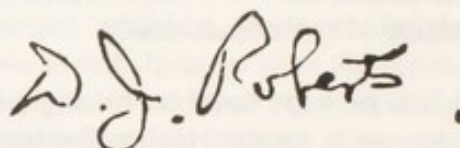
Lastly, I should like to thank the Chairman and Members of the Health Committee for all their help and consideration, and the other Chief Officers and Officers of other health and voluntary organisations in the City for their willing co-operation. The

staff have worked extremely hard during the year and must be congratulated on the way in which they have coped with a forever increasing pressure of work.

I have the honour to be,

Ladies and Gentlemen,

Your obedient Servant,



Medical Officer of Health

HEALTH DEPARTMENT,
CRESCENT,
SALFORD, M5 4PH

Telephone: 061-736 5891

STATISTICAL SUMMARY — 1969

(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 1969) 137,750

Population — (Census, 1961) 155,090

Density — The Mean Density of the City is equal to 26.43 persons per acre.

Live Births — Legitimate:	1,197 Males	1,082 Females	2,279
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Live Births — Illegitimate:	196 Males	187 Females	383
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		Total	2,662
--	--	-------	-------

Live birth rate per 1,000 population	19.5
--------------------------------------	------

Still-births: 31 Males 26 Females	57
-----------------------------------	----

Still-birth rate per 1,000 live and still-births	21.0
--	------

Total live and still-births	2,719
-----------------------------	-------

Infant Deaths (deaths under 1 year) Legitimate 74, Illegitimate 12	86
--	----

Infant mortality rate per 1,000 live births — Total	32
---	----

Infant mortality rate per 1,000 live births — Legitimate	32
--	----

Infant mortality rate per 1,000 live births — Illegitimate	31
--	----

Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	22
---	----

Early Neo-Natal-mortality rate (deaths under 1 week per 1,000 total live births)	20
--	----

Illegitimate live births per cent of total live births	14
--	----

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

Still-births	41	Total 61	41
Deaths under one week	20		

Maternal deaths (including abortion)	2
--------------------------------------	---

Maternal mortality rate per 1,000 live and still-births	0.73
---	------

Deaths: 1025 Males 918 Females	1,943
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Annual rate of mortality per 1,000 of the population	14.1
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TABLE I

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 1948 TO 1969

Years	Births			Percentage of Illegitimate Births to Total Births	Deaths under One Year			Proportion of Deaths under One Year per 1,000 Births		
	Total	Legit.	Illegit.		Total	Legit.	Illegit.	Total	Leg.	Illegit.
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
1961	3018	2769	249	8.3	85	79	6	28	29	24
1962	3199	2911	288	9.0	93	85	8	29	29	28
1963	3154	2832	322	10.21	98	95	3	31	34	9
1964	3053	2703	350	11.46	93	78	15	30	29	43
1965	3054	2701	353	11.56	80	71	9	26	26	25
1966	2749	2416	333	12.11	88	82	6	32	34	18
1967	2819	2430	389	13.85	66	53	13	23	22	33
1968	2730	2282	448	13.90	70	60	10	26	25	22
1969	2662	2279	383	14.39	86	74	12	32	32	31

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 1969

Years	Population estimated to middle of each year	Rates per 1,000 Population							Deaths under one year of age per 1,000 Births
		Births	Deaths from						
			All Causes	Tuberculosis of Respiratory System	Cancer	Heart Diseases	Bronchitis	Pneumonia	
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 yrs		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 yrs		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
1961	154,910	19.45	13.96	0.14	2.39	3.74	1.56	0.84	28.16
1962	154,000	20.77	14.90	0.08	2.42	4.23	1.67	0.91	29.07
Average 5 yrs		18.99	13.55	0.13	2.37	3.81	1.46	0.79	27.33
1963	152,570	20.67	13.29	0.06	2.41	3.38	1.42	1.15	31.07
1964	150,350	20.31	12.26	0.07	2.38	3.51	1.17	0.71	30.46
1965	148,260	20.60	12.97	0.05	2.58	3.84	1.19	0.78	26.20
1966	145,880	18.84	13.93	0.07	2.76	3.75	1.38	0.87	32.01
1967	143,430	19.65	12.95	0.06	2.85	3.41	1.17	1.03	23.41
Average 5 yrs		20.01	13.08	0.06	2.60	3.58	1.27	0.91	28.63
1968	139,830	19.5	13.73	0.07	2.08	4.02	1.1	1.01	25.64
1969	137,750	19.3	14.1	0.05	1.97	3.71	1.25	1.19	32.0

TABLE 3

STATEMENT SHOWING NUMBER OF DEATHS IN THE CITY OF SALFORD FROM THE DISEASES SPECIFIED REGISTERED DURING THE YEARS 1933–1969 AND THE RATES PER 100,000 OF THE POPULATION

(a) Number of Deaths

(b) Rate per 100,000 of the population

Year	Bronchitis		Cancer (all sites)		Heart Diseases		Pneumonia		Tuberculosis of Resp. system		Total Deaths	
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
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	611	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
1961	242	156.2	370	238.8	579	373.8	130	83.9	21	13.5	2163	1396.0
1962	258	167.5	374	242.9	651	422.5	141	91.6	13	8.4	2294	1489.6
1963	216	141.6	367	240.5	516	338.2	176	115.3	10	6.5	2028	1329.2
1964	176	117.1	358	238.1	528	351.2	106	70.5	11	7.3	1844	1226.5
1965	176	118.7	383	258.3	569	383.8	116	78.2	7	4.7	1923	1297.0
1966	202	138.4	404	276.9	548	375.7	127	87.1	10	6.9	2032	1392.9
1967	168	117.1	409	285.2	489	340.9	148	103.2	8	5.6	1857	1294.7
1968	154	110.1	398	208.5	584	402.3	154	101.1	10	7.1	1922	1318.5
1969	172	124.8	409	296.9	511	370.9	164	119.0	8	5.8	1943	1410.5

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								75 and over		
					1- 4	5- 14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 74			
B4 Enteritis and other Diarrhoeal Diseases	M	7	-	5	1	-	-	-	-	-	-	1	-	-	75
B5 Tuberculosis of Respiratory System	F	1	-	-	-	-	-	-	-	-	-	-	-	1	-
B6 Other Tuberculosis, incl. Late Effects	M	2	-	-	-	-	1	-	-	-	-	-	1	-	-
B6 Other Tuberculosis, incl. Late Effects	F	2	-	-	-	-	-	-	1	2	-	1	-	-	-
B7 Syphilis and its Sequelae	M	4	-	-	-	-	1	-	-	-	-	-	-	-	-
B7 Syphilis and its Sequelae	F	-	-	-	-	-	-	-	-	1	-	-	-	-	-
B18 Other Infective and Parasitic Diseases	M	1	-	-	-	-	-	-	-	-	-	1	-	-	-
B18 Other Infective and Parasitic Diseases	F	1	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(1) Malignant Neoplasm, Buccal Cavity etc.	M	2	-	-	-	-	-	-	-	-	-	-	-	1	1
B19(1) Malignant Neoplasm, Buccal Cavity etc.	F	4	-	-	-	-	-	1	1	-	-	-	-	-	1
B19(2) Malignant Neoplasm, Oesophagus	M	5	-	-	-	-	-	-	-	-	-	1	1	-	3
B19(2) Malignant Neoplasm, Oesophagus	F	3	-	-	-	-	-	-	-	-	-	-	-	-	1
B19(3) Malignant Neoplasm, Stomach	M	6	-	-	-	-	-	-	-	-	-	2	2	-	2
B19(3) Malignant Neoplasm, Stomach	F	4	-	-	-	-	-	-	-	-	-	-	-	1	3
B19(4) Malignant Neoplasm, Intestine	M	37	-	-	-	-	-	-	-	1	5	14	12	5	10
B19(4) Malignant Neoplasm, Intestine	F	15	-	-	-	-	-	-	-	-	-	1	4	8	8
B19(5) Malignant Neoplasm, Larynx	M	28	-	-	-	1	-	-	-	-	-	10	4	7	7
B19(5) Malignant Neoplasm, Larynx	F	16	-	-	-	-	-	-	-	-	-	4	5	2	1
B19(6) Malignant Neoplasm, Lung, Bronchus	M	4	-	-	-	-	-	-	-	-	-	1	2	-	-
B19(6) Malignant Neoplasm, Lung, Bronchus	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-
B19(7) Malignant Neoplasm, Breast	M	106	-	-	-	-	-	1	17	1	33	40	14	2	14
B19(7) Malignant Neoplasm, Breast	F	19	-	-	-	1	2	6	4	4	4	4	2	2	2
B19(8) Malignant Neoplasm, Uterus	M	1	-	-	-	-	-	-	-	-	-	-	1	7	7
B19(8) Malignant Neoplasm, Uterus	F	32	-	-	-	-	3	5	10	3	10	7	5	5	5
B19(9) Malignant Neoplasm, Prostate	F	20	-	-	-	1	2	3	3	5	3	5	3	3	3
B19(9) Malignant Neoplasm, Prostate	M	6	-	-	-	-	-	-	-	-	-	-	-	-	3

CAUSES OF DEATH — Registrar General's Return of Deaths in the City of Salford during the year 1969

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and over	
					4	14	24	34	44	54	64	74		
B19(10) Leukaemia	M	5	—	—	—	—	—	1	1	1	2	—		
	F	3	—	—	—	—	—	—	1	1	—	1		
B19(11) Other Malignant Neoplasms	M	37	—	1	—	—	1	1	4	12	15	3		
	F	62	—	—	—	1	1	3	6	15	19	17		
B20 Benign and Unspecified Neoplasms	M	1	—	—	—	—	—	—	—	1	—	—		
	F	—	—	—	—	—	—	—	—	—	—	—		
B21 Diabetes Mellitus	M	6	—	—	1	—	1	—	1	—	1	2		
	F	7	—	—	—	—	—	—	—	2	2	3		
B46(1) Other Endocrine etc. Diseases	M	1	—	—	—	—	—	—	—	—	1	—		
	F	4	—	—	—	—	—	—	—	1	1	2		
B23 Anaemias	M	—	—	—	—	—	—	—	—	—	—	—		
	F	10	—	—	—	—	—	1	—	2	2	5		
B46(3) Mental Disorders	M	4	—	—	—	1	—	—	—	1	1	—		
	F	1	—	—	—	—	—	—	—	—	—	1		
B24 Meningitis	M	2	—	—	—	1	—	—	—	—	—	—		
	F	1	—	1	—	—	—	—	—	—	—	—		
B46(4) Other Diseases of Nervous System etc.	M	8	—	—	1	—	—	2	1	2	2	1		
	F	11	—	—	1	1	1	—	3	2	1	—		
B26 Chronic Rheumatic Heart Disease	M	7	—	—	—	—	2	—	5	1	1	—		
	F	13	—	—	—	—	—	2	—	2	3	4		
B27 Hypertensive Disease	M	12	—	—	—	—	—	2	2	4	1	3		
	F	8	—	—	—	—	—	—	—	1	4	3		
B28 Ischaemic Heart Disease	M	235	—	—	—	—	5	8	35	68	77	42		
	F	170	—	—	—	—	1	3	8	27	54	77		
B29 Other Forms of Heart Disease	M	41	—	—	—	—	—	—	—	8	10	23		
	F	65	—	—	—	—	—	—	2	2	10	51		

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1- 4	5- 14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 74	75 and over
B30 Cerebrovascular Disease	M	80	-	-	-	1	2	8	21	28	20		
B46(5) Other Diseases of Circulatory System	F	133	-	-	-	-	3	8	18	30	74		
	M	35	-	-	-	-	1	3	8	11	12		
B31 Influenza	F	32	-	-	-	-	-	2	2	10	18		
	M	8	-	-	-	-	1	-	3	1	3		
B32 Pneumonia	F	4	-	-	-	-	-	-	-	2	2		
	M	75	1	12	-	-	3	3	10	20	26		
B33(1) Bronchitis and Emphysema	F	89	1	2	1	-	1	1	10	21	51		
	M	120	-	-	-	-	1	5	36	42	36		
B33 (2) Asthma	F	52	-	-	-	-	-	6	7	12	27		
	M	3	-	-	-	-	-	-	-	-	2		
B46(6) Other Diseases of Respiratory System	F	3	-	-	-	-	-	-	2	-	1		
	M	8	-	-	-	-	-	-	4	3	1		
B34 Peptic Ulcer	F	7	-	-	-	-	-	-	1	3	3		
	M	9	-	-	-	-	-	1	3	1	4		
B35 Appendicitis	F	3	-	-	-	-	-	-	-	1	1		
	M	-	-	-	-	-	-	-	-	-	-		
B36 Intestinal Obstruction and Hernia	F	1	-	-	-	-	-	-	-	1	-		
	M	2	-	-	-	-	1	-	-	1	1		
B37 Cirrhosis of Liver	F	5	-	-	-	-	-	-	-	3	2		
	M	7	-	-	-	-	-	2	2	3	-		
B46(7) Other Diseases of Digestive System	F	3	-	-	-	-	-	-	1	1	1		
	M	7	-	-	-	-	-	1	2	4	-		
B38 Nephritis and Nephrosis	F	9	-	-	-	-	-	1	1	3	3		
	M	3	-	-	-	-	-	1	1	1	-		
	F	6	-	-	-	-	-	-	1	2	3		

CAUSES OF DEATH — Registrar General's Return of Deaths in the City of Salford during the year 1969

CAUSE OF DEATH	Sex	Total All Ages	Under 4 weeks	4 weeks & under 1 year	AGE IN YEARS								
					1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and over
B39 Hyperplasia of Prostate	M	4	-	-	-	-	-	-	-	-	-	1	3
B46(8) Other Diseases, Genito-Urinary System	M	7	-	-	-	-	-	-	-	-	-	2	5
B41 Other Complications of Pregnancy, etc.	F	8	-	-	-	-	-	-	2	-	1	3	2
B46(9) Diseases of Skin, Subcutaneous Tissue	F	1	-	-	1	-	-	-	-	-	-	-	-
B46(10) Diseases of Musculo-Skeletal System	M	-	-	-	-	-	-	-	-	-	-	-	-
	F	2	-	-	-	-	-	-	-	-	-	-	2
	M	2	-	-	-	-	-	-	-	-	-	1	1
	F	6	-	-	-	-	1	-	-	-	1	2	2
B42 Congenital Anomalies	M	11	8	2	-	-	-	-	-	-	-	-	-
	F	12	7	3	1	-	-	-	1	-	-	-	-
B43 Birth Injury, Difficult Labour, etc.	M	12	12	-	-	-	-	-	-	-	-	-	-
	F	5	5	-	-	-	-	-	-	-	-	-	-
B44 Other Causes of Perinatal Mortality	M	13	13	-	-	-	-	-	-	-	-	-	-
	F	11	11	-	-	-	-	-	-	-	-	-	-
B45 Symptoms and Ill Defined Conditions	M	4	-	-	-	-	-	-	1	-	-	-	3
	F	8	-	-	-	-	-	-	-	1	-	-	8
BE47 Motor Vehicle Accidents	M	10	-	-	-	1	-	-	-	2	2	2	2
	F	7	-	-	-	1	-	-	-	-	1	2	3
BE48 All Other Accidents	M	20	-	-	-	-	-	3	-	3	5	-	2
	F	32	1	1	-	1	-	-	-	-	2	3	21
BE49 Suicide and Self-Inflicted Injuries	M	13	-	-	1	1	1	1	2	2	7	1	-
	F	7	-	-	-	-	-	-	2	2	1	1	1
BE50 All Other External Causes	M	4	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL ALL CAUSES	M	1025	34	20	7	5	5	13	33	109	265	304	230
	F	918	25	7	5	2	5	12	24	59	129	223	427

ENVIRONMENTAL HYGIENE

HOUSING – SLUM CLEARANCE

This was a momentous year, both nationally and locally, in the attack on bad or inadequate housing conditions in Salford.

In the national context the most important highlights were:

- (a) The long awaited Housing Act 1969 became law in the Autumn of the year, and
- (b) the national house production figures for the year showed a significant decline, particularly in the private building sector, and it was freely acknowledged that the national house production target set at half a million houses a year by 1970 was an impossible target to achieve in the light of national economic circumstances.

In the local field, the Salford City Council formally resolved in May that deferred demolition procedures as part of an overall attack on Salford's bad housing conditions were no longer acceptable and would not in future receive Council support.

Consequently it became necessary to review and completely recast the slum clearance programme and at the end of the year the Council formally approved a new housing slum clearance and house building programme which called for the demolition of at least 1,000 unfit houses a year through until the early 1980's.

From a local achievement point of view, 1969 was a satisfactory year with an end product of about 1,100 unfit houses demolished or cleared and with a peak achievement at the end of the year of almost 200 families rehoused in one month.

Unfit Houses Demolished or Closed during 1969

Period	Dwellings	Persons	Families
1st Quarter	188	480	193
2nd Quarter	269	945	260
3rd Quarter	232	856	237
4th Quarter	388	1046	390
TOTALS	1,077	3,327	1,080

An additional 17 fit houses (grey or pink hatch yellow classification) were demolished as added lands in clearance area compulsory purchase orders under the provisions of Part III of the Housing Act 1957.

Clearance Areas Represented

Area (title)	No. of Dwellings	Type of Order
Ordsall No.4 (Phoebe St.) Area	277	Compulsory Purchase Order
Ordsall No.6 (Archie St.) Area	100	Compulsory Purchase Order
Ordsall No.7 (Jennings St.) Area	299	Compulsory Purchase Order
Total of unit properties represented in clearance areas during the year	676	

Clearance Areas Confirmed

Title of Order	Type	Properties	Action proposed
Lower Broughton Clearance Areas Nos.3A/C	C.P.O. (deferred demolition)	700	Council entry. Patch maintenance plus selective closure or demolition of approx. 15% of properties.
Clarendon Nos.4A/C Clearance Areas	C.P.O. Immediate	35	Council entry – rehousing and demolition to commence early 1970.
Mary St./James Henry St. Clearance Area (Ordsall No.5)	C.P.O. Immediate	81	Council entry – rehousing and demolition to commence early 1970.

Individually Unfit Houses

Included within the overall totals of unfit houses closed or demolished during the year were 52 houses dealt with as individually unfit houses under the provision of Part II of the Housing Act 1957, (19 closing orders and 33 demolition orders).

General

The housing section of the public health inspectorate was responsible for the preparation of unfit areas for representation to the City Council, for the representation of individually unfit orders, for the compilation of books of reference for Housing Act compulsory purchase or clearance orders, for the preparation of evidence for public local inquiries and for the detailed and day to day supervision of living conditions in operative clearance areas including the ordering of essential emergency works.

In connection with the Council's desire to maintain minimum standards of life for families awaiting rehousing from clearance areas the system of emergency repairs to maintain services, to remedy serious rain penetration and to remove dangerous conditions was continued as before. Towards the end of the year it became necessary to adopt a policy of stringent economy in this service but supplementary funds were made available later which enabled the supervising inspectors to exercise a wider degree of discretion in ordering necessary repairs.

The system of the clearance of unwanted furniture and household debris left behind in clearance area houses first introduced the end of 1968, was continued. The average cost of the removal of this debris was £3 per house, and whilst clearance areas are generally the dumping grounds of much unwanted debris there was no repetition of the Chief Fire Officer's concern over the fire hazard created by unwanted furniture left in empty houses.

Property Inquiries and Mortgage Advance Scheme

During the year over 300 individual written answers to property inquiries were provided for members of the public and for solicitors, estate agents and other professional interests. The service is free for private individuals but a small charge is made in respect of professional inquiries.

Every effort is made to ensure the accuracy of the information supplied but it is always pointed out that changes in Council policy or new or extended clearance proposals may invalidate the information supplied.

Assessments of the possible effect of the Council's clearance proposals on properties is made, on request by the City Treasurer, in connection with the Council's mortgage advance scheme. This service fluctuates according to the funds available for this purpose.

Systematic Property Surveys

New clearance proposals submitted for Council approval towards the end of the year were as a result of a continuing process of area assessments based on a random 10% detailed property survey. This survey is not yet completed for the City as a whole but the areas of the City not yet subject to the survey were defined in the report submitted to the Council. It is hoped that this survey policy will continue during the coming 2 years, until all older properties have been assessed as to their fitness or suitability for improvement.

The Revision of the Slum Clearance and Housing Building Programme 1970—1980

In December 1969 the City Council formally approved the above programme; the undermentioned extracts are included to indicate the scope and intent of the report:

- 1.1 On 7th May, 1969, the City Council decided to discontinue the use of deferred demolition clearance area procedures. Six years have passed since the Council approved an overall clearance area programme (Council document 2301-1963). These factors necessitate the preparation of a new programme for the clearance of areas of unfit housing and for house building to cover the requirements of redevelopment schemes including lighting schemes.
- 1.3 A recent study of the Council's clearance area programme (November 1968) showed that at that time there were approximately 13,000 unfit houses still remaining to be cleared under the Council approved 1963 programme, and that at least 1,000 further unfit houses are in areas not yet approved as part of the Council's programme.

- 1.4 The Housing Act 1969 does not affect the extent of unfit housing in Salford. None of the current or proposed clearance areas is deemed capable of being saved under the proposed general improvement areas.

The concept of general improvement areas if properly developed will be an invaluable aid in preventing the further deterioration of areas of sub-standard housing not yet included in clearance area proposals, and will in fact be a logical development of the improvement concept first proposed and adopted by Salford in 1963.

- 1.5 It is advisable that the information contained in this and any associated report, if approved by the Council, should be made readily available to all interested parties. It has long been the Council's policy that basic information should be made readily available to all interested parties. It has long been the Council's policy that basic information concerning the expectation of life of property should be readily available to all bona fide inquirers.

At the same time it cannot be emphasised too strongly that information of this type is only a guide to the City Council's intentions. No report or programme on the clearance of large areas of property is workable unless it is sufficiently flexible to take advantage of changing circumstances.

- 2.4 As the prime object of this report is to deal with the clearance of unfit houses, the basic figure of the clearance of a minimum of 1,000 unfit houses each year has been used.
- 2.5 The report takes into consideration those capital improvement schemes which entail the acquisition and demolition of houses, such as the Salford-Eccles motorway scheme.
- 2.12 Each year there is a continuous sequence of closure or demolition of individually unfit houses up to a total of 50 properties each year. This tends to reduce the future rehousing commitments in proposed areas.
- 4.3 During 1970 it is proposed that representations are made for a substantial area in Ordsall together with a resumption of progress in the Central area together with other associated areas.
- 4.4 Thereafter it will be the function of the representation programme to provide for a variable number of properties in confirmed orders to permit the following progression:—
- (a) the continuing clearance of Ordsall,
 - (b) the completion of clearance and redevelopment in the central area,
 - (c) the progressive clearance of Council owned deferred demolition houses at the appropriate time,
 - (d) the insertion into the clearance programme of the balance of the 1963 programme in appropriate groups,
 - (e) the insertion into the clearance programme of new areas,
 - (f) the integration into the clearance and rebuilding programme of any highway and other redevelopment schemes.

HOUSES IN MULTIPLE OCCUPATION

General

Systematic and routine inspection of houses in multiple occupation has been carried out during the latter part of the year under review. A full year's work in the field of housing was not possible due to a shortage of qualified public health inspectors.

A policy of weeding out the bad houses in multiple occupation is being adopted, particularly those houses situated outside the Council's approved programme of future clearance areas. Where conditions of squalor, poor management, lack of facilities for cooking and personal washing, over-crowding, and general disrepair exist within a house in multiple occupation, and cannot be remedied by statutory action at reasonable expense, considering the locality and potential life of the property, closure or demolition of the house is sought for under the provisions of the Housing Act 1957.

Coupled with this policy of eradication of the worse houses in multiple occupation which cannot be brought up to minimum standards, has been the endeavour to make a general inspection of all the suspected houses in multiple occupation. Unfortunately much difficulty is encountered in gaining admission and full details of ownership of these new houses in multiple occupation. This is partly attributable to ignorance by both owners and occupiers of the provisions of the housing legislation relating to multi-occupied premises, and the responsibilities placed upon them by this legislation. However, a policy of education, rather than the institution of legal proceedings, is being used in an endeavour to achieve the desired goal.

Where conversion of houses is carried out efficiently with the requisite planning permission, and where good standards of management are allied to a reasonable standard of amenities and facilities and aided by a genuine desire on the part of the occupants to observe the niceties of a close neighbourly life, then multiple occupation itself does not create a problem. It is where decrepit buildings are added to poor and inadequate conversion works, complicated by inadequate or absent management and overcrowding, that the problems created by multiple occupation become acute.

Statistical Information

(A)

(a)	Number of H.M.O. properties on register at the end of 1968	416
(1)	H.M.O. properties included in clearance procedures	6
		410
(b)	New cases of multiple occupation found during 1969	105
	Total H.M.O. properties on register at the end of 1969	515

(B)

The extent of the problem

(1) Total on register	515
(2) Suspected but not yet detected	300
Estimated total number of houses in multiple occupation	815

Legislation	Notices Served	Notices Abated	Notices Outstanding
Housing Acts	11	—	11
Public Health Acts	55	33	22
Salford Corporation Act	25	9	16
Management Orders applied	1		
	order made		

Control Procedures

Houses in multiple occupation are subject generally to control procedures under the various provisions of the Housing Act, 1957–69, and to Regulations made under those Acts.

During the year, the service of statutory notices or orders was found necessary to deal with conditions which could not be remedied by normal persuasive and informal efforts.

Additionally, informal action resulted in some 132 letters being sent out to owners. In 5 instances matters were referred to the Chief Fire Officer for action and investigation into means of escape in case of fire.

The service of notices for the improvement of conditions, the provision of facilities, or the abatement of overcrowding meant that many hundreds of visits were paid to houses in multiple occupation not only to investigate conditions but to give advice to both owners and tenants. It is true to state that the bulk of control and inspection procedures instituted during the year were concentrated on not more than one-third of the total of recognised houses in multiple occupation.

The control of houses in multiple occupation requires careful judgement by a mature and experienced inspector and close liaison with many other departments and services of the local authority, particularly those concerned with the care of children, elderly persons and with problem families.

Failure to maintain close supervision of many of these premises results in rapid deterioration and lowering of standards. Only by constant inspection, informal and statutory action can owners and tenants be made to keep the premises up to a minimum standard. During the year, some 368 visits to houses in multiple occupation were made by the public health inspector responsible for this work.

During 1969, the necessity for the institution of legal proceedings arose in one case after the public health inspector was repeatedly obstructed by an agent from gaining admission to a house in multiple occupation for the purpose of a general inspection. However, the matter was resolved satisfactorily out of Court.

The problem of storage of refuse and the inherent nuisances which gave rise to complaint, continued to be a vexing corollary of poor management of multiple occupied houses. Many of the families who occupy this type of accommodation are very much of the migratory type.

Frequently as accommodation is vacated large quantities of household refuse, mattresses, beds, broken furniture and other articles are discarded. This debris normally accumulates at the rear and side of the premises, is usually scattered about and forms focal points for miscellaneous dumping of other general refuse from the neighbourhood. Special collections are frequently necessitated, adding much additional work to the existing burden on the cleansing services.

IMPROVEMENT GRANTS AND COMPULSORY IMPROVEMENT

Results achieved during the year both in respect of compulsory and voluntary improvements have shown a decline over the previous annual figures. This has been again due to shortage of staff, prolonged uncertainty on the content of the proposed legislation and the eventual changes effected by the passing of the Housing Act, 1969.

Improvement Grants

The number of dwellings provided or improved with grant assistance fell from last year's peak of 265 to 176, which is the lowest annual figure since 1964.

Grant payments totalled £21,183.10s.6d, at an average cost of £120.7s.2d.per dwelling, which reflects the increase in cost of improvement works due to continued rises in the cost of labour and materials.

Compulsory Improvement Areas

Shortage of staff prevented any progress being made in respect of the Littleton Road Compulsory Improvement Area or the instigation of any further Areas during the year. However, proceedings did continue in the other four Compulsory Improvement Areas under the provisions of the Housing Act, 1964, which resulted in a further 76 dwellings being improved.

Table I shows that considerable success has been achieved in these areas but that all the houses have not yet been improved. The majority of these dwellings are occupied by (a) owner/occupiers, or (b) tenants who have refused to give their consent to having the improvements carried out.

Further attempts at persuasion will continue to be made in an effort to obtain an even higher percentage of improvement. Consideration will also have to be given during the next 12 months to enforcement in the cases where tenants still refuse their consent after the 5-year deferment period.

Tenants' Representation

Increasing awareness of the right of individual tenants to request the Council to obtain the improvement of amenities in their homes has resulted in a welcome increase in the number of Tenants' Representations received.

The legal procedures involved are still cumbersome and lengthy, not having been amended by the Housing Act, 1969, but owners are beginning to show a greater acceptance of these requests and the rental changes contained in the Housing Act, 1969, will probably create further interest.

Future Programme

The Housing Act, 1969, repealed the compulsory provisions of the Housing Act, 1964, and it will not be possible to define any further Compulsory Improvement Areas. The Council have the right to continue to deal with existing defined areas under the old legislation and this will enable us to work towards the total improvement of these areas.

Further improvement programmes within the City will have to be achieved by persuasive approaches by the department's officers to tenants and owners alike to encourage voluntary application for grant assistance. The implementation of "General Improvement Areas" does not seem an easy proposition in Salford because of the physical aspects and heavy staffing resources which would be necessary, but there is no doubt that urgent consideration will need to be given to the practicability of environmental improvement.

The new rental changes in the Housing Act, 1969, are aimed at giving greater encouragement to owners to carry out improvements by allowing for the change of controlled tenancies to regulated tenancies with attendant rent increases. It is hoped that this will be effective and result in a much better response from landlords. However, we must bear in mind that the level of rent increases — to be fixed by reference to the Rent Officer or Rent Assessment Panel — is as yet unknown and so, therefore, is the tenants' reaction to the reasonableness of housing improvement.

Whatever the effects of the new legislation are upon tenant and landlord, every effort will be made within the coming year to obtain the maximum level of improvement to the housing stock of the City.

Table 1

Progress Within Compulsory Improvement Areas

Area	Total Dwellings	Tenanted Dwellings	Owner Occupied	Dwellings to be improved	Improvement Compl'd	Expiration of 5 year Deferment period.
Lower Broughton	239	154	85	234	123	7th Jan. 1970
Langworthy No.1	326	235	91	326	151	28th July, 1970
Duchy Road	115	69	46	105	47	5th Jan. 1971
Seedley No.1	460	323	137	392	208	28th June, 1972
Littleton Road	485	207	278	450	8	

Table 2

Progress following Tenants Representation

Year	No. of Representations	Notices Served	Grant Applications	Completed Improvements
1965	33	58	Nil	Nil
1966	20	28	25	Nil
1967	55	57	27	32
1968	32	71	32	18
1969	53	8	14	22
Totals	193	222	98	72

ATMOSPHERIC POLLUTION

The Department has proceeded with the Council's determined policy to control atmospheric pollution from all sources, and to this end a further 654 acres of the City, containing 2,000 dwelling houses, were included in Smoke Control Orders under the provisions of the Clean Air Act, 1956.

My Report for 1968 revealed that the smoke content of Salford's atmosphere had fallen from 402 microgrammes per cubic metre of air in 1961 to 193 microgrammes; sulphur had fallen from 328 to 177. It is not possible to say that this satisfactory decline in pollution has continued. Due to staffing difficulties in the Analyst's Department, the work of volumetric analyses has not continued for the complete year and therefore no true figures are available, and while it is sincerely hoped that the smoke and sulphur content of the City's atmosphere will continue to fall there are no figures available for this year to give a true indication.

During the year under review work has proceeded with the routine survey of the remaining parts of the City which are not yet included in Smoke Control Areas, in order to prepare details and information for further areas and the completion of the Council's Smoke Control programme. The inspection of the fitting of new appliances and advice regarding the correct method of operation of the appliance was given. Information regarding the amount of financial aid available for the various types of appliances was also given. The work is proceeding quite smoothly and with 67% of the City's acreage covered by Smoke Control Orders at the time of writing this report, the completion of the control of domestic smoke as far as the City of Salford is concerned is well in sight.

Industrial Smoke

The inspection of all the furnaces in the City was carried out and 363 observations of factory chimneys were made.

One of the main sources of concern was the emission of smoke from demolition operations. On occasions smoke was so dense from one particular demolition site that it was not necessary to rely on complaints from nearby residents as the smoke pall

could be seen from the Health Department. Informal action had to be applied due to the length of time which would have elapsed had formal legal action been resorted to.

I would point out that this type of complaint did not in the main emanate from the Council's Clearance Areas but from the demolition of industrial premises in connection with the diversion of the River Irwell in Lower Broughton; the demolition of one particular plastics factory gave rise to great concern owing to the large volumes of black smoke which were emitted, and the proximity of Council flats. It was hoped that the Clean Air Act, 1968 would give local authorities greater powers to deal with this type of smoke nuisance but unfortunately this has not occurred.

The department is acutely concerned about atmospheric pollution and while the accent appears to be on the domestic sources of pollution the industrial contribution is not ignored. It is hoped that other Cities and towns will proceed energetically and vigorously with their Smoke Control programmes so that in the not too distant future every man, woman and child can enjoy the rightful heritage of clean air.

DRAINS AND SEWERS

During the year the Drainage Inspector investigated 2,396 complaints of defects relating to drains and sewers. Complaints of choked drains which could easily be dealt with by rodding or plunging were cleared free of charge and Council owned property was dealt with in the same way.

The City Engineer carried out work on 41 sewers under Section 24 of the Public Health Act, and the work was inspected while in progress and on completion. The Highways Sewers Inspector and Drainage Inspector visit daily all work in progress and co-operation is essential for the work to be carried out satisfactorily. All sewer work is regarded as urgent and every effort is made to see that the necessary work is carried out as soon as possible. The Highways Surveyors Office and the Drainage Inspector are in daily contact, dealing with complaints as they arise.

The Corporation carried out work in default at 26 properties in respect of notice served under Section 39, Public Health Act, at a total cost of £1,668 which is recoverable from the owners of the property concerned. It has been observed that contractors in Salford are in numerous cases reluctant to carry out drainage work for owner-occupiers, as this type of work can be very expensive and especially where long lengths of drain is required to be renewed. Consequently the Corporation are having to assist these owner-occupiers in getting the work carried out, as this is necessary work which cannot be ignored.

A major item of drainage work carried out during the year was to remove a blockage from a drain serving a club premises under the main A6 road. The work involved a sinking 14ft. down in the centre of the road and at the request of the Police the work was carried out on a shift system working 24 hours. The work was commenced and finished in one week at a cost of £1,000.

Numerous percolations into cellars and basements were investigated and colour

testing of drains and sewers was carried out. Valuable assistance was obtained from the Manchester Water Department in the testing of water pipes for bursts.

The Drainage Inspector and Rodent Control section co-operate in the tracing of rat runs in yards, passages, and roadways as these usually lead to a defective drain or sewer. The use of the "smoke machine" for "smoke testing" drains and sewers is necessary in this type of work.

The Drainage Inspector has two assistants and a 10 cwt. van complete with all necessary equipment for carrying out his duties of inspection and testing of drains and sewers, smoke test or water test being applied to drains and sewers on completion of work by contractor.

The Drainage Inspector's advice and assistance is always available to owners and private contractors in removing blockages and in cases where there are serious defects requiring the re-construction of a drainage system.

NOISE CONTROL

It has been proved that noise is harmful; when people are subjected to excessive levels of sound, powers of concentration disappear and the standard of mental well-being is reduced.

During the year the department acquired a very useful piece of technical equipment in the form of a sound level meter. This meter allows sound to be measured, unfortunately it is not possible to say that a certain reading on the meter can be considered to be a nuisance. This depends on the type of area and other factors, to this end the British Standards Institution have produced British Standards 4142 (1967) which specifies a method of measuring at the outside of a building, the level of a noise being emitted from industrial premises, the application of corrections according to the character and duration of the noise, and comparison of corrected noise level with a criterion which takes account of the various environmental factors or with background noise level, to determine whether the noise is likely to give rise to complaints.

Three complaints of noise have been received during the year. In one instance the firm concerned, which was situated in an area of mixed developments, after legal proceedings, was fined £100. The premises have been kept under surveillance by the department's Public Health Inspector and no further nuisance has been recorded.

A complete survey with regard to background noise level is intended to be undertaken to record noise levels for all districts of the City. This could be of great value in the future to give an indication whether background noise levels are on the increase in any particular district of the City. It is my considered opinion that excessive levels of noise are offensive and harmful and in this jet age more time, thought and control will have to be applied to the problem of noise.

FOOD HYGIENE

The re-development of the City which will in the long term have a beneficial effect on hygiene, in that unsatisfactory buildings will be replaced by good modern buildings,

has this year had deleterious short term effects. In those shopping streets which are known to have a limited life, a substantial number of long standing businesses have voluntarily closed down. This has been followed in a number of cases by improvised conversion of premises, into food premises, and in a few particularly difficult cases into cafes. This has happened often without any consultation with the local authority, and has given rise to several cases of squalid conditions.

Inspectors have found that occupiers frequently try to resist instructions to improve such premises on the grounds of limited life of the property. However, firm action has been taken to insist on compliance with the regulations, and this has resulted in three cases that unsatisfactory premises have closed down, and in others that improvements have resulted.

In general the condition of premises and the standard of facilities provided is improving and although much remains to be done it is still found that unsatisfactory conditions do arise in a small percentage of premises, particularly when changes of occupation occur, which are unknown to the local authority. To deal with such premises an "accelerated visiting list" is maintained. These premises are visited frequently, and if improvements do not result in a reasonable time prosecution is taken. There are at present twelve premises where legal proceedings are warranted, and these will be reviewed early in 1970 and dealt with according to circumstances.

There is of course much more to Food Hygiene than the provision of suitable premises and equipment. This is clearly illustrated by the fact that many food poisoning outbreaks are found to arise due to unsound methods of handling food rather than to bad premises. This point is stressed by Inspectors when visiting premises, and in addition to advice on personal hygiene and temperature control, particular stress has been given this year to risks of cross infection of foods such as cooked meats, from raw food such as chicken and butcher's meat. A number of outbreaks have occurred in various parts of the country and this year a small outbreak in Salford, where cooked meat has become infected after cooking, with *Salmonella* organisms from raw chickens.

A welcome development towards the end of the year was the publication of the long awaited Code of Practice on hygiene in the meat trades which gives advice on the cleaning of food slicing machines and on the risk of cross-infection in butcher's shops or any shops where cooked meat and raw meat or raw chickens are sold on the same premises.

The problem of street traders is as troublesome as ever, and causes obvious enforcement problems. Regular inspection of itinerant traders is of course difficult. Inspectors have carried out as many spot checks as possible as well as following up complaints from shopkeepers. Unlike last year, there have been no prosecutions under the Food Hygiene (Market Stalls and Delivery Vehicles) Regulations 1966, but undoubtedly much work remains to be done with itinerant traders to improve the standard of hygiene and to achieve full compliance with the Regulations.

Legal proceedings were authorised by the City Council in one case during the year, being a grocers shop which was found to be in an insanitary state despite several warnings. Summonses were issued but the occupier vacated the premises

before the case could be heard and the case was withdrawn. The shop has now been re-opened by a different occupier and conditions have been improved.

List of Food Premises Subject to the Food Hygiene (General) Regulations, 1960

	No. of Premises
Bakehouses	51
Butchers	150
Cafes and Restaurants	74
Chicken Barbecue Shops	3
Fish and Chip Shops	117
Food Supermarkets	14
Food Manufacturers Premises	11
Greengrocers and Fishmongers	169
Grocers Shops	630
Public Houses/Hotels/Licensed Clubs	270
Sweet Shops	186
Works/School/and Institutional Canteens	266
Wholesale Grocery Warehouses	8
TOTAL	1,949

Food Poisoning

There were 69 known cases of food poisoning notified during the year, details of which are set out below:—

43 were individual cases with no known connection.

There was a family outbreak of 3, and 23 persons were the subject of a general outbreak.

The general outbreak was caused by *Salmonella* Virchow and this was traced back to a butcher's shop selling cooked meat prepared on the premises together with raw chickens. The cooked meats were delivered to 4 food shops in the City, 3 of which had a number of *Salmonella* Virchow cases amongst their regular customers.

Three shopkeepers contracted the infection, and were excluded from handling food by this department until the required negative results were obtained.

Unsound Food

The following table shows a list of food surrendered for destruction during the year:—

Meat	4,138 lbs.
Fruit	279 lbs.
Fish	101 lbs.
Vegetables	671 lbs.
Soups	15 lbs.
Flour	22 lbs.
Fats	84 lbs.
Jams	112 lbs.
Rice	18 lbs.
Baby foods	144 lbs.
Bacon	28 lbs.
Cheese	28 lbs.
Coconut	300 lbs.
Mincemeat	28 lbs.
Doughnut mix	28 lbs.

5,996

In addition, a quantity of frozen foods was surrendered for destruction having been subjected to unrefrigerated conditions mainly due to refrigerator breakdowns. This type of food cannot always be said to be unfit for human consumption, but the result of a serious rise in temperature would affect the peculiar nature of this type of product which would be against the interests of the retailer to continue to sell it in this state.

When food is surrendered under these conditions a letter is issued by this department confirming that destruction has taken place.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Registration and Inspection of Premises

The initial survey of premises was completed in 1967, and the majority of problems found on the initial survey have been solved by follow-up action, and where necessary by legal proceedings.

However, it does not follow from this that the work of enforcement is completed. There are several reasons for this, including the appearance of new regulations such as the Lifts and Hoists Regulations, the fact that Salford is a rapidly changing City due to major re-development schemes, and the normal changes of occupation which occur with surprising frequency in business premises.

The pace of change is so fast in Salford that without vigilant work by Inspectors the register would rapidly become out of date. It is not simply the erection of new buildings, but also the opening of businesses in old and improvised buildings, in areas where slum clearance or re-development is only a few years away. In such areas established businesses often leave the area, and less satisfactory businesses commence, often without consultation with local authorities. A number of specially difficult such cases have occurred, where serious contraventions of both the Act and the Food Hygiene Regulations have arisen in this way.

Registration of premises, which is of course a legal requirement should theoretically deal with the foregoing problem, but it has again been found ineffective despite the prosecution for failure to register last year. As in previous years therefore, Inspectors have dealt with the problem of failure to register by vigilant observation, liaison with the Planning Department of the Corporation and with the District Inspector of Factories.

Future Inspection arrangements

As in the past, immediate attention will be given to complaints and to the investigation of accidents.

Newly-registered premises are to be inspected forthwith when the registration form is received.

The general inspection of registered premises is of course dependent upon the amount of staff time available after complaints, accidents and new premises have been dealt with. It is felt that as this Act covers such a wide variety of types of premises that the frequency of inspection necessary depends to some extent on the type of premises.

Accordingly it is intended to give first priority to food premises, warehouses and fuel storage depots, and to endeavour to inspect such premises every year and preferably more than once per year.

Premises such as modern office blocks, modern shops other than food shops, will be inspected on a longer cycle, subject to frequent inspection of premises where problems are known to exist.

Operation of the General Provisions of the Act

Cleanliness

The standard of cleanliness in business premises is of concern to local authorities from many standpoints in addition to the enforcement of this Act, notably the Food Hygiene aspect, and in pursuance of various by-laws such as the hairdressers by-laws. Inspections are made from every relevant point of view, and it has been found that although legal compliance is achieved in a majority of cases, there is still some way to go to achieve satisfactory standards of cleanliness.

Most commonly, deficiencies are found in parts of premises away from public view, such as stock rooms and cellars, although a small number of premises exist where the standard of cleanliness throughout is unsatisfactory.

Although no prosecutions have been taken under this heading this year, negotiations are in progress to achieve improvements in about twelve premises which will, if necessary, be resolved by legal proceedings next year.

Overcrowding

There have been no cases of overcrowding discovered during the year.

Temperature

Inadequate heating is a matter which employees are particularly sensitive about, and which produces most of the complaints which are made by employees. Deficiencies have arisen more commonly in warehouses and shops than in offices. All the cases during the year have been resolved informally.

Ventilation

The premises referred to in last year's Report where inadequate ventilation gave rise to mould growths and condensation have been closed down and no further legal proceedings have been necessary.

Lighting

Standards of lighting are generally in excess of those specified in the Ministry booklet on lighting standards, although many premises are still below the I.E.S. code. The main difficulties during the year have been the poorly lit passages and staircases where it is still the practice in some cases to skimp on lighting.

Sanitary Conveniences and Washing facilities

Maintenance of the facilities is the main problem, particularly in buildings where facilities are shared. The provision of adequate numbers of water closets and wash basins has been achieved and also since last year's prosecution the use of electric kettles for the provision of "running hot water" has been eradicated.

Eating Facilities (Shops only)

The enforcement of this Section is very patchy because of practical difficulties, and because of the basic weakness of the Section. What can be said is that in some premises excellent facilities are available, whereas in others facilities are virtually non-existent because employers specify that employees take their meals elsewhere.

Floors, Passages and Stairs

A substantial number of contraventions have been found including obstruction of staircases, inadequate service maintenance, broken handrails and so on. Maintenance of trap doors and openings in floors of licensed premises has also been found lacking in many cases. In most cases improvements have been brought about informally, but consideration is being given to legal proceedings in one or two persistent cases.

First Aid

A leaflet is available and is given out by Inspectors wherever inadequate facilities are found, it is still common to find First Aid boxes are not replenished when necessary.

Lifts and Hoists Regulations 1968

These Regulations came into force on 28th May, 1969, and necessitated a complete survey of all premises which were provided with lifts.

This survey revealed that nearly all the premises provided with lifts did in fact already comply with the Regulations, mainly in association with Insurance Companies.

Exceptions to this were found in five cases however, four of which were in banks where it had not been thought necessary to insure the lifts and because of this the lifts were not subject to regular testing. It should be added that the lifts were not used for carrying passengers.

Improvements have been carried out in all these cases and regular examination of the lifts is now carried out.

Accidents

Notifiable accidents this year have totalled 27 which is 10 fewer than last year. It is difficult to assess from the figures whether the number of accidents is rising or falling because of the neglect of occupiers to notify accidents. Inspectors try to rectify this by checking accident books and by issuing leaflets on the subject.

None of the accidents notified this year has been fatal.

Causes of notifiable accidents

Falls

Approximately 45% of the accidents were caused by falls, including falls from stairs, step ladders and tripping over loose floor coverings.

Handling Goods

This accounted for about 43% of the total, and was predominantly associated with handling barrels of beer in Public Houses.

Other Causes

The remaining accidents occurred with machinery and transport.

Investigation of Accidents

Accident investigations are carried out when it is thought likely that advice can be given to prevent a recurrence, or where a contravention of the Act may have occurred. Investigations were carried out in 14 cases during the year, and informal advice given.

Legal Proceedings

As usual most of the year's work was done by informal methods and legal

proceedings were taken in one case only.

This was a case of an obstruction of an Inspector where the occupier refused to allow the Inspector to enter premises, because he did not have a search warrant, although the Inspector did carry evidence of his authority signed by the Town Clerk.

The occupier telephoned the police to have the Inspector removed, and although the Inspector requested admission again in the presence of a police constable he still refused to allow the inspection to be carried out. The stipendiary magistrate imposed a fine of £10 and an inspection of the premises was carried out the following day without incident.

Exemptions

No exemptions have been granted this year.

TABLE A — Registrations and General Inspections

Class of premises (1)	Number of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year (4)
Offices	9	504	121
Retail Shops	14	958	379
Wholesale shops, warehouses	7	125	58
Catering establishments open to the public, canteens	6	278	118
Fuel storage depots	1	10	4
TOTALS	37	1,875	680

TABLE B — Number of visits of all kinds (including general inspections) to
Registered Premises

1,294

TABLE C — Analysis by Workplace of Persons Employed in Registered Premises at end of year

Class of Workplace (1)	Number of persons employed (2)
Offices	4,242
Retail shops	2,927
Wholesale departments, warehouses	1,471
Catering establishments open to the public	1,672
Canteens	67
Fuel storage depots	62
Total	10,441
Total Males	5,375
Total Females	5,066

TABLE D — Exemptions

Part III Sanitary Conveniences(Sec. 9)

Offices	1
Retail shops	—
Wholesale shops, warehouses	—
Catering establishments open to public, canteens	—
Fuel storage depots	—

TABLE E — Prosecutions

Prosecutions instituted of which the hearing was completed in the year

Section of Act or title of Regulations or Order (1)	Number of Informations laid (2)	Number of informations leading to a conviction (3)
53	1	1

No. of persons or companies prosecuted	1
No. of complaints (or summary applications) made under section 22	Nil
No. of interim orders granted	Nil

TABLE F — Staff

No. of inspectors appointed under section 52 (1) or (5) of the Act	1
No. of other staff employed for most of their time on work in connection with the Act	1

MEAT INSPECTION

Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed	2,473	1,295	14	15,827	
Number NOT inspected	—	—	—	—	—
All diseases except Tuberculosis and Cysticerci					
Whole Carcases condemned	1	3	—	5	—
Carcase of which some part condemned	—	—	—	14	—
Tuberculosis Only					
Cysticerci					
Carcase of which some part or organ condemned	7	—	—	10	—
Carcases submitted to refrigeration	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Weight of Meat and Offal Rejected from Animals Slaughtered

	Tons	Cwts.	Qrts.	Lb.
Full Carcases	1		2	1
Part Carcases			5	6
Offal	5	16	2	22
TOTAL	6	18	2	1

Meat Inspection at Private Slaughterhouse

During the year facilities were provided for the slaughter of bovines by the Jewish method and permission granted for Sunday slaughter. The determined days and hours of slaughter agreed under the Meat Inspection (Amendment) Regulations 1966 are now as follows:

Weekdays	—	7.00 a.m. — 7.00 p.m.
Saturday/Sunday	—	7.00 a.m. — 12 noon

To enable an inspector to be present at all times of slaughter the meat inspection duties are shared by the three food inspectors on a weekly rota system, working varied hours to adjust to this anomaly of the five day week. The inspector working on the Sunday is paid a contracted honorarium by the owners of the slaughterhouse.

POULTRY INSPECTION

There remain three establishments within the City where poultry are processed for the Jewish Community. Detailed individual inspection of each carcase and organs is carried out as part of the Kosher method of preparation and continuous supervisory inspection by the food inspector is not required. The three premises are visited on an average of twice weekly.

1 Poultry Slaughterhouse

Under the direct supervision of the Machzikei Hadass, where between 800—1,000 chickens, hens, turkeys and geese are killed every week. The poultry is plucked, eviscerated and Koshered on the premises.

2 Poultry Dressing Premises

Mainly hens and chickens slaughtered in a neighbouring authority are transported to this establishment where they are plucked, eviscerated and Koshered for retail sale at the premise or delivery to households. The approximate weekly throughput is 800.

3 Kosher Poultry Retailer

An average weekly throughput of 200 hens and chickens which have been slaughtered in a neighbouring authority are received at this shop, where they are prepared for retail sale.

Milk

The sampling of milk for sale to the general public continued within the area of the local authority during the year. 146 samples of milk were taken by the Department's Public Health Inspectors, the results of which are given in the following tables:—

Test	Milk	No. Tested	Pass	Fail
Methylene Blue	Untreated	—	—	—
Methylene Blue	Pasteurised	71	66	5
Phosphatase	Pasteurised	75	75	—
Turbidity	Sterilised	67	67	—
	Ultra-Heat Treated	4	4	—

The 5 samples which failed the Methylene Blue test represented 3.4% of the total samples taken. The dairies concerned were investigated by the Department's Inspectors and the dairies co-operated in every respect.

There is no untreated milk sold in the City and therefore no milk samples were submitted for the detection of *Brucella Abortus*.

SAMPLING UNDER THE FOOD & DRUGS ACT 1955

293 samples were submitted to the City Analyst's Department for examination under the Food & Drugs Act 1955.

The above total includes a wide range of foodstuffs for compliance with the various food standards, labelling and other applicable regulations, also milk and ice-cream sampled for fat and non-fatty solid content.

Of the food complaints received 26 were submitted to the City Analyst and on his findings appropriate action was taken.

Bacteriological Sampling of foodstuffs

Ice-cream

24 samples were taken mainly from retail points with the following results:—

No. of samples	Grade
10	1
5	2
6	3
3	4

Inspections of manufacturer's premises and retail vehicles were made regularly throughout the year, and advice given.

Desiccated Coconut

The coconut pasteurisation plant situated in the City was inspected at regular intervals, and 36 samples were taken for bacteriological examination, all with satisfactory results.

Liquid Egg

32 samples were taken from various users in the City and were found to be satisfactory.

In addition 37 various food samples were taken for bacteriological examination, including tinned meat and frozen meat products.

Water Supply Sampling

Routine sampling of the City's water supply was carried out by the Department's Inspectors, 13 samples were taken and these all proved satisfactory from a bacteriological aspect. Two complaints were received concerning discoloration, this proved as in the past to be due to disturbance of silt in the mains. This unfortunately is inevitable due to the age of some of the main supply pipes.

Manchester Corporation Water Undertaking were informed of the complaints and flushing of the mains concerned brought about the required improvement in supply.

Swimming Bath Water

Routine sampling of Bath Water from all the swimming baths in the City was undertaken during the year by the Public Health Inspector.

There are within the area 4 Public Swimming Baths and 4 Swimming Baths at schools for the use of school children. 62 samples of Bath Water were sent to the Public Health Laboratory at Withington Manchester for bacteriological examination, 45 were submitted to the City Analyst for chemical analysis.

All the samples submitted for bacteriological examination were satisfactory; of the samples submitted for chemical examination 29 were satisfactory, 6 were lower than the recommended level of free chlorine, while 10 were higher than the recommended level.

Copies of all the results were sent to the departments concerned who took the necessary action.

PUBLIC TOILETS

There are ten public toilets situated in various sites throughout the City, each provided with full convenience and hand washing facilities. In addition there are eight sites where only male urinal facilities are available.

Two additional public toilets are currently in either the planning or construction stage.

A new system of supervision and cleansing of all public toilets is in an advanced planning stage and will be introduced during January 1970. Throughout 1969 however the staff employed on public conveniences consisted of one foreman and seven male and seven female employees. This staff will be considerably reduced in

number in the scheme to be adopted and it is to be anticipated that a substantial saving, in the region of £6,000 annually, will result and will be allied to the maintenance of a higher standard of service and cleansing, together with a more satisfactory wage level for the reduced number of employees who will be operating on a mobile shift system of working.

Vandalism of public conveniences is a national problem. In Salford it has reached extremely serious levels and has frustrated the efforts of the Council to provide modern, pleasant convenience facilities for the people of the City. Newly-built conveniences have rarely remained open for more than a few days before having to be closed for extensive repair. Indeed it is particularly frustrating to be criticised for a poor public convenience service when new conveniences are reduced to chaos within a few hours of being opened.

Old unsuitable public conveniences are planned for replacement but all efforts to modernise this essential service will be brought to nothing, unless the public as a whole recognise a collective duty to care for services provided for their own comfort and convenience.

SHOPS ACT 1950

In contrast to 1968 and 1967, there have been no prosecutions for contraventions of the Sunday Trading Restrictions, or any of the weekday closing hours.

The level of complaints has been lower than for many years, the few cases dealt with having been settled informally. The prime cause of difficulty this year has been competition from Street Traders, including a vehicle used for retailing fish and chips. As such traders are at present outside the scope of the Act, no effective action can be taken under this Act to control their hours of trading.

HAIRDRESSERS AND BARBERS

During the course of the year applications for registration have been received in respect of eight premises, all of which have been granted after inspection. There have been no complaints or prosecutions this year, but improvements have been carried out at the request of the Public Health Inspector in 21 of the premises already registered.

PET ANIMALS ACT 1951

This year has been a notable one in the sphere of Pet Shops, for two reasons. Firstly the trend of the last few years for the number of pet shops to decline has been reversed, the number of pet shops having increased from 15 to 20 during the year. Secondly the trend for pet shops to restrict their activities to a narrow range of pets such as budgerigars, fish, hamsters etc., appears to have changed; several pet shops having started to supply a more exotic range, including snakes, monkeys, birds of prey, etc.

Something of a climax was reached in one case, when a poisonous snake escaped from a pet shop and caused a great deal of alarm among local residents. This type of

problem is however not within the purview of the Pet Animals Act, which is designed to protect the health and welfare of the animals. After liaison between several Committees of the Corporation a policy of control by means of conditional planning permission has been arrived at.

All licensed pet shops have been inspected during the year by the Public Health Inspector, and careful liaison has been maintained with the R.S.P.C.A. There have been no cases of cruelty or neglect of animals during the year.

PEST CONTROL

The pest control section provides a complete service for landlords, tenants and occupiers of house, business and commercial premises in the City, to eradicate infestations of rats, mice, pigeons and household flies, beetles and other pests.

Disinfestation

The work of disinfestation is carried out by two full-time operators transported from job to job in a light van. During 1969 over 8,000 miles were covered on routine disinfestation work by the van which is equipped with a full range of modern disinfestation equipment, viz:

- (a) electric fogging machine,
- (b) powder blowers which discharge insecticide mixed with nitrogen at 100 lbs. per sq. inch pressure,
- (c) cylinders of nitrogen,
- (d) liquid spraying machines,
- (e) formulations of insecticide in Kerosene, water suspensions and emulsions and in dry powder form applied as dust.

All types of infestation can be attacked with the most up-to-date insecticides and methods of application.

A nominal charge of 8/- per room, an increase of 1/- over last year's charges, is made to occupiers of dwelling houses. Charges on a time and material basis are made in respect of the treatment of business premises.

In all cases of hardship such as old age pensioners and families drawing social security benefits, a free service is given.

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

Insect Infestation	No. of Treatments
Bed bugs	247
Cockroaches	575
Woodboring beetles	3
Earwigs	4
Flies	28
Golden spider beetles	8

continued

Insect Infestation	No. of Treatments
Mites	2
Wasps and Bees	26
Fleas	31
Larder beetles	88
Ants	15
Lice	11
TOTAL	1,038

In addition to the above treatments for specific infestations, a further 1,033 routine disinfestations were carried out on the furniture and effects of families prior to removal to new accommodation under slum clearance and individually unfit procedures and in addition the fabric of the buildings was disinfested prior to demolition.

Some 598 tins of beetle powder were sold to inquirers or issued to Council tenants in order that they could carry out their own home treatment.

Rodent Control

(a) Sewer Maintenance

Only two areas within the City with 1,577 manholes were treated during the year, because of difficulties in replacing staff. Two fully-trained operators left within a few months of each other due to ill-health and had not been replaced at the end of the year.

The 1,577 manholes of which 845 were in the Salford district and 732 in the Broughton district were treated with Warfarin containing paranthrophenol during the period January to June. Records show that only 29 manholes in the Broughton district had any signs of "takes". These 29 manholes were kept under continuous treatment until "no takes" were recorded.

The very low number of "takes" recorded showed that there was very little rat infestation of the sewers in these particular areas.

It is planned to start a full scale treatment of all the 3,110 manholes within the City during the early part of 1970.

(b) Surface Investigations and Treatment

A free service is given to owners and occupiers of dwelling houses but the occupiers of business premises were charged at a rate of 16/6d. per hour (an increase of 1/6d. per hour over last years costs), inclusive of materials where complaints of rats are investigated.

Mice complaints are not as a rule investigated in dwelling houses but treatment is offered at a rate of 16/6d. per hour. More people are taking advantage of this service.

The sale of pre-packed boxes of Warfarin at the inquiry counter at 10d. per box has been discouraged because it was found that people would not carry out correct treatment as advised by the operators or follow the instructions on the boxes, thus underfeeding and not eradicating the pests.

ALPHA-CHLORALOSE is used extensively by the operators in the treatment for mice with good results. Unfortunately the drug is still classed as a Part 1 poison, and can not be sold to the public by local authorities, but can only be handled and used by trained operators at a charge of 16/6d. per hour — yet the drug can be bought under proprietary names by any member of the public at chemists. As soon as the appropriate authority exempt local authorities from the requirements of the poison rules arrangements can be made for this particular effective substance to be made available to the public as an alternative to Warfarin.

During the year, 1,619 complaints were received at the Health Department, 697 of these alleged rat infestation and 922 mice infestation. It was found that action and treatment were required in 150 instances for rat infestation and 621 cases for mice.

A comparison of the figures of rat and mouse infestations for the last 3 years shows a slight but useful reduction in incidence.

	Rat Treatments	Mice Treatments
1967	172	798
1968	160	1,043
1969	150	621

During the year 8 drains were found to be defective and permitting rats to escape. Preliminary notices were served on the owners and in all cases the drains were either repaired or sealed off.

Pigeon Control

Portable pigeon traps were placed at strategic sites within the City on the roofs of surface air-raid shelters and factories and in one instance in the grounds of a rectory. These traps accounted for the capture of 1,058 feral pigeons. All the birds were taken to the local R.S.P.C.A. centre and were humanely destroyed.

FACTORIES ACT, 1961

(1) Inspections for purpose of provisions as to health:—

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
1. Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by local authorities	5	5	—	—
2. Factories not included in (1) in which section 7 is enforced by the local authority	676	343	55	—
3. Other premises in which section 7 is enforced by the local authority (excluding out-workers premises)	33	33	—	—
TOTAL	714	381	55	—

(2) Cases in which defects were found:—

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred		Number of prosecutions
			to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	55	46	—	12	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-workers)	—	—	—	—	—
TOTAL	55	46	—	12	—

(3) Outworkers (Section 133)

Number of out-workers in August list (required by Section 110(1))	170
Nature of work: Making, etc. of wearing apparel	170

VISITS BY PUBLIC HEALTH INSPECTORS, 1969

Sanitary Defects	11,952
Houses in Multiple Occupation	540
Offices, Shops and Railway Premises Act	324
Shops Act	6
Improvement Grants	1,981
Clearance Areas	6,637
Smoke Control Areas	5,972
Smoke Observations	363
Advance on Mortgages	53
Factories	381
Public Houses	78
Places of Entertainment	67
Schools	16
Housing Applications	669
Caravans	63
Infectious Diseases	57
Food Poisoning	366
Air Raid Shelters	39
Canteens (Factory & Schools)	80
Rodent Control	731
Pests	299
Pigeons	229
Noise Nuisance	9
Food Shops	1,077
Cafes, Restaurants, etc.	170
Merchandise Marks, etc.	7
Food Preparing Premises	150
Food Stalls & Vehicles	267
Slaughterhouse	285
Hen Slaughterhouse	87
Unsound Food	241
Dairies	73
Water Supply	23
Swimming Baths	66
Ice Cream Sampling	27
Pharmacy & Poisons Act	64
Piggeries	41
Pet Shops	39
Hairdressers	38
Animal Boarding Establishments	5
Boarding Houses & Hotels	21
Poultry Dressers	58

Food & Drug Samples	30
Fuel Storage	4
Public Conveniences	354
Property Enquiries	286
Miscellaneous	273

34,598

Letters 2,734

Calls — No Admittance 3,043

Complaints and Notices issued under The Public Health Acts

Number of Complaints received	7,520
Number of Statutory Notices issued	2,375
Number of Informal Notices issued	270
Number of Statutory Notices abated	2,730*
Number of Informal Notices abated	328*

* Including the abatement of notices issued during 1968.

CITY LABORATORY

The City Laboratory provides an analytical service for the City of Salford, and also for the neighbouring authorities of Eccles, Stretford, Sale, Urmston and Worsley. For sampling purposes the six authorities co-operate closely and participate in schemes for the integrated routine sampling of both foods and drugs.

The total number of analyses and tests from all sources was 1,476 and these may be classified as follows:—

	City of Salford	Eccles	Borough of Stretford	Sale	Urban District of Urmston	Worsley
Food and Drugs Act						
Samples	241	80	80	98	80	31
Pasteurised Liquid Eggs	28	—	—	—	—	—
Fertilisers and Feeding						
Stuffs	4	—	—	—	—	—
Miscellaneous Samples						
Swimming Bath Waters	36	20	4	1	10	—
Contract Samples	43	—	—	—	—	—
Pharmacy and Poisons						
Act Samples	—	—	—	—	—	—
Others	25	4	3	17	1	5
Atmospheric Pollution Tests	665	—	—	—	—	—
	<hr/> 1,042	<hr/> 104	<hr/> 87	<hr/> 116	<hr/> 91	<hr/> 36
	<hr/> <u>Total: 1,476</u> <hr/>					

Food and Drug Samples

The total number of samples taken under the Food and Drugs Act during the year from all sources was 614. This total is considerably lower than in previous years and was caused by Salford's policies of implementing extremely severe staff redundancies which resulted in a totally inadequate Food and Drugs Service for all except the first 3 months of the year.

Work done for the City of Salford may be divided into four sections — Food and Drugs; Fertilisers and Feeding Stuffs; Miscellaneous Samples; and Air Pollution. Details are given in the following pages.

FOOD AND DRUGS

Table 2 shows the number of samples examined under the Food and Drugs Act 1955, and the irregular samples in each category.

Table 2 — Samples examined under the Food and Drugs Act

Samples	Number Examined	Number Adulterated or irregular
Baby Foods	2	1
Bread	2	2
Butter	3	—
Cereal and Cereal Products	8	1
Cheese & Cheese Products	2	2
Chocolate Confectionery	1	—
Coffee & Coffee products	8	—
Colouring — Flavouring matter	1	—
Drugs	1	1
Fat other than butter and margarine	5	—
Fish products potted	1	—
Fruit — fresh	1	—
Ice Cream	5	2
Margarine	1	—
Meat Products — canned	6	1
Meat Products — sausages	1	—
Meat Products — Others	3	—
Milk for compositional analysis	135	—
Milk — Evaporated	4	—
Milk Products	13	3
Milk — others	2	1
Nuts and Nut products	1	—
Pickles	1	—
Preserves	3	—
Pudding	1	1
Sauces and Relishes	4	—
Soft Drinks	10	1
Soups	2	—
Spices, condiments and herbs	5	—
Table Jellies — desserts	5	—
Vegetable Products — canned	3	—
Vegetable Products — dried	1	—
	241	16

Milk

Standards of quality for milk other than Channel Islands milk are fixed by the Sale of Milk Regulations, 1939. These standards of 3.0 per cent fat and 8.5 per cent non-fatty solids are presumptive ones and if a milk falls below these levels it is presumed, until proved otherwise, that the milk is not genuine due to the abstraction of non-fatty solids or the addition of water. For Channel Islands milk there is an absolute standard of 4.0 per cent fat.

The average composition of the milks analysed is given in Table 3 the corresponding figures for the previous five years being given for comparison.

Table 3 — All Milk (other than Channel Island)

	1964	1965	1966	1967	1968	1969	Minimum Standard
Fat %	3.55	3.56	3.51	3.62	3.71	3.61	3.00
Non-fatty Solids %	8.82	8.77	8.73	8.67	8.57	8.61	8.50
Total Solids %	12.37	12.33	12.24	12.29	12.28	12.22	

Channel Island Milk

Fat %	4.82	4.67	4.51	4.45	4.59	4.48	4.00
Non-fatty Solids %	9.40	9.26	9.16	8.95	9.00	9.04	8.50
Total Solids %	14.22	13.93	13.67	13.43	13.59	13.52	

Out of 135 milks examined for compositional requirements, none was below the standard stated above.

Unsatisfactory Samples

The total number of food and drug samples analysed during 1969 and found to be irregular was 16.

Details of the unsatisfactory foods and drugs are given in Table 4. In this table numbers suffixed by the letter 'C' are complaint samples.

Table 4 — Unsatisfactory Food and Drug Samples (other than milks)

Serial Number	Description	Nature of Adulteration or Irregularity	Remarks
B5281/C	Pasteurised Milk	Contained red and green foreign matter which was identified as paper	Dairy notified and Representative interviewed.
B5303	Orange Drink	Labelling irregularity i.e. artificial sweetener declaration not sufficiently conspicuous	Packers informed
B5292/C	Flour/Pastry	Contained numerous fragments of dirty 'caked' flour.	Bakers informed and premises inspected
B4276/C	Soluble aspirin tablets containing Ascorbic Acid	Half of the pack of 34 tablets had undergone considerable deterioration have a strong odour of acetic acid, marked surface crystallisation of free salicylic acid etc. The free salicylic acid was 25 times greater than the maximum	Pharmacist and manufacturer notified. Stocks inspected but this packet was found to be the last one of the supply. These tablets were supplied on prescription and due to legal difficulties,

Serial Number	Description	Nature of Adulteration or Irregularity	Remarks
B4276/C (continued)		limit specified in the British Pharmacopoeia. The ascorbic acid content was 4mg per tablet compared with the formulated amount of 20 mg per tablet.	proceedings were not instituted in this case.
B5405/C	Cheese	Deeply embedded in one end of a piece of cheese weighing approximately 20 lbs was a long brass chain. The cheese in the vicinity of the chain was stained a bright blue-green colour and had a copper content of 640 ppm compared to the recommended maximum limit of 20 ppm.	Importers and producers notified.
B5416/C	Cheese	Embedded in the cheese was an insect identified as a carabid beetle.	Vendor and producer notified.
B5440/C	Groats	The carton was slightly damaged at one bottom corner and the groats were discoloured as a result of mould growth.	Packers notified. Vendors premises inspected
B5458/C	Luncheon Meat	Embedded in the luncheon meat was a piece of rubber which could have been part of a rubber pipe.	Canners and wholesalers notified.
B5459	Ice Cream	Fat only 2.8% ^{w/w} compared with 5% minimum as laid down under the Food Standards (Ice Cream) Regulations 1959.	Further samples to be taken.
B5459	Ice Cream	Fat only 2.3% ^{w/w} compared with 5% minimum as laid down under the Food Standards (Ice Cream) Regulations 1959.	Further samples to be taken.
B5488/C	Large White Cob	Thoroughly embedded in a portion of the cob was	Bakery warned.

Serial Number	Description	Nature of Adulteration or Irregularity	Remarks
B5488/C (continued)		some brown foreign matter typical of sacking material.	
B5525/C	Cream	There was considerable coagulation and thickening of the cream accompanied by serum separation possibly due to heat instability or age thickening.	Vendor and packers notified. Stocks examined.
B5518/C	Sliced Loaf	Embedded in the crust of the loaf was a plug of fibrous material resembling cotton wool.	Representative interviewed, warning letter sent.
B5509/C	Milk powder	Four cans of milk powder were submitted. Each was contaminated with foreign particulate matter consisting of tiny slivers of metal, fragments of glass and dark coloured particles.	Packers notified. Inspection of packing plant carried out.
B5521/C	½pt. Milk bottle	Bottle affected by growth of algae.	Dairy informed and representative interviewed.
B5555/C	Christmas pudding	Extreme contamination with mould	Producer notified.

Pasteurised Liquid Eggs

All liquid eggs for sale for human consumption, other than that broken on a food manufacturers premises, must be pasteurised to destroy any harmful micro-organisms that may be present.

The Liquid Egg (Pasteurisation) Regulations 1963, specify the conditions necessary to effect pasteurisation and also prescribe a test, the alpha- amylase test — to be used to show that the treatment has been satisfactory. The test is very sensitive and stringent precautions have to be followed when cleaning the sampling and testing equipment to ensure that it will not give rise to anomalous results.

During 1969, 28 liquid egg samples were taken and submitted to the alpha-amylase test. All the samples were satisfactory.

FERTILISERS AND FEEDING STUFFS ACT 1926

Under the Fertilisers and Feeding Stuffs Act 1926, the sale of fertilisers and feeding stuffs must be accompanied by a statement giving certain particulars of composition. For example, with compound fertilisers the amounts if any, of nitrogen, potash, phosphoric acid soluble in water and phosphoric acid insoluble in water must be given;

for compound feeding stuffs the amounts if any, of oil protein and fibre must be given.

The amounts of these constituents present in the articles must agree, within slight limits of variation, with the declared particulars. Failure to do so is liable to result in prosecution under the Act.

Samples are examined to see that they do comply with these and other provisions of the Act.

Four samples of fertiliser were examined during the year all of which were satisfactory.

No feeding stuffs were submitted.

MISCELLANEOUS SAMPLES

Swimming Bath Waters

Various techniques are in use for the chlorination treatment of swimming bath waters but the one generally recognised as the most efficient way of maintaining the water in a satisfactory bacteriological condition is known as the breakpoint method of chlorination. This method is designed to ensure, as far as possible, that the chlorine in the water is present in the free state, and not as chloramines (chlorine combined with organic matter). Thus a much higher concentration can be tolerated without undue irritation and unpleasant odour and the chlorine is readily available for immediate attack on any fresh impurities which are introduced into the water.

Samples are taken at some of the swimming baths in the City to check that an efficient treatment is maintained. During the year under review 36 samples were taken for this purpose.

Contract Samples

These are samples of various commodities used by Salford Corporation and are submitted by the appropriate Committee to see that they conform to specification and to ensure that satisfactory products are obtained at competitive prices.

43 samples were examined during 1969.

Pharmacy & Poisons Act Samples

No samples were submitted during the year.

Other Miscellaneous Samples

25 other miscellaneous samples were submitted during the year under review. All were satisfactory.

AIR POLLUTION

The two main contaminants of urban air are smoke and sulphur dioxide. Since the Clean Air Act 1956, efforts have been made to reduce pollution of the air by smoke, and to a lesser extent, by sulphur dioxide by introducing Smoke Control areas.

Salford, together with many other local authorities, has for a number of years been participating in the National Survey of Air Pollution in collaboration with Warren Spring Laboratory of the Ministry of Technology. In this survey the smoke and sulphur dioxide concentrations are measured daily at various sites in the City.

Table 5 — Smoke Pollution

Average daily readings for different months of the year. Readings expressed as micrograms per cubic metre of air.

Month 1969	Site				
	Regent Road	Cleveland House	Police Street	Murray Street	Trinity Centre
January	461	162	319	187	234
February	400	81	327	215	276
March	265	—	302	231	190
April	252	65	180	111	126
May	237	58	137	89	78
June	151	35	72	45	39
July	Measurements discontinued in July due to acute shortage of staff				
August					
September					
October					
November					
December					
Daily average first 6 months of year	294	67	223	146	157
Average for					
1968	339	114	210	179	121
1967	305	135	251	263	(194
1966	352	119	237	254	(149
1965	319	171	278	270	(200
1964	406	208	318	289	(255
1963	421	248	356	300	(286
Overall Average	1969	177*	1965	254	
	1968	193	1964	298	
	1967	229	1963	320	
	1966	230			

Encombe Place

*First 6 months only.

Table 6 — Sulphur Dioxide Pollution

Average daily readings for the different months of the year.

Results expressed as micrograms per cubic metre of air.

Month 1969	Site				
	Regent Road	Cleveland House	Murray Street	Trinity Centre	Police Street
January	373	139	291	285	225
February	273	92	297	378	237
March	247	—	298	319	246
April	208	48	178	213	151
May	200	68	174	152	129
June	131	86	128	134	154
July					
August					
September	Measurements discontinued due to acute shortage of staff.				
October					
November					
December					
Daily average for first 6 months of the year	238	72	227	247	190

Average for	1968	224	105	189	154	214
	1967	210	108	216	191)	252
	1966	309	164	263	239)	283
	1965	315	163	259	302)	295
	1964	361	170	275	311)	319
	1963	385	189	303	344)	358

Figures for
Encombe Place

Overall averages	1969	195*
	1968	177
	1967	197
	1966	252
	1965	279
	1964	296
	1963	316

*First 6 months only

Table 7 — Smoke/Sulphur Dioxide Ratios

Year	Site				
	Regent Road	Cleveland House	Police Street	Murray Street	Trinity Centre
1963	1.10	1.30	1.00	0.99	—
1964	1.12	1.22	1.00	1.05	—
1965	1.01	1.05	0.95	1.04	—
1966	1.14	0.73	0.84	0.97	—
1967	1.45	1.25	1.00	1.22	—
1968	1.51	1.06	0.98	0.95	0.79*
1969†	1.23	0.93	1.17	0.64	0.64

† 1969 first 6 months only

* 8 months only

DOMICILIARY MIDWIFERY SERVICE

The number of deliveries by domiciliary midwives including those in the General Practitioner Unit was 670; an 8.71% decrease on the previous year (734). 1,862 mothers were discharged from hospital for domiciliary care and required 11,091 visits; an increase of 10.85% (10,067 – 1969).

STATISTICS

Statutory Supervision of Midwives – Midwives Act 1951

Notification of Intention to Practise:—

Institutional	63
Domiciliary	38
Private Practice	1
Total	102

Post-Graduate Courses attended in accordance with the rules of the Central Midwives Board:—

Institutional	7
Domiciliary	6
Supervisory	1

Miscellaneous Notifications (as required by the Rules of the Central Midwives Board)

Notification	Domiciliary	Private Practice	Total
Stillbirths	5	—	5
Death of Mother/Baby	2 (baby)	—	2
Infection	1	—	1
Medical Aid	916	—	916

Domiciliary Bookings

Booked for home confinement	538	
Booked for G.P. Unit	444	Total 982
Cancellations home confinement	128	
Cancellations G.P. Unit	140	Total 268

Home and G.P. Unit Deliveries

Home Deliveries

Doctor booked and present	21	
Doctor booked, not present	387	
Doctor not booked	2	Total 410

G.P. Unit

Doctor booked and present	29	
Doctor booked, not present	231	Total 260

Total births	670	
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Domiciliary deliveries formed 16.58%) 27.09% of total Salford births
 G.P. Unit deliveries formed 10.51%)

Home Visits (Number of visits)

Ante natal		8,075
Nursing: Home deliveries	11,303)	
Hospital discharges	11,091)	22,394

Hospital Discharges (Number of mothers)

Under 4 days	584)	
4-10 days	1,206)	1,862
Over 10 days	72)	

Ante-natal Clinic Sessions (per week)

Local Authority	7
Family Doctor attachment	14

STILLBIRTHS (Comparative Statistics)

Year	Stillbirths (born at home)	Rate per 1,000 Registered Births
1965	4	3.5
1966	5	5.05
1967	2	2.2
1968	4	5.3
1969	5	7.5

SUMMARY — STILLBIRTHS

Delivered at home	Presentation	Gestation	Weight	Remarks
1	Vertex	40 weeks	2.9K	Mongol with multiple congenital abnormalities.
2	Vertex	42 weeks	4.6K	? Postmaturity Intra-uterine anoxia in labour.
3	Vertex	42 weeks	4.4K	Impacted shoulders in 2nd stage of labour. Defaulter at ante-natal clinic. ? Postmaturity
4	B.B.A.	28 weeks	Under 1K	Macerated foetus. Booked and treated in hospital for pre-eclamptic toxæmia.
5	B.B.A.	32 weeks	1.5K	No ante-natal care. Macerated foetus.
Delivered in G.P. Unit Nil.				
Booked for home & transferred for hospital delivery with subsequent stillbirth	Reason for transfer			Cause (where known)
1	Polyhydramnios ? Foetal abnormality			Premature anencephalic.
2	Malrepresentation			Premature anencephalic.
3	Postmaturity			Intra uterine anoxia.
4	Positive Wassermann test.			Intra uterine anoxia. ? due to syphilis.
5	Pre-eclamptic toxæmia			Prematurity and P.E.T.
6	Ante-partum haemorrhage.			Prematurity and A.P.H.
7	? Intra-uterine death Admitted for induction			Abnormal foetus.
8	Polyhydramnios and ? abnormality			Abnormal foetus.

Neo-Natal Mortality (Domiciliary Bookings)

Born and died at home	Cause of death	Age at death
1	Booked G.P. Unit; delivered at home, (labour too advanced to move) Acute pneumonia at 10 days.	10 days
2	Found dead in cot – Post-mortem showed intra-uterine pneumonia.	1 day
3	Booked for hospital; Emergency call for B.B.A. Gestation approximately 30 weeks. Anoxia.	15 mins.
Born G.P. Unit Died in hospital		
1	Prematurity and asphyxia; transferred and died in hospital.	1 day
2	Respiratory distress at birth; transferred and died in hospital.	5 days
3	Mongol and congenital heart disease. Transferred and died in hospital.	5 days
Born at home, died in hospital		
1	Prematurity and talipes	2½ hours
2	No ante-natal care. B.B.A. transferred to hospital and died.	1 day
Booked Home transferred booking to hospital & delivered in hospital.	Reason for transfer	
1	Ante-partum haemorrhage	1 day
2	Premature labour	5 mins.
3	Prematurity and breech presentation	6 hours
4	Prematurity	1½ hours
Booked for G.P. Unit transferred booking to hospital and delivered in hospital	Reason for transfer and/or cause of death	
1	Premature labour	15 hours
2	Premature labour	24 hours
3	Premature twin labour	1st twin died 5 mins.
4	Pre-eclamptic toxemia	Died 24 hours
5	Prematurity and abnormalities	3 weeks
6	Breech presentation Foetal abnormalities	1 day

Booked for G.P. Unit transferred booking to hospital and delivered in hospital	Reason for transfer and/or cause of death	Age at death
7	? postmaturity Respiratory distress syndrome at birth	14 hours
8	Twin pregnancy Premature labour.	Both died, 1 day.

SUMMARY OF GENERAL PRACTITIONER (SHORT STAY) UNIT BOOKINGS

Month	Booked for Unit	Delivered in Unit	Aborted	Moved from district	Delivered at home	Booking transferred to hospital during pregnancy	Transferred from Unit (in labour) to hospital	Transferred after delivery to hospital
January	33	14	1	—	9	8	1	1
February	30	13	1	—	7	8	1	1
March	28	15	4	—	1	6	2	1
April	38	23	6	—	5	3	1	—
May	41	18	4	—	4	12	3	1
June	35	23	—	2	1	8	1	—
July	41	26	2	1	3	8	1	3
August	36	25	1	—	2	5	3	1
September	38	22	2	—	3	10	1	—
October	37	23	—	—	5	9	—	—
November	41	28	2	—	1	9	1	—
December	46	18	5	2	8	10	3	—
TOTAL	444	248	28	5	49	96	18	8

N.B. 12 mothers delivered in the Unit were accepted (unbooked) at the onset of labour.

SPECIAL CARE SERVICE

Weight at birth	Premature live births													Premature stillbirths				
	Born in hospital					Born at home or in a nursing home					Transferred to hospital on or before 28th day							
						Died			Total births	Died						Total births		
	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home				
1 2lb 3oz or less	15	12	2	-	-	-	-	-	-	1	1	-	-	11	-			
2 Over 2lb 3oz up to and including 3lb 4oz	16	5	1	-	-	-	-	-	-	-	-	-	-	7	1			
3 Over 3lb 4oz up to and including 4lb 6oz	66	7	4	1	-	-	-	-	-	1	-	-	-	7	-			
4 Over 4lb 6oz up to and including 4lb 15oz	54	1	1	-	2	-	-	-	-	3	-	-	-	3	-			
5 Over 4lb 15oz up to and including 5lb 8oz	115	-	-	1	13	-	-	-	-	2	-	-	-	6	-			
6 Total	266	25	8	2	15	-	-	-	-	7	1	-	-	34	-			

1 = 1,000g, or less, 2 = 1,001 - 1,500g, 3 = 1,501 - 2,000g, 4 = 2,001 - 2,250g, 5 = 2,251 - 2,500g.

Number of babies visited

Born at home/G.P. Unit	19)	
Born in hospital	173)	
Referred by health visitors	4)	196

Number of visits made

3,608

Student Training

Student midwives who completed training during 1969:—

(a)	Completely on district	9
(b)	3 months hospital/3 months district	23
Total		<u>32</u>

Students from hospitals given external experience:—

(a)	Obstetric Nursing Training	78
(b)	Paediatric "Special Care Course"	12

CARE OF MOTHERS & YOUNG CHILDREN

STATISTICS

The figures in this section are compiled locally from the birth notification records and they do not necessarily correspond exactly with the figures which are supplied and published by the Registrar General and which are based on the registration of births and deaths.

Births

During the year a total of 4,552 live births and 91 stillbirths were notified to the Medical Officer of Health. The total number of births to Salford women was 2,763, of which 2,706 were live births and 57 stillbirths. Related to the estimated mid-year population of the City these figures give birth rates as below:—

Live-birth rate — 19.6 per 1,000 population
(In 1968 it was 19.74 per 1,000 population)

Stillbirth rate — 20.6 per 1,000 live and stillbirths
(In 1968 it was 18.49 per 1,000 births)

During 1969 the proportion of institutional births again showed a rise from 77.7% in 1968 to 85% in 1969.

Location of Births to Salford Women in 1969

Domiciliary Births	411	14.8%
General Practitioner Unit	245	8.8%
Hospital Births	2,107	76.4%
Total Births	2,763	100.0%

The 245 deliveries in the General Practitioner Unit at Hope Hospital were attended by Salford Corporation Midwives.

Increased use has been made of the G.P. Unit, 82 more Salford women giving birth there than in 1968. This in part accounts for the rise in proportion of institutional births although the percentage of hospital deliveries has itself risen from 71.6% in 1968 to 76.4% in 1969.

The statistics for institutional confinement (Salford residents) over the past 10 years are given below:—

Year	Percentage of Institutional Births
1959	60.9
1960	61.5
1961	61.7
1962	58.9
1963	62.2
1964	62.0

Age	Number of deaths	Age Specific Death Rate				
Stillbirths	57	Stillbirth rate 20.6 per 1,000 total births	Total perinatal deaths 112			
Deaths under 4 hours	34		Perinatal death rate 40.5 per 1,000 total births			
Deaths —6 days	21			Total early neo-natal deaths 55		
				Early neo-natal death rate 20.3 per 1,000 live births		
Deaths —27 days	12				Total neo-natal deaths 67	
					Death rate 24.7 per 1,000 live births	
Deaths —11 months	22					Total infant deaths 89
						Death rate 32.9 per 1,000 live births

The causes of Infant Deaths during 1969 are summarised below:—

CAUSES OF INFANT DEATHS, 1969

Cause of death	Age of death						Total for 1968 for comparison
	Under 1 day	1–6 days	7–27 days	1–6 months	7–12 months	TOTAL 1969	
Immaturity	22	10	—	—	—	32	25
Respiratory Disease	2	5	1	15	1	24	20
Congenital Abnormalities	8	3	2	3	2	18	12
Gastroenteritis	—	—	—	4	—	4	3
Accident	—	—	—	—	2	2	1
Other causes	2	3	2	1	1	9	9
Totals	34	21	5	23	6	89	70

Respiratory disease continues to take a heavy toll of infants in the 1 to 6 months age group and Prematurity remains responsible for over one third of all infant deaths.

DEATHS, 1 to 5 years of age

There were 10 deaths in the age group 1 to 5 years — details in table below. Of the 4 children who died due to accidents, 3 died of burns and one as a result of a road accident:—

Cause of death	1—2 years	2—3 years	3—4 years	4—5 years	TOTAL
Accident	1	2	—	1	4
Respiratory Disease	—	1	—	1	2
Other causes	1	—	1	—	2
Gastroenteritis	1	—	—	—	1
Congenital Abnormalities	1	—	—	—	1
Total	4	3	1	2	10

(In 1968 there were 11 deaths in the 1—5 year group)

With such small numbers trends are impossible to observe but although one 2-year old died on the roads in 1969, we were spared any tragedies due to drowning as in 1968.

MATERNAL DEATHS

There were two maternal deaths of Salford women during the year — one occurred in a young woman who developed an overwhelming infection, probably of viral origin and who died of a combination of pneumonia, hepatitis and myocarditis following delivery. The second death occurred in an older woman who had had no ante-natal care; she died of a ruptured ectopic pregnancy. These two deaths occurring in 2,763 total births to Salford women give a local maternal mortality rate of 0.73 per 1,000 registered births.

SPECIAL REGISTERS OF UNDER 5 YEAR OLDS

These include the "At Risk" Register, Register of Congenital Malformations, and the Handicapped Register. They are designed to aid in the identification and early treatment of children who may, by virtue of an abnormality or handicap require special educational, health or other services. Each register really has its own specific function although there is an overlap of these functions in respect of individual children.

A critical examination of the registers at the end of 1969 revealed anomalies suggesting that the figures in the following tables are open to question. An experimental method of combining these registers which will remove the anomalies and still meet all statutory requirements is to be introduced during 1970.

The figures for the registers for 1969 are based on methods used during earlier years and their significance must therefore be interpreted with caution.

REGISTER OF CONGENITAL MALFORMATIONS

As in 1968, and the preceding four years, congenital abnormalities occurring at or recognised soon after birth are notified to the Registrar General monthly. Having been notified, children were placed on either the "Handicapped" or "At risk" register according to the nature and severity of the abnormality.

Congenital Malformations Notified during 1969

CATEGORY	Total	Live Births	Still Births	Neo-natal deaths	Follow-up on discharge from hospital	
					Handicapped Register	At Risk Register
0 Central Nervous System	19	9	10	2	7	—
1 Eye and Ear	1	1	—	—	1	—
2 Alimentary System	7	5	2	1	3	—
3 Heart & Great Vessels	7	7	—	5	2	—
4 Respiratory System	1	1	—	1	—	—
5 Unogenital System	5	5	—	—	—	4
6 Limb Defects	19	19	—	—	12	6
7 Other Skeletal Defects	1	1	—	—	—	1
8 Other Systems	2	2	—	—	—	2
9 Other Malformations	4	4	—	1	3	—
Totals	66	54	12	10	28	13

The number of malformations notified during 1969 was 66 as compared with 85 in the previous year. The significance of this is hard to interpret, if indeed it is significant. The distribution by categories is similar to 1968 with the exception of "Other systems" — this category includes defects of the muscles and skin. Variations in the enthusiasm of notification of abnormalities in this category may be responsible for this difference.

The main object of the notification procedure is to provide epidemiological information regarding the occurrence of congenital abnormalities. It is also an attempt to provide warnings of increasing incidence of particular types of defects which may be due to changes in social, environmental or other possible causative factors.

A figure of 18 infant deaths due to congenital abnormalities in 1969 again shows the importance of the need for more research into the causes and prevention of congenital malformations.

THE "AT RISK" REGISTER

This register is continued and although much criticism has been levelled at it on occasions, it is believed to be of considerable value provided that it is used for the purpose for which it was originally intended.

It is not the register itself that should be criticised or condemned for its failings. It is perhaps the categories included at the start and the use we make of the register that should be questioned and reviewed. Within the framework permitted to meet our statutory requirements, all the registers of children under 5 years of age are to be reviewed during 1970.

At the end of 1969 there were 590 children on the "At Risk" register in Salford; this figure includes only children born in 1969 and 1968 as the "At Risk" register as such is only maintained for children under 2 years of age.

During 1969 there were 320 names added to the register of which 21 (born in 1969) had been removed before the end of the year (15 children had left Salford, 1 and died and 5 had been transferred to the Handicapped Register). A further 41 children (all born in 1968) were removed from the register during the year — 5 of these being transferred to the handicapped register.

In the future it is hoped to maintain a more "Active" and "Flexible" "At Risk" Register for children up to 2 years of age and introduce an "Observation" Register for older children requiring special follow-up but not yet classed as Handicapped in the true sense of the word.

THE HANDICAPPED REGISTER

An end-of-year look at the Handicapped Register for 1969, as with the other registers, suggests that 1970 is a time for review. However, the figures in the present report are derived in the same way as those for 1968 and earlier years. They include some children under 5 years of age who are not really handicapped and some who would be better described as requiring observation rather than as being handicapped. In future a more active review of the register will ensure more realistic figures.

The following table shows the number of children on the Handicapped Register on 31st December, 1969, and the numbers added to and removed from the register during the year:—

HANDICAPPED REGISTER, 1969
(Children under 5 years of age)

CATEGORY	Number on Register at 31.12.68	Additions to Register during 1969	Removals from Register during 1969	Number on Register at 31.12.69
Blind	1	—	1	—
Partially sighted	12	3	5	10
Other eye defects	1	1	—	2
Deaf	—	1	—	1
Partial hearing	2	—	1	1
Delicate (Respiratory)	8	2	3	7
Delicate (Circulatory)	38	10	13	35
Delicate (Digestive)	28	5	11	22
Delicate (Urogenital)	12	—	4	8
Delicate (Other)	25	2	10	17
Epileptic	6	2	4	4
Convulsions	9	1	6	4
Mentally Retarded	46	20	19	47
Cerebral Palsy	10	3	2	11
Organic diseases of Central Nervous System	34	16	15	35
Orthopaedic Defects	91	19	28	82
Speech Defects	3	—	1	2
Miscellaneous Defects	15	4	6	13
TOTAL	341	89	129	301

Children with multiple handicaps — 26 on the register at the end of 1969 — are included in the category of the major defect.

The purpose of this register is in the main twofold. Firstly, it serves to ensure that handicapped children are regularly followed up by the Health Visiting or Mental Health staff and that advice and guidance is available to their parents. Its second function is to identify and record children who may need special educational treatment. Such children are notified to the Principal School Medical Officer so that assessment of the children's educational needs can be made at an early stage.

During the year the opening of the Margaret Whitehead School for mentally subnormal children has filled a much needed gap in the provision of modern facilities for the education of such children. Seven children from the handicapped register were admitted to the Margaret Whitehead School during 1969.

During the year, 129 children were removed from the register; of these 47 had removed from Salford,
9 had died during 1969,

8 were considered cured and no longer handicapped, and 65 had reached the age of 5 years.

The following table shows the type of education which these 5 year old children were receiving when this report was compiled:—

**EDUCATION RECEIVED BY 5 YEAR OLDS REMOVED FROM THE
HANDICAPPED REGISTER DURING 1969**

Ordinary Day School	33
Day Open Air School	3
Day School for Physically Handicapped pupils	1
Diagnostic Unit	2
Class for Partially Sighted Pupils	3
Class for Partially Hearing Pupils	1
Attending Nursery School	1
Attending Margaret Whitehead School (Day Training Centre)	7
Attending Hospital Assessment Unit	1
Permanent Hospital Care	1
Not Known (left Salford area)	12
TOTAL	65

The Senior Medical Officer continued to attend the Assessment Unit at the Royal Manchester Children's Hospital; this experiment in co-ordination and co-operation between the Health Department's services and the hospital services is proving most valuable.

It has now become an integral part of the work of the Senior Medical Officer who in the future it is hoped will take an even more active part in the actual work of the Assessment Unit.

Salford is indeed fortunate to be in such close proximity to such a unit and to be able to maintain and expand its long established pattern of practical co-operation with the hospital services for children.

ANTE-NATAL CLINICS

During the year, seven sessions were held weekly, three were medically staffed on alternate weeks, a fourth was so staffed once monthly; the remaining three, because of the small numbers attending, were not medically staffed during 1969.

The total attendance at the 344 sessions held was 3,595 and 595 women attended; the new pregnancies during the year were 443. There were 84 sessions medically staffed and 548 consultations were given.

The decline in this aspect of Maternity and Child Health work is due partly to a decreasing population and to fewer births; it is also due to the changing pattern of ante-natal work whereby an increasing number of family doctors conduct ante-natal sessions of their own assisted by Midwives attached to their practices. The Ante-natal

Clinic work carried out by the local authority in 1969 was 29% of that carried out in 1963 — the last full year prior to the commencement of family doctor/midwife sessions.

Details of the work carried out at the various clinics are given in the table below:—

ANTE-NATAL CLINICS — 1969
(1968 figures in brackets, for comparison)

CLINIC	No. of sessions weekly	Total persons attending	Total attendances	New patients	Consultations by	
					L.A.M.O.	G.P. employed on sessional basis
Kersal	1	46(56)	262(281)	35(43)	— (—)	— (—)
Langworthy	1	137(197)	889(1,192)	109(156)	11(—)	179(240)
Murray St.	2	188(296)	1,116(1,661)	139(229)	16(28)	118(344)
Regent	1	107(142)	616(879)	75(114)	74(9)	73(171)
Summerville	1	75(93)	455(675)	53(73)	77(124)	— (—)
Trinity	1	42(48)	257(264)	32(38)	— (—)	— (—)
Totals 1969	7	595(832)	3,595(4,952)	443(653)	178(161)	370(755)

The Ante-natal Clinics continued to send blood specimens to the Central Serological Laboratory for Wasserman testing and specimens to Hope Hospital Pathology Laboratory for haemoglobin estimation and Rhesus testing. The special Rhesus Clinic, previously held at Regent Road Clinic, was transferred to the Crescent during 1969. The new location proved more convenient for despatching the blood samples and also enabling the doctor to utilise waiting time on office work.

During the year 62 women attended for samples of blood to be taken for confirmatory Rhesus and Antibody tests by the Blood Transfusion Service. Clinic sessions were held fortnightly with an average attendance of 4 (31 of the 62 women attended twice during their pregnancies). Of the women on whom tests were carried out 4 were found to be Rhesus Negative and to have antibodies present.

The number of women attending this clinic continues to fall as more general practitioners with midwives attached to their practices hold their own antenatal clinics. In 1968 the number attending the Rhesus Clinic was 148 and in 1964 over 400 women attended.

The numbers for whom we need to provide this service should continue to fall.

CHILD HEALTH CLINICS

The number of clinic premises was reduced by one during the year — the Police Street Clinic being closed on 30th June — leaving 7 clinic premises in the City; sessions held weekly were reduced by 2 — by the closure of the Police Street Clinic and by combining two sessions into one at Kersal Centre. At the year end there were 4 Child Health sessions held weekly and one Premature Baby Clinic held fortnightly. These reductions follow the trend in the growth of Well Baby Clinics held at general practitioners' surgeries throughout the City.

Children attending local health authority Child Health sessions were fewer by 2.3% in 1969. Attendances at sessions have varied during the year, the closure of Police Street Clinic increasing the attendances at Kersal, Langworthy and Summerville Clinics. Total attendances have been lower at all clinics thereby increasing the need to watch the trends with a view to further changes in clinic sessions in the future.

There were 731 sessions held of which 359 were medically staffed; medical consultations at the sessions were 5% higher this year because medical staffing was available for the Cleveland and Summerville Clinics from March onwards. Referral elsewhere for advice or treatment was lower by 4.3% in the 0-1 year age group. Referral was also lower in the 1-2 year and 2-5 year age groups by 1.3% and 3% respectively. It is difficult to assess the significance of these figures which probably do not include all referrals to the family doctor. Often this referral may only take the form of advising a mother to consult the doctor if a condition deteriorates or causes concern. Such referrals may often not be included in the statistics.

In recent years work, particularly on the medical side of clinic work, has been progressively changing from therapy to prevention and health education. More stress is laid on developmental paediatrics in clinic work and parents are encouraged to consult their family doctor initially where a specific condition has been recognised as requiring investigation or treatment.

Table "A" below shows the work at the various clinics during 1969 and Table "B" the clinic service provided for various age groups:-

TABLE A
CHILD HEALTH CLINIC STATISTICS FOR 1968
(Statistics for 1968 in brackets)

CLINIC	No. of weekly sessions	Total number of clinic sessions	Attendances	Individuals	New Cases	Consultations	Referrals
Cleveland Kersal	2 (2 until 28.2.69) (1 onwards)	97 54	1,741 (2,608) 1,739 (1,806)	316 (358) 408 (347)	136 (150) 189 (128)	140 (—) 316 (328)	30 (—) 12 (32)
Langworthy	4	202	6,342 (6,547)	1,414 (1,357)	625 (539)	967 (661)	99 (73)
Murray Street	2	98	2,958 (3,377)	911 (920)	549 (541)	419 (397)	45 (52)
Police Street	1 (closed 30.6.69)	26	514 (1,694)	116 (385)	71 (177)	114 (382)	7 (19)
Regent Road	2	85	2,594 (3,679)	836 (1,003)	409 (527)	491 (682)	53 (140)
Summerville	1	51	1,891 (1,890)	338 (318)	155 (143)	162 (—)	20 (—)
Trinity	2	98	1,751 (2,011)	443 (441)	203 (188)	354 (348)	45 (68)
Premature Baby *Plus 34 babies attending other clinics	1 (alternate weeks)	20	66 (61)	* 8 (14)	14 (14)	59 (59)	4 (8)
TOTAL AT YEAR END	14½	731	19,596 (23,673)	4,790 (5,143)	2,351 (2,407)	3,022 (2,857)	315 (392)
Removed Out in 1969 Clinic Attenders died in 1969				230 (299) 4 (5)			
Attended and reached 5 years in 1969				119 (79)			
GRAND TOTALS	(16½)	731 (895)	19,596 (23,673)	† 5,143 (5,526)	2,351 (2,407)	3,022 (2,857)	315 (392)

† 161 children attended more than one clinic during the year

TABLE "B"
1969 CHILD HEALTH CLINICS/AGE GROUP ATTENDANCES

AGE GROUP	Estimated Saltford 0-5 Population	No. of individual attenders during the year	% of age group who attended clinic	Total No. of attendances during the year	Average Attendance per child who attended	No. of medical consultations	% of Total Clinic attendances	Referral elsewhere after consultations	% of Medical Consultations referred elsewhere
0-1 year Over the year At year end	2,825 2,500	1,562	55.3 62.5	7,952	5.0	1,022	12.8	56	5.5
1-2 years Over the year At year end	2,855 2,448	1,660	58.1 67.8	7,238	4.3	1,156	16.0	93	8.0
2-5 years Over the year At year end	7,830 6,844	1,921	24.5 28.1	4,406	2.3	844	20.0	166	19.6
0-5 years Over the year At year end	13,510 11,792	5,143	38.1 43.6	19,596	3.8	3,022	10.5	315	10.4

Population in the 0-5 age group continues to drop on final figures at each year end. During the year, 1,501 children left their known Salford addresses and 776 children were known to have moved into the City; records for 969 children were forwarded to the Medical Officer of Health of the new area, when known, and the remainder collected together to await request for same. At 5 years of age all collected Child Health Records are enclosed in the school 10M record so that a case history is available from birth to school leaving age. The movement of population increases rather than reduces work of the department as new records, plus assessment of needs, is required for all children moving into the City. The tabulation regarding age group attendance at clinics shows the number of children known to have resided in the City at some time during the year and the estimated number believed to be resident in the City at 31st December.

HOSPITAL LIAISON

The Paediatric Consultant held 26 sessions at the Langworthy Centre during the year and gave 73 consultations in respect of 57 children.

Local hospital consultants continued to supply copies of hospital reports for the information and action of local health authority staffs. This provides much of the information required to place children on the special registers which are maintained by the Health Department.

The need for a close and as complete a two-way exchange of information between the hospital and community health services cannot be overstressed. The information received is utilised, especially by the health visitors in their work with the under-5 year olds.

Clerical Staffing

It is perhaps opportune to report here on the clerical staffing of this section, which deals with considerable background work concerning almost 40,000 of the City's population regarding Maternal and Child Health, School Health and Cancer Test Clinics for women, so that medical and nursing staff are more free to carry out their professional duties in these fields. Reduction in clerical staff, financial restrictions and increasing demands for clerical help have all presented problems during 1969. It is perhaps pertinent here to say that we look forward to resolving some of these problems in 1970.

WELFARE AND PROPRIETARY FOOD SALES

Welfare Food Distribution

National Dried Milk	7,923 tins (8.4% was free issue)
Cod Liver Oil	2,145 bottles (22.2% was free issue)
Vitamin A & D Tablets	4,768 packets (7.3% was free issue)
Orange Juice	33,040 bottles (6.4% was free issue)

There is a noticeable decrease in the uptake of National Dried Milk as against the previous year when 11,599 tins were issued. There is a slight increase of Orange Juice sold and also a 0.8% increase in the uptake of the free issue.

Once more our thanks are tendered to the members of the Women's Royal Voluntary Service for their staffing of the Hope Hospital Antenatal sessions to distribute welfare vitamins to the mothers attending there.

Proprietary Brands Distribution

The financial stringency previously mentioned caused us to consider this service and as a result several poor-selling items were not re-ordered as stocks ran out. The present sales list still offers a choice of proprietary brands of three dried and two evaporated milks, three vitamin preparations, five cereal products and three supplementary foods. In addition, a few vitamin tablets or drops are issued on prescription in exceptional cases.

DENTAL SERVICE

Unfortunately this year the amount of work carried out for pre-school children has been reduced, due to lengthy absence through sickness of one of our Dental Surgeons, two of our Dental Surgery Assistants and the closure of the Pendleton Dental Clinic. We have continued to maintain as far as possible early treatment for children at the nursery schools and we hope that the promised increase in the numbers of children attending nursery schools will enable us to exercise a favourable influence on the dental health of pre-school children, as has been our policy for the last three or four years.

Attendance of expectant and nursing mothers at our clinics has now fallen to a very low level indeed and one has now reached the stage where one may say that we are no longer treating this class of patient. A service is still provided, and a few emergency cases are expected. One may hope that there will be further attendances when our clinic premises are improved.

VOLUNTARY MOTHER AND BABY HOMES

The two voluntary Mother and Baby Homes in Salford referred to in the 1968 Report continue to fulfil an urgent personal need. Both St. Teresa's Home run by the Sisters of Charity of the Society of St. Vincent de Paul, and Adswood run by the Salvation Army, continue to maintain their high standards in providing care for antenatal and postnatal mothers and their babies.

As in previous years the homes were visited by a Medical Officer during 1969. During the year St. Teresa's admitted a total of 148 cases and Adswood a total of 45.

ADOPTION MEDICAL EXAMINATIONS AND LIAISON WITH THE CHILDREN DEPARTMENT

As in previous years local authority medical officers carried out medical examinations of certain infants and children who were candidates for adoption. During the year there were 8 such examinations. As in previous years, Dr. Scully, Oculist to the Education Department, examined the infants' eyes. All the children were considered suitable for adoption.

The pattern of liaison and co-operation with the Children Department continued

as in 1968. Children were examined prior to being taken into care. A doctor visited the Children Department's homes twice during the year to carry out examinations and inspections, as required by the Home Office. The Senior Medical Officer attended the monthly meetings of the Case Co-ordinating Committee at which families with major social and health problems are discussed by representatives of the various social, welfare and health services. It is hoped that the co-operation between the health and social services departments will continue in the future when new legislation changes the pattern and organisation of the social services.

CERVICAL CYTOLOGY CLINICS

During 1969 the number (1,197 as compared with 2,444) of women invited to these clinics was considerably less than in the previous year. The percentage of appointments kept, however, rose from 54% in 1968 to 64.8% in 1969.

This reduction in the numbers of smears taken at Salford clinics is due to a combination of several factors but the changeover from our own programme for the recall of women for the 3-yearly re-tests to that of the Regional Cervical Cytology Service scheme has undoubtedly played a part. Women for re-testing are notified direct that this is due and asked to contact us to make an appointment for the test. At present the Regional Cytology Service is unable to supply us with any information as to which Salford women are due for re-test.

In the early days of Cervical Cytology Clinics, many women from outside of the Salford City boundary had smears taken in Salford. As more authorities and more general practitioners now provide this service, we have fewer non-Salford residents included. In 1968, of smears taken, 12.7% were for non-Salford women, whereas in 1969 the percentage had fallen to 7.3%. Moreover, women who a few years ago had their original tests done in Salford are now encouraged to have further tests in their own areas.

Another factor which reduced the smears taken was the absence of any general Health Check-up in Salford in 1969. In 1968 this summer event led to about 350 women requesting smears who may not have asked for them otherwise.

The general pattern of work and clinic procedures continued as in 1968. If we are to arouse more interest among Salford women in what can be an important life-saving procedure then some intensive health education and campaigns are necessary in the future.

Apart from the possible detection of early cancer or a pre-cancerous state, other less serious but treatable conditions may be found such as Monilia and Trichomonas infections. No cases of cancer or suspected cancer were found during 1969.

Results of smears taken during 1969 are shown below:—

RESULTS OF CERVICAL SMEARS TAKEN DURING 1969

Unsatisfactory smears	24
Normal cells	658
Inflammatory and other changes	15

Trichomonas Infection	36
Monilia Infection	37
Suspicious cellular changes	None
Cancer cells positively identified	None
<hr/>	
Total smears taken	770

PHYSIOTHERAPY

The Physiotherapy Service has been severely reduced this year, as part of the physiotherapy staff was made redundant early in the financial year 1969-70.

At the commencement of 1969, the physiotherapy staff consisted of the following:—

- 4 Full-time physiotherapists
- 1 Full-time sunlight assistant
- 2 Part-time physiotherapists (working 21 hours each)
- 5 Part-time physiotherapists (working a total of 13 sessions)

At the end of 1969 there were:—

- 3 Full-time physiotherapists
- 1 Full-time sunlight assistant

Mental Health

When the Margaret Whitehead School was opened it was expected that a physiotherapy service would be available for all the children attending the school and that full advantage would be taken to make use of the hydrotherapy pool to help the children's physical progress. Unfortunately, this has not been possible.

A once weekly hydrotherapy session has been held but only a very small number of children who would benefit from exercises in water have been able to have treatment.

There have been three weekly physiotherapy sessions. During the winter months many mongol children suffer from recurrent chest infections and a great deal of time must be spent in treating these children by giving them postural drainage and breathing exercises. This leaves little time for the physiotherapists to treat other children by developmental exercises to help them to walk and become more independent.

Clinics

A skeleton service has been maintained at Langworthy, Summerville and Murray Street Clinics. During these sessions mothers of handicapped babies are taught simple exercises to practise with their babies at home, to help them to progress physically and to adapt the daily routines of dressing and feeding according to the babies' handicap. This method is an inadequate substitute for concentrated treatment but it provides a little support for a mother facing a very difficult problem.

The early treatment of minor orthopaedic defects and chest conditions has been discontinued.

Geriatric Clinics

It was with great regret that the clinics for the senior citizens were discontinued. These clinics, whilst not aiming to treat patients who required hospital treatment, fulfilled a useful purpose in maintaining mobility and independence in these older people. Frequently former patients meet us in the streets or leave messages at other clinics asking whether there is any possibility of the physiotherapy clinics for the elderly being re-opened.

Nurseries

Children attending the two day nurseries and Greenbank residential nursery have continued to receive physiotherapy treatment at the nurseries. This has been made possible because they can be visited after four o'clock when children attending the other special schools have left for home.

During the school holidays physiotherapy clinics are held to show the mothers and children home exercises and they are then reviewed at the next holiday session.

Home treatment visits are also arranged by co-operating with the Home Nursing Service to help in the rehabilitation of the chronic sick and to instruct relatives in keeping patients mobile so that the burden of looking after them does not become too great, necessitating the patient being admitted to a long stay hospital.

These services are only possible on a very limited scale and the amount of work waiting to be done requires a considerable expansion in the physiotherapy service.

	1967	1968	1969
Number of Clinics open	117	95	129
Patients seen	572	525	590
First attendances	147	482	451
Referrals	94	94	94
Average number treated per clinic	5.9	5.5	4.6
Average attendance per clinic	2.6	4.5	4.6
Number of first attendances	274	94	274
Percentage of first attendances	48.0	17.9	46.4
Number of first attendances	94	101	101
Number of Female attendances		228	161

Of the 274 persons who attended for the first time, 167 had been referred to the service by their G.P. and 107 had been referred to the service by their own initiative.

It is hoped that pending changes in the health and welfare services will result in a

CONVALESCENCE

All applicants are asked to come to the Health Office when requesting convalescence, thereby ensuring that any persons referred to the Convalescent Homes comply with the request that such persons be ambulant.

They are asked whether they contribute to a Contributory Fund which provides convalescence care, and if so, the necessary procedures are explained to them; in some cases the employment of the applicant or that of the head of the household includes Convalescent Home availability should this be required — again such procedures are explained to the applicant.

No financial help was given to any applicants this year, although financial hardship was shown; all were referred to suitable charities for the necessary financial assistance.

Eight requests and placings were made where convalescence treatment was unavailable elsewhere:—

3 adults, suffering from nervous debility and

1 adult suffering from a series of operations, were placed at the Blackburn and District Convalescent Home, St. Annes-on-Sea;

1 adult, badly crippled, was placed through the Cripples Help Society;

2 aged persons, suffering from bronchitis, were referred to the Civic Welfare Department for placing at their Holiday Home at Southport; a third applicant who did not wish to go to Southport was placed at the Blackburn and District Home, St. Annes-on-Sea.

5 requests were from members of the public over 40 years of age and 3 were from old age pensioners.

GERIATRIC GUIDANCE SERVICE

This service, which steadily expanded during the last few years, had its greatest extension during 1969. As no Annual Health Check-up was held as in previous years, medical and nursing time was available during the school summer holidays. Additional clinics were staffed and during August 24 sessions were held in various parts of the City.

These clinics continued to provide a special health check-up and routine medical examination for the elderly — for women over 60 years and men over 65 years. They continue to be appreciated and have important preventive and health education functions. Defects or diseases requiring treatment, investigation or a specialist's opinion, were reported to the family doctor and the person advised to consult him.

One of the difficulties of providing a guidance service which provides an opportunity for all pensioners to avail themselves of its advice is the Health Department's lack of knowledge of their existence and whereabouts. In the normal course of events, persons can only be invited who are known to the Department because they have previously requested one of its services — home help, chiropody, etc. — or have been notified to us as having been in hospital.

The Annual Health Check-up in 1968 helped to identify some elderly persons previously unknown to us. It provided us with names and addresses of over 200 pensioners all of whom were invited to attend a geriatric guidance clinic during 1969.

During the year clerical and invitation procedures were streamlined, new case records introduced and the policy of inviting more different individuals less often was continued.

Geriatric Guidance Clinics 1967–1969

Comparative Statistics

	1967	1968	1969
Number of Clinics held	113	96	129
Invitations sent	672	628	930
Total attendances	397	417	633
First attendance	59	66	68
Average number invited per clinic	5.9	6.5	6.4
Average attendance per clinic	3.5	4.3	4.9
Number of first attendances	173	99	279
Percentage of first attendances	43.5	23.8	44.1
Number of Male attendances	—	141	186
Number of Female attendances	—	276	447

Of the 279 persons who attended for the first time, 157 had been invited because we knew of their names and addresses from their visit to the Health Check-up in 1968.

It is hoped that coming changes in the social and welfare services will enable closer

co-operation with the health department with particular respect to the whereabouts of pensioners who may benefit from attendance at a Geriatric Guidance Clinic.

During 1969 the service was extended geographically. Although the Police Street sessions ended with the closure of this clinic in June, sessions were started at Murray Street and Summerville Clinics.

Location of Geriatric Clinics 1967-1969

Clinic held at	Number of sessions in:—		
	1967	1968	1969
Kersal Centre	24	23	33
Langworthy Centre	39	38	45
Murray Street	Nil	Nil	9
Police Street	9	6	6
Regent Road	30	14	15
Summerville	Nil	Nil	5
Trinity Centre	11	15	16
Total	113	96	129

The work of the geriatric guidance clinics is expanded during school holidays when medical and nursing staff are less occupied with school health work.

Although specific treatment is not a function of the clinics — this is the main role of the general medical and hospital services — it is rare to find an elderly person whose general health and well-being does not benefit from the check-up and advice and discussion on keeping well in old age. Anxiety is often allayed, understanding of existing problems improved, and persons guided to their own doctors, dentists or opticians when necessary. Sometimes more serious diseases and conditions are found which when treated early may avoid unnecessary suffering or possible admission to hospital.

Some idea of the work of the clinics in 1969 may be gained from the following table which summarises many of the defects and problems found (and action taken) in 239 persons who attended for the first time during the current year:—

**SUMMARY OF DEFECTS FOUND IN 279 PERSONS
WHO ATTENDED GERIATRIC CLINICS FOR THE
FIRST TIME DURING 1969**

Function or System	Total defects found *	Action Taken		**
		Nil, already treated by GP and/or Consultant etc.	Person referred to GP re. the defect	Person advised and problem discussed
Hearing	34	6	21	7
Vision	92	22	14	56
Mobility	1	—	—	1
Physical Stability	6	1	—	5
Nutrition	36	1	2	33
Dental state	18	—	1	17
Sleep	5	4	—	1
Defaecation	10	4	3	3
Micturition	8	2	6	—
Cardio-Vascular	100	46	37	17
Respiratory	15	6	5	4
Digestive System	11	4	3	4
Genito-urinary	5	2	2	1
Bones and Joints	38	24	7	7
Nervous System	8	7	—	1
Mental Health	30	8	5	17
Other	12	4	7	1

* Many persons were found to have more than one defect or problem.

** The figures in this column refer to persons to whom specific advice was given without referral to their doctor.

All persons who attend were advised in some respect or other.

INCIDENCE OF BLINDNESS

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

Blind Person

A1. FOLLOW-UP OF REGISTERED BLIND PERSONS

Total number of cases registered during 1969.....45

(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	Other
(a) No treatment	7	—	—	13
(b) Treatment:				
Medical	—	1	—	—
Surgical	7	—	—	—
Optical	—	—	—	—
Ophthalmic Medical Supervision	6	5	—	6
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	19	4	—	19

A2. FOLLOW-UP OF REGISTERED PARTIALLY SIGHTED PERSONS

Total number of cases registered during 1969.....8

(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	Other
(a) No treatment	—	—	—	—
(b) Treatment:—				
Medical	—	—	—	—
Surgical	2	—	—	—
Optical	—	—	—	—
Ophthalmic Medical Supervision	2	—	—	4
(ii) Number of cases at (i) (b) above which, on follow-up action, have received treatment	3	—	—	4

B. OPHTHALMIA NEONATORUM

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

HEALTH VISITING SERVICE

The work carried out by this service is only a part of the overall health commitment of the department, nevertheless the involvement with the population is very considerable; the case load being greater than in any other service of the Authority. It is also true to say that no other service is concerned with such a wide range of age groups or is involved in so many varied activities.

Some idea of the scope of the work can be obtained from examination of the statistical summary at the end of this report which shows that domiciliary visiting is provided for children under five years, school children, elderly persons and "middle" groups and that this visiting is for a number of reasons, including advice and support, surveillance of groups at special risk, protection from infection by immunisation, follow-up of hospital discharges, contact tracing, housing investigations and surveys. In addition, clinics are held and attended in both local authority centres and doctors' surgeries. There is, also, a large school health programme — discussed more fully in the Report of the Principal School Medical Officer — involving the staff in thousands of examinations in each year.

The service also provides specialist services, a Day Training Centre, supervision and registration of playgroups and child-minders, health education and training activities.

It will be readily understood that the large permanent case load, plus the provision of a service throughout the year to more transient groups, creates the need for a considerable exercise in liaison and co-operation.

Staff

In common with other services of the department, the section suffered loss of staff because of severe financial restraint; three clinic nurses and three nursing auxiliaries who had given efficient service being made redundant. In addition it was known that as other vacancies occurred they would remain unfilled.

Mrs. May Wilson retired on 31st May after 25 years with the Corporation, mainly as a day nursery matron, but latterly as a clinic nurse after the closure of Eccles Old Road Nursery. Throughout her service she gave loyal and efficient service.

Attachment to Group Medical Practice

No advance was made in this field during the year. A new arrangement with a group of three doctors which was made in February, had to be discontinued because of the staffing difficulties already mentioned, when the attached health visitor resigned and was not replaced.

Other problems were the number of health visitors who were not mobile and the number of doctors working in single practice. At the present time, however, consideration is being given to the allocation of health visitors to doctors working informally in groups, and to discontinuing geographical areas in favour of working in relation to doctors' lists.

Those health visitors who are "attached" prefer this method of working and find, as was expected, that they are more involved with the middle aged groups than in the past. A valuable quick contact occurs when single, unmarried girls attend the doctor's surgery for confirmation of pregnancy. Many such girls have been given immediate advice and support with referral to other agencies, when necessary.

Surveys

It is rare indeed for a year to pass without the health visiting service being involved in some survey work. This year brought two more surveys:—

(1) **National Child Development Study.** In common with other local authority staff throughout the country, the health visitors were asked to extend the work in respect of this study by visiting the parents of 50 selected children. This called for the entry of a long, involved questionnaire, therefore each interview took 1–1½ hours to complete.

(2) **Pertussis Surveillance.** The purpose of this study is to assess the efficiency of pertussis vaccines on a long-term basis and is expected to continue for five years.

HOSPITAL LIAISON

Hospital liaison in respect of the elderly persons is discussed under the heading — "Care of the Elderly".

Some alteration in the time devoted to hospital liaison was necessary during the year as a result of a reduced staff and some internal re-organisation involving a former specialist health visitor for hospital liaison. In spite of staffing difficulties, it was decided that this important aspect of work should suffer as little as possible, but it was necessary to discontinue the liaison at the Royal Manchester Children's Hospital temporarily since fewer Salford children attend that hospital than at Hope Hospital.

(a) Paediatrics — Hope Hospital

As the health visitor's time was reduced overall, re-organisation was necessary so that the neo-natal and other paediatric clinics could be attended as before. It also meant relying more on the clerical staff of the hospital in keeping information for the health visitor's next visit. In September another Consultant Paediatrician joined the hospital staff and the clinics were divided between Dr. Mackay and Dr. Mann so that the health visitor now liaises with two Consultants instead of one, though attending the same number of clinics.

In addition to the relaying of information to and from Consultants and health visitors, which is the main aspect of liaison work, the health visitor sees many parents during the clinic situation making arrangements for attendance at local authority clinics and for the carrying out of screening tests. Another important aspect of the work is the follow-up of defaulters from the neo-natal clinics. Due to several factors, many of which are social, parents often fail to make the necessary return visits with their children. As these children are an "at risk" group, it is vital that they are persuaded to attend the hospital clinic.

Much information which is useful to health visitors is obtained by paediatric liaison and includes details of illegitimate births, infant deaths, and babies with conditions suggesting risk of being a "battered" baby. All cases of poisoning, burns, scalds, and verminous and dirty conditions are also brought to the notice of the liaison health visitor. The attendance of unaccompanied school children to the casualty department has concerned the hospital staff, and the liaison health visitor has been asked to contact health visitors, head teachers and doctors of the school service regarding further treatment for the children.

Special Care Unit

The liaison health visitor accompanies each Consultant on his ward round to this unit and plays a large part in providing the social and family background of each baby. During the time that babies are in the unit, other health visitors are informed of progress and contact is made with midwifery "special care" staff who may be required to assist the mother for a few weeks after the discharge of the baby from hospital.

Maternity Unit

A weekly visit is made to each maternity ward to note babies "at risk", and social problems are discussed with the ward sister.

Medical Students

In addition to discussing the social background of cases with students in their final year, the health visitor takes each student out for a morning's visiting on her area.

Ladywell Hospital

Weekly liaison visits to A1 ward continued throughout the year.

Royal Manchester Children's Hospital and Gartside St. Outpatients' Department

Direct liaison was discontinued for the reasons given earlier, but information regarding patients transferred to this hospital has been available through the Paediatric Department at Hope Hospital.

(b) Diabetics

Liaison with Hope Hospital and Salford Royal Hospital continued, involving attendance at clinics and appropriate domiciliary follow-up. The number of patients involved was

Hope Hospital		Salford Royal Hospital	
Number of patients brought forward	33	Number of patients brought forward	30
Number of new patients	23	Number of new patients	24
Total visits made	210	Total visits made	203

(In addition to diabetics dealt with in the hospital liaison context, 16 visits were made as a result of general practitioner referral).

(c) Tuberculosis and Other Chest Diseases

(i) Liaison with the Chest Clinic was maintained by a Specialist Health Visitor, who, as in previous years, centred her work on the social and preventive aspects of chest diseases; this involved her in interviews with 310 patients in addition to exchanging information with the Consultant staff.

With the co-operation of the Manager of Salford House Hostel, close supervision was made of the nine known cases of pulmonary tuberculosis among the lodgers. Seven cases are quiescent or arrested and two are receiving hospital treatment.

Weekly visiting of the wards of Ladywell Hospital was continued with particular reference to contact examinations and for discussion of problems with the medico-social worker.

Weekly attendance was made to the Respiratory Failure Unit to meet the Consultant to discuss treatments, housing, and social rehabilitation. Many problems are associated with bronchitic patients, including unemployment, chronic invalidism and premature retirement with consequent financial difficulties. These patients need very much the help which can be afforded by the health visitor.

CARE OF THE ELDERLY

There was a similar decline in the number of new referrals to that of last year, but once again the number of persons remaining on the register at the end of the year showed an increase. Of the new referrals, females greatly exceeded males as in other years.

Although a number of elderly persons are now being dealt with by health visitors in the general practice setting, there continues to be a need at the present time for the Specialist Health Visitor service which has proved so valuable in the past.

Liaison with the Consultant Geriatricians was maintained by weekly attendance at the outpatient clinic at Ladywell Hospital and by joint domiciliary visits to establish priorities for hospital admission.

Voluntary help was obtained from senior school children and University students. This was particularly useful in respect of redecorating which is both expensive and difficult for old people to carry out for themselves. Without demeaning this help, however, it should be pointed out that in Salford the need for help far exceeds the amount of voluntary help available.

The Health Department's own Welfare Fund gave financial help to five couples taking holidays arranged by the Cripples' Help Society and gave grants for the purchase of fireguards, walking sticks and simple aids. Other help obtained for the elderly included fruit and food parcels from various schools.

Statistics

Number on register at beginning of year		5,852
New cases referred — males	311)	
females	689)	1,000
		<hr/>
	Total	6,852
		<hr/>
Died	498)	
Admitted to Local Authority homes	53)	
Admitted to Private Nursing Homes	2)	665
Removed from area	98)	
Too young to be retained on register	10)	
Referred to Mental Welfare Officers	4)	
		<hr/>
Total remaining on register at 31.12.69		6,187

New Referrals	—	Age groups	
		60—65 years	160
		65—70 years	247
		70—75 years	269
		75—80 years	161
		80—85 years	115
		85—90 years	16
		90—100 years	7
		Under 60 years	25
			<hr/>
			1,000

State of activity

Ambulant	488
Semi-ambulant	236
House-bound	169
Bed-ridden	107
	<hr/>
	1,000

Sources of Referral

Civic Welfare	20
Found in course of visiting	130
Family Doctor	131
Area Health Visitors	23
Home Helps	30
Hospitals	202
Mental Health Department	3
Relatives and friends	80
Public Health Inspectors	6
Housing Department	96
Home Nursing Section	23

Practices with attached Health Visitor	33
Self Referral	89
Other Agencies	134
	<hr/> 1,000 <hr/>

Reasons for Referral

Chest Complaint	95
Rheumatism	56
Nervous Diseases	17
Cardio-vascular Disease	72
Vascular condition	90
Carcinoma	33
Diabetes	17
Blind	8
Senile	18
Malnutrition	5
Mental Stress	15
Advice and Care	249
Miscellaneous	325
	<hr/> 1,000 <hr/>

SOCIALLY HANDICAPPED FAMILIES

The Specialist Health Visitor for this work became a Group Adviser early in the year while still retaining an interest in the more difficult families, and continuing to supervise the work of the Day Training Centre. She also attended case conferences and similar meetings as the main liaison officer. Unfortunately as indicated in the introduction to the Health Visiting contribution to this Report, this officer's services were lost during the year and not replaced.

REGISTERED CHILD MINDERS

The majority of persons applying for registration did so to comply with the new legislation, having been made aware of its provisions by publicity on T.V. and posters, or by the health visitor in the course of her work.

This means that there was often a "fait accompli" situation of a child already being minded by someone selected by the child's mother rather than health department staff. In the absence of definite and specific reasons and without alternative provision to offer to working mothers, it is difficult to refuse to register people who often have far from ideal standards of care. The effect on a young child of constant change of environment must also be borne in mind, yet it is clear that many children are being minded in unstimulating environments where good-will and good intentions do not adequately replace maternal care. Admittedly the standard of physical care is often no worse than that received in the child's own home, but full development requires more than this alone.

The new regulations do at least ensure right of entry to these homes and there is an

opportunity to try to interest and educate the people concerned in better standards of child care.

In the main, homes in Salford are limited either in size or adequate facilities or both, and this precludes the provision of the type of child-minding envisaged by the Department of Health Circular 37/38. In addition to this, experience has shown that placing a child from a poor environment and lower socio-economic class with someone whose standards are altogether more desirable than those of the child's own mother, does not work. The capacity of this type of minder to accept the mother's casual attitude and apparently poor care has, so far, proved very limited in practice, regardless of what the minder felt she ought or wanted to do for the child's sake.

Statistics

Number of Child Minders registered at end of 1968	12
Number of applications received and investigated in 1969	87
Number of subsequent withdrawals before referral to Health Committee	13
Number registered in 1969	71
Number refused registration	3
Number of registrations cancelled during year	17
Number remaining on register or pending end of 1969 representing accommodation for 92 children	66
Number registered for one child	41)
Number registered for two children	17)
Number registered for three children	6)
Number registered for four children	2)
Visits of investigation and supervision	175

VOLUNTARY PRE-SCHOOL PLAYGROUPS

In common with the national trend, the number of voluntary pre-school playgroups increased during the year. A big obstacle to further increase is the lack of suitable premises at rents which unsubsidised groups can afford. The premises at present used for the groups are:—

Local Authority clinics	4
Education Department premises	2
Church Halls	6
Total	12
Total number of children registered	414

All the groups employ qualified or well experienced personnel as leaders and in most groups the mothers assist on a rota basis.

One group held on school premises continues to provide practical experience for senior schoolgirls taking a child development course given by a health visitor.

The "Save the Children" Fund have recently taken over entire responsibility for a playgroup started by a group of volunteers early in 1969 and this will undoubtedly prove most valuable in an area of the City where the play needs of the under-fives are largely unmet.

Health visitors continue to encourage the formation of pre-school playgroups, being fully aware what a vital factor these can be in the development of young children.

THE ILLEGITIMATE CHILD

As in 1968, the illegitimate children born to normal residents of Salford and those temporarily residing at Mother and Baby Homes are discussed separately so that the illegitimate rate for the City is more apparent.

Mother and Baby Homes

163 women (164 babies) were known to have used the two Mother and Baby Homes in the City. Of these only 10 gave Salford addresses; 7 home addresses were not known; and the remaining 146 came from all parts of the United Kingdom, from the north of Scotland to the south coast.

The subsequent care of the children was as follows:—

	1969	1968
Placed for adoption	90	98
Placed with foster mother	8	17
Placed in residential care	1	5
Mother kept baby	41	73
Baby died	1	2
Baby stillborn	—	1
Transferred to other Mother & Baby Home	3	—
Arrangements not made	20	5
	<hr/> 164	<hr/> 201

25% of the mothers kept their babies (36.3% in 1968)

Salford Residents — 343 mothers who normally resided in Salford were known to health visitors to have had illegitimate children; 10 of these used the Mother and Baby Homes.

Age of mothers

15 years	4
16 years	2
17 years	11
18 years	25
19 years	20

Age of mothers

20–24 years	96
25–29 years	62
30–34 years	32
35–39 years	16
40–44 years	4
45–49 years	5
50 years	1
Not disclosed	65

 343

Subsequent Care of Children

Placed for adoption	18
Placed with foster mother	6
Placed in residential care	5
Mother kept baby	264
Baby died	11
Removed from area	9
Arrangements pending	30

 343

76.7% of the mothers kept their babies (82.92% in 1968)

The position of the 264 who kept their babies was as follows:—

With parents or relative	80
Co-habiting	165
Living alone	15
Arrangements not known	4

STATISTICAL INFORMATION

TABLE 1

DOMICILIARY — HEALTH VISITORS/CLINIC NURSES

TYPE OF VISIT	ACCESS	NO ACCESS
Visits to children 0–5 years	34,197	
Visits to physically handicapped children 0–18 years	1,478	
Visits to mentally handicapped children 0–18 years	543	
Visits to physically handicapped adults	359	
Visits re immunisation	1,406	
Visits to elderly persons	12,741	
Visits to persons under 60 years referred to Elderly Section	199	
Visits to Elderly persons with Consultant to assess priorities	43	
Visits re mental health	362	
Visits re tuberculosis including contact tracing	709	
Visits re infectious disease	144	
Visits re hospital follow-up	1,097	
Visits re infestation	465	
Visits to expectant mothers	526	
Visits for social reasons	3,272	
Visits to assess housing priority	732	
Visits to parents of school children	1,694	
Miscellaneous visits	889	
	60,856	10,345
GRAND TOTAL	71,201	

TABLE 2

CHILD HEALTH CENTRES

TYPE OF SESSION	
Child health	1,659
Screening tests of hearing	131
Geriatric advisory	123
Cytology	39
Health check-up	2
TOTAL	1,954

TABLE 3
OTHER ASPECTS OF WORK/HEALTH VISITORS

TYPE OF WORK	NUMBER
Liaison visits — doctors' surgeries	1,328
Visits to ante-natal clinics doctors' surgeries	226
Well Baby Clinics doctors' surgeries	430
Health Team discussions doctors' surgeries	241
Consultant Clinic — Hospital liaison	568
Ward round — Hospital liaison	384
Health Education talks other than school	212
Blood samples obtained re metabolic disorders (Scriber Test)	2,529 + 95 Repeats
Number of immunisation injections given	5,425
Number of doses of polio vaccine given	5,219

TABLE 4
SCHOOL HEALTH WORK *
HEALTH VISITORS/CLINIC NURSES/NURSING AUXILIARIES

Number of children examined at Health Survey	20,353	
Number of children who had vision tested	11,229	
Number of children examined for infestation	63,247	
Number of children re-examined for infestation	5,202	
Number of children cleansed	61	
Number of school visits for discussion with Head Teacher	1,575	
Number of Health Education talks	760	
Number of Diphtheria and Tetanus Injections given	2,063	
Number of Measles Vaccination	846	
Number of doses of Polio Vaccine	2,011	
Number of Minor Ailment Clinics attended	351	
Number of sessions in school or clinic to carry out or assist at examinations	3,604	
* Reported more fully in the School Health Report		

TABLE 5
NURSING AUXILIARIES – DOMICILIARY WORK

	VISITS	NO ACCESS
Bathings – Elderly persons	2,784	
Foot Hygiene – Elderly persons	3,944	
Hair washing – Elderly persons	205	
Elderly persons – disinfested	42	
Handicapped adults bathed	5	
Treatment of scabies	nil	
Infestation visits	59	
Miscellaneous visits	105	
	7,144	1,391
GRAND TOTAL	8,535	

TABLE 6
NURSING AUXILIARIES – CLINIC DUTIES

	SESSIONS
Assisting at Child Health Clinics	366
Assisting at Immunisation Clinics	5
Assisting at Chiropody (Adults) Clinics	382
Assisting at Health Check-up Clinics	Nil
Assisting at Screening tests of hearing	96
Special bathing (motherless children)	250
Cleansings	157
Scabies	10
GRAND TOTAL	1,266

TABLE 7
NURSING AUXILIARIES – MISCELLANEOUS DUTIES

	SESSIONS
Sterilisation Unit	411
Escort duties	16
Day Training Centre	108
Clerical	36
GRAND TOTAL	571

DAY NURSERIES

In comparison with 1968 when difficulties arose from the closure of Eccles Old Road Day Nursery, 1969 has been a very busy but uneventful year in the Day Nurseries.

Attendances

The number of available places is now reduced to 95, but the request for places has remained nearly as high as when three nurseries were open, viz: 447 in 1968; 426 in 1969. It follows that only a small number of those requesting places could be offered accommodation. Table III shows that only 161 of the 426 were admitted during the year as only 148 children were withdrawn in that time. Only by a continued policy of having more children on the registers than the available places, to off-set absenteeism, and by the exclusion of persistent absentees, was it possible to admit the 161, who represented 35.4% of the total applications.

By the end of the year many of the names had been withdrawn from the waiting list and some who were offered places did not accept them (Table V); the waiting list at the end of the year was 97, and 49 of these were priority cases. As will be seen from Table V, only 5 places were offered to non-priority groups with one acceptance. These places were offered at a time — very brief — when the children on the priority waiting list were either not old enough or had not been immunised.

The introduction of a retention fee in April for periods of absence not covered by a sick note, has been effective in two ways:— the parents have become more appreciative of their child's place in a scarcity of accommodation and the average daily attendance throughout the year has shown further improvement as will be seen below. During the period 21.4.69 to 31.12.69 retention fees for absence not due to sickness provided a revenue of £117. 19. 0.

Average daily attendance

1965 —	96.2 per 140 places (3 nurseries)	= 68.7%
1966 —	109.92 per 140 places (3 nurseries)	= 78.51%
1967 —	117.3 per 140 places (3 nurseries)	= 83.7%
	— (33.3 per 45 places (Eccles Old Rd.	= 74.6%
1968 ((closed July	
	(76.08 per 95 places (Bradshaw St.	= 80%
	(& Howard St.	
1969 —	85.21 per 95 places (2 nurseries)	= 89.16%

Special Groups

In addition to those children in priority groups whose mothers go out to work, some children are admitted because of the inadequacy of their parents, some of whom are unable to work. The day nurseries' staff have been encouraged to play a part in educating these parents to better parentcraft and understanding of their children's needs. The parents have been invited into the nursery and some have actually attended but because of low mentality, interest has soon waned and attendance has ceased.

Liaison

Close liaison exists between day nursery and health visiting staff. The health visitors visit the nurseries to see children from their areas and to carry out immunisation and screening procedures.

As the Nursing Officer who undertakes supervision of the nurseries is also Principal Nursing Officer for Home Helps, responsible to the Chief Nursing Officer, the link-up of three or four services is more easily achieved as is illustrated by the following case:—

Mr. R. was referred to the health visitor by a school welfare officer because of non-attendance at school of a 13 years old girl due to family problems. It was found that the mother had been admitted to hospital and was seriously ill; father was staying off work and keeping the 13 years old girl off school to help him to care for the family of 9 children, including a 5-months old baby. The mother was concerned that her husband was unable to earn for the family and threatened to take her own discharge from hospital.

The baby was admitted to the nursery after medical approval had been obtained for the earlier than average admission, but because father had to be at work by 8 a.m. arrangements were made for a home help to go to the house each morning to see all the children off to school and to take the baby to the nursery. Unfortunately, the mother died and alternative arrangements for the children were made. The case does, however, give an example of the type of liaison existing.

State of nurseries

The nurseries were inspected jointly by officers of the Department of Health and Social Security, and the Department of Education and Science and approval was given for the nurseries to continue to train N.N.E.B. students, although there was a recommendation that the ratio of trained to untrained staff should be improved and more modern equipment installed. It remains difficult to recruit trained nursery nurses, however, and there has been no alternative to the appointment of some untrained nursery assistants. It would appear that girls are attracted to the shorter working day and longer holidays offered in the nursery school situation and that the higher salary for day nursery work is less important.

In spite of financial restraint, efforts have continued in respect of the replacement of old equipment and in particular stainless steel sinks have been installed to provide more hygienic conditions. A good deal more is needed to bring Howard Street nursery up to modern standards but there has to be objectivity in this as the more important need is the replacement of the building by a purpose-built nursery.

Student training

In addition to students undertaking N.N.E.B. training, visits of observation were arranged for 109 students from other disciplines.

The code letter used throughout these tables should be interpreted as follows:—

A1	Illness of father	B1	Acute Social Problem	C1	Unmarried Mother	C4	Divorced
A2	Illness of mother	B2	Handicapped Child	C2	Widowed	D	Mother in essential employment
A3	Confinement	B3	Behaviour Problem	C3	Separated	E	Financial — Non-priority

TABLE I
WAITING LISTS

CATEGORY	A1	A2	A3	B1	B2	B3	C1	C2	C3	C4	D	E	TOTAL
On Waiting List 31.12.68	—	5	—	9	1	—	12	1	15	2	1	44	90
New applications during 1969	5	47	17	73	—	1	63	5	81	3	7	33	335
Total applications	5	52	17	82	1	1	75	6	96	5	8	77	425
Withdrawn from Waiting List	2	12	1	12	—	—	—	—	12	1	—	24	64
Places offered	2	40	14	51	1	1	56	6	79	4	5	5	264
Still on Waiting List 31.12.69	1	—	2	19	—	—	19	—	5	—	3	48	97

TABLE II
REASONS FOR WITHDRAWAL FROM WAITING LIST

Child admitted to Nursery School	Other arrangements made	Removed from area	On advice of H.V.	Now with child-minder	5 yrs. Due for School	Child not immunised. Immunisation refused	Lost trace	Mother not working	Children in care	Other	TOTAL
2	8	17	3	5	11	3	2	8	3	2	64

TABLE III
NUMBER OF CHILDREN IN NURSERIES DURING 1969

CATEGORY	A1	A2	A3	B1	B2	B3	C1	C2	C3	C4	D	E	TOTAL
No. on Registers 31.12.68	4	7	—	5	1	—	41	6	26	5	5	1	101
Admitted during 1969	2	31	6	21	1	—	42	4	46	2	5	1	161
TOTAL	6	38	6	26	2	—	83	10	72	7	10	2	262
Withdrawn during 1969	3	29	5	15	—	—	43	5	38	4	5	1	148
No. on Registers 31.12.69	3	9	1	11	2	—	40	5	34	3	5	1	114

TABLE IV
REASONS FOR WITHDRAWAL FROM NURSERY

Absent- eeism	Taken into care	Removed from Salford	Trans- fer to School or Nursery School	Fees too high	Mother given up work	Admit- ted temp- orarily	Made other arrange- ments	Child fret- ting	On G.P. advice	Mother died/ gone to relat- ives	Returned to mother's care	Parents re- united	T O T A L
50	2	12	21	13	19	15	8	1	3	2	1	1	148

TABLE V
VACANCIES OFFERED, ACCEPTED AND NOT ACCEPTED

CATEGORY	A1	A2	A3	B1	B2	B3	C1	C2	C3	C4	D	E	TOTAL
Places offered; <u>not</u> accepted	—	9	8	30	—	1	14	2	33	2	—	4	103
Places offered; children admitted	2	31	6	21	1	—	42	4	46	2	5	1	161
Total places offered	2	40	14	51	1	1	56	6	79	4	5	5	264

TABLE VI
REASONS FOR NON-ACCEPTANCE OF VACANCIES OFFERED

No reply to notification letter	Made other arrangements	Child admitted to Nursery School	Mother not now going to work	Fees too high	Removed	TOTAL
62	15	2	6	18	—	103

HOME NURSING SERVICE

Although there has been a slight decline in the number of new patients referred during the last five years, the number of patients receiving nursing treatment in each year has remained fairly constant. No significant change has occurred in respect of the type of patient requiring treatment.

The pattern of work for the district nurse has altered as a result of attachment schemes and it will be noted in Table III that there has been a 132% increase in one year in the number of treatments undertaken in doctors' surgeries; ambulant patients have been encouraged to attend the surgery for treatments or injections thus reducing the number of domiciliary visits.

The pressures experienced by district nurses in treating cases of mental illness have been reduced as a result of the closer working relationships with mental welfare officers in attachment schemes. 74 patients of this type were referred during the year.

Staff

The service was already under establishment at the start of the financial year when it was made known that new appointments could not be made. In consequence, the service was concerned with the maintenance of a good standard of care and it was not possible to devote as much time to in-service training as is required if the staff are to be stimulated to accept change and bring a fresh approach to their work.

Student training

The number of students accepted for district nurse training was reduced to three and these were successful in obtaining the National Certificate of District Nursing. Training was also arranged for eight Bachelor of Nursing Course students.

Experience was provided for the following:—

75 Hospital students

44 Students from other disciplines.

Statistics

TABLE I

	1969	1968
Number of patients brought forward	581	625
Number of new patients	1580	1611
Total	<u>2,161</u>	<u>2,236</u>

TABLE II

Source of referral of new patients

	1969	1968
General Practitioners	1,276	1,350
Hospitals	250	216
L.H.A. Staff	17	10
Others	37	35
Total	1,580	1,611

TABLE III

Number of Patients — Treatments carried out

Year	Total patients requiring nursing	Total New Patients	Number of treatments at home	Number of treatments in Doctors' Surgeries
1965	2,343	1,736	61,751	168
1966	2,460	1,815	60,680	2,216
1967	2,411	1,794	56,543	4,125
1968	2,236	1,611	48,671	4,600
1969	2,161	1,580	44,883	10,684

TABLE IV

Type of case treated

	1969		1968	
	Cases	Visits	Cases	Visits
Pulmonary Tuberculosis	8	355	8	242
Other forms of Tuberculosis	8	236	3	130
Respiratory Disease	110	913	118	1,057
Cancer	153	3,504	181	3,782
Heart Disease	101	2,005	112	3,332
Stroke	134	2,226	169	2,994
Anaemia	342	6,932	357	7,666
Central Nervous System	40	1,993	45	1,477
Diabetes	46	8,739	48	9,362
Complication of Pregnancy	15	171	49	420
Arthritis & other medical	435	5,566	427	5,405
Other Aged	109	1,331	101	1,567
Post-Operative	257	4,428	241	4,486
Other Surgical	264	5,147	237	5,074
Others	65	291	59	429
Mental Illness	74	1,046	81	1,248
Totals	2,161	44,883	2,236	48,671

CHIROPODY SERVICE

The following statistics summarise the work of the chiropody service for the elderly and handicapped:—

Total Number of Treatments given at Clinics

	Male	639		
	Female	2,879		3,518
Total number of Treatments given in Patients' Homes				428
			TOTAL	<u>3,946</u>

Langworthy Road Clinic

Sitting Car Cases	Male	53		
	Female	316	369	
Walking Cases	Male	214		
	Female	987	1,201	1,570

Regent Road Clinic

Walking Cases	Male	65		
	Female	257		322

Murray Street Clinic

Walking Cases	Male	134		
	Female	649		783

Kersal Centre

Sitting Car Cases	Male	12		
	Female	56	68	
Walking Cases	Male	100		
	Female	386	486	554

Trinity Centre

Walking Cases	Male	62		
	Female	227		289
				<u>3,518</u>

Total number of Clinic Sessions held

Sessions at Langworthy Road	241
Sessions at Regent Road	49
Sessions at Murray Street	121
Sessions at Kersal Centre	83
Sessions at Trinity Centre	47
	<u>541</u>

Total Number of Patients Invited to Clinics

		Attended	3,461	
		Defaulted	785	<u>4,246</u>
	Invited	Attended	Defaulted	
Langworthy Road	1,891	1,547	344	
Regent Road	390	316	74	
Murray Street	950	775	175	
Kersal Centre	659	536	123	
Trinity Centre	356	287	69	
	<u>4,246</u>	<u>3,461</u>	<u>785</u>	Attended 3,461

Additional Cases Attending

Dressings	20		
Emergency	37	Attended	57
			<u>3,518</u>

Average Number of Treatments per Session

3,518 Treated	
541 Sessions	= 6.5 per session

Number of Handicapped Persons Treated at Clinics

(Included in Total Figure)

Male	16	
Female	50	66

Total Number of Patients on Clinic Register at December 31st, 1969

Number of Walking Cases	754
Number of Sitting Car Cases	99
	<u>853</u>

Total Number of New Cases Registered During 1969

Walking Cases	25	
Sitting Car Cases	2	<u>27</u>

During the year there were inevitable reductions in the service and these are summarised below:—

Langworthy Road Clinic — Reduced from 9 sessions to 6 sessions per week.

Regent Road Clinic — Reduced from 4 sessions to 1 session per week, and clinic closed 8.5.69 to 18.9.69

Murray Street Clinic — Reduced from 3 sessions to 2 sessions per week, but later restored to 3 sessions.

Kersal Centre — Reduced from 3 sessions to 1 session per week.

Patients deleted from register owing to cuts in service — 460.

HOME HELP SERVICE

1969 will be marked as one of the most difficult years in the history of the home help service. At the beginning of the new financial year the service was faced with a 25% reduction in the establishment hours i.e. 3,525 hours per week instead of the 4,700 hours previously allowed. As at that time there were 1,855 cases on the register there was an existing problem of having to stretch the available resources too thinly to meet the needs.

As an alternative to redundancy and with the knowledge that the turnover of staff in a home help service is usually high, it was agreed that an attempt should be made to meet the financial restriction by natural wastage. By mid-July after 37 home helps had left for normal reasons, there was an overspending of £2,000 and the service was informed that to offset this overspending it would be necessary to reduce the hours of all the home helps by 25%; this was carried out with the agreement of the trade union representatives – still as an alternative to redundancy.

The reduced hours with consequent smaller wages, resulted in 50 home helps leaving between mid-July and early October, by which time the overspending had been corrected and it was possible to restore the 25% hours to the home helps remaining in post, who then numbered 151 (whole time equivalent 72.75) and worked 2,910 hours per week. Further losses occurred before it was possible to recruit more staff and at the end of the year only 2,820 hours were being worked.

Those not familiar with the running of a home help service and the physical and mental states of many of the persons receiving assistance, can hardly imagine the tremendous programme planning involved as a result of the rapidly reduced staff. To the uninitiated 2,820 hours to be used to help people in their own homes may sound ample. Relate this, however, to the case load at that time and it will be seen what an impossible task faced the organisers, since part of the available time had also to be used for travelling from one case to another.

As home helps left and could not be replaced, only the most urgent cases could be helped immediately and many people found it difficult to accept that others warranted greater priority than themselves; this resulted in numerous letters and telephone calls and a big public relations job. Earlier in the year before the financial restrictions had been imposed, a "points" system had been instituted so that priorities for help could be assessed on as factual a basis as possible; this proved its value at a time of crisis.

As the service stands at present it can be classed as a supportive one, but it can no longer be regarded as the preventive service it aimed to be previously. It has not been possible to assess any deterioration of those for whom help was withdrawn or reduced.

The figures in Table III are those prepared each year for the Department of Health and Social Security, but as these appear to be misleading to those who are not familiar with a home help service, an explanation appears necessary. The column "over 65 at first visit of the year" does not mean that this number are having help because they qualify by age. A sample of the type of cases helped shows that of those of 65 years or over, only 7.5% were receiving help on account of age alone, the remainder had a specified medical condition. In this context the close association with the

district nurses and health visitors is very useful, particularly when the nursing staff are attached to general practitioners and have access to the medical records. This enables the service to have the true diagnosis of the patient's condition which influences the amount of help required and removes the need to rely upon the lay person's version of a complaint which is often unwittingly distorted and symptoms magnified.

TABLE I

SUMMARY OF WORK UNDERTAKEN

Brought forward from previous year	1,881	
New cases referred — assisted	361)	537
New cases referred — not assisted	176)	
Cases terminated	747	
Case load at year end	1,495	

TABLE II

SOURCE OF REFERRAL OF NEW CASES

Medical & Allied Services		Others	
General Practitioners	45	Civic Welfare	29
*Health Visitors	167	*Home Helps	1
*District Nurses	24	Councillors	3
*Midwives	6	Citizens' Advice Bureau	1
Medico Social Workers	98	Cripples' Help Society	2
*Mental Welfare Officers	5	Children's Department	3
*Clinic Nurses	1	Social Security Office	15
*Nursing Auxiliaries	2	Housing Department	1
		Caretaker of Flats	2
*Health Department Staff		Voluntary Soc. Welfare Workers	2
		Probation Officers	1
	348		60
Referrals from Patients/Friends/Relatives			
Self Referrals	15		
Relatives	35		
Friends/Neighbours	79		
	129		

TABLE III

TYPE OF CASES ASSISTED – COMPARATIVE FIGURES

	Over 65 yrs at 1st visit	Under 65 years				Totals
		Chronic Sick & TB	Mental Disorder	Maternity	Others	
1963	1,614	182	15	65	53	1,929
1964	1,655	200	7	65	75	2,002
1965	1,761	224	8	75	71	2,139
1966	1,818	229	6	59	53	2,165
1967	1,907	240	3	47	62	2,259
1968	1,874	263	15	45	39	2,236
1969	1,897	258	10	30	47	2,242

TABLE IV

NUMBER OF HOME HELPS EMPLOYED (PART-TIME STAFF)

In post at beginning of year	255	Whole time equivalent	111
Appointed during year	30		
Left during year	134		
In post at end of year	151		
Average number employed per week	205.5	Whole time equivalent	65.5

MENTAL HEALTH SERVICE

"All interpretation, all psychology, all attempts to make things comprehensible, require the medium of theories, mythologies and lies; and a self respecting author should not omit, at the close of an exposition, to dissipate those lies so far as may be in his power".

"Steppenwolf"! Herman Hesse.

INTRODUCTION

With the passing of ten years since the Mental Health Act, 1959, was made law the Salford Mental Health Service must evaluate its development and consider its position for the next decade. Much has been written, with justification, in previous reports to describe the progressive unification of local authority and hospital services that has taken place here in order to make "community care" for the mentally disordered such a truly practical proposition as to become a commonplace. The efforts of Dr. J. L. Burn, Drs. M. W. Susser and A. Kushlick together with the Senior Consultant Psychiatrist in the group of local general and psychiatric hospital units, Dr. H. L. Freeman, were welded together in such a spirit of pioneering and adventure that Salford had answered some questions about community care before many other authorities had thought to ask the very questions. More recently, Dr. T. Fryers had worked to ensure continued progressiveness and throughout the entire development Mr. G. H. Mountney, the Chief Mental Welfare Officer, had worked constantly to provide a social work team sufficiently adequate in numbers and expertise to become the backbone of the service. Co-ordination of effort and integration of staff and services produced an exciting system to work in and a very high standard of care for the community in the community. The infant had grown lusty. But as second decade children grow adult and broaden their experiences so too must a second decade community care service continue to develop. To ensure healthy development stock must be taken periodically and necessary adjustments be made. The parental metaphor continues to be apt.

Finance and economic priorities will always be prime considerations in any local authority service, and in this year economic reality has been uppermost in the minds of every member of staff. At the time of writing considerable staff changes have taken place in the Mental Health Section, but although leadership has changed with concomittant unsettling and re-orientations, basic structures have not. Essentially the mental health service remains the same, and it is now especially committed to exploration of further inter-disciplinary collaboration within the framework of the proposed Personal Social Services Department. An opportunity for a taking of stock by new eyes, has been prescribed, albeit uncomfortably, and this opportunity will be grasped. What then are the major questions to be faced and what are the qualities that make the Salford mental health service even now somewhat extraordinary?

Visitors to the department are often unimpressed by the physical facilities available. The senior training centres for the mentally subnormal are housed in very poor buildings, although a new replacement is promised. The hostels for the subnormal and mentally ill do not compare with the purpose built establishments of many other local authorities, and they too may be replaced within the foreseeable future. Salford does

not boast superior buildings, although the Margaret Whitehead School for mentally handicapped children, opened this year, offers the very latest facilities to this particular group of young people. Salford offers, on the other hand, certain freedoms to its staff and clientele, which are not so easily grasped but which elicit rich rewards in terms of the quality of service offered to the public, and in the quality of intellectual and practical dedication to the task in hand. The well established integration between local authority and hospital staffs has produced the possibility of genuinely mutual criticism and collaboration, which in turn engenders mutual respect and a strong sense of mutual responsibilities between the factions. Similarly within the truly local authority structure there has developed a parallel system of communication and mutuality. Enthusiasm is therefore encouraged, and the notion that every staff member may have a particularly unique contribution to make prevails. Such a system generates a fertility of lines of thought and often produces quick solutions to thorny problems, including realistic attempts at the preventive aspects of community mental health that are often so sadly lacking in other parts of the country. Freedom to try inexpensive experiments follows on from the basic freedoms of expression, and this in turn encourages enthusiasm and further commitment. Patients therefore enjoy the benefit of service without fuss, and the quantity of work carried out is a significantly large return for a reasonable outlay of money. Flexibility means that patients may receive quick attention which in turn means that mental disorder can be managed more frequently in the home, saving money yet avoiding disruption of families and resultant demands in social services. These are the important developments of ten years; they are not perfected but they must not be relinquished. In order to maintain them however it will be necessary to ensure that a proper supply of staff is available. Social work staff of the necessary quality have been secured in the past by a process of maintaining very close contact with university and college training courses and by pursuing a policy of expecting a fairly rapid turnover. If salaries and physical conditions of service do not keep pace with those offered by other local authorities, it will be difficult to ensure that high calibre candidates may continue to be enlisted. At present this problem is presenting itself in the Senior Training Centres where properly qualified personnel are still difficult to recruit. Expertise is, as always, basically costly to procure.

Ten years past have shown that community care is necessary and that it can be achieved. Ten years hence may demonstrate that prevention of mental disorder is to be expected and that it will be predictable. Information may be gathered to guarantee that intervention by the psychiatric team will be entirely successful if available at particular crucial times in the development of the illness, and continued examination of practices ensure that relapse after treatment can be minimised. Whatever transpires the local authority services will continue to be vitally necessary to successful regimes, and they themselves will require systematic review to ensure that duplication of effort and wasteful intervention in situations does not occur. Operational research methods may reveal useful information about optimum amounts of effort to be deployed in overcoming particular situations. Self administered training schemes into group counselling or group psychotherapeutic measures may produce economies in workers real-time commitment to differing types of problems and possibilities for mental health education or counselling as a preventive measure may well present themselves.

This is a field in which local authority services are surely the most appropriate and one in which proximity to the area they serve must be a great asset. American experiences in counselling groups of school children demonstrates the efficacy of the

enterprise and greater mental health awareness gained in the formative years can significantly reduce problems of stigma still lamentably experienced by many mentally disordered people, as well as promote better mental health expectancy in the young. Continued investigation of the connexions between emotional disturbance in young people and the development of mental illness in later life will necessitate increased co-operation between the services for children and the psychiatric team. Epidemiological information, as obtained by the case register will produce detailed figures for the economic provision of residential and day care facilities. Enquiries into learning techniques could produce more efficient training schemes for the mentally subnormal adult and the re-inforcement of learned material by residential facilities may increase independence for this unfortunate group. Local research operations into these and other questions will increase efficiency and scope, and should become an integral part of any planned service. Questions upon questions will present themselves but more parameters will eventually be measured more systematically as time progresses.

A great deal has been achieved in Salford within a relatively short time, and an immensely valuable service has been created. If this service which is still emergent can be guided into asking yet more salient questions, and if it continues to build on the experience so far gained it will continue to make a very significant contribution to the pool of knowledge that exists about the psychological problems that are manifest in our City.

FAMILY DOCTOR TEAMS

Having established the value of the attachment of mental health social workers to general practice community health teams since 1965 it has become obvious that this is a very useful activity indeed. At the time of writing curtailment of this activity has been in force for three months while social work staff was re-established. There has been a noticeable increase in the severity of problems presenting themselves and strong indication that many acute situations could have been prevented by the intervention of a social worker attached to the practice.

STUDENTS AND RECRUITMENT

It is worth re-iterating the value of the section's policy of investing time in the fieldwork training of social work students. Apart from the extra social work potential that students bring to the section, the possibility of recruiting personnel direct from their training courses is very important, and it is to be hoped that this sort of activity may be extended to include students from courses for teachers of the mentally handicapped in the future.

COMMUNITY FACILITIES

Day Care and Training for Subnormal Persons

The Margaret Whitehead School for Mentally Handicapped Children opened on 31st May, 1969, as mentioned in last year's report. Service is provided for children from the ages of three years to sixteen years, and the provision of the new school undoubtedly encourages some parents with very severely handicapped children to keep them at home rather than to seek permanent residential care. We have been fortunate in

obtaining the services of staff who now include a high proportion of trained teachers of the mentally handicapped, and under the direction of the Headmistress, Mrs. J. Tomkinson, the school is able to provide up to date methods of education for its pupils. Student teachers are encouraged to spend periods of teaching practice in the school and there is a steady demand for the facility from local N.A.M.H. Diploma Courses.

HULME STREET AND CRESCENT TRAINING CENTRES

Staffing in these units has presented an especially difficult problem. The premises are cramped and of a poor standard, and are not competitive with facilities offered by some neighbouring authorities. One consequence of this is that the small number of professionally trained instructors available are tending to opt for more congenial surroundings than either of these centres offers. Tribute must be paid to the present staff who, under the guidance of Mr. Hancock, Organiser for Training Centres, continue to provide a high degree of care for the trainees, despite considerable difficulties.

PSYCHIATRIC DAY CARE

Cleveland House continues to provide considerable service to the middle-aged and elderly groups, and it is known to enable relatives to cope with very confused old people at home to a remarkable degree. Previous years' comments on the difficulties caused by inadequate accommodation in this centre still appertain.

The adolescent group continues to flourish and is fully involved in treatment and care facilities for young psychotic and emotionally disturbed people. The centre includes a weekly club for this group and receives considerable support from Dr. M. J. Tarsh, Consultant Psychiatrist.

Acton Square Industrial Centre has been kept open by the presence of one of the mental health social workers, Mr. J. M. Coutts, who has taken a special interest in the group of patients there. Although Mr. Coutts has been unable to give continuous supervision to the centre his regular visiting has enabled a much needed facility to be maintained in the absence of a specially designated member of staff since the instructor retired. It is hoped to provide a suitable substitute in 1970.

HOSTELS

Both hostels continue their work, but it was a great loss in the latter part of the year to lose the services of Mr. T. McAlpine, the Warden at Kersal House. Social work staff once again filled the breach until a successor could be appointed, and at the time of writing a warden and assistant warden have been obtained, both of whom possess the personal qualities necessary to rebuild the 'therapeutic' community regime that operates within this unit.

SALFORD SOCIETY FOR MENTALLY HANDICAPPED CHILDREN

Thanks to the Society are once again due for its considerable generosity in the provision of Christmas presents for Salford mentally handicapped persons in and out of hospital. It is always pleasing to note the members' enthusiasm and consistent support for the services provided by the Mental Health Section.

THE PSYCHIATRIC CASE REGISTER

Dr. Fryers continues to supervise the register although he has now left the Health Department in order to take up a full-time appointment as Senior Research Fellow to the Department of Social Medicine in the University of Manchester. The register, under his continued supervision, will probably become fully operational towards the end of 1970 when it will provide a wealth of statistical material, some of which will be especially useful in the planning of future services. Dr. Fryers continues to give sterling support as Honorary Adviser on Mental Health to the Health Department.



THE MARGARET WHITEHEAD SCHOOL FOR
MENTALLY HANDICAPPED CHILDREN



THE PHYSIOTHERAPIST USING THE HYDROTHERAPY POOL
WITH A MENTALLY HANDICAPPED CHILD AT THE
MARGARET WHITEHEAD SCHOOL



LUNCH-TIME IN THE MAIN HALL OF THE
MARGARET WHITEHEAD SCHOOL



CHILDREN USING THE PHYSICAL EDUCATION APPARATUS
IN THE MAIN HALL OF THE MARGARET WHITEHEAD SCHOOL

Sources of Referral for Mental Illness to Salford Mental Health Service in 1969

Agency	Male	Female	Total
General Practice	105	153	258
Health/Welfare/Voluntary Organisation	17	48	65
Police/N.S.P.C.C.	11	15	26
Hospital Psychiatrist	56	108	164
General Hospital	15	10	25
Relatives	34	32	66
Other	12	17	29
TOTAL	250	383	633

These figures do not take into account 29 referrals from Psychiatric Outpatients for Social Histories; 26 cases under 16 years of age; and 32 referrals requiring no further action after initial investigation.

APPENDIX IIA

All Notifications of Female Patients Referred for Mental Illness to Salford Mental Health Service, 1969,
by Source of Referral and Disposal.

	Source of Referral						
	G.P.	Health/ Welfare/ Voluntary Organisation	Police/ N.S.P.C.C.	Hospital Psychiatrist	General Hospital	Relatives	Other
Compulsory Admission	24	4	3	10	1	8	8
Voluntary Admission/Day Patients	12	7	—	1	2	9	5
Psychiatric Outpatients Domiciliary Visits	27	5	2	2	2	3	5
Home Support and G.P.	81	22	6	83	3	10	18
Other	9	10	4	12	2	2	17
TOTAL	153	48	15	108	10	32	53
							419

APPENDIX IIB

All Notifications of Male Patients Referred for Mental Illness to Salford Mental Health Service in 1969 by Source of Referral and Disposal

	Source of Referral							Total
	G.P.	Health/ Welfare/ Voluntary Organisation	Police/ N.S.P.C.C.	Hospital Psychiatrist	General Hospital	Relatives	Others	
Compulsory Admission	25	—	4	8	5	7	3	52
Voluntary Admission/Day Patients	9	1	1	1	—	5	4	21
Psychiatric Outpatient Domiciliary Visit	13	2	—	—	2	2	1	20
Home Support and G.P.	48	8	3	35	4	8	18	124
Other	10	6	3	12	4	12	14	61
TOTAL	105	17	11	56	15	34	40	278

APPENDIX III

New Notifications of Mentally Subnormal Persons, 1969, by Sex, Grade and Age

Age	0-4	5-9	10-14	15-19	20-29	30-39	40-49	50+	Total
MALES									
Severely Subnormal	5	3	-	1	1	1	-	-	11
Subnormal	1	-	-	4	-	-	-	1	6
Not yet Assessed	-	-	-	-	-	-	-	-	-
TOTAL	6	3	-	5	1	1	-	1	17
FEMALES									
Severely Subnormal	10	1	-	1	-	-	-	-	12
Subnormal	-	1	-	3	-	1	-	1	6
Not yet Assessed	-	-	-	-	-	-	-	-	-
TOTAL	10	2	-	4	-	1	-	1	18
TOTAL Males and Females	16	5	-	9	1	2	-	2	35

APPENDIX IV

New Notifications of All Mentally Subnormal Persons 1961 – 1969
Age Groups: 0–4 years and 15–19 years

Age Year	0 – 4 years		15 – 19 years		Percentage both Groups	Total Notifications at all ages
	Number	Percentage of total Notifications	Number	Percentage of total Notifications		
1961	11	42%	3	12%	54%	26
1962	17	59%	4	14%	73%	29
1963	21	68%	3	10%	78%	31
1964	24	39%	16	27%	66%	62
1965	13	38%	11	32%	70%	34
1966	17	47%	7	19%	66%	36
1967	16	42%	4	11%	53%	38
1969	16	52%	9	26%	78%	35

Figures not available for 1968.

APPENDIX V

Alterations in Status of Mentally Subnormal Persons on the Salford Register during 1969 by Age and Sex

	MALES										FEMALES										Total Males and Fe- males
	AGE										Total	AGE								Total	
	0-4	5-9	10-14	15-19	20-29	30-39	40-49	50+	0-4	5-9		10-14	15-19	20-29	30-39	40-49	50+				
Discharged from care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1		
Migration out Salford	1	-	-	-	1	-	-	-	2	2	-	-	1	-	-	-	-	5	7		
Deaths	1	1	1	-	1	-	-	2	6	6	-	2	-	1	1	1	1	6	12		
Not located	-	-	-	-	-	1	1	-	2	2	-	-	-	-	-	-	-	-	2		
									10									12	22		
Discharged from Hospital	-	-	1	-	1	-	2	-	4	4	-	-	-	-	2	-	-	2	6		
Admitted to Hospital	-	-	3	3	2	-	1	-	9	9	-	-	-	1	2	-	1	4	13		

IMMUNISATION

799 children aged 0 — 15 years completed a course of immunisation during the year; this shows a decrease when compared with other years. The reason for this decrease was the start during October 1968 of the new schedule of immunisation; by September 1969 the number of children completing courses had started to increase and by 1970 the number should be back to normal.

Below are the statistics relating to the year's work:—

	0—5 years	5—15 years	0—15 years
Number immunised during the year ended 31st December 1969	782	17	799
Total completed immunisation at 31st December 1969	7,578	20,046	27,624
Population figures 1969	12,900	21,500	34,400
Percentage immunised at 31st December 1969	58.7%	93.2%	80.3%

The children were immunised as follows:—

At Child Welfare Centres	477
By Public Health Nursing Staff in the homes of the children	188
By Nursing Staff at schools	17
By General Practitioners	117

Of the 799 children completing immunisation, 782 received diphtheria pertussis and tetanus (triple antigen) and 17 received diphtheria and tetanus injections. 1,773 booster doses of diphtheria and tetanus were given to school children during the year; this shows an increase of 912 compared with 1968. 1,072 booster doses of triple antigen were given twelve months after the completion of primary immunisation of children 0 — 5 years.

Whooping Cough Immunisation

782 children received whooping cough immunisation during the year, all these children were given triple antigen injections.

Poliomyelitis Vaccination

The following figures show the number of children who have completed a course of oral poliomyelitis vaccination during the year:—

	3rd dose	4th dose
children 0 — 5 years 1965 — 1969	797	1,229
children 5 — 15 years 1955 — 1964	25	1,681
young people age group 1933 — 54	44	12
older people up to 40 years of age	10	—

The figures below show the total number of polio vaccinations given at 31st December 1969:—

	Completed Salk & Oral Vaccine	Booster Salk & Oral Vaccine
children 0 — 5 years 1965 — 1969	8,280	3,851
children 5 — 15 years 1955 — 1964	20,341	24,683
young people 1933 — 1954	33,705	15,089
older people up to 40 years of age	8,589	—

B.C.G. Vaccination

The figures following show the number of Mantoux tests and B.C.G. vaccinations given to 11 and 12 year old children and older children who had missed previous vaccination sessions:—

	Consents	Positive	Negative	D.N.A.	B.C.G. Vacc.
Boys	1,730	81	1,308	341	1,308
Girls	1,606	77	1,220	309	1,220
Total	3,336	158	2,528	650	2,528

Smallpox Vaccination

Below are statistics relating to smallpox vaccination given to children during the year:—

Age at date of vaccination in the year

	Under 1 year	1 year	2—4 years	5—14 years	Over 15 yrs.
Primary Vaccination	44	550	199	61	55
Re-Vaccination	—	2	8	54	436

Measles Vaccination

The following figures show the number of children who received measles vaccination during the year:—

0 — 5 years	1965 — 1969	629
5 — 15 years	1955 — 1964	846

INFECTIOUS DISEASES

The following table shows the number of infectious diseases notified during the year:—

	All Ages	Under 1 year	1-5 years	5-15 years	15-25 years	25-45 years	45-65 years	65 years and over	Age not known
Scarlet Fever	26	—	—	23	3	—	—	—	—
Whooping Cough	13	—	6	7	—	—	—	—	—
Measles	192	19	121	52	—	—	—	—	—
Dysentery	30	5	16	7	—	2	—	—	—
Food Poisoning	69	—	26	8	—	26	3	4	2
Tuberculosis (Respiratory)	23	—	—	1	2	8	12	—	—
Tuberculosis (Others)	3	—	1	—	—	—	2	—	—
Infective Jaundice	141	3	14	59	30	28	4	1	2
Acute Meningitis	6	—	1	1	3	1	—	—	—
Acute Encephalitis	1	—	—	1	—	—	—	—	—
TOTALS	504	27	185	159	38	65	21	5	4

AMBULANCE SERVICE

The following table gives a detailed account of patients carried and mileage run during 1969 as compared with the previous year.

Comparison of Total Patients carried and Mileage Run over Period 1963 to 1969

	1963	1964	1965	1966	1967	1968	1969
Patients Carried	89,677	102,760	101,746	106,634	112,693	114,291	111,766
Mileage Run	250,452	257,950	256,633	266,254	274,296	278,369	270,353
Increase or Decrease in Patients	+ 4,060	+13,083	- 1,014	+ 4,888	+ 6,059	+ 1,598	- 2,525
Increase or Decrease in Mileage	+ 4,831	+ 7,498	- 1,317	+ 9,621	+ 8,042	+ 4,073	- 8,016

During the year the ambulances carried 100,131 patients and travelled 230,119 miles, and the sitting case vehicles carried 11,635 patients and travelled 40,234 miles. This shows a decrease of 2,525 patients and 8,016 miles over the previous year, which can be accounted for as follows:—

February 1969	—	3 day of heavy snow affecting number of patients,
September 1969	—	2 days — emergency cases only carried
December 1969	—	1 day of heavy fog — curtailed the number of patients

Since 5th May, 1969, Exchange Station has closed — this has reduced the number of re-chargeable journeys to other ambulance authorities.

At the end of this year there were, in operation 12 ambulances, 4 sitting car ambulances, 2 sitting case vehicles and a 20 seater Variety Club coach.

During the year 2 ambulances — (purchased April/May 1960 ORJ 586 and 587) have been disposed of and replaced by Austin LD5 ambulance with a Lomas Body (PBA 188G and PBA 189G delivered in February 1969). The 2 Diesel Sitting Case Cars (XBA 239 and 240 purchased in April 1963) have been disposed of and were replaced by Ford Transit Sitting Vehicles PBA 771G and PBA 772G in March, 1969. An order has also been placed for the replacement of 2 ambulances SRJ 778 and 779 purchased July/August 1961; delivery is expected early in 1970.

The establishment remains the same as in 1964 and consists of an Ambulance Officer, Deputy Ambulance Officer, a Station Officer, three Shift Leaders, 42 Driver/Attendants a Radio/Telephone Operator and a General Duties Man.

At the end of 1969 we had vacancies for one Driver Attendant and a General Duties Man. On November 1st, 1969 the Corporation Car Pool was transferred from the Passenger Transport Department to the Ambulance Service. Its two Austin Cambridge Cars (XRJ 20 and MRJ 19F) are housed in the Ambulance Station and their operations are controlled by the Ambulance Officer. At 31st December, 1969, no permanent full-time drivers had been engaged, and the driving had been undertaken by the

General Duties man on loan from the Ambulance Service. The Car Pool has not been able to function to its full capacity, because of the lack of drivers.

The Working Party formed to plan the organisation and operation of the Mobile Intensive Heart Care Unit has continued to meet regularly during the year, and as a result of these lengthy negotiations, a Pilot Scheme (limited to certain selected doctors in Lancashire County Division 15 and Salford City) was introduced in December. It proved very successful and after a preliminary period of about six weeks during which it was officially inaugurated, it was intended to be fully operational. I am very confident that by the time this report is issued, this Unit will have saved the lives of many people who would normally have passed away.

During October the Radio Mast outside the Ambulance Station was struck by lightning, causing a complete failure of electricity, telephones and radio communications. After 12 hours, limited and temporary services were resumed, but considerable damage was caused to the radio communication system. Fortunately no personal injuries were involved.

As a result of the Transport Department being transferred to the new Passenger Transport authority on 1st November, certain responsibilities appertaining to the programming of maintenance and repair facilities have been transferred to the Ambulance Service. Application has been made for loan sanction to enable certain structural alterations to be made to accommodate the Unit on its transfer to the Ambulance Station.

During May one of the Driver/Attendants was transferred from operational duties to take up the appointment of Ambulance Transport Officer based at Hope Hospital. After the initial organisation period this scheme is now working efficiently and has been incorporated into the Mobile Intensive Heart Care Unit call-out procedure.

SALFORD HOUSE

Salford House serves the primary purpose of offering a temporary home for those requiring it, by providing separate cubicle accommodation for a total of 285 men. Hostel charges have remained constant at the level of the previous year, that is 52/6d a week, or 8/0d per night. The average number of residents per night was 260, which shows a slight increase on last year's figure, and is encouraging in that this indicates a halt in the downward trend of the nightly figures over the past two years.

Of the total, approximately 40% were old age pensioners or disabled men, 35% were workers in regular employment, 10% were unemployable due mainly to alcoholism, and 15% were casuals staying for one or two nights only.

The living conditions in the Hostel were greatly improved by the installation of two new oil-fired boilers. These were brought into service in December and ensure that the whole building is at last adequately heated, even in the coldest weather.

Several visits were paid to Salford House by parties of Student Nurses and Social Workers, who continue to show considerable interest in the facilities and workings of a Municipal Hostel.

The welfare services helped the older residents in various ways, including foot care by a regular monthly visitor from the Chiropody Section, and advice on health problems at the nearby Trinity Centre. The Mobile Radiography Unit made a half day visit in August, when 87 residents and all available staff took advantage of this service.

On December 23rd, a supper which has now become almost a tradition was held in the Social Club, and was open to all residents. This took the form of a substantial cold buffet, providing more than ample for all, and with the assistance of the ladies of the kitchen staff, in preparing and serving, turned out to be a very successful and happy evening.

The annual Christmas dinner was held on Tuesday, December 30th, when 90 old age pensioners and disabled men sat down to a traditional four-course meal, which was greatly enjoyed by all present. The Wood Street Mission kindly donated 60 food parcels which were distributed after the dinner.

Both of these festive occasions were financed by the funds of the Salford House Social Club. The club continues to provide social amenities for residents in return for a minimal weekly subscription, and plays a useful role in establishing friendly relationships between residents and indeed in the general life of Salford House.



CITY OF SALFORD

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

D. J. ROBERTS

M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H.

For the Year Ended 1969

STAFF OF THE SCHOOL HEALTH SERVICE

at 31st December, 1969.

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*CONSULTANT PAEDIATRICIAN	R. I. MACKAY, M.B., Ch.B., M.R.C.P., D.C.H.
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MEDICAL DIRECTOR OF CHILD GUIDANCE CLINIC	A. MODEL, M.D., D.P.M.
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ASSISTANT SCHOOL DENTAL OFFICERS	AGNES M. PATERSON, L.D.S. A.E. FRANKENSTEIN, D.D.D., D.M.D.
PART-TIME SCHOOL DENTAL OFFICERS	F. G. DeCOURCY GRYLLES, B.D.S. J. KURER, D.M.D.
PART-TIME DENTAL ANAESTHETISTS	R. BELLINGHAM, M.B., Ch.B., D.A. N. LEVY, M.B., Ch.B.
PART-TIME SPECIALIST ORTHODONTIST	W. B. SENIOR, D.D.O., R.F.P.S., L.D.S., R.C.S.(Eng.)
CHIEF ADMINISTRATIVE OFFICER	H. MILLINGTON, B.A. (Admin.), M.I.S.W.
CHIEF NURSING OFFICER	Miss D. LAMB, S.R.N., R.F.N., S.C.M., H.V.Cert.
PSYCHIATRIC SOCIAL WORKER	Miss J. DANSON, A.A.P.S.W.

STAFF (continued)

SUPERINTENDENT PHYSIOTHERAPIST	PATRICIA K. FOGG, M.C.S.P.
CHIEF CHIROPODIST	Vacant
SENIOR ADMINISTRATIVE ASSISTANT	Miss D. McMILLAN
SPEECH THERAPIST	GRETA M. GORDON, L.C.S.T.
DENTAL AUXILIARIES	STEPHANIE WELLINGTON CECILIE ARMITAGE
AUDIOMETRICIAN	Mrs. A. ROBINSON

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ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

For the year ended 31st December, 1969

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE,

LADIES AND GENTLEMEN,

During the course of the year the School Health Service proceeded in a satisfactory manner with the introduction of a few minor changes and I am pleased to say that in general the health of the school children in Salford is good except that we do have a high number of handicapped children.

Routine vision testing was put on an annual basis in line with the recommendations made by the Chief Medical Officer to the Department of Education and Science. We hope that by doing this we shall pick up a child whose vision is beginning to deteriorate at the earliest possible moment, and institute whatever corrective measures may be needed.

The immunisation programme with regard to school children was also improved by introducing booster doses to tetanus toxoid and poliomyelitis vaccine for all school leavers and by carrying out a course of primary immunisation against tetanus and poliomyelitis in previously unimmunised children. I should add that there is nothing miraculous about the low incidence of such diseases as diptheria and poliomyelitis in this country. It is due entirely to an effective immunisation and vaccination programme. Countries which do not have the benefit of effective local authority services still suffer considerably from diseases such as diptheria and poliomyelitis and children travelling abroad should be adequately protected.

The position regarding head infestation has not been satisfactory in spite of the efforts of the Nursing Services and in spite of the vigilance of the teaching staff in bringing these cases to our notice. I have therefore asked the Nursing Services to make a special effort in the coming months so that we at least may diminish a problem which in this day and age should be totally non-existent.

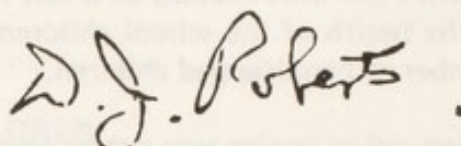
The Physiotherapy Service suffered during the economy campaign in the earlier part of the year and although the financial position is now very much improved, we have so far been unable to replace the physiotherapists who were made redundant. There is, however, a national shortage of such people and I can only hope that we might be fortunate in the coming months and be able to make an appointment.

The examination of school leavers was also re-introduced during the course of the year. It is perhaps too easy to think that because physical defects in teenagers should have been picked up previously it is hardly worthwhile carrying out such an examination, but adolescent children are likely to have many emotional problems which can be helped by a sympathetic School Medical Officer, and, in fact, physical defects will still be found in adolescent children.

The Dental Service had had rather a bad time with regard to its accommodation, but during the year the whole of the Regent Road premises were redecorated and plans made for improving the waiting accommodation and for fitting dental surgery premises into the Langworthy Clinic. The new Health Centre for the Central Area Redevelopment will also include a suite of dental surgeries so that we should now see a steady improvement in dental surgery accommodation.

I have the honour to be, Ladies and Gentlemen,

Your obedient Servant,



Principal School Medical Officer

HEALTH DEPARTMENT,
CRESCENT,
SALFORD, M5 4PH

Telephone: 061-736 5891

MEDICAL EXAMINATIONS

Periodic Medical Examinations

The medical staff was increased in March 1969. Because of this increase, the number of medical examinations carried out in schools in 1969 was considerably better than in the previous two years.

A total of 3,174 school entrants were examined at school. Parents were invited to be present and 86% of those examined were accompanied by a parent; 0.88% of the children were considered to be of unsatisfactory physical condition by the examining doctor.

The number of Salford children requiring treatment or observation for inflammation of catarrhal conditions of the ears was 85 per 1,000 children examined; the number requiring treatment or observation for nose and throat conditions was 232 per 1,000 children examined. These statistics are well above national averages. It would be unwise to attempt to make an exact comparison between this Authority's statistics and those of some other Authority, or even between this Authority's statistics now and 10 years ago, because the standards adopted by different doctors may vary. Nevertheless, our statistics do indicate that child health in this City compares unfavourably with the national average. The chief reasons for this state of affairs are the degree of atmospheric pollution in the area, which is still bad although it is improving very slowly, and unsatisfactory housing conditions.

Routine medical examinations were also carried out on 251 older children attending primary schools; these children had never previously been medically examined in school.

In secondary schools 454 school leavers were routinely examined in November and December.

Special Examinations in Schools

In ordinary schools 1,123 special examinations were carried out.

741 examinations were carried out in special schools, nearly 500 of the examinations being at Claremont Open Air School.

221 children going on school journeys abroad were examined by medical officers to ascertain their fitness for the journey.

Clinics

During the year 2,380 special examinations were carried out at school clinics. These examinations were follow-up examinations or examinations which were carried out at the request of head teachers, health visitors, school welfare officers or parents and included 198 employment examinations. In addition 251 full routine examinations were carried out on children who were absent from school at the time of the doctor's visit. On the average, 52% of those who were invited actually attended.

Throughout the year school children have been invited to attend some of the child health clinics, which are primarily for babies and children under the age of 5 years, and altogether 304 examinations were carried out on school children at these clinics.

Examination of Teachers

A total of 32 candidates for employment as teachers and 108 training college entrants were medically examined during the year. All except three of them were found to be free from defects or to possess defects unlikely to interfere with efficiency in teaching.

THE HANDICAPPED REGISTER

The following table shows the number of children on the register of handicapped pupils needing special educational treatment in the last two years:—

	1968	1969
Blind	4	2
Partially Sighted	13	16
Deaf	16	16
Partially Hearing	19	26
Educationally Subnormal	429	422
Epileptic	7	7
Maladjusted	13	9
Physically Handicapped	72	72
Speech Defect	1	2
Delicate	194	193

The children attending Parkfield Unit and Halton Bank Special Unit are not formally ascertained as handicapped pupils in need of special education and are therefore not included in the above table.

Waiting List

At the end of the year there were as many as 188 children on the waiting list for admission to a Day Special E.S.N. School or Class.

THE SPECIAL REGISTER

A special register is kept of children with certain disabilities, who are able to attend ordinary schools, as the disabilities are not so severe that special schooling is necessary.

The following table shows the number of children, with the disabilities specified, whose names were on the special register in 1968 and 1969:—

	1968	1969
Partially Sighted	24	18
Partially Hearing	36	35
Epileptic	84	74
Physically Handicapped	106	101
Heart	57	56
Acute Rheumatism	28	26
Asthma	84	93
Diabetes	7	7

EDUCATIONALLY SUBNORMAL CHILDREN

During the year special examinations were carried out on 149 children, who were thought to be either educationally subnormal or unsuitable for education at school. The total number of attendances made by these children was 171.

As a result of the examinations the following recommendations were made:—

	Boys	Girls	Total
Education in a Day Special E.S.N. School or Class	32	21	53
Education in a Residential E.S.N. School	3	1	4
Unsuitable for education at school	7	6	13
Education in an ordinary school	22	14	36
Education in an ordinary school with remedial teaching	15	2	17
Education in Halton Bank Special Unit	1	—	1
Education in a Day Open Air School	6	5	11
To be re-examined	9	5	14
	95	54	149

36.2% of those examined were girls, whereas 38.5% were girls in 1968.

The actual number of I.Q. assessments carried out was 146, of which 121 were carried out by duly qualified School Medical Officers and 25 by Educational Psychologists.

Number of examinations requested by:—

School Medical Officers (after consultation with Head Teachers)	102
Educational Psychologists	21
Head Teachers	24
Director of Education	1
General Practitioner	1
	<hr/>
	149

B.C.G. VACCINATION

In 1969 B.C.G. vaccination was offered to all children aged 11 years or 12 years. Those over the age of 12 years who had never previously been vaccinated were given another opportunity. The parents of approximately 60% of the children who were offered vaccination agreed to vaccination being carried out.

The parents of 3,336 children consented to vaccination and 2,686 children were Mantoux tested. The remaining 650 children were absent when the doctor visited the school and did not attend the follow-up clinic to which they were invited. Of those who were Mantoux tested 2,528 (94.1%) were Mantoux negative and were vaccinated.

The number of B.C.G. vaccinations actually carried out was higher than in any previous year.

INFECTIOUS DISEASES

The following list shows the number of cases of infectious diseases notified during the year 1969 among Salford children aged 5 — 15 years:—

Scarlet Fever	23
Whooping Cough	7
Measles	52
Dysentery	7
Food Poisoning	8
Respiratory Tuberculosis	1
Infective Jaundice	59
Acute Meningitis	1
Acute Encephalitis	1

ACUTE RHEUMATISM

There were 2 known cases of this disease among Salford school children during the year.

DEATHS AMONG SALFORD SCHOOL CHILDREN

During the year 1969 there were 5 deaths among school children, 4 of which were due to accidents. Road accidents accounted for 2 deaths, one death was due to drowning and one death to carbon monoxide poisoning. One death was due to pneumonia in a child with a congenital malformation.

ENURESIS CLINICS

These clinics continue to provide the medical advice and help which is sought by anxious parents because of their children's persistent bed-wetting.

Also, as no other convenient session is frequently available, in the past year children have been seen for assessment because of possible emotional disturbance.

Treatment for the enuresis follows the lines mentioned previously, consisting of:—

- (1) General advice and management
- (2) Toilet routine and fluid discipline
- (3) Alarm Unit
- (4) Drugs

Children referred primarily as behaviour problems can be helped effectively by parental guidance and where needed the co-operation of the school concerned which is always willingly given. If there is severe disturbance or maladjustment due to physical causes or development retardation, then the appropriate referrals are made.

Since the enuresis clinics were started five years ago it has been found that several children who became dry at night and remained so for a long time, relapsed at a later date. As a result of this, attention is given even more strongly to family attitudes towards this condition, so that it is accepted calmly and without hostility. There is no doubt that where family relationships are good, improvement is not only quicker but far more likely to be maintained.

More children were seen for a primary consultation last year than before but not so frequently in order that parental guidance could reach a wider public. The emphasis is placed on family attitudes and management with a long-term recovery in view, rather than on the immediate panacea of ancillary treatments with their short-term though frequent dramatic conversion from 'wet' to 'dry'.

Number of enuresis clinics	— —	61
Number of children seen	— Boys	129
	— Girls	81
Total number of consultations		370
Alarm units loaned	— Boys	31
	— Girls	15
Children treated with drug (Tofranil)	— Boys	6
	— Girls	2

As many of the children were only seen at three monthly intervals and are still under review, exact evaluation of their progress cannot yet be made in one year.

The majority have been helped and approximately 90 are either dry altogether or more dry than wet.

It will be interesting to note in future years, if the combined effects of better living conditions, improved standards of health and well-being and inter-personal relationships, for which we are all striving in the field of preventive medicine, will result in a decrease in the incidence of enuresis.

PAEDIATRIC CLINIC

Regular sessions of the Paediatric Consultant Clinic were held throughout 1969. Monthly sessions were held at the Margaret Whitehead School for the review of mentally handicapped children attending there. Two sessions were held at Claremont Open Air School with the school medical officer in attendance.

This clinic continues to provide a useful service in the School Health Department and the Mental Health Department in providing a paediatric consultant opinion for children who have problems which presented on routine or special medical examination in school. Very few of these children require hospital investigation and in the majority of cases opinion can be given and remedies suggested at clinic consultation. Absence of the distraction of a hospital out-patient department encourages parents to put their problems with less reticence and with a feeling of greater privacy.

It is no coincidence that the biggest single group of disorders in this clinic were behaviour problems. Many of these responded to simple advice and explanation to the parents but some more disturbed children were referred to the Child Guidance Clinic.

No treatment is given at this clinic and where necessary specimens can be taken from the children for laboratory investigation and reports discussed with the parents on a subsequent visit. In all instances a letter is sent to the General Practitioner with information regarding the consultant's opinion and treatment recommended.

On alternate weeks the consultant session coincides with the follow-up clinic for premature babies held by the Child Health Officer and thus there is opportunity for immediate consultation where necessary over problems of development.

Sessions at the Margaret Whitehead School and Claremont Open Air School made it possible for direct interchange of opinion between medical staff and teaching staff to the great benefit of the children concerned. On many occasions it has been possible to relieve problems and decisions on management by discussion between parents and the staff involved.

Nutritional disorders	10
Allergic disorders	7
Neurological disorders	8
Behaviour problems	16
Respiratory infection	10
Congenital malformations	6
Miscellaneous conditions	12
Disorders of speech	3
Social problems	5
Healthy children	9

School Children

No. Invited	No. Seen	New Referrals
116	70	43

2 Sessions at Claremont O.A.S.

28 children invited. 20 seen 9 new referrals.

Pre school children

No. Invited	No. Seen	New Referrals
104	73	36

No. of sessions at Langworthy 26

OPHTHALMIC CLINIC

Children referred for vision testing and refraction are obtained from two sources, those of pre school and school age. The majority are recruited from the children's examinations at routine school vision testing between the ages of 6 – 7 years though a proportion of them (between 10 and 20%) are older and a few are examined for the first time at the ages of 8 – 10. This is due to their having missed examinations at school, due to illness or to their having moved into the area at an age later than 6 years. If any of these children are amblyopic in one eye due to anisometropia or strabismus

the recovery of an adequate standard of visual acuity is made more difficult because the longer these children are left without supervision the poorer the prognosis for visual recovery.

In 1969 there were 4,429 attendances comprising 2,278 boys and 2,151 girls and of these 2,336 were refracted and 1,403 pairs of glasses were prescribed. Attendances at the Orthoptic Clinic totalled, 1,780 comprising 942 boys and 838 girls. The attendance of these latter children was for supervision of strabismus by vision testing using the Beale Collins picture chart and the illiterate "E" test. Children were not referred for operation until the best possible acuity obtained by occlusion and the wearing of glasses had been achieved. Operation cases were placed on the list at Hope Hospital after examination at the Ophthalmic Clinic at that hospital. Children who defaulted occlusion treatment were invited on three separate occasions and if still failing to attend were home visited by a Health Visitor. The probability of diminished vision due to squint has thus been obviated by these methods of follow-up. These methods have been even more intensively applied in the new cases of strabismus which were found to have eccentric fixation. New cases of squint totalled 141 and of these 72 were boys and 69 were girls and 39 were found to have eccentric viewing. The regime established for these children after refraction fundus examination and the prescription of glasses together with examination with the visuscope was inverse occlusion of the squinting eye for six weeks until the fixation showed an element of movement, followed by orthodox occlusion of the fixing eye. Since this method has been adopted during the last six years 285 cases have been followed up serially and in only seven cases has central fixation not been achieved. It has been found in provisional analyses of the histories of children with squint that the longer they are left without treatment the greater the likelihood of eccentric fixation with consequent diminution of vision.

The inferences which have been drawn suggest that squinting 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 curtail 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 doctor 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.

Amblyopia in children with ocular deviation has been ascertained in 44 new cases during the year. This has been due in all cases to anisometropia or to a high degree of hypermetropia and to astigmatism. After refraction fundus examination and the prescription of glasses where necessary occlusion of the better eye has been instituted for a period of two or more hours each evening after the child has finished homework. This period of time usually is spent in looking at the television or in reading or drawing. Encouragement has been given for longer periods than this at the weekend if the child happens to be indoors or under parental supervision. Children of all ages up to 11 or 12 were given this supervision with gratifying results in a majority of cases. Those not responding so well belong to the age group 9-11 or even older. In short the object has been to use the child's non-playing or working leisure time to stimulate the amblyopic eye. In all 29 cases during the year were supervised and in the successful cases results were achieved in a period of two to four months. It has been mentioned by Coles (1957) that as many as 7% of school children are amblyopic from squint or other cause and it is thought that these measures to remedy the condition in non-squinting children should be of benefit.

During the year 14 cases of infants with epiphora due to incomplete development of the lacrimal apparatus were supervised by repeated visits and the prescription of antibiotic drops. In eight cases it was necessary to probe the canaliculus and lacrimal duct under anaesthetic.

There have been expected numbers of attendances for the treatment of conjunctivitis, corneal foreign bodies, and epilation of the eye lashes, but these have not been enumerated being regarded as a normal percentage in an out-patient Ophthalmic Clinic.

Repair or Replacement of Spectacles

During the year 81 instances of broken spectacles were referred by the Executive Council for payment by the local authority because the breakages were considered to be due to lack of care on the part of the children concerned. The total cost to the authority for these repairs was £99. 0. 0.

The number of breakages and the cost involved was considerably lower than in the previous year when the cost was £150.

SCHOOL DENTAL SERVICE

Mr. E. Rose, Principal School Dental Officer, reports as follows:—

The general tendency throughout the Department for a reduction in services available to the public has not been reflected in the Dental Service, except in one major respect. The closure of the Police St. Clinic has resulted in a marked falling away of attendances from school children attending schools in the western quarter of the City.

Unfortunately, however, the lengthy absence through illness of one of our Dental Surgeons, the departure of one of our Dental Auxiliaries and the absence through sickness of two of our Dental Surgery Assistants has resulted in a marked decline in the quantity of attendances, inspections and conservation work. That these figures have not degenerated further than they have is largely due to the loyalty of those few remaining staff, particularly the Dental Surgery Assistants who have carried on working despite an overload made at times almost unbearable by poor working conditions at Regent Road and Murray Street Clinics.

I am glad to report however that despite a reduction in the figures in terms of quantity the encouraging trends of recent years have been maintained. The ratio of teeth saved to teeth extracted continues to improve, the amount of dental health education work has been constant throughout the year, the amount of orthodontic treatment made available to school children and the number of patients completing orthodontic treatment has remained satisfactory, and overall the amount of work done per Dental Officer Session has been satisfactory.

One hopes that there will be improvements to the working conditions in the clinics, especially at Regent Road Clinic and that on our somewhat reduced base, the work carried out will continue to satisfy the requirements of Salford's children in terms of a much needed improvement in oral health.

CHILD GUIDANCE CLINIC

No. of children seen diagnostically		39 (Eight of these were referred in 1968)
Age	Pre-school	1
	Primary School	22
	Secondary School	16
I.Q.	E.S.N.	3
	Average	28
	Superior	8
Total number of children seen by Psychiatrist and Psychologist		182
Total number of interviews excluding interviews with parents		575
Number of children referred		116
These were from:—		
	School Medical Officers	22
	School & School Welfare Dept.	35
	General Practitioners	13
	Consultants	10
	Social Workers	19
	Parents	17
Chief Referral symptoms were:—		
	Learning difficulties	10
	Truancy & School Refusal, Behaviour disturbances	70
	Anxieties and Phobias including school phobias, depression or withdrawal	28
	Psychosomatic disorders including encopresis and enuresis	6
	Tics	2

The parents or guardians of all the children referred were offered appointments. 40 children saw the full team (9 of them in 1970). 40 children were seen for assessment (psychological and social) prior to discussion with the medical member of the team, and 36 were seen only by the social worker.

The 40 children seen for assessment and discussion were distributed as follows:—

- 1 Pre-school child
- 24 Attended Primary School
- 15 attended Secondary School
- 9 were below average in intelligence
- 29 were average
- 2 were above average

The 36 children whose parents were offered contact by the social worker were dealt with as follows:—

In seventeen cases no contact was achieved. In eleven of these cases an appointment was offered at the time of referral but the appointment was not kept. Three families had moved to a new address and could not be traced. Three were withdrawn by the referring agent. Five parents discussed the problem and did not wish to proceed further and the others are still open.

The place and function of a Child Guidance Clinic in a Local Authority Health Service as outlined in the report of 1968 has been continued. No major change in organisation or policy has taken place although there has been an overall increase in the number of children seen.

SCHOOL HEALTH VISITING

The work undertaken by the health visiting section in respect of school children is only a part of the wider concept of community health which involves the staff of the section, nevertheless, a considerable programme is undertaken on behalf of school children in each year as will be seen in the statistical summary at the end of this contribution.

The programme is carried out not only on school premises but in clinics and in the home. For action to be effective, school and home must be linked together and the health visitor as the senior member of the health visiting team, is responsible for this co-ordination which is achieved by discussion with head teachers and appropriate domiciliary visiting.

1969 was a difficult year in that the staff available to carry out the duties imposed upon the section, was reduced abruptly — 3 Clinic Nurses and 3 Nursing Auxiliaries being made redundant. In addition, a number of vacancies remained unfilled. Unfortunately, this resulted in the contraction of some aspects of work, including one which had been painstakingly developed during the last few years, viz: health education. In one instance an arrangement that had proved to be of value to one secondary school over several years, had to be terminated.

Those who work in the field of preventive medicine recognise the importance of the teaching of healthy living in its widest sense at an early age and the need has never been greater than at the present when children are faced with the temptations and problems of a permissive society at an early age. Their knowledge of drugs, sex, family planning is already much greater than could have been envisaged by previous

generations. As much of the information has been obtained from furtive discussion with other pupils and is therefore distorted, opportunities for open discussion within a wider framework should be provided.

The following courses were conducted during the year:—

(i) Courses of one year duration:—

Subject	Group	Age
Citizenship	boys and girls	14–15 years
Human Relationships	girls (2 schools)	14–15 years
Health Science	girls	12–14 years
Mothercraft	girls	14–15 years
Human & Social Biology)	boys & girls	14–16 years
(as part of syllabus for C.S.E.))	boys	13–15 years

(ii) Short Courses:—

Personal & Community Health	boys and girls (2 schools)	14–15 years
First Aid)	girls (2 schools)	14–15 years
Mothercraft)		

Annual Health Survey

Children who were not due for examination by medical staff during the year, were examined by health visitors or clinic nurses as in former years.

Total number of children examined 20,353

Number referred for further examination or treatment

(a) to medical staff	277	
(b) to speech therapist	27	
(c) to chiropodist	331	
* (d) to dentist	34	
Total	669	3.28%

*This does not reflect the incidence of dental caries; refers only to those found to be in need of attention between the examinations conducted by the dental staff.

In addition to those referred for further opinion or special treatment, home visits were indicated in other cases so that matters affecting a child's health could be discussed with the parent/s.

Vision Tests

11,229 children had their vision tested by the Keystone Vision Screener operated by a nursing auxiliary. 836 children — 7.44% were referred to the Eye Clinic for diagnostic testing.

Minor Ailment Clinics

It has long been recognised that a number of trivial conditions not requiring treatment by a trained staff have been referred to minor ailment clinics and that other more serious conditions which should have been referred to family doctors have also presented at the clinics. The policy, therefore, has been to reduce the number of specially arranged sessions to which minor conditions could be referred.

To further this policy, the mobile minor ailment clinic was discontinued in April and later in the year the regular sessions held at Langworthy and Regent Centres were also discontinued. So that those really needing attention were not deprived, arrangements were made for the district nursing staff, many of whom are attached to general practitioners, to attend to children at the daily treatment clinics already held by that staff. As was anticipated, the changeover was achieved without difficulty and there is no evidence of any hardship as a result of the designated minor ailment clinics being discontinued. It remains necessary to provide a clinic nurse and nursing auxiliary to carry out treatments daily at Oaklands School.

Hygiene Examinations/Infestation

Some head teachers of schools with a low infestation rate in the past, expressed concern about the increased number found to be infested. In the main this was due to the general deterioration of the immediate neighbourhood, arising from an increase in the number of less well-regulated families transferring to the area.

Interested parents willingly co-operate in the reduction of the spread of infestation, but in certain families a dirty head is only a part of a bigger social problem that the family presents. In spite of the service undertaking the cleansing of the children of such families when this is appropriate, the main difficulty remains that of persuading these parents of the need to comb a child's hair nightly so that the louse can be eliminated to prevent it laying its eggs by the hundred.

Other examinations

The staff assisted at medical examinations throughout the year, ancillary staff being used when this was appropriate.

SUMMARY OF WORK CARRIED OUT BY HEALTH VISITORS, CLINIC NURSES AND NURSING AUXILIARIES

(a)	Number of children examined at Health surveys	20,353
(b)	(i) Number of children who had vision tested	11,229
	(ii) Number of children referred to Eye Clinic	836
(c)	(i) Number of examinations undertaken re cleanliness and verminous infestation	63,247
	(ii) Number of re-examinations undertaken re verminous infestation	5,202
	(iii) Number of cleansings undertaken as a result of cleanliness re-examinations (61 individuals)	429
	(iv) Number of individual children found to be infested	1,777*

SUMMARY OF WORK CARRIED OUT BY HEALTH VISITORS, CLINIC NURSES AND NURSING AUXILIARIES

(d)	Number of children examined prior to School Journey — Not recorded	
(e)	Number of home visits to parents of school children	2,130
(f)	(i) Number of school visits for discussion with Head Teacher	1,575
	(ii) Number of Health Education talks given	760
	(iii) Number of Diphtheria and Tetanus injections given	2,063
	(iv) Number of Oral Polio Vaccinations given	2,011
	(v) Number of children who have received Measles Vaccination	846
(g)	(i) Number of new attendances at Area Minor Ailment Clinics	444
	(ii) Number of subsequent attendances at Area Minor Ailment Clinics	6,152
	(iii) Number of new attendances at Mobile Ailment Clinics	1,213 †
	(iv) Number of subsequent attendances at Mobile Ailment Clinics	1,016 †
(h)	Number of sessions at school or clinics attended by staff to carry out or assist with various examinations	3,604
	* Some children were infested more than once, to a total of	3,145

† The Mobile Minor Ailment Clinic was terminated in April, 1969.

SPEECH THERAPY

Due to staff shortage there was a heavy waiting list for Speech Therapy at the beginning of the year; at the year-end the waiting list of children not yet seen was 121 for the centres and 20 for the special schools; in addition, 51 children were held in abeyance partway through a course of treatment.

On 20th January, a second speech therapist commenced duties. Two speech therapy centres were then established — one at Police Street Clinic (replacing Summerville and Langworthy centres) and the other at the Trinity centre; the Kersal centre was re-opened and also speech clinics at three of the special schools — Oaklands, Parkfield and Fernhill. Speech therapy continued throughout the year at Ordsall and Broughton Centres and at Claremont and Broomedge special schools — the Broughton sessions being extended to cover those formerly held at Murray Street Centre. On 30th June the Police Street Clinic closed down, and the speech therapy centre was transferred from there to Trinity.

The new speech therapist left on 29th August, and the work was then reduced to sessions at Ordsall and Broughton Centres and Claremont and Broomedge special schools.

During the year 180 children received treatment, and 2,226 treatments were carried out.

Speech defects of the 180 children treated were found to be as follows:—

Dyslalia (i.e. articulatory defects):	132
Stammer	10
Stammer with Dyslalia	3
Dysphonia (disordered voice)	3
Cleft Palate	2
Retarded speech development	2
Neurological conditions	17
Disorders of articulation and language associated with E.S.N. children	9
Hearing difficulty	1
Language difficulties owing to foreign nationality	1

The above children are classified according to their main type — or cause — of speech or language defect, but many of these children are also handicapped in other ways.

168 children were discharged for the following reasons:—

Speech satisfactory (Provisional or final discharge)	25
Cases under observation i.e. Temporary discharge	61
Other causes (Defaulted, lack of co-operation, left area)	68
Found not requiring special treatment	14

There were 8 visits to schools and 92 home visits, when problems were discussed with head teacher or parent, and the latter advised as to ways of helping the child with his speech.

Three observation visits were arranged and held as follows:—

February	18 Student Nursery Nurses in 2 groups of 9 each, shared a session
March	1 doctor preparing to take Diploma in Child Health

PHYSIOTHERAPY

During 1969 the school physiotherapy service was progressively curtailed due to a number of physiotherapists being made redundant and by the end of the year two more had resigned, and great difficulty was experienced in trying to fill these vacancies.

The physiotherapists endeavoured to give as good a service as possible under

difficult conditions and the number of physiotherapy sessions at special schools and clinics had to be reduced as the staffing position deteriorated as the physiotherapists were also trying to give a limited service to children under five and those attending the Margaret Whitehead School.

By December 1969 the number of physiotherapy sessions at Claremont Open Air School had been reduced from 10 to 5; at Oaklands School from 21 to 12. The number of sessions at clinics for children attending ordinary schools was severely reduced during the year and as it was not possible to treat all the children referred for physiotherapy, mothers were taught simple exercises to practice at home and the physiotherapist then invited the child to the clinic every two or three months for review. Even though this method enabled more children to receive a minimum of physiotherapy, by the end of December the physiotherapy department had 270 children still awaiting treatment.

Claremont Open Air School

It is regretted that children with bronchiectasis can now only have postural drainage once daily instead of twice, as was formerly carried out. It can only be hoped that this will not in time prove detrimental to the children's health.

The number of children referred for treatment remains fairly constant to the number in previous years.

Number on breathing exercises	1969 — 17
	1968 — 20
Number on asthma exercises	1969 — 27
	1968 — 31
Number on postural exercises	1969 — 6
	1968 — 12
Number on postural drainage and aerosol inhalations	1969 — 12
	1968 — 12
Number treated for abdominal conditions	1969 — 3
	1968 — 3
Number of physically handicapped children	1969 — 17
	1968 — 14
Number treated with U.V.L.	1969 — 38
	1968 — 30

The number of weekly treatments for each group of children has been reduced and several mothers of asthmatic children have complained that their children have suffered from more frequent asthma attacks since their treatments were reduced.

Oaklands School

The physically handicapped children at the end of 1969 were having two physiotherapy treatments a week and one hydrotherapy session. This amount of treatment is the very minimum required to help children to become as mobile and independent as possible. In order to give this amount of treatment adequately at least two full-time physiotherapists are required.

During the year some interesting work has been done in conjunction with Salford University, who have been given a Ministry grant for research into the provision of a walking splint to help spina bifida children.

Physiotherapy sessions have been continued in special schools as follows:—

Broomedge
Fernhill
Parkfield
Greengate Nursery School

The ultra violet light treatments have been given as required at clinics and special schools.

CHIROPODY

The year began with an adequate chiropody service for school children. Unfortunately, owing to the severe financial restrictions which were imposed on the Department during the financial year 1969-70, some of the chiropody staff were made redundant and the number of chiropody sessions for school children had to be reduced to 2 per week. Children were referred to hospital clinics for treatment as far as possible, but a waiting list of children in need of chiropody treatment began to build up. By November the waiting list had grown to 440 cases and the School of Chiropody were asked to give some assistance and agreed to do so, starting in January 1970, with the result that at the end of the year some improvement was in sight.

Number of Schoolchildren (over 5 years of age) Attending Foot Clinics
for Treatment during 1969

School Health Service

1.	Number of Sessions Held	Number of Invitations Given	Number of Emergency and Casual Attendances	Total Number of Appointments	Number who did not attend		Total Number of Attendances	New Courses of Treatment		Subsequent Treatments	
					Boys	Girls		Boys	Girls	Boys	Girls
1.	2.	3.	4.	5.	6(a)	6(b)	7.	8(a)	8(b)	9(a)	9(b)
†Regent Road	16	276	10	286	31	38	217	30	44	63	80
†Trinity	12	203	22	225	11	27	187	22	36	45	84
Langworthy	66	1,125	71	1,196	127	136	933	111	142	291	389
Murray Street	41	694	28	722	67	92	563	82	94	178	209
†Kersal	16	269	7	276	20	40	216	37	33	70	76
TOTALS	151	2,567	138	2,705	256	333	* 2,116	282	349	647	838

N.B. In addition to these (*2,116) attendances there was a total of 9 children who, although not yet 5 years of age, were already attending school.

The total number of individual schoolchildren treated was 640.

†Chiropody sessions at these Clinics ceased at the end of April, 1969.

Number of Children (below 5 years of age) Attending Foot Clinics
for Treatment during 1969

Public Health Service

1.	Number of Sessions Held	Number of Invitations Given	Number of Emergency and Casual Attendances	Total Number of Appointments	Number who did not attend		Total Number of Attendances	New Courses of Treatment		Subsequent Treatments	
					Boys	Girls		Boys	Girls	Boys	Girls
	2.	3.	4.	5.	6(a)	6(b)	7.	8(a)	8(b)	9(a)	9(b)
†Pegent Road	15	32	—	32	4	4	24	5	2	11	6
†Trinity	6	10	1	11	—	—	11	1	5	2	3
Langworthy	52	116	9	125	24	12	89	24	13	28	24
Murray Street	27	35	1	36	3	5	28	4	6	7	11
†Kersal	10	24	1	25	4	2	19	4	6	6	3
TOTALS	110	217	12	229	35	23	* 171	38	32	54	47

N.B. Included in these (*171) attendances there is a total of 9 children who (although not yet 5 years of age) were already attending school.

The total number of individual children below 5 years of age who were treated was 61.

†Chiropody sessions at these Clinics ceased at the end of April, 1969.

AUDIOMETRY

During the year 184 sessions were held in Infant/Junior Schools and 6102 children received a routine sweep test of hearing. The majority of these children, namely 3916, were new entrants in the Infant Department, the remaining 2186 were those children in the 7-11 years age group, who owing to lack of staff in earlier years had not been previously tested. It is now possible to ensure that all new entrants, irrespective of age, receive a hearing test during the first year at an Infant/Junior School. The number of children who failed the sweep test was 500; 412 of those were given a more detailed test in school to determine the degree of hearing loss and subsequently referred to the School Medical Officer. The 88 children who were not re-tested in school received an invitation to attend a clinic.

Each of the Special Schools in Salford received a minimum of one visit per term to test new admissions plus any children referred by the School Medical Officer. The two Partial Hearing Units were visited more frequently to ensure that the teacher-in-charge had an up to date audiogram for each child admitted. In the 35 sessions held the total number of tests carried out was 269.

Sessions on clinic premises totalled 85; of the 1,600 invitations issued 777 children attended and of these 363 were found to have a hearing difficulty. Children seen in clinics were mainly as a result of requests by the School Medical Officer, Health Visitor, Head Teacher or parent, and where necessary the findings were referred back to the School Medical Officer.

The year 1969 marked the next stage in the National Child Development Study which concerns all children born in the week 3rd-9th March 1958. Each Salford child in this group whose parents co-operated in the study, (39 in all), were given a hearing test.

The audiometrician also attended a two week course held in March at the Audiology Department of Manchester University. The lectures were both interesting and informative, covering the varying causes of hearing loss, the effect of such a handicap on the individual and the research being carried out in the field of Audiology.

CONVALESCENCE

Two children were referred for convalescence by school medical officers.

The Invalid Children's Aid Association agreed to pay for 1 child and the second child was still awaiting placement at 31st December, 1969.

CLAREMONT OPEN AIR SCHOOL

A number of interesting innovations have taken place during the year. Under Section 2 of the Education (No.2) Act, 1968, Salford Education Authority appointed a Governing Body for the special schools and the first meeting of Governors was held in November 1969.

In association with two local schools, Claremont is taking part in an experiment in the teaching of Primary French. Also, the use of a mini-coach is shared with other special schools and this has enabled the number of school journeys to be greatly augmented.

The table below shows the main categories of delicate health conditions for which children are admitted:—

	Asthma	Bronch iectasis	Bronch itis	E.N.T.	Physically Handi- capped	Epilepsy	Mucovis cidosis	Misc. Condi- tions
Inf. Class	9	2	5	6	5	2	1	13
Jun. Class	20	4	16	10	7	4	1	28
Sen. Class	12	1	1	7	4	3		17
Totals 1969	41	7	22	23	16	9	2	58
Totals 1965	41	11	42	32				62

It is interesting to note that in comparison with 1965, the number of asthma conditions is the same, but there is an obvious reduction in the number of children with bronchitis. During the year, 51 children were admitted; 43 were discharged to other schools, 14 left to take up employment.

The close co-operation with the members of staff of the Health Department is an essential aspect of the school. The School Medical Officer visited each week to examine the children and to discuss their progress. The Physiotherapists visited each day to carry out necessary exercises. However, in September, the time available for physiotherapy had to be reduced to mornings only.

The visits by Dr. Mackay, Consultant Paediatrician, and Dr. Scully, Oculist, have been most welcome.

The many emotional and social problems associated with chronic ill health and adverse home circumstances were dealt with in co-operation with the Education Psychologist, Health Visitors and Probation Officer. The Speech Therapist visited twice every week to help children with speech difficulties and the Audiometrician made periodic visits to check on children's hearing ability. Hair infestation continues to be a problem, and regular visits were made by a nursing auxiliary to check on the cleanliness of the children's hair.

Disabilities included optic atrophy, cataracts, myopia, glaucoma, albinism, corneal ulcer and nystagmus.

Additional problems in this class were the very low ability and emotional disturbance shown by some children.

Medical Report on Claremont Open Air School

All children are medically examined at school at regular intervals. During the year the school medical officer visited the school on 35 occasions; 494 medical examinations were carried out. The number of children examined was 215.

Of the 51 children admitted to the school during the year 28 came because of chest complaints such as asthma and bronchitis.

As there are approximately 30 County children at Oaklands School, it is not possible to find vacancies at Oaklands for our own less severely physically handicapped children, who are therefore admitted to Claremont Open Air School. Also, certain epileptic children, whose epileptic attacks are so frequent that they would be unsuitable at ordinary schools, are admitted to Claremont. The delicate, physically handicapped, epileptic and partially sighted children who are admitted to Claremont are sufficient to keep the school fairly full.

GREENGATE SPECIAL SCHOOL

The Nursery continues to provide educational stimulus for 30 children. Of those admitted since Christmas, one is a Spina Bifida, one is physically and mentally retarded due to a serious illness, one has a club foot and speech difficulties and one is suffering from a heart defect. Another little boy seemed to have autistic tendencies and two children were seriously disturbed. All these children have made progress since admittance to the Nursery.

Routine medical examination has been maintained, but we are greatly in need of a physiotherapist for breathing and remedial exercises. There is also need for a speech-therapist — we have two children who have no speech at all and several others with speech problems.

Head infestation is still a serious problem, but constant attention is maintained by the Staff and the School Health Visitor who visits regularly. In some cases we have secured the co-operation of the mothers.

Three children are under the supervision of the Audiology Department at Manchester University for defective hearing.

OAKLANDS SCHOOL

The year commenced with 77 children on roll, and varied between 76 and 79. Nine children were admitted, of whom five were cerebral palsy cases, two were spina bifida

cases, one had muscular dystrophy and one had heart disease. Six children left the school; three of these were school leavers, one of whom is now attending Deane Park, a Further Education Centre for cerebral palsied children, the other two being unemployable; one child was transferred to the Margaret Whitehead School, one died and one left the district.

Twenty six children from the Lancashire County Education Authority attended the school.

The following table shows the disabilities of the children attending in September, 1969.

<u>Disability</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Cerebral Palsy	18	14	32
Spina Bifida/Hydrocephalus	10	14	24
Heart Disease	5	1	6
Post Polio	1	—	1
Post Meningitis	1	—	1
Post Encephalitis	—	2	2
Lesions of Spine	1	1	2
Haemophilia	1	—	1
Congenital Deformities	3	—	3
Cerebral Tumour	1	—	1
Spinal Muscular Atrophy	2	—	2
Muscular Dystrophy	1	—	1
Renal Defect	—	1	1
TOTALS	44	33	77

Twenty five children use wheel chairs in the main, seven use aids but an increasing number are becoming able to practice walking a little in calipers and with the use of rollator walking aids and supported by the physiotherapists and nursery nurses.

Good use has been made of the school coach for half day educational excursions; in the summer term every child spent a day on the beach at Ainsdale, each outing being blessed with fine weather. During the year the use of the coach was reduced to one day per week because of a shortage of drivers.

In the spring term there was a well attended Parent's Evening. All members of the teaching staff and the physiotherapy staff attended to discuss the childrens progress. Later three teachers gave short talks on different aspects of the education provided in the school.

In the summer term a very successful Parents' Afternoon was held. The childrens' work was displayed and parents observed mime, physical education and verse speaking in the school hall. At the end of term a Sports Afternoon was held.

In the Autumn term a group of recorder players were taken to entertain the children at Broomedge School. The children by their own efforts raised a sum of £16, which

was donated to the Save the Children Fund. The year ended with school parties and a visit to the Circus.

Many interested people visited the school, including pupils from neighbouring schools, students, exchange teachers, doctors, physiotherapists, chiropody students and the official party from Clermont Ferrand.

The school was honoured by a visit from the Mayor and Mayoress of Salford, Alderman and Mrs. Hamburger.

The swimming sessions held at Blackfriars Bath continue to be very successful and well attended; it is gratifying to see thirteen children winning awards, ranging from the Endeavour Certificate to the Third Class Certificate.

Children from the neighbouring schools of St. Paul's Primary School and Broughton High School continue to visit Oaklands during the lunch hour to help the children and to play with them. The girls are very faithful to this social work and their help is highly appreciated.

PARTIALLY HEARING UNIT – SEEDLEY JUNIOR SCHOOL

The Unit has continued to function satisfactorily and the children have made good progress.

The intake for 1969-70 was eleven children, one being part-time. This included one E.S.N. child and one profoundly deaf child with severe speech difficulties. One eleven year old girl was accepted on an 'urgent' basis in mid-term. She had apparently been emotionally upset at her previous school, and it is pleasing to report that she has settled down happily into the environment of the Unit.

Four boys were passed on to the Senior Partially Hearing Unit at Clarendon in September. Pleasing reports on their progress and general conduct have been received.

The Unit was visited by H.M.I., Miss Johnson, who made various recommendations for improving equipment and fittings. These recommendations will be implemented as soon as possible.

The E.S.N. girl has responded extremely well; she is however a child requiring a great deal of specialised individual attention, which in the Unit can only be given at the expense of the other children. This child is now attending a Residential School.

PARTIALLY HEARING UNIT – CLARENDON SECONDARY BOYS' SCHOOL

In September 1969 the unit re-opened with twenty-two pupils. During the autumn term, one boy removed from Salford and two others left the unit because their hearing was retested and they were found fit to return to ordinary schools. This left 8 boys on the register and eleven part-time pupils, some from other Salford Secondary Schools.

The 8 full time pupils take part in all ordinary lessons with hearing children of their own age, and are also drawn into the unit as a small group for lipreading, auditory training and language lessons, and individually for attention to their speech and checks on their progress, to make sure that they are keeping up with their classes. The staff who teach the deaf pupils allow them to sit at the front of their classes, and keep watch on their progress. One 3rd year boy is 3rd in his class in Maths., another 2nd year boy is doing particularly well in Technical Drawing.

It is very pleasing to report that one of the 1st year pupils has been successful in gaining one of the few places available at the Mary Hare Grammar School, the only grammar school for the deaf in Britain. This success is very pleasing and it is hoped to achieve further success in the future.

Many visitors have been to the Unit this year, including the Deputy Director of Education, Salford's Welfare Officer for the Deaf, and interested teachers from England and abroad. A meeting was held here by the executive members of the Salford Committee for the Deaf. An open evening was also held in the unit by the Parent-Teachers' Association of the Clarendon Secondary Girls' School, when the work of the unit was explained to a large audience. The Seedley Partially Hearing Unit visited the unit and the boys and girls who will be coming up next September were introduced to the teacher in charge.

The School Medical Officer has seen the pupils to check on their hearing problems, and several children have had treatment at Hope Hospital, which it is hoped will lead to improved hearing and communication. Another boy has been sent for speech therapy, and several others are waiting to be sent for treatment for running ears or damaged ear-drums. The Audiometrician has continued her screening tests, and it is felt that any boy or girl who needs special deaf education in Clarendon will have been detected and referred by now and will be able to benefit from the equipment and opportunities provided in the Partially Hearing Unit.

HOPE HOSPITAL AND LADYWELL HOSPITAL SPECIAL SCHOOL

During 1969, a total of 1,241 children on roll received educational facilities. There were also approximately 100 brief stay children who were not enrolled, but who were given equal attention by the teachers.

Children of statutory age numbered 988, of whom, 36 were at Ladywell Hospital.

Nursery age children totalled 253, of whom 18 were at Ladywell Hospital.

The chief categories into which the children can be divided are as follows:—

	HOPE				LADYWELL	Total
	Medical	Surgical	Orthopaedic	E.N.T.	Infectious	
Statutory Age	111	178	145	518	36	988
Nursery Age	45	60	37	93	18	253
	156	238	182	611	54	1241

In July, a visit to Hope Hospital School was made by His Worship the Mayor of Salford, the Mayoress and the Director of Education.

During the year, students from Manchester College of Education, John Dalton College Department of Teacher Training and Cheshire College of Education visited the school.

Personal daily contact between parents and teachers during open visiting hours, often leads to a greater understanding of the child and of the hospital school environment.

It is repeatedly noted that emotional stress suffered by children during their stay in hospital, is minimised by the presence of the school teacher and by the wide range of educational facilities offered, according to the age, ability, physical and emotional condition of the individual child.

FERNHILL SCHOOL

The following table shows the distribution of children by I.Q. and age range at the end of the school year:—

I.Q.	AGES										
	6	7	8	9	10	11	12	13	14	15	Totals
40-49		1									1
50-59	1		5	1			2	3	6	1	19
60-69		4	7	7	9	4	10	8	7	3	59
70-79	1	5	4	7	5	6	3	17	10	9	67
80-89		1		1	2	2			3		9
Totals	2	11	16	16	16	12	15	28	26	13	155

The pattern remains constant and apart from admissions from Broomeedge most children are admitted at 7 or 8 years old. There is still only accommodation for seniors when a child is transferred (e.g. to approved school) or leaves the district.

The audiometrician has visited the school regularly, paying detailed attention to all new admissions and checking special referrals.

Unfortunately the half day Speech Therapy ended during the year because of staff shortage and this very essential assistance has been greatly missed by a number of children.

The School Medical Officer has visited the school to examine all new admissions, school leavers and any other children specially referred by staff or parents.

The school dentist visited the school and a large number of children were found to be in need of treatment. Regretfully they do not all accept the opportunity and possibly some 'follow up' would be worthwhile.

Close liaison has continued with the Mental Health Service and an officer keeps in constant touch with the school, paying particular attention to school leavers who have difficulty in making the transition from school to work.

Excursions in the mini-coach continue to give the children valuable experience and apart from the more usual kinds of visits it has facilitated a number of fishing trips.

The school was repainted towards the end of the year and now has a bright and clean appearance.

Students from the training course for teachers of the severely subnormal have attended the school regularly.

The After-Care club continues to meet each Wednesday and in addition to a programme of films there have been visits from a health visitor, the police, an estate agent and ladies' and gents' hairdressers. These visitors have been extremely well received and have given the students opportunities to learn more about other people's work.

BROOMEDGE SCHOOL

The average number on roll throughout the year was fifty-four. Throughout most of the academic year which ended in July, the figure was fifty-seven when sixteen children of 11+ and over were transferred to other schools as shown in the following analysis:—

Secondary education — normal school	6
Removed from H register	2
Fernhill	6
Claremont Open-air School	1
Family removals	1

The eight children who were transferred to Secondary schools had attained reading ages which ranged from 5.9 to 14.1. This maximal figure is unusual in that it represents an advance of two years on that which could be expected of a child of average intelligence. The children were transferred as follows:—

North Salford Boys'	3
North Salford Girls	2
Broughton Mixed	3

The Heads of the three schools were consulted before the transfers were made.

There were eleven additional children who had attained Secondary education age.

They have been retained to await vacancies at Fernhill. There were nine new admissions in September, and the school opened for the new academic year with fifty children on the roll. Subsequent admissions throughout the September term raised the figure to fifty-four.

The following table shows the distribution of the school population through age and I.Q. ranges, in September term.

I.Q.	7+	8+	9+	10+	11+	Total
50-54		1				1
55-59			1			1
60-64	4	1		1	1	7
65-69	1		2	2	3	8
70-74	3	3	7	2	5	20
75-79		2	1	3	2	8
80-84		1	4	1	1	7
85-89					1	1
90-94					1	1
Total	8	8	15	9	14	54

The mean I.Q. is exactly seventy-three. The distribution is perfectly balanced throughout the range of forty-four points. There is an increase of one point on last year's figures which is of no significance because the figure for 1967 was almost identical.

The mean age is 9.24 which presents no substantial increase on that of previous years. The distribution is more normal than last year, but the shortage of children in the 10+ group is still apparent. The presence of fourteen children in the 11+ group is due to the additional eleven children who are awaiting places at Fernhill.

School Welfare

The year's average attendance was 87.5 and shows a decrease of .5% on last year's figures. There is apparently a slight downward trend which could possibly be attributed to an increase in the number of children with additional handicaps. The maximal figure of 94.5 for June was the highest figure for twelve years. The lowest was February with 80.2 which is the lowest for seven years.

Medical Report

All children are medically examined as soon as possible after entry to Broomedge

School and afterwards they are re-examined as and when necessary. The school medical officer visited the school on 3 occasions during the year and 31 medical examinations were carried out.

School Activities

Sunshine Coach

The first journey was made on January 29th 1969. Throughout the course of the year, thirty-two journeys were made in all. Most of the journeys were full day trips.

Annual Journey

On the 30th June the whole school was taken on the annual journey which is a culmination of the year's project. Fifty-four children were taken by hired coach, first to Belmont Moor to see the wild bird-life, then to Fleetwood Docks to see the fishing fleet and Life-boat Station, with a return route through Blackpool and a short halt at St. Annes.

Athletics

Throughout the whole of the Summer term athletic coaching was practised and on the 23rd July the school held its first large school Sports Day. This took place at Langworthy Rugby Football Club's ground. Two Victor Ludorum cups were awarded to the best boy and girl.

Ship Adoption

It was again not possible to arrange a visit to the ship in London, because the ship, the "Paraguay Star", was gutted by fire and completely destroyed in August. Fortunately it was possible to transfer the adoption to the "Argentina Star" in November.

The school choir visited "Vendale", a home for aged and handicapped ladies, on two occasions: one on the 3rd October as part of the Harvest Thanksgivings to present offerings and the other in December to hold a short Carol Service.

On the 11th December a Parents' Day was held and the children put on their pantomime "Cinderella". The school choir also sang carols.

On the 17th December the school party was held. There were twelve guests present including a number of School Governors. The children repeated their performance of "Cinderella", and were later entertained by students of the Regional College of Art and Design, who gave a performance of the "Pied Piper of Hamelin".

On the 19th December the school closed for the Christmas holidays, and the children were taken to Belle Vue Circus.

This concluded a year, which has been by far the richest in activities in the whole history of the school.

SPECIAL UNIT FOR MALADJUSTED CHILDREN HALTON BANK SCHOOL

The twenty places at the Unit have been fully used during the year.

As had been anticipated, some pupils of 11+ were not ready for placement in the main stream of Secondary Education. After discussion at various administrative levels and after interviews with both parents and children it was decided to retain the individuals concerned. However, it is hoped that at least some of these will be transferred in the school year ending July 1970. Because of this, informal consideration of plans for supportive interest of an "after care" type is already taking place.

As the year passed, and in spite of temporary disturbances, it can perhaps be claimed that child behaviour, within the Unit, became still more settled.

It was, for example, possible to allow a much greater freedom of movement at the Annual Outing to Belle Vue than had proved to be the case the previous year. Additionally, noisy aggressive and destructive behaviour appeared easier to canalize. Children who wished to shout, bang, smash or use messy materials, were asked to do this in a certain room. Its use was not always that of mere release, for children have made sledges, stilts, wooden models and simple wooden stools in there.

Following up a suggestion by the Salford Inspector for Primary and Special Schools, and using a nucleus of equipment provided by the School Supplies Department, the Unit Staff spent two weeks of the Summer Holiday in decorating a room which the children call "The House".

The walls are papered and there are prints on them. There is a carpeted area with easy chairs and small tables, bright colours were introduced. The room is used for listening to stories and music. Tea, which has been prepared in cooking periods, is eaten there. Children who have had showers prepare hot drinks and take them to this room. A disturbed child can sit in there or chat with an adult. Little children like to play with small toys on the carpet and 'over-tired' children can rest in the "bedroom".

Efforts were made to make the dining room more attractive at this time. Female members of staff were particularly helpful in all this.

While running and shouting is still allowed at certain times in the hall, this specific allocation of spaces had made it easier to communicate adult expectations (i.e., as to the behaviour and type of activity acceptable in a given area) to the children. A good deal of restless noisiness has been localised. Thus the classrooms have become more orderly places.

Further structure has been introduced into the after-lunch playtime. In fine weather, children are taken to one of the neighbouring parks or playingfields. There are five of these within easy reach. In wet weather, the hall is used for noisy play and a classroom for quiet activities.

The amount of time spent on "school-activities" in the narrower sense has been increased. Numberacy and literacy have continued to improve. Lessons with children

whose attainments are higher often aim at an increase in general culture, e.g. investigating the properties of light by making pinhole cameras or observing types of reflection in various objects or considering the human past from the starting point of examining small antiques.

As last year, games and sports have attracted the children. Some have played in the football team for the main school; one boy is a highly skilled player. Swimming has been outstanding. Many children hold badges for the earlier tests of life saving (Prelim. Life Saving Award); several are trying for long distance awards for the mile and half mile; two already hold $\frac{1}{2}$ mile badges for this work. A member of staff trained for extra qualifications in swimming and has helped to promote this activity – as has the sympathetic approach of the instructress at the Baths.

Nevertheless, the year has presented its problems; as always there is the difficulty of what has been described by Miller ("Human Relations" 1966) as "the psychological stress of being in interpersonal situations with disturbed human beings".

A specific worry has been an increase in petty delinquency in the out-of-school behaviour of some of the children. This does not always appear to have personal gain or the escaping of detection as an aim. Proposed attempts to deal with this have already been discussed with the Head of the Main School and some of the relevant Officers of the Authority.

Concrete suggestions are:—

- (1) To open the Unit, about once a fortnight, on Saturday morning. Since this is experimental and it is not easy to predict child response it has been thought better to reserve this for the warmer weather in 1970 and thus prevent a possible waste of fuel.
- (2) To provide a social experience by taking the bulk of the group to Prestatyn in the Summer of 1970.
- (3) To structure an informal 'face-to-face' group of those individuals from the various Welfare and Education Departments who are directly concerned with specific children and their families.

Further internal problems are:—

- (1) A member of staff has had to leave in order to accompany her husband to Australia.
- (2) The Psychiatric Social Worker attached to the Unit has had to leave for family reasons.
- (3) A member of staff has applied for a course of further study in the "Education of the Handicapped Child".

While replacements will no doubt prove possible and increased qualifications will lead to an enriched contribution, these difficulties will cause a number of predictable problems to add to those which will doubtless appear in any case.

With these in mind, it is reassuring to recall the advice and support which the Head of the School, The Educational Psychologist, the Child Guidance Team and many officers of the Authority have provided during the year.

PARKFIELD DIAGNOSTIC UNIT

Parkfield continues to offer accommodation at any one time for twenty disturbed infants. During the past year thirty children have had places in the Unit. Two children left in May, one to Claremont Open Air School and one to Broomedge E.S.N. School. In July six children left and four were admitted, three from home and one from normal school. One child was admitted from home in November. At Christmas two children left and in January five were admitted, two from home, one from Greengate Nursery, one from normal school and one re-admitted from Broomedge.

The number of children with speech problems has increased in the past twelve months and we also have three non-communicative children. Unfortunately since September we have been without a Speeches Therapist; with regard to physiotherapy, the children in need of this service have had three sessions only.

The Doctor attends for medical examinations and to assess children prior to leaving to ensure correct placing.

A nursing auxiliary visits monthly to carry out head inspections.

Hearing tests have been carried out over the past year.

On March 3rd 1969 a small group of children needing chiropody attended the School of Chiropody for moulds to be taken of their feet.

The Health Visitor attends weekly and provides a liaison with the home.

HOME TEACHING

In the course of the year home tuition has been provided for seven children aged between 6 years and 15 years. As in the previous year some additional help was given to Oaklands School for Physically Handicapped Children when this was possible, and close liaison was also maintained with the schools to which the children normally go. The details of the services are as follows:

Two children received home tuition for the whole year for medical reasons; only one of these is likely to require continued tuition.

Two children had home teaching for short periods of time before transferring to Oaklands.

One child had tuition from January to July because of severe school adjustment problems. She left school in July 1969.

One child had home tuition for the whole year because of severe educational difficulties.

One child has had visits since November 1969 and will continue to do so.

The diversity of the problem calls for great flexibility on the part of the teacher. Mrs. Shaw has done good work in this sphere, keeping the children interested and abreast of their work where possible. Links have been maintained with the schools and much use has been made of the environments within which the children live. An attempt is made to involve the children in their own learning and assignments are given to the children to be completed in their own time.

Satisfactory progress has been made and parents are receptive to the ideas and help afforded them by Mrs. Shaw.

PHYSICAL EDUCATION

Mrs. L. W. Thorpe retired from her position as Organiser for Physical Education (Girls) after many years' service with the Authority, and her successor, Miss D. Neville, commenced duty in September, 1969.

During the year, several courses/lecture demonstrations were held for probationer and practising teachers including:—

- Movement Education for Infants and Juniors
- Games and Playground Lessons in the Infant and Junior Schools
- Creative Dance in the Infant and Junior Schools
- The Teaching of Swimming in Primary and Secondary Schools
- Tutorial Groups and Courses for Probationer Teachers in Infant and Junior Schools
- Meetings for Specialist P.E. Teachers in the Secondary Schools

In September, 1969, a detailed report dealing with the problems of Playing Field facilities and outlining possible future developments was received by the Education Committee. As a result, a limited amount of money was made available to transport certain Primary School pupils in the Ordsall area of the City to centralised games fields. Furthermore, the specialised equipment necessary for the maintenance of all-purpose Redgra areas which are situated at Stott Lane Playing Field, Hope Hall Secondary School, and the Grammar/Technical School has now been purchased and this should ensure that these areas are now fully and adequately maintained. Stocks of equipment at playing fields have been improved but the main problem concerning adequate storage facilities still remains.

The recommendations of the Swimming Report dealing with the teaching and organisation of swimming for Salford pupils and which were approved by the Education Committee in December, 1968, were implemented during the year. Attendance, work, and progress are now being recorded in special registers and all Junior and Secondary Schools attend the baths for swimming instruction. Two very successful courses dealing with the teaching of swimming were held for Primary and Secondary teachers. Non-specialist teachers in Primary Schools were given experience

of modern teaching methods and class organisation to enable them to participate more fully in the swimming lessons with their own pupils and to offer assistance to the specialist teachers employed by the Authority, also teachers wish to obtain specialist qualifications in the teaching of swimming attended a course leading to the award of the Teacher's Certificate awarded by the Amateur Swimming Association. These courses were very well attended and there has been increased cooperation between the specialist swimming teachers and members of the schools' staff in the normal swimming lessons.

During the Summer Term, 1969, the normal swimming time table was suspended to allow for the operation of the Beginners' Course for pupils who were absolute non-swimmers. Pupils from 40 different schools, whose ages ranged from 7-13 years, took part in the scheme and attended for swimming instruction every day for a fortnight. The results were as follows:—

Secondary Schools — only 21 out of 118 pupils could not swim at the end of a fortnight, i.e., 82% success rate.

Primary Schools — only 169 out of 676 pupils could not swim at the end of a fortnight, i.e., 75% success rate.

Apart from the high success rate in both Primary and Secondary age groups, perhaps the most rewarding feature of the whole scheme was the high number of successes gained by pupils, who were either extremely timid or diffident at the commencement of the course, or were regarded by Head Teachers as persistent under-achievers in all other aspects of school work. This Beginners' Course will be operated annually during two weeks of the Summer Term.

Light Oaks bath was reopened in September, 1969, and is now in full use. The part played by the Parent/Teacher Association at Light Oaks in bringing this facility back into use is gratefully acknowledged. The following swimming awards were obtained by schools during the year:—

Education Committee Certificates

Third Class	2,313
Second Class	1,757
First Class	818
Junior Advanced	379
Senior Advanced	24

It must be remembered that the requirements of certain of the above awards were changed according to the recommendations of the Swimming Report approved by the Education Committee in December, 1968.

Royal Life Saving Society Awards

Elementary	8
Intermediate	24
Bronze Medallion	24
Bronze Cross	2
Advanced Safety Awards	64
Award of Merit	2

Other Awards

Oaklands School

9 Endeavour Awards

Oaklands School

9 A.S.A. Awards

Halton Bank Unit

9 Preliminary Safety Awards

Humanè Society for the Hundred of Salford

Pupils were again entered for the above examination organised by the Humane Society for the Hundred of Salford and were successful in obtaining twelve medals.

Oaklands School for Physically Handicapped Pupils

It is pleasing to comment on the work being done in Physical Education at the above school — especially in Creative Dance, Swimming, and the Indoor Movement Lesson. Movement of any kind presents real problems to these handicapped children and it is essential that any teaching approach in P.E. be related to the individual needs and abilities of the pupils. Enjoyment and full participation, activity and understanding, are the features of the Physical Education lessons which these pupils follow, and very pleasing progress is being made due to the combined efforts of the Head Teacher, staff and pupils.

Extra Curricula Activities

The Salford Council of School Sports once again organised a full range of extra curricula activities for Salford pupils during the year. The annual presentation of badges was held at Cromwell Girls' School in July and was attended by the Mayor and Mayoress, Deputy Director of Education and also members of the Education Committee. Whilst grateful thanks again are due to many teachers who voluntarily gave of their time during the year in carrying out many duties relating to the organisation of the above activities, it is sad to record that many Affiliated Associations are experiencing great difficulty in trying to organise their activities with the smaller number of volunteers who are willing to give generously of their time and energy. More and more children seem to be willing to participate in the activities of the Council but, unfortunately, fewer teachers are willing to be responsible for any part of them.

Soccer Association

There is hardly a Junior or Secondary School in Salford which does not enter the activities of this Association. Fifty-three schools were represented last season entering a total of 100 teams. There were six Junior Fourth Year Leagues, two Junior Third Year Leagues and four Secondary Leagues in addition to three Junior Knock-out Competitions and five secondary Knock-out Competitions. The City Team finished third in the Manchester County League Competition. The boys played some very attractive football and achieved creditable results.

Salford Schools' Rugby Association

This Association has enjoyed a busy and successful season. The Senior City Team, although showing promise did not have the stamina, size or strength to maintain their efforts, but the Junior City Team had a very good season and they won five of their nine matches.

Netball Association

A successful season at both City and Inter-School level is reported. It was the first season when teams played to the new adaptation of rules and it appears that strict umpiring is going to be necessary to curb a tendency towards rough play. One school, St. Lawrence R.C. Secondary School took all the honours of the season and also won the Lancashire Schools' Tournament at Farnworth. More netball is being played at Junior level. Last season there was a Junior League with games played on a friendly basis and also two competitive Rallies. The standard of play from one or two of the Junior Schools was very good indeed and a great deal of enthusiasm was displayed. The Association ran a Junior and a Senior City Team and both teams had their successes and failures and on the whole gave creditable performance.

Salford Schools' Rounders Association

All Rounders activities took place in three short months and this made for a hectic but enjoyable season. There were six league competitions, six knock-out competitions and five evening rallies; all of which were well supported. Eighty-three teams entered the various competitions which meant that at least eight hundred and thirty boys and girls participated in the Rounders during the Summer. One pleasing feature of the season was that some of the small schools were league finalists and winners.

Salford Schools' Athletics Association

The Schools' Athletic Championships were this year very successful owing to good weather on all three occasions. A full programme was carried out during the season, and the Salford Cross Country Championships were held in December. Although the number of schools entering were fewer, a good series of races were enjoyed. A representative team was entered for the Lancashire Schools' Cross Country Championships at Barrow and the boys and girls ran very well. A week of Trials was held in May in order to select a team for the Lancashire Schools' Championships in June. One boy was selected to be a member of the County Team in the National Championships. He broke the existing Lancashire Schools' record in the Triple Jump and achieved the National Standard.

Salford Schools' Swimming Association

The Swimming Association enjoyed a very successful year, having nine County Champions during the season. Never before, have the boys and girls of Salford been in such an enviable position. The Inter-School Galas were successfully organised and fifty schools entered giving a total of six hundred and seventy-two boys and girls and altogether fourteen new swimming records were established. The Salford Association acted as hosts to the Lancashire representatives for the Lancashire Schools'

A.G.M. and the Salford Secretary, Mr. B. A. Neale, was installed as the Chairman of the Lancashire Schools' Swimming Association for 1969/1970.

Salford Schools' Cricket Association

To all intents and purposes this Association has ceased to function. It has been very difficult to find men teachers with sufficient enthusiasm to keep the interest in cricket alive and at the present time the affairs of the Association are being wound up.

Outdoor Activities Association

This Association has reported that the year 1968/69 was a very poor one. The extension and consolidation of activities has not taken place due to lack of support, and the equipment, which was purchased for camping expeditions, has not been used as often as the Secretary would have liked. It is hoped that more support will be offered from schools to keep the affairs of this Association on an active basis. One pleasing item, however, was that for the first time three boys obtained the Stage Three Certificates — the Leadership Stage. To do this, the boys had to help with a week's Outdoor Activities Course and achieve a high standard of Leadership in one activity, e.g., rock climbing. The Association had three outdoor meets to Malham in Yorkshire, Langdale and Windermere, and the Peak District.

Youth Organisations

The usual programme of Youth activities was held during the year and a substantial increase in membership of young people of all ages has been recorded at all Civic Centres. Additional facilities have been planned at North Salford Civic Youth Centre and also at Lower Kersal Youth Club. The Youth Sub-Committee has once again arranged the usual number of Inter-Club Competitions in a wide range of recreative activities.

SCHOOL CLINICS

(As at 31st December, 1969)

<i>Location of School Clinics</i>	<i>Treatment carried out</i>
Regent Road	Dental, Physiotherapy, Audiometry, Ophthalmic.
Murray Street	Dental, Physiotherapy, Chiropody, Audiometry.
Langworthy Centre	Physiotherapy, Chiropody, Audiometry. Paediatric.
Kersal Centre	Dental, Audiometry.
Summerville Clinic	Physiotherapy
Ordsall Junior School	Speech Therapy
Broomedge School	Speech Therapy, Physiotherapy.
Broughton Secondary School	Speech Therapy
Fernhill School	Physiotherapy.
Oaklands School	Physiotherapy, Minor Ailments, Orthopaedic
Claremont Open-Air School	Physiotherapy, Speech Therapy
Parkfield	Physiotherapy
Greengate Special School	Physiotherapy

STATISTICAL TABLES
PART I

Medical Inspection of pupils attending maintained Primary and Secondary Schools (including Nursery and Special Schools)
TABLE A' — PERIODIC MEDICAL INSPECTIONS

Age Group inspected by year of (birth)	No. of pupils who have received a full medical examination	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils
			No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	56	53	3	—	—	10	10
1964	1,425	1,411	14	—	3	168	168
1963	1,466	1,452	14	—	2	123	124
1962	481	477	4	—	2	40	41
1961	98	97	1	—	—	8	8
1960	74	74	—	—	—	2	2
1959	45	45	—	—	—	5	5
1958	23	23	—	—	—	1	1
1957	4	3	1	—	—	2	2
1956	1	1	—	—	—	—	—
1955	149	149	—	—	2	8	9
1954 and earlier	308	305	3	—	5	23	27
TOTAL	4,130	4,090	40	—	14	390	397
Column (3) total as a percentage of Column (2) total				99.03%	to two places of decimals		
Column (4) total as a percentage of Column (2) total				0.97%			

TABLE B – OTHER INSPECTIONS

NOTES:—

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special Inspections	3,774
Number of Re-inspections	1,060
TOTAL	4,834

TABLE C – INFESTATION WITH VERMIN

NOTES:—

All cases of infestation, however slight, should be included in Table C. The numbers recorded at (b), (c) and (d) should relate to individual pupils, and not to instances of infestation.

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 25,512 (63,247 examined and 5,202 re-examined).
- (b) Total number of individual pupils found to be infested – 1,777.
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) – Nil.
- (d) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(3), Education Act, 1944) – Nil.

61 (individuals) cleansings undertaken with parental consent without issuing an order.

PART II
DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS
DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)		Periodic Inspections				Special Inspection
			Entrants	Leavers	Others	Total	
4	Skin	T	45	9	13	67	85
		O	78	7	9	94	115
5	Eyes (a) Vision	T	14	9	3	26	61
		O	43	7	14	64	32
	(b) Squint	T	24	3	5	32	44
		O	80	—	9	89	34
	(c) Other	T	5	—	—	5	4
		O	12	—	—	12	31
6	Ears (a) Hearing	T	18	1	8	27	90
		O	207	10	48	265	564
	(b) Otitis Media	T	26	2	13	41	45
		O	243	8	42	293	192
	(c) Other	T	11	3	1	15	44
		O	13	2	1	16	128
7	Nose and Throat	T	114	4	30	148	211
		O	624	14	88	726	664
8	Speech	T	16	—	2	18	53
		O	88	1	21	110	124
9	Lymphatic Glands	T	8	1	2	11	6
		O	198	2	14	214	186
10	Heart	T	—	—	—	—	7
		O	33	2	5	40	68
11	Lungs	T	13	—	1	14	150
		O	64	2	14	80	155
12	Developmental (a) Hernia	T	5	—	1	6	1
		O	4	—	1	5	11
	(b) Other	T	4	1	1	6	15
		O	136	4	19	159	86
	Orthopaedic (a) Posture	T	6	—	—	6	19
		O	12	2	4	18	19
13	(b) Feet	T	32	2	7	41	24
		O	96	7	7	110	15
	(c) Other	T	15	1	1	17	131
		O	52	3	10	65	202
14	Nervous System (a) Epilepsy	T	1	—	—	1	40
		O	15	2	5	22	17
	(b) Other	T	—	—	2	2	21
		O	146	2	20	168	461
15	Psychological (a) Development	T	1	1	—	2	5
		O	29	2	15	46	64
	(b) Stability	T	1	—	1	2	4
		O	67	9	28	104	221
16	Abdomen	T	1	—	—	1	11
		O	6	—	4	10	63
17	Other	T	11	—	1	12	18
		O	23	4	5	32	494

PART III

Treatment of Pupils Attending Maintained Primary and Secondary
Schools (including Nursery and Special Schools)

TABLE A – EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	89
Errors of refraction (including squint)	2,263
TOTAL	2,352
Number of pupils for whom spectacles were prescribed	1,407

TABLE B – DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment –	
(a) for diseases of the ear	8
(b) for adenoids and chronic tonsillitis	238
(c) for other nose and throat conditions	Nil
Received other forms of treatment	10
TOTAL	256
Total number of pupils still on the register of schools at 31st December 1969 known to have been provided with hearing aids.	
(a) during the calendar year 1969	10
(b) in previous years	49

TABLE C – ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	70
(b) Pupils treated at school for postural defects	17
TOTAL	87

TABLE D – DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm (a) Scalp	Nil
(b) Body	1
Scabies	25
Impetigo	61
Other skin diseases	299
TOTAL	386

TABLE E – CHILD GUIDANCE TREATMENT IN 1969.

	Number known to have been treated
Pupils treated at Child Guidance Clinics	182

TABLE F – SPEECH THERAPY IN 1969

	Number known to have been treated
Pupils treated by speech therapists	180

TABLE G – OTHER TREATMENT GIVEN IN 1969

	Number known to have been treated
(a) Pupils with minor ailments	769
(b) Pupils who received convalescent treatment under School Health Service arrangements	Nil
(c) Pupils who received B.C.G. vaccination	2,527
(d) Other than (a), (b) and (c) above, Please specify	
(i) Orthopaedic	29
(ii) Paediatric	30
(iii) Chiropody	640
(iv) Physiotherapy/Sunray	646
TOTAL (a) – (d)	4,641

PART IV
DENTAL INSPECTION AND TREATMENT
CARRIED OUT BY THE AUTHORITY

Attendances and Treatment

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First Visit	2,405	1,593	182	4,180
Subsequent Visits	1,621	1,492	160	3,273
Total Visits	4,026	3,085	342	7,453
Additional courses of treatment commenced	84	64	22	170
Fillings in permanent teeth	1,386	2,346	346	4,078
Fillings in deciduous teeth	1,460	155		1,615
Permanent teeth filled	1,194	1,991	267	3,452
Deciduous teeth filled	1,141	129		1,270
Permanent teeth extracted	257	813	109	1,179
Deciduous teeth extracted	3,205	699		3,904
General anaesthetics	1,248	572	59	1,879
Emergencies	278	138	22	438

Number of Pupils X-rayed	41
Prophylaxis	386
Teeth otherwise conserved	1,265
Number of teeth root filled	5
Inlays	0
Crowns	8
Courses of treatment completed	3,759

Orthodontics

Cases remaining from previous year	137
New cases commenced during year	32
Cases completed during year	29
Cases discontinued during year	8
No. of removable appliances fitted	55
No. of fixed appliances fitted	5
Pupils referred to Hospital Consultant	0

Prosthetics

	5 to 9	10 to 14	15 and over	Total
Pupils supplied with F.U. or F.L. (first time)	0	0	0	0
Pupils supplied with other dentures (first time)	1	14	10	25
Number of dentures supplied	1	14	10	25

Anaesthetics

General Anaesthetics administered by Dental Officers	807
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Inspections

(a) First inspection at school. Number of pupils	14,810
(b) First inspection at clinic. Number of pupils	1,242
Number of (a) (b) found to require treatment	8,953
Number of (a) (b) offered treatment	8,001
(c) Pupils re-inspected at school or clinic	986
Number of (c) found to require treatment	813

Sessions

Sessions devoted to treatment	1,446
Sessions devoted to inspection	90
Sessions devoted to Dental Health Education	173

RETURN OF HANDICAPPED CHILDREN

PART I

NEW ASSESSMENTS AND PLACEMENTS

During the calendar year ended 31st December, 1969:—	Blind (1)	Partially Sighted (2)	Deaf (3)	Partially Hearing (4)	Physically Handicapped (5)	Delicate (6)	Mal- adjusted (7)	E.S.N. (8)	Epileptic (9)	Speech Defects (10)	TOTAL (11)
A. No. of handicapped children newly assessed as needing special educational treatment at special schools or in boarding homes?											
Boys	—	1	—	—	5	30	—	27	—	—	63
Girls	—	3	—	—	6	31	—	20	—	—	60
B. No. of children newly placed in special schools (other than hospital special schools) or boarding homes?											
(i) of those included at A above	—	1	—	—	4	21	—	7	—	—	33
Boys	—	2	—	—	3	17	—	5	—	—	27
Girls											
(ii) of those assessed prior to January 1969	—	—	—	—	2	16	—	23	2	—	43
Boys	—	—	—	—	4	8	—	13	1	—	26
Girls											
(iii) TOTAL newly placed —											
B(i) and (ii)	—	1	—	—	6	37	—	30	2	—	76
Boys	—	2	—	—	7	25	—	18	1	—	53
Girls											

PART II — CHILDREN FOUND UNSUITABLE FOR EDUCATION AT SCHOOL

During the calendar year ended 31st December 1969

(i) No. of children were the subject of new decisions recorded under Section 57 of the Education Act, 1944; 15

(ii) No. of reviews were carried out under the provisions of Section 57A of the Education Act, 1944? Nil

(iii) No. of decisions cancelled under Section 57A (2) of the Education Act, 1944? Nil

PUPILS AWAITING PLACES IN SPECIAL SCHOOLS ON RECEIVING EDUCATION IN SPECIAL SCHOOLS UNDER SECTION 56 OF THE EDUCATION ACT 1944 AND BOARDED IN HOMES

[illegible]

PART IV

NUMBER OF TEACHERS OF THE DEAF AND PARTIALLY HEARING EMPLOYED BY THE AUTHORITY (OTHER THAN IN SPECIAL SCHOOLS) ON 22ND JANUARY 1970

	Manchester qualification		N.C.T.D. qualification		Dublin qualification		London qualification		TOTAL	
	M	F	M	F	M	F	M	F	M	F
1. In special classes/units	—	1	1	—	—	—	—	—	1	1
2. In audiology clinics	—	—	—	—	—	—	—	—	—	—
3. As peripatetic teachers	—	—	—	—	—	—	—	—	—	—
4. Elsewhere (details to be appended)	—	—	—	—	—	—	—	—	—	—
TOTALS	—	1	1	—	—	—	—	—	1	1



