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Annual Report

of the

Medical Officer of Health

and

Divisional County Medical Officer

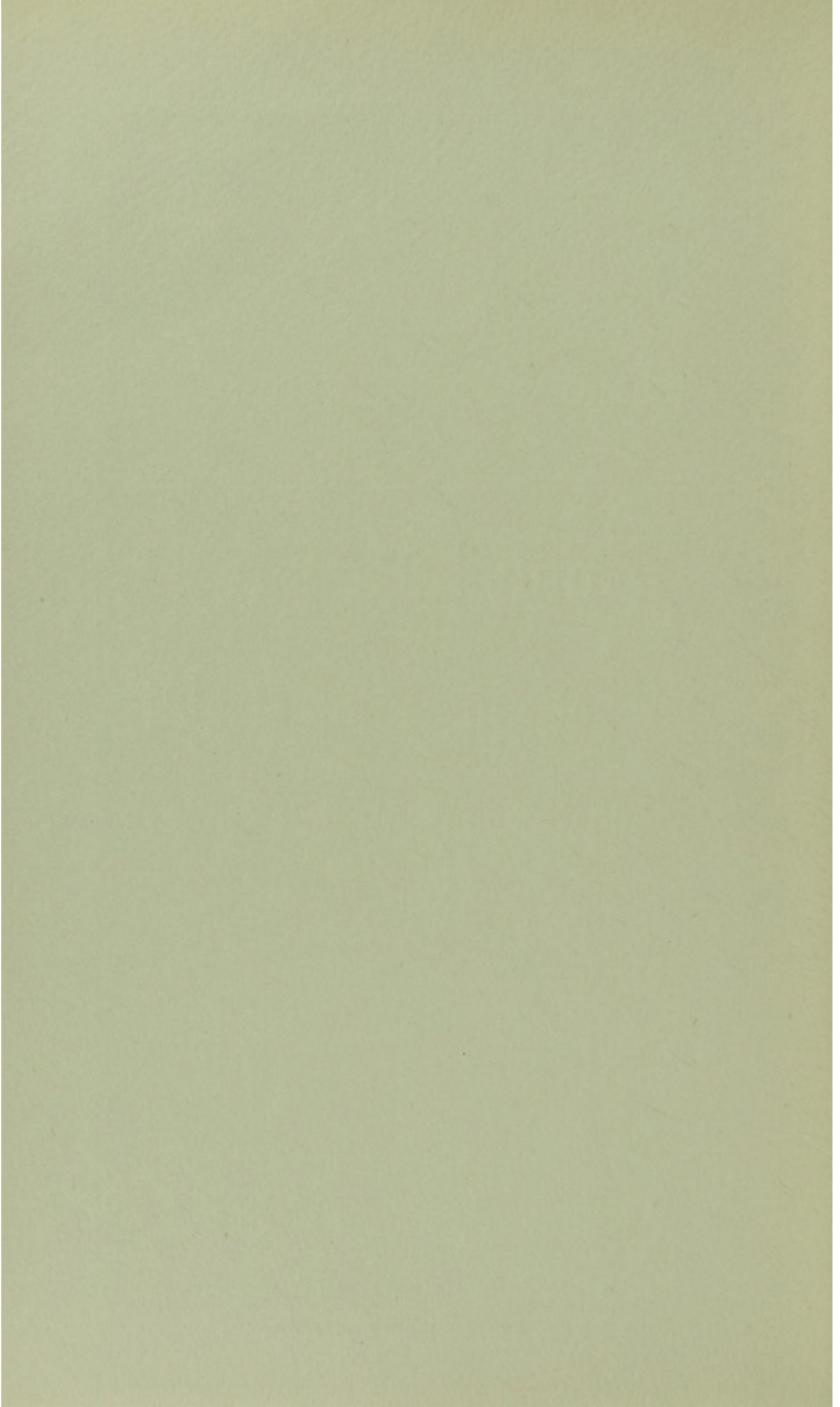
for the year 1949

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By D. O. MACDONALD, M.B., CH.B., D.P.H.,  
R.C.P.S. (EDIN.), R.F.P.S. (EDIN. AND GLAS.)

*Health Department,  
Plymyard,  
Eastham, Cheshire.*





BOROUGH OF BEBINGTON

*To His Worship the Mayor, Aldermen and  
Councillors of the Corporation of Bebington*

# Annual Report

of the

## Medical Officer of Health

and

## Divisional County Medical Officer


### for the year 1949

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# Annual Report, 1949

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To His Worship the Mayor, Aldermen and  
Councillors of the Corporation of Bebington

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Your Worship, Ladies and Gentlemen,

My purpose in presenting the Reports of the Medical Officer of Health and the Divisional Medical Officer under one cover is that each member of the Council and of the Divisional Health Committee shall be provided with a complete work of reference and record of the department for the year 1949. The first section of this Report, therefore, deals with birth and death statistics, infectious diseases and the epidemiology generally affecting the Borough, together with points of interest in the general health and environmental sanitation problems of the Borough. The second section of the Report deals with the work of the Maternity and Child Welfare services and the Home Nursing, Immunisation, Ambulance, Domestic Help and After-Care services.

## **Population, Birth and Death Rates.**

The population for 1949 showed an increase from 46,780 to 47,300.

The general birth rate of the Borough since 1946 and 1947 (the expected post-war higher rates) shows a noticeable decrease in common with the country as a whole, and stands at 15.3 per 1,000 population, which is 1.7 less than the rate for the country as a whole. This figure is difficult to explain but I feel it is bound up with economic circumstances. In my opinion the little unemployment in the Borough of Bebington and what must be regarded as the prosperity of the Borough, as compared with other localities, induces its child-producing population to consider its responsibility for providing for larger families to-day as compared with the times when a pair of good average child's shoes cost from 6s. to 10s. as against the 21s. to 35s. of to-day, together with other articles of clothing and food similarly compared. I feel also that the educational facilities in Bebington being particularly good for the majority of the child population, and the fact that the teaching personnel are in much closer



contact with the parents than I have seen in a number of other localities, produce in the parents a more lively interest in the future of their children. In short, they appear to see that what can be done for two or three children could not be done for five or six children. I am alive to the fact that certain persons are living under conditions in which they have informed me they are refraining from producing a family, but as a contradiction to this there is the fact that in the larger and more densely populated districts where slums exist it is found that such intention is not upheld. On the contrary, there is what might be considered to be irresponsibility concerning the production of children, as will be seen from the birth rates shown on page 10 giving the rates for the greater towns, including London.

The death rate at 9.9 per 1,000 population is virtually the same as last year and calls for no comment except that the figure is 1.8 per 1,000 less than for the country as a whole and 2.6 less than for the larger towns. The Council will note that the preponderance of births over deaths is 5.4 per 1,000, which is also an encouraging figure.

The tables shown on page 12 have been worked out experimentally in the hope of finding some marked differences in the pre-war and post-war death rates in the age groups for the periods shown. The comparison in the higher age groups calls for no comment beyond the interesting fact that the increase of deaths in the post-war period in the 15-24 age group is due to road accidents, and that the increase in the oldest age group confirms the general trend towards increased longevity. What is gratifying is the steady reduction in the deaths in the age groups 2-4 and 5-14, which I feel is a compliment to the child welfare and school services in the Borough.

#### **Infantile Mortality.**

The infantile mortality (under one year) rate shows a very definite improvement over 1948, i.e., a reduction from 45.5 per 1,000 live births to 33.9, but unfortunately this rate is still slightly higher than the rate for the country as a whole, which stands at 32.0.

There were nine premature births in hospital, but it may be hoped that as the social factors involved improve, namely anxiety, nutrition and housing, this figure may arrive at a more normal level.

The illegitimate birth rate shows an encouraging reduction on 1948 of 33 per cent.

#### **Causes of Death.**

I draw attention to the Registrar-General's short list of " Causes of Death " in Bebington under the heading " Intracranial vascular lesions " with its considerable increase of approximately 40 per cent. These deaths occur mainly, of course, in older people but it is my impression that the increase in number is due to the accelerated strain of living to-day, and this comment would seem to apply in the main to the increased number of suicides in the Borough, namely from four in 1947 and five in 1948 to nine in 1949. Without searching widely the records of other authorities this figure stands out.



### **Tuberculosis.**

On page 14 there will be found statistics relating to this subject, as also on page 34 in my Divisional Report, and from the death rate statistics on page 10 it will be noticed that the rate for Bebington is higher than for England and Wales as a whole and equals the rate for the 126 larger towns, including London. While the notifications of this disease in Bebington have continued during the last few years to approximate to the same figure and the death rate continues about the same, namely half the notifications, it will be appreciated that there is an automatic increase on my total register of live cases. Despite the careful investigation and removal of cases alleged to be cured, as far back as the year 1937, my live register for 1950 up to the time of going to press is 385 as compared with 366 in June, 1949.

There is now a much larger amount of work carried on by your Public Health staff, including the new County Health Visitors, as compared with times previous to the National Health Service Act. The reason for this is that, while I as Medical Officer of Health have always been responsible for presenting to you the notifications and statistics of Tuberculosis, as Divisional County Medical Officer I and my staff as Divisional County officials have now added duties in care and after-care in cases of tuberculosis, necessitating frequent visiting and the provision of comforts and of chalets where suitable accommodation is available. This added work provides us with a much more continuous and intimate knowledge of the conditions under which such cases are living, e.g., overcrowding. I have therefore the advantage in this combined Report in providing the Council with a complete survey of tuberculosis as it affects the Borough, and with the satisfactory assurance that this complaint is being assiduously followed up on the new lines laid down and provided for by my County Council duties. Documentary evidence for the future is being obtained and set out on special case forms covering the whole of my register, including the ear-marking of contacts of active cases and submission of these contacts to the T.B. Officer for examination, always in the hope that early diagnosis so facilitated will tend to a greater number of infected persons being cured.

As regards the provision of chalets, already 7 have been supplied and 6 are on order, and to my great surprise 11 have been offered and refused, possibly on the grounds of publicity but largely, I believe, due to patients not appreciating or being insufficiently educated as to their condition.

My personal opinion is that this Borough should have a lower T.B. incidence rate than is indicated in my comparative remarks, due to its general environmental construction of being both rural and to a smaller extent industrial in area. However, qualifying this opinion there is the factor to bear in mind that Bebington lies between two large rivers with a tendency to saturation of the atmosphere with moisture, resulting in the prevalent catarrh of Merseyside generally, which is, of course, to the susceptible person contributory to T.B. infection.

I do not forget that we have over fifty farms in the Borough, and I am able to say that the milk supplied in my opinion is as good as, if not better than, the supply in many other authorities in the country, and as



far as this Borough is concerned milk is not a source to which I can point to-day as a possible cause of T.B. of which I am apprehensive. I think there are very few people to-day in this Borough who are not alive to the necessity of consuming either T.T. certified or pasteurised milk.

As regards overcrowding, I have been in very intimate touch with the Housing Department, and I believe the House Property Manager and her staff conscientiously do all they can to help. The help I require from that department is of course not in their giving, as I need a largely increased housing programme and particularly four-bedroomed houses.

I would like to express my appreciation of my very interested and active Divisional T.B. Sub-Committee and also my appreciation of the members of my staff who particularly help me in this work, which calls for continuous accuracy, common diplomacy, and a very personal interest when it is realised that all the effort we expend is only treating the crust of the complaint, a complaint which is so deep-rooted that it will not be cleared up to any extent for very many years to come, bearing in mind that the employment of persons suffering from tuberculosis, whom we frequently find are serving the public in canteens and shops, is not a matter which comes under our control. I do not forget the new b.c.g. vaccination against T.B. and its future advantages, but this treatment cannot be carried out without provision of segregation of the person to be vaccinated for at least six weeks before and six weeks after vaccination. Without further explanation by me, my Council will realise the difficulties of this treatment from a housing and institutional accommodation point of view alone. It is, of course, a hope for the future that such institutions known as Preventoria will come into being to provide the segregation required.

In spite of all handicaps I feel that at least I and my Divisional Sub-Committee will have done something positive to help in this national problem if we have only made our Borough "T.B. conscious".

Finally, I must not omit to acknowledge the willing and personal collaboration and help of Dr. Tough, the T.B. Officer, and his staff.

### **Infectious Diseases.**

Infectious diseases for 1949 show a considerable decrease, i.e., 200 on 1948; this was due to an expected drop in the incidence of measles and I forecast in the next Annual Report a corresponding increase, measles epidemic outbreaks occurring, generally speaking, every two years. The distribution of infectious diseases shown in Table B on page 15 lies true to custom in that the largest number of cases took place in the ward most densely populated, namely, New Ferry.

### **Medical Examination.**

During the year 51 persons were medically examined for the Corporation by your Medical Officer of Health, either for superannuation purposes or for post-illness report.



### **Food Inspection.**

Though not a matter arising specifically out of this year's Annual Report, I must state my appreciation of my Committee's action in appointing an additional sanitary inspector whose duties are to be devoted purely to food inspection and the safeguarding of the model by-laws which the Council so wisely adopted. I am sure that such an appointment justifies itself.

The food consumed by the public to-day is to be regarded as needing much greater supervision than in the plentiful years between the world wars for the reasons that the housewife has considerably less choice in food supplies, the quantity required may not be available, and the food in the main, I think, must be considered (certainly from the butcher's meat point of view) of an averagely lower grade. Young prime English beef, for example, does not reach the tables of the majority, and we certainly get too much old fibrous cow. Supplies from the sheep and pig as regards quality are not so much at fault, but the housewife sees far less of both these foodstuffs, and our meat inspector has to be continuously on the look-out for measly beef and measly pork, this condition arising in these commodities during the life cycle of parasitic worms common to cattle, pigs and man. Meat particularly is not now being produced for general consumption of the quality, substance and standard that pre-war consumers were accustomed to, which is emphasised by the fact that so much concern has been raised by the encysted worm infections of beef which, though well known scientifically before the war, were of such rare occurrence as to remain outside the notice of the general public. One of the main remedies to my mind for mitigating these measly infections of beef and pork is frequent change to fresh pasturage for the animals concerned.

The tinned meats which the housewife finds necessary to use as a substitute and complementary to the family meals require, of course, considerable inspection of the tins which contain meat products, and I think the increased consumption of them is much larger than would be anticipated in normal times. It must also be remembered that the larger tins of meat opened and exposed in butchers' shops, rather than the smaller tins which were formerly sold, will deteriorate rapidly, particularly in the summer, and the last portion of the meat may very questionably be fit for sale.

The food inspector's duties, of course, embrace the cleanliness of sale generally, including very vitally milk supplies, bakery supplies and green-groceries. In short, to-day, a Borough of this size will keep a special food inspector fully employed, not forgetting the valuable services of the sanitary inspector at the slaughter-house, which also comprises full-time employment, as this official is responsible for meat distributed not only to the Borough but also to many other parts of the Wirral.

The General Practitioners in many cases have become increasingly alive to the incidence of food poisoning, and in the main they keep this Department well posted by official notification in all suspected cases they come across. I have noticed some cases which, after investigation, have proved not to be what we scientifically regard as food poisoning, but I think it is a good thing for the General Practitioner to err on the safe side,



by which practice the genuine cases when they arise are not overlooked. The important feature is, of course, that my Department should receive information "on becoming aware of" the possibility of existing food poisoning, as if undue delay takes place the "scent becomes cold" and makes it very difficult for my sanitary inspectorial staff to capture specimens of the food consumed. At the time of going to press with this report, for example, as the Council will be aware, a case occurred which resulted in the death of a Bebington resident, and although food poisoning microbes were isolated from the organs of the deceased, such delays had occurred (not through the fault of the Department) that no portion of the suspected food was available for bacteriological examination. Microbes contributory to food poisoning in a milder degree were also isolated from two of the relatives of the deceased, and these cases are still under observation.

The number of notifications of food poisoning in 1949 amounted to 12, and in 1950 to date have amounted to 15, and in the case of the isolation of food poisoning microbes the policy of keeping the persons concerned under observation entails much laborious and accurate work for several weeks.

#### **Water Supply.**

Regarding the water supply of the Borough of Bebington, upon which I have been instructed to report by the Ministry of Health, I have collaborated with C. Hardman, Esq., M.Inst.C.E., Engineer to the West Cheshire Water Board, and we are in mutual agreement with the following report :

The water is supplied by the West Cheshire Water Board from three sources, i.e., Prenton, Hooton and Mouldsworth, and is obtained by pumping from deep wells, bores and adits through the installation of steam and electrically-driven machinery.

The No. 6 bore-hole at Hooton has been in continuous service since June 25th, 1948, and by means of temporary pumping plants an average of about 860,000 gallons of water per day have been obtained from this new bore.

A further bore-hole (No. 7) has now been sunk to a depth of 1,000 feet below ground surface and boring operations have been completed. Test pumping is now being carried out.

The water from the three Pumping Stations contains much lime, and the following remarks are similar to those contained in my report for 1948, as so far the West Cheshire Water Board has not been able, owing to present conditions, to revert to its pre-war softening standards, i.e., 13.5 p.p. 100,000 before it is distributed. At Prenton and Mouldsworth sterilisation by chloramination is carried out ; at Hooton continuous sterilisation by simple chlorination is carried out. At present the water is softened from about 30.5 to 25.5 p.p. 100,000, but the Board intend to resume full-scale softening operations at the earliest possible moment.

The pH reaction from our source of supply continues to remain within the limits on an average of 7 to 7.5 and is non-plumbo solvent. The samples from the various sources are bright in appearance, most



frequently neutral in reaction, and free from iron and other metals, with the exception of the supply from Mouldsworth Pumping Station which shows a negligible trace of iron. All three sources produce a pure and wholesome water suitable for the public supply purposes.

Twenty-four witnessed and certified analyses were submitted by the West Cheshire Water Board to my department during the year 1949.

During the year 1949 no independent analyses of water have been made by this Council of samples provided by the West Cheshire Water Board.

In conclusion I wish to thank the members of the Health Committee and of the Council for their help and support, and to express my appreciation of the loyal co-operation of my staff.

I am, Your Worship, Ladies and Gentlemen,

Your obedient Servant,

D. O. MACDONALD,

*Medical Officer of Health.*

September, 1950.

### PUBLIC HEALTH DEPARTMENT STAFF.

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Medical Officer of Health : D. O. MACDONALD, M.B., Ch.B., D.P.H.,  
R.C.P.S. (Edin.), R.F.P.S. (Edin. and Glas.).

Chief Sanitary Inspector : E. V. CRAPPER, F.R.S.I., F.S.I.A., M.I.P.H.  
and H.

Deputy Chief Sanitary Inspector : A. DAVIDSON.

Assistant Sanitary Inspectors : T. TOWNSON, E. CAINES, W. FARR.

One Van Driver/Drain Tester/Disinfector.

Two Ratcatchers.

#### Clerical Staff.

Chief Clerk : Miss E. M. GLIDEWELL.

Four Shorthand Typists. One Telephonist.

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### Statistics and Social Conditions of the Area.

Area (in acres) .. .. .	12,244
Estimated Resident Population (end of 1949) .. ..	47,300
Number of Inhabited Houses (end of 1949) .. ..	13,368
Rateable Value (end of 1949) .. ..	£371,499
Product of a Penny Rate (estimated) .. ..	£1,500

#### Births.

Number of Registered Live Births :—

	Male	Female	Total
Legitimate .. ..	357	330	687
Illegitimate .. ..	6	13	19
Total .. ..	363	343	706

Number of Still Births :—

	Male	Female	Total
Legitimate .. ..	11	8	19
Illegitimate .. ..	—	—	—
Total .. ..	11	8	19

Total Number of Births (Live and Still) :—

Male	Female	Total
378 ..	352 ..	730



**Deaths.**

Male	Female	Total
242	229	471

## Deaths from :—

Puerperal Sepsis	..	..	..	..	..	—
Other Maternal Causes	..	..	..	..	..	2
Premature Birth	..	..	..	..	..	9
Diarrhoea (under 2 years)	..	..	..	..	..	2
Typhoid and Paratyphoid Fevers	..	..	..	..	..	—
Measles	..	..	..	..	..	—
Whooping Cough	..	..	..	..	..	—
Cerebro-Spinal Fever	..	..	..	..	..	—
Scarlet Fever	..	..	..	..	..	—
Diphtheria	..	..	..	..	..	—
Tuberculosis (pulmonary)	..	..	..	..	..	23
Tuberculosis (non-pulmonary)	..	..	..	..	..	2
Syphilitic Diseases	..	..	..	..	..	2
Cancer	..	..	..	..	..	69
Road Traffic Accidents	..	..	..	..	..	3
Suicide	..	..	..	..	..	9
All other violent causes	..	..	..	..	..	10

## Deaths (under 1 year) :—

	Male	Female	Total
Legitimate	15	9	24
Illegitimate	..	..	..
Total	15	9	24

**Birth Rates and Death Rates, 1949.**

	Bebington	England and Wales	126 C.B. & Gt. Towns (inc. London)	148 Smaller Towns (Pop. 25-50,000 1931 Census)
<b>Births</b> (per 1,000 civilian population) :—				
Stillbirths	0.40	0.39	0.47	0.4
Live Births	14.9	16.7	18.7	18.0
<b>Deaths</b> (per 1,000 civilian population) :—				
All causes	9.9	11.7	12.5	11.6
Pneumonia	0.23	0.51	0.56	0.49
Whooping Cough	0.00	0.01	0.02	0.01
Diphtheria	0.00	0.00	0.00	0.00
Influenza	0.04	0.15	0.14	0.14
Tuberculosis	0.52	0.45	0.52	0.42
<b>Deaths</b> (per 1,000 live births) :—				
Under 1 year of age	33.9	32.0	37.0	30.0
From Diarrhoea and Enteritis under 2 years of age	2.08	3.0	3.8	2.4

**Deaths** (per 1,000 total births) :—

Maternal Mortality :				Bebington	England and Wales	Greater and Smaller towns
Abortion with Sepsis	...	...	...	0.00	0.11	Figures not communicated.
Abortion without Sepsis	..	..	..	0.00	0.05	
Puerperal Infection	..	..	..	0.00	0.11	
Others	...	—	...	2.8	0.71	
				<u>2.8</u>	<u>0.98</u>	

**Death Rate of Infants under 1 year (Bebington).**

All infants per 1,000 Total Live Births	..	..	—	..	33.9
Legitimate Infants per 1,000 Total Live Legitimate Births	..			..	34.7

**Comparative Rates.**

				Bebington, 1948	Bebington, 1949	England and Wales, 1949
Per 1,000 Population :—						
Birth Rate—Live Births	..	..	..	17.2	14.9	16.7
Death Rate	..	..	..	9.2	9.9	11.7

## Per 1,000 Births :—

Infant Mortality Rate	..	..	..	45.3	33.9	32.0
Maternal Mortality Rate	..	..	..	1.2	2.8	0.98



## Causes of Death.

Based on Registrar-General's Short List of Causes of Death.

	M.	F.	Total
1. Typhoid and Paratyphoid Fevers .. ..	—	—	—
2. Cerebro-spinal Fever .. ..	—	—	—
3. Scarlet Fever .. ..	—	—	—
4. Whooping Cough .. ..	—	—	—
5. Diphtheria .. ..	—	—	—
6. Tuberculosis of Respiratory System .. ..	16	7	23
7. Other forms of Tuberculosis .. ..	2	—	2
8. Syphilitic Diseases .. ..	2	—	2
9. Influenza .. ..	1	1	2
10. Measles .. ..	—	—	—
11. Acute polio-myelitis and polio-encephalitis ..	1	—	1
12. Acute inf. encephalitis .. ..	—	—	—
13m. Cancer of Buccal Cavity and Oesophagus (male)	1	—	1
13f. Cancer of Uterus (females) .. ..	—	3	3
14. Cancer of stomach and duodenum .. ..	9	4	13
15. Cancer of breast .. ..	—	8	8
16. Cancer of all other sites .. ..	33	11	44
17. Diabetes .. ..	2	4	6
18. Intra-cranial Vascular Lesions .. ..	30	41	71
19. Heart Disease .. ..	65	71	136
20. Other diseases of circulatory system .. ..	9	12	21
21. Bronchitis .. ..	6	10	16
22. Pneumonia .. ..	8	3	11
23. Other Respiratory Diseases .. ..	1	3	4
24. Ulcer of stomach or duodenum .. ..	6	4	10
25. Diarrhoea (under 2 years) .. ..	2	—	2
26. Appendicitis .. ..	—	1	1
27. Other digestive diseases .. ..	8	2	10
28. Nephritis .. ..	5	4	9
29. Puerperal and post-abortive sepsis .. ..	—	—	—
30. Other maternal causes .. ..	—	2	2
31. Premature Birth .. ..	7	2	9
32. Congenital Malformation, Birth Injury, Infantile Disease .. ..	4	5	9
33. Suicide .. ..	7	2	9
34. Road Traffic Accidents .. ..	3	—	3
35. Other violent causes .. ..	6	4	10
36. All other causes .. ..	11	22	33
<i>Total</i> ..	245	226	471

## Bebington Death Rates per 1,000 population in age groups for the three pre-war and three post-war years.

	All groups.	0-1	2-4	5-14	15-24	25-44	45-64	65 on.
1937	.. (10.4)	0.89	0.20	0.15	0.16	1.08	3.05	4.87
1938	.. (10.06)	0.58	0.10	0.13	0.10	0.91	2.82	5.41
1939	.. (9.38)	0.80	0.22	0.20	0.35	1.14	2.13	4.54
1947	.. (10.1)	1.07	0.08	0.06	0.24	0.85	2.32	5.43
1948	.. (9.2)	0.79	0.06	0.09	0.14	0.78	2.38	4.96
1949	.. (9.9)	0.50	0.04	0.12	0.26	0.72	2.15	6.14

Comparison of the foregoing statistics show the following results :—

All ages	..	Slight decrease in average death rate of post-war years.			
0-1 group	..	Slight increase	do.	do.	do.
2-4 group	..	Marked decrease	do.	do.	do.
5-14 group	..	Marked decrease	do.	do.	do.
15-24 group	..	Slight increase	do.	do.	do.
(due to road accidents).					
25-44 group	..	Decrease in average death rate of post-war years.			
45-64 group	..	Decrease	do.	do.	do.
65 onwards	..	Increase	do.	do.	do.

**Table of Bebington Infantile Mortality.**  
(Under one year)

Rate per 1,000 births.						
1934	..	..	48.0	1942	..	28.0
1935	..	..	62.8	1943	..	62.8
1936	..	..	50.0	1944	..	42.0
1937	..	..	49.0	1945	..	49.0
1938	..	..	40.0	1946	..	51.0
1939	..	..	43.5	1947	..	51.3
1940	..	..	67.2	1948	..	45.5
1941	..	..	62.6	1949	..	33.9

England and Wales : 1949 .. 32.0

The total number of deaths of infants during the twelve months in 1949 was 24. Of these, 19 were neo-natal deaths, which were distributed as follows :—

**Neo-Natal Deaths.** (Under one month.)

Congenital Heart Disease	..	..	..	1
Cerebral Haemorrhage	..	..	..	2
Asphyxia	..	..	..	2
Microcephaly	..	..	..	1
Prematurity	..	..	..	9
Pneumonia (Broncho or Lobar)	..	..	..	1
Haemorrhagic disease	..	..	..	2
Adrenal insufficiency	..	..	..	1
				—
				19
				==

The other five deaths were caused as follows :—

Broncho-pneumonia	..	..	..	1
Asphyxia	..	..	..	1
Congenital Heart Disease	..	..	..	1
Septicaemia	..	..	..	1
Thrombosis of choroid plexus	..	..	..	1
				—
				5
				==



## Tuberculosis.

(a) New Cases and Mortality notified during 1949.

Age Periods			NEW CASES				DEATHS			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
Years			M.	F.	M.	F.	M.	F.	M.	F.
0	..	..	—	—	—	—	—	—	—	—
1	..	..	1	—	1	—	—	—	—	—
5	..	..	1	1	1	1	—	—	—	—
15	..	..	10	9	—	—	4	2	1	—
25	..	..	2	2	—	—	3	1	1	—
35	..	..	6	5	1	—	—	4	—	—
45	..	..	5	2	—	—	1	—	—	—
55	..	..	2	1	—	1	3	—	—	—
65 and upwards			2	—	—	—	4	—	—	—
Age not known			—	—	—	—	1	—	—	—
Total ..			29	20	3	2	16	7	2	—

49

5

54

23

2

25

(b) Sanatorium Treatment.

Sanatorium		Admissions.	Discharges.	Remaining.
Barrowmore Hall	..	1	—	1
Market Drayton	..	13	14	7
Clatterbridge General Hos.		1	—	—
Cleaver Hospital	..	10	3	10
Leasowe Hospital	..	1	—	2
Frodsham	.. ..	—	2	—
Wrenbury Hall	.. ..	2	1	6
		—	—	—
		28	20	26
		==	==	==

(c) Total Live Register at June, 1950.

Respiratory Case	..	..	..	..	310
Non-Respiratory Cases	..	..	..	..	75
					385
					==

## Notifiable Infectious Diseases, 1949.

## (a) Total cases.

Disease	Total Cases Notified	Total Cases Admitted to Hospital
Scarlet Fever .. ..	54	34
Diphtheria .. ..	15*	15
Puerperal Pyrexia .. ..	2	2
Pneumonia—Acute Primary .. ..	36	16
Acute Influenzal .. ..	7	4
Erysipelas .. ..	9	5
Polioencephalitis .. ..	1	1
Acute Poliomyelitis .. ..	3	3
Ophthalmia Neonatorum .. ..	2	1
Measles .. ..	263	7
Whooping Cough .. ..	99†	3
Paratyphoid .. ..	1	1
Malaria .. ..	1	1
<i>Total</i> ..	493	93

\* Of these 15 cases, 6 were confirmed by hospital diagnosis, none of the confirmed cases having been immunised according to records.

† Of these 99 cases, none had been immunised according to records.

## (b) Ward Distribution.

Disease	Hr. Bebington	Woodhey	Bebington	New Ferry	Park	Sunlight	N. Bromborough	S. Bromborough	Eastham	Poulton	TOTAL
Scarlet Fever .. ..	5	—	19	13	—	5	2	6	4	—	54
Diphtheria .. ..	2	—	6	3	—	—	—	1	2	1	15
Puerperal Pyrexia .. ..	—	—	—	—	—	—	—	—	—	2	2
Pneumonia .. ..	2	1	8	6	—	1	3	8	4	10	43
Erysipelas .. ..	—	—	1	4	1	1	—	2	—	—	9
Polioencephalitis .. ..	—	—	—	—	—	—	—	—	1	—	1
Acute Poliomyelitis .. ..	—	1	1	—	—	1	—	—	—	—	3
Ophthalmia Neonatorum .. ..	—	—	2	—	—	—	—	—	—	—	2
Paratyphoid .. ..	—	—	—	—	—	—	—	1	—	—	1
Measles .. ..	8	1	57	88	12	11	3	20	50	13	263
Whooping Cough .. ..	2	—	36	26	—	2	9	10	9	5	99
Malaria .. ..	—	—	—	—	—	—	—	—	—	1	1
<i>Totals</i> ..	19	3	130	140	13	21	17	48	70	32	493



## SANITARY CIRCUMSTANCES.

Mr. E. V. Crapper, Chief Sanitary Inspector, is responsible for the following reports on the Sanitary Inspection of this area :

### Sanitary Inspection of the Area.

Number and nature of Inspections made	Total for 1949	Informals	Statutory	Complied with	Outstanding	Legal Proceedings
Dwellinghouses inspected .. ..	1,092	683	—	—	530	—
do. re-inspected .. ..	2,543	—	91	518	—	2
Overcrowding .. ..	169	1	—	—	1	1
Offices .. ..	2	—	—	—	—	—
Tents, Vans and Sheds .. ..	16	—	—	—	—	—
Courts and Passages .. ..	73	40	2	14	34	—
House Drainage .. ..	894	192	16	159	118	—
Dustbins .. ..	649	236	24	269	63	—
Cesspools .. ..	138	—	—	—	—	—
Ditches and Watercourses .. ..	55	4	2	1	3	—
Offensive Accumulations .. ..	114	6	2	2	2	—
Keeping of Animals .. ..	75	1	2	—	—	—
Slaughterhouses .. ..	414	—	—	—	—	—
Butchers' Shops .. ..	78	12	—	1	2	—
Grocers' Shops .. ..	153	11	—	11	1	—
Ice-cream Premises .. ..	185	1	—	—	—	—
Other Food Premises .. ..	105	1	—	3	—	—
Offensive Trades .. ..	6	—	—	—	—	—
Piggeries .. ..	103	—	1	—	—	—
Dairies .. ..	264	2	—	2	—	—
Cowsheds .. ..	113	—	—	—	—	—
Factories, with mechanical power .. ..	11	—	—	—	—	—
Factories, without power .. ..	21	1	—	—	2	—
Workplaces .. ..	7	1	1	1	—	—
Bakehouses .. ..	24	1	—	3	2	—
Smoke Observations .. ..	50	—	—	—	—	—
Public Schools .. ..	31	3	—	3	—	—
Private Schools .. ..	15	—	—	—	—	—
Places of Entertainment .. ..	18	—	—	—	—	—
Public Conveniences .. ..	37	—	—	—	—	—
Licensed Premises .. ..	76	—	—	—	—	—
Infectious Disease Inquiries .. ..	418	—	—	—	—	—
do. Re-visits .. ..	28	—	—	—	—	—
Verminous Premises .. ..	236	—	—	—	—	—
Miscellaneous .. ..	154	—	—	—	—	—
Appointments outside office .. ..	154	—	—	—	—	—
Sediment Tests .. ..	11	—	—	—	—	—
Food Poisoning .. ..	7	—	—	—	—	—
Shops Inspections .. ..	159	19	—	19	—	—
Welfare Visits .. ..	9	—	—	—	—	—
Totals .. ..	8,884	1,215	141	1,006	758	3

**Overcrowding.**

There were 105 overcrowding cases known to this Department at the end of the year, but these only refer to statutory overcrowding which in every case is serious because of its low standard.

Eleven cases of overcrowding were abated as follows :

5 rehoused by Corporation.

5 rehoused by Private Owners.

1 left the district.

Of the 105 overcrowding cases that involved 537 persons :—

In 26 instances overcrowding existed by  $\frac{1}{2}$  an equivalent adult involving 112 persons.

„ 35	„	„	„	„	1	„	„	167	„
„ 15	„	„	„	„	$1\frac{1}{2}$	„	„	89	„
„ 10	„	„	„	„	2	„	„	49	„
„ 7	„	„	„	„	$2\frac{1}{2}$	„	„	57	„
„ 4	„	„	„	„	3	„	„	37	„
„ 1	„	„	„	„	$3\frac{1}{2}$	„	„	8	„
„ 1	„	„	„	„	4	„	„	11	„
„ 1	„	„	„	„	5	„	„	7	„

**Housing Repairs.**

The continued housing shortage prohibits the effective search for housing defects ; in many houses minor defects are becoming more numerous and lack of maintenance is causing unnecessary deterioration. Some owners of property, limited in rent, are faced with heavy expenditure on the one hand and dissatisfied tenants on the other, and the Sanitary Inspector has to deal with many difficult and conflicting problems in his attempt to do his duty to tenants living under unsatisfactory conditions and property owners who frequently complain that they are the victims of a financial position that discourages repair work.

**Courts and Passages.**

These are regularly visited.

**Sanitary Conveniences.**

There are still 5 Privies, 52 Pail Closets, 39 Earth Closets and 9 Chemical Closets in addition to the chemical closets provided for the use of huts in camps.

There were three pail closets converted into water closets during the year.

**Certificates of Disrepair.**

No applications were received for Certificates under the Increase of Rent, Mortgage Interest (Restrictions) Acts.



**House Drainage.**

303 Smoke Tests were applied to house drains, most of these being in consequence of sanitary notices or following reconstruction or repair work.

**Disinfection.**

249 Beds were disinfected after Infectious Disease.

1,240 other articles were disinfected after Infectious Disease.

84 Rooms were disinfected after Infectious Disease.

108 Library Books were disinfected after Infectious Disease.

(The above includes bedding, etc., from Ellesmere Port and Hoylake.)

**Disinfestation.**

Rooms treated for vermin	..	..	..	690
Beds treated for vermin	..	..	..	5
Other articles disinfested	..	..	..	19

**Cesspools.**

There are 272 houses drained to cesspools and septic tanks and these installations are regularly visited.

**Public Schools.**

Three notices were served during the past year which resulted in the execution of repairs, particularly to yard surfaces, and sanitary conveniences.

**Private Schools.**

These are visited at regular intervals, no notices being necessary during the year under review.

**FOOD INSPECTION.****Meat Inspection.**

The following statistics refer to animals killed at the slaughter-house which serves the districts of Bebington, Hoylake, Ellesmere Port, Neston and Wirral.

A—whole carcasses condemned.

B—Carcasses of which some part or organ was condemned.

C—percentage of number affected (a) with T.B. ; (b) with diseases other than T.B.

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.	Total.
Number killed .. ..	2,713	2,481	1,595	18,382	401	25,572
Ante-mortem inspection, in- cluding supervision of humane slaughter .. ..	2,713	2,481	1,595	18,382	401	25,572
Notice of slaughter received ..	2,713	2,481	1,595	18,382	401	25,572
Emergency notifications ..	8	22	10	9	101	150
Post-mortem inspection ..	2,713	2,481	1,595	18,383	401	25,572

**Tuberculosis.**

A. .. ..	8	35	5	—	1	49
B. .. ..	389	762	5	—	35	1,191
C. (a) .. ..	14.61%	32.12%	.62%		8.97%	5.27%

**All Diseases except T.B.**

A. .. ..	—	3	10	11	2	26
B. .. ..	932	1,208	9	1,573	31	3,753
C. (b) .. ..	34.35%	48.41%	1.10%	8.61%	8.22%	12.20%

The existence of *cysticercus bovis* was first determined in Scotland and later found in England and Wales. This diseased condition in meat, previously not encountered in this country, is thought to be due to a number of infected foreigners employed on our farms, and possibly British workers who have returned from military service overseas. These persons became infected by eating inadequately cooked beef, containing *cysticercus bovis*, and cattle became infected with the *cysticercus bovis* by feeding on pasture-land contaminated with *Taenia Medio-canellata* eggs.

*Taenia Medio-canellata* (the tapeworm found in man) can attain a length of twenty feet, with upwards of 2,000 segments, its presence may cause intestinal discomfort and digestive disturbances. The responsibility of the meat inspector, therefore, in locating the very small cysts in cattle, is apparent, and during last year 19 carcasses were found to be affected with *cysticercus bovis*, or "Measly Beef."

**Condemned Foods.**

15 tins Salmon	48 tins Peas
15 tins Soup	237 tins Milk
2 tins Treacle	2 tins Tomatoes
9 tins Fruit Juice	96 tins Fruit
6 tins Spaghetti	7 tins Crawfish
39 tins Jams	5 tins Pork
11 tins Beans	32 tins Veal Loaf.
3 tins Corned Beef	4 tins Scott's Baby Food
64 tins Sardines	41 tins Fish
4 tins Mussels	6 tins Date Pudding
2 tins Steak and Carrot	2 tins Spinach
2 tins Carrots	1 jar Meat Paste



**Condemned Foods—continued.**

3 tins Dried Egg	1 tin Mincemeat
2 tins Vegetables	19½ lb. Butter
2 portions Corned Beef	112 lb. Irish Poultry.
1 plate Fruit Tart	5 lb. Green's Pea Flour
1 barrel Apples	1 packet " Pom."
10 bags Onions	1 jar Salad Creme.
40 bags Potatoes	5 stones Headless Haddock.
16 nets Cauliflower	5½ stones Fish
5 cases (40 lb. each) Cox's Orange Pippins.	13 lb. Hindquarter Bacon.
17½ lb. Forequarter Bacon	2 lb. 10 oz. Bacon
85 lb. Brazilian Oranges	8 lb. 9¾ oz. Hindquarter Bacon
3 x 7 lb. Slab Cake	19 lb. Smoked English Fore-end of Bacon.
133—One-third pint bottles of Pasteurised Milk.	

**Food Premises.**

There are :

- 38 Butchers
- 23 Dairies.
- 51 Cowsheds
- 93 Grocers and General Stores
- 22 Bakehouses
- 36 Confectioners
- 17 Fried Fish Shops
- 70 Ice-cream Retailers
- 71 Greengrocers and Fishmongers.

These, in addition to the many canteens and catering establishments, are kept under supervision so far as time permits. The production of food under hygienic conditions is of paramount importance, and it is only by frequent visits that the need for strict cleanliness in every aspect of food handling can be emphasised. From long experience I stress the value of " elbow grease " and good old-fashioned cleanliness as of far greater importance than expensive plant and sterilization.

At the end of the year, the Council decided to appoint one extra Sanitary Inspector to enable the department to give more time to the hygiene of food premises and handlers.

**Milk Production.**

As in other types of food production, cleanliness is the most important factor in milk production—cleanliness of milkers' hands, the cows themselves, milk utensils and the cloths and water used for cleansing the udders and teats. Too often we find cloths being dipped in dirty water, and sediment tests have proved the result of this procedure. Milk production passed out of our hands on 1st October, 1949. Time will prove the wisdom of this change of responsibility.



From a structural point of view the cowsheds of this area are satisfactory. Much work has been done to achieve this position, and now that the buildings are more hygienic the personal element must not be forgotten.

Early morning visits to cowsheds continued through the year until 30th September, and sediment tests once again proved useful in demonstrating to the producer on the spot whether his methods were satisfactory or otherwise.

### Milk Samples.

The following table shows the result of milk sampling so far as the presence of T.B. is concerned over the past 19 years :—

	No.	T.B.	% T.B.
Commercial Milk .. ..	1,226	61	4.97%
Accredited .. ..	1,618	103	6.36%
T.T. .. ..	97	—	—
T.T. (Certified) .. ..	87	—	—
Pasteurised .. ..	41	—	—

Milk sold as pasteurised is continuously checked to satisfy the tests for efficient pasteurisation, and these tests, known as phosphatase tests, gave the following results, together with the bacteriological results :—

	Bacteriological.			Phosphatase.		
	No. Taken.	Passed.	Failed.	No. Taken.	Passed.	Failed.
Schools .. ..	31	31	0	31	29	2
Hospitals .. ..	4	4	0	4	4	0
Canteens .. ..	9	9	0	9	8	1
Public Institutions	1	1	0	1	1	0

### Dairies.

There are still a few dairies without means of steam sterilization, but it is noteworthy that their sample results do not differ to their disadvantage from those with up-to-date equipment. Strict attention to cleanliness in every respect has achieved more than the purchase of expensive plant. One would like to see means of steam sterilization available at every dairy, but not to the exclusion of personal effort. There have been occasions when steam sterilization has been carried out without efficient cleansing of bottles and unsatisfactory results have followed.

### Mortuary Accommodation.

The Council's two mortuaries are cleansed by workmen of the Health Department. They are always maintained in a condition fit for immediate use, either for the reception of bodies or holding post-mortem examinations. No complaints have been received either from the doctors using the mortuaries or the police.



**Legal Proceedings.**

The following prosecutions were dealt with during the year :—

2 Summonses for failing to carry out housing repairs.

There were :

1 penalty of £1.

1 Court Order with costs.

1 Summons for an offence against the Housing Act.

Fined £5.

1 Case withdrawn under the Housing Act.

**SHOPS ACT AND YOUNG PERSONS (EMPLOYMENT) ACT, 1938.**

The Chief Sanitary Inspector, who is also Chief Inspector under the Shops Act, 1912 to 1934, reports as follows :—

The administration of the Shops Acts is divided under these headings :

Responsibility of local authority as Shops Act Authority—

Hours of employment of young persons.

Facilities for meals and provision of seats for females.

Hours of closing, weekly half-day.

Sunday trading, etc.

Provision of washing facilities and light.

Responsibility of local authority as Local Sanitary Authority—

Provision of sanitary accommodation, ventilation and temperature.

During the year the following notices were served :—

Failure to provide facilities for meals	..	1
„ „ „ sufficient ventilation	..	14
„ „ „ sufficient temperature	..	4
„ „ „ washing facilities	..	18
„ „ „ and maintain sanitary conveniences	.. ..	12

Warnings were given in regard to the following offences :

**1912 Act.**

Failure to exhibit half-holiday notices	..	8
„ „ grant half-holiday	.. ..	3
„ „ provide seats for females	.. ..	1
„ „ exhibit mixed business notices	..	3

**1928 Act.**

Shops open after closing hours	.. ..	3
Customers warned for aiding and abetting	..	2

**1934 Act.**

Failure to record hours of employment of young persons .. .. .	1
---	---

**Sunday Trading.**

Record of employment not kept .. ..	17
Failure to exhibit mixed business notices ..	23
Shops open on Sunday contrary to Act ..	18
Failure to exhibit notices re hours of opening	19
Failure to keep a compensatory holiday notice	2

The Gowers Report on the Shops Act has indicated a return to proper supervision. These are duties which are not appreciated by the many critics of its execution, but it is my experience that the proper administration of the many and varied regulations is a beneficial social service, ensuring reasonable working conditions for staffs, and preventing unfair competition by the few shopkeepers who compel constant attention from Inspectors.

A regular patrol of the district does more good than any other measure to cause compliance with closing orders, with the occasional prosecution of persistent offenders.

**RODENT CONTROL.**

Upon being aware of rat or mouse infestation, informal notices are served upon occupiers informing them that they are under an obligation to rid their premises of rats or mice, but that the local authority will carry out the necessary work if they wish to enter into an agreement.

**Methods of Control.**

Poisoning was found to be the quickest and most effective method of killing rats, and 85 to 90 per cent. kill on first treatment was obtained.

Bait of sausage rusk with poison of zinc phosphide was found most effective, but where poison with phosphorus had already been used, we found it was advisable to change to arsenic. Hole baiting, container baiting, and surface baiting were all used with good results.



The following statistics indicate the work carried out :—

	Reservoir.	Major Primary.	Minor Secondary.	Supervisory Visits by S.I.'s.
<b>Inspections.</b>				
By Sanitary Inspectors ..	—	1	111	—
By Rat Catchers ..	—	1	483	—
<b>Revisits.</b>				
By Sanitary Inspectors ..	—	4	180	—
By Rat Catchers ..	—	95	4,099	—
Supervisory visits by Sanitary Inspectors ..	—	—	—	90
	—	101	4,873	90

No. of complaints .. .. 120

Number of complaints investigated .. .. 120

#### Type of Visit Made.

Dwellinghouses ..	2,507
Factories and Workplaces ..	333
Canteens, Restaurants and Cafes ..	21
Offices ..	37
Shops ..	353
Schools ..	394
Refuse Tips ..	310
Sewage Works ..	258
Non-Agricultural Land ..	120
Places of Entertainment ..	102
Camps ..	45
Piggeries ..	116
Nurseries ..	66
Hospitals ..	84
Farms and Market Gardens ..	173
Licensed Premises ..	67
	<u>4,986</u>

Number of advice notices served .. .. 19

Number of estimates provided .. .. 61

Number of contracts signed .. .. 60

Estimated number of rats found during 1949 .. .. 1,929

Estimated number of rats killed during 1949 .. .. 2,613

75 Contracts for £163 11s. 6d.



CHESHIRE COUNTY COUNCIL

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Bebington Divisional Health Committee

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Annual Report  
for 1949  
of the  
Bebington Divisional  
Medical Officer of Health

By D. O. MACDONALD, M.B., CH.B., D.P.H.,  
R.C.P.S. (EDIN.), F.R.P.S. (EDIN. AND GLAS.)

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*Health Department,  
Plymyard,  
Eastham, Cheshire.*



# CHESHIRE COUNTY COUNCIL

## BEBINGTON DIVISIONAL HEALTH COMMITTEE

### Representing the Bebington Municipal Borough :

R. Williams, Esq., Chairman.  
Mrs. Eva Williams, Deputy Chairman.  
R. Snape, Esq., M.C.  
M. Pollitt, Esq., J.P.  
H. P. Long, Esq.  
B. R. Jones, Esq.  
S. D. Littlewood, Esq., J.P.  
F. McNeill, Esq., M.A.  
J. O. Roby, Esq.  
S. F. Williams, Esq., J.P.  
J. H. Speed, Esq.  
Mrs. E. Thornton.

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### Representing the Cheshire County Council :

Henry Smith, Esq.  
Miss B. E. Wilson, J.P.  
Mrs. M. H. Harley, J.P.

### Ex-officio Members :

J. W. Emberton, Esq., Chairman, County Health Committee.  
W. E. Noden, Esq., Deputy Chairman, County Health Committee.

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### Representative Members and Nominating Bodies :

A. J. Pugh, Esq. (Divisional Education Executive).  
F. C. Baker, Esq. (Central Wirral Hospital Management Committee).  
Miss J. E. Armstrong (Bebington and New Ferry District Nursing Association).  
Mrs. A. M. Fitzpatrick (Higher Bebington District Nursing Association).  
Mrs. E. Sharpe (Bromborough and Eastham District Nursing Association).  
A. J. Rushton, Esq. (Nursery School Society).  
Dr. P. Spence (Local Medical Committee for County Palatine of Chester).  
A. F. Drake, Esq. (National Health Service Local Dental Committee).

### BEBINGTON HEALTH DIVISION STAFF.

Divisional Medical Officer and Divisional School Medical Officer :  
Douglas Ovenstone MacDonald, M.B., Ch.B., D.P.H.

Clerk to the Bebington Divisional Health Committee :  
Gerald Chappell, O.B.E., LL.B.

Assistant County Medical Officers (Welfare Clinics, Schools and Day Nurseries) :

Jessie Milton Tough, M.B., Ch.B., D.P.H.  
Alta Stout, M.B., Ch.B.

Assistant County Tuberculosis Officer :

David Weston Tough, M.B., Ch.B., D.P.H.

**Clerical.**

Chief Clerk : Miss E. M. Glidewell. Two Shorthand Typists. One Telephonist. One part-time Accountancy Clerk. (All part-time with Bebington Corporation.)

**Maternity and Child Welfare, T.B. After-Care, etc.**

Senior Health Visitor : Mrs. V. R. Blades. Health Visitors : Mrs. Syme, Miss Nicholson, Miss Abraham, Miss Deavall, Miss Wright, Miss Shepherd, Mrs. Bushell (School Nurse). Two Clinic Clerks.  
Two permanent Home Helps ; five to six temporary Home Helps.

**Day Nurseries.**

Matrons : Mrs. F. G. Davies, S.R.N. Mrs. H. Roberts, S.R.N.  
Deputy Matrons : Miss M. Farrant, Miss E. McCarnie.  
Certified Teacher : Miss E. Roberts. Certified Warden : Miss M. Pickstock. Two Nursery Nurses. Three Nursery Assistants. Seven Students. Two Cooks. Five Domestics.

**Midwives.**

Nurse Wright, Nurse Boothroyd, Nurse Uytendahl, Relief Nurse Green, and Nurse Garbutt (part-time).

**District Nurses.**

Bebington and New Ferry : Miss Cullum.  
Higher Bebington : Miss Garbutt (part-time).  
Bromborough : Miss Baughan.  
Eastham : Mrs. Thompson.

**Ambulance Depot.**

Ambulance Supervisor : E. Jones. Mechanic : A. MacDonald. Senior Driver : J. Bailey. Nine drivers and nine attendants.

**Clinic Specialists.**

Gynaecologist : M. M. Datnow, M.D., F.R.C.S.  
Orthopaedic Surgeon : J. R. Hughes, M.D., F.R.C.S.  
Aural Surgeon : G. A. Mouldin, M.B., Ch.B.  
Ophthalmic Surgeon : Dunlop Hamilton, M.B., Ch.B.  
Physiotherapist : Mrs. N. Baldwin, M.C.S.P.  
Speech Therapist : Miss M. Lowes, L.C.S.T.

**Vaccination and Immunisation Clinics :**

H. L. Garson, O.B.E., M.C., M.B., Ch.B.  
E. L. Hamm, M.B., Ch.B.  
L. Henderson, M.B., Ch.B.  
J. C. Mitchell, M.B., Ch.B.  
Mary Penrice, M.B., Ch.B.  
D. Roberts, M.B., Ch.B.



# Annual Report, 1949

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my annual report upon the working of the Bebington Divisional Health Committee for the first complete year since its inception, i.e., from the 1st January to the 31st December, 1949. This report has been prepared in collaboration with the Clerk.

The general remarks cover preparatory work and occurrences since the Committee's formation in July, 1948, but the statistics given refer to the complete year only. For convenience of layout I deal as separate headings with the various duties assigned to the Committee by Sections 22 to 29 of the National Health Service Act, 1946, as follows :

Section 22—Care of Mothers and Young Children.

Section 23—Midwifery Service.

Section 24—Health Visiting Services.

Section 25—Home Nursing Service.

Section 26—Vaccination and Immunisation Service.

Section 27—Ambulance Service.

Section 28—Prevention of Illness, Care and After-Care (T.B., Sick and Aged, Mental).

Section 29—Domestic Help Service.

The duties imposed by the above quoted Sections have been assigned to three Sub-Committees, which have been set up by your Committee for this purpose, with the object of dealing in somewhat greater detail with the day-to-day administrative problems than would otherwise be possible. These Sub-Committees, whose recommendations are submitted to the main Committee for approval, have proved their worth and have been of great assistance. Their constitution and duties are as follows :—

*Maternity and Child Welfare, Home Nursing and Domestic Help Sub-Committee.*

Chairman : Mrs. Williams.

Deputy-Chairman : Miss B. E. Wilson.

And four members.

} All matters arising  
from Sections 22,  
23, 24, 25, 26 and 29.

*Ambulance Services Sub-Committee.*

Chairman : R. Williams.

Deputy-Chairman : Mrs. E. Williams.

And five members.

} Matters arising  
from Section 27.



*T.B. After-Care, Aged and Mental Health Sub-Committee.*

Chairman : R. Williams.

Deputy-Chairman : Mrs. E. Williams.

And seven members.

Matters arising  
from Section 28.

**Section 22—Care of Mothers and Young Children.**

The Sub-Committee set up for the purpose of dealing with this Section of the work is concerned especially with the Day Nurseries, their maintenance and equipment, staffing arrangements and general welfare. Particular care is paid to the requirements of working mothers regarding the disposition of their children in the Nurseries and a system of selection is followed in order that the Nurseries may serve the industrial needs of the respective districts. The high standard set by the Committee's predecessors, the Bebington Corporation, who were pioneers in this branch of social service, has been maintained, and I would like to place on record my appreciation of the continued interest and help of the Bebington Nursery School Society, who founded the New Ferry Nursery.

During the year, in addition to normal replacements heavy costs were incurred at the New Ferry Nursery, (1) in renewing the hot-water system piping, (2) in converting a bathroom into a laundry, (3) in enlarging the drying and airing cupboard, (4) in transferring a W.C. outside the Nursery. At Bromborough Nursery an airing cupboard was provided. In addition new toys to the extent of £20 were purchased for each Nursery.

Ante-natal and post-natal mothers' clinics have been continued, as have the infant welfare and specialist clinics for young children, with the addition of a new specialist clinic in speech therapy. This last-named clinic began on the 1st September, 1949, with three half-day sessions weekly at "Plymyard" and one half-day a week at the New Ferry Welfare Clinic. Of the 28 cases under treatment, 17 were stammerers and 11 had other defective articulation. At the end of the year no cases had been discharged as cured and there were 22 cases on the waiting list.

Plans have been prepared and approved for setting up a Dental Clinic on the top floor of "Plymyard." This clinic will in due course provide dental care and attention for mothers and children. Cases at present needing dental attention are referred to facilities available under the National Health Service Act.

The following statistics are submitted :—

**A. Day Nurseries :**

	Average daily attendances	Total attendances
New Ferry 0-2 age group ..	7.8	23,95
New Ferry 2-5 age group ..	26.7	8,108
Bromborough 0-2 age group ..	5.9	1,800
Bromborough 2-5 age group ..	20.2	6,134
		<hr/> 18,437 <hr/>



## B. Mothers' Clinics :

				New Cases	Total attendances
Ante-Natal (96)	..	..	..	329	2,163
Post-natal (12)	..	..	..	90	97

## C. Children's Clinics :

## (1) Infant Welfare—

To 1 year	} 279	Sessions	564	10,272
1-5 years			99	2,752

Children seen by Doctor, 2860.

## (2) Specialist Clinics :

Orthopaedic (25)	..	..	121	1,256
Ophthalmic, (9)	..	..	29	95
(Referred to hospital, 6)				
(Spectacles ordered, 16)				
Ear, Nose and Throat, (11)			22	62
(Referred to hospital, 10)				
(Referred to own doctor, 8)				
Sun Ray (60)	..	..	151	1,644
Speech Therapy (68)	..	..	28	200

D. Foods purchased, £2,036 16s. 0d. Foods sold, £2,246, 5s. 2d.

## Section 23—Midwifery Service.

Five midwives continue to serve the Division and, including births notified from hospitals and nursing homes, a total of 707 births were notified during 1949 : Males 359, females 348. The births took place as follows :

Clatterbridge Hospital	..	..	..	..	288
Heathfield Maternity Home	..	..	..	..	50
At home (attended by District Midwives)	..	..	..	..	254
Outside the Borough	..	..	..	..	115
					<hr/> 707 <hr/>

The above analysis indicates that nearly twice the number of mothers have sought either institutional accommodation for their confinements or have made arrangements other than in their own homes for the births of the children.

Of the 254 mothers whose confinements took place in their homes, 44 were attended by Home Helps provided by the department under Section 29.

I think the above figures of hospital and maternity home births indicate that Bebington could justify the provision of an additional fifty-bedded maternity home, which was one of the Bebington Corporation's projects before the inception of the National Health Service Act, 1946. I would also emphasise the increased need for institutional maternity accommodation in the light of the present housing situation of so many young newly-married persons.



### Section 24—Health Visiting.

This work is carried out by a Senior Health Visitor, six assistant Health Visitors and one School Nurse. During the year, 14,810 home visits were made by the Health Visitors, including after-care visits. When it is realised that a considerable time is spent by these Health Visitors on clinical sessions, the total number of visits paid is very satisfactory and has been made possible by improved transport for this section of the department. Visitors are now using their own cars and the section has on hire from the Bebington Corporation one small car. Given even greater mobility, I am certain that still more visits could be paid by these Visitors and a higher standard of home care thus achieved.

### Section 25—Home Nursing.

The Committee was fortunate in finding a full Home Nursing Service available in the Division in that the areas of (1) Bebington and New Ferry, (2) Higher Bebington, (3) Bromborough and (4) Eastham, were each covered by a District Nurse employed by the Voluntary District Nursing Associations, which in one case had for over sixty years provided a continuous service of home nursing to the sick of Bebington. It is a matter for congratulation to the Associations for their solid work in the past that the Division was enabled to take over a full and well-equipped service.

The four district nurses, one of whom has part of her work allotted to the midwifery services of the Division, continue at the request of general practitioners to serve people in the Division needing home nursing, and the following are the statistics relevant to their work for 1949 :—

New Cases in 1949.	Visits Paid in 1949.
647	24,979
Referred to hospital .. ..	64
Deaths .. ..	103

During the year the amount of £24 15s. 0d. was expended in laying a concrete path to the Nurse's house, being the property of the County Council, in Higher Bebington.

### Section 26—Vaccination and Immunisation Service.

With the Committee's approval, arrangements were made in August, 1948, for the attendance at Clinics of General Practitioners for the vaccination of children against smallpox, and for immunisation against diphtheria and whooping cough. This scheme did not interfere with patients who preferred to avail themselves of the services provided by the General Practitioners at their respective surgeries. The Clinics were, however, postponed at the end of July, 1949, and great difficulty has therefore been experienced in compiling anything like true statistics for the year. The service was re-instituted by Ministry of Health agreement with the doctors at the beginning of 1950, but records for the period August to December, 1949, of vaccination and immunisation carried out privately by the general practitioners were not supplied to me until



January, 1950, and these records may be incomplete. The statistics available from returns made are as follows :—

Number of Clinics .. 56			
<i>Vaccination.</i>			
Under 1 year.	1 to 14 years.	15 or over.	
272	44	20	
Re-vaccination	—	25	
<i>Diphtheria Immunisation.</i>			
Under 5 years.	5 to 14 years.	Total.	Reinforcing doses.
447	15	462	80
<i>Whooping Cough Immunisation.</i>			
Under 1 year.	1 to 4 years.	5 to 14 years.	Total.
100	146	5	251

The Committee will be glad to note that arrangements have now been made for a continuation, as from the 16th January, 1950, of the vaccination and immunisation sessions which were in operation in July, 1948, viz. : Sessions are arranged at primary schools and, in addition, special sessions are held at Mayer Hall, Bromborough Council Offices, Victoria Hall and at the Welfare Centre, New Ferry, at fortnightly intervals. Parents wishing to avail themselves of the services of their own doctors in their surgeries are still at liberty to do so. Accurate statistics of vaccination and immunisation will be available from now on.

The Committee will, I am sure, be interested in the following statistics for the Division for these three diseases, viz. :—

Number of cases of :—

	<i>Smallpox.</i>	<i>Diphtheria.</i>	<i>Whooping Cough.</i>
1948 ..	nil	5 confirmed	104
1949 ..	nil	*6 confirmed	*99

#### Section 27—Ambulance Service.

The Bebington Ambulance Service comprised the use of six ambulances with a personnel of twenty-one, namely, Supervisor, mechanic, ten drivers and nine attendants. During the year the personnel was equipped with new uniform. At the beginning of 1950 one new ambulance was provided, but we still await our entitlement of two sitting-case cars, and in this connection it is surprising to note that probably one-third of the cases admitted to hospital and attending hospital could be catered for by suitable sitting-case cars.

The Sub-Committee appointed to deal with the Bebington Ambulance Service has had many complex problems to handle in order to maintain a twenty-four hour service with an adequate number of ambulances on the road at peak hours. As a result of the Clatterbridge General Hospital being stationed in the Division the Bebington ambulances have been called upon to transport patients home to many parts of the County, and in view of the age of some of the Division's ambulances it is perhaps a matter for satisfaction that there has at no period been any serious time-lag in providing ambulances when called for.

\* None was immunised in either case.



The following is the record of work performed in 1949 :—

	(1) No. of Vehicles.	(2) Total No. of Journeys.	(3) Total Patients Carried (Calls).	(4) No. of Accidents and Emergency Calls included in Col. 2.	(5) Total Mileages.
A. Directly Provided Service ..	6	6,163	9,500	711	61,375
B. Agency Service ..	1	245	245	129	1,657
C. Supplementary Service ..	..	274	274	Nil	4,147

The Agency Service referred to in Section B above is the ambulance provided under contract with the Cheshire County Council by Messrs. Lever Brothers. Generally speaking, this ambulance is called upon by the Bebington Divisional Ambulance Station to meet emergency calls and is not sent outside the Borough. The Supplementary Service referred to in Section C is provided by sitting-case cars of the Hospital Voluntary Car Pool and are charged for at 6d. a mile. Generally speaking, this service is called upon for out-patients visiting the hospitals for treatment where an ambulance is unnecessary.

As regards long distance journeys, during the year three patients were conveyed home by Bebington ambulances to Bedford, Oxford and Middlesbrough respectively; two children were on separate occasions conveyed to the Canadian Children's Memorial Hospital at Taplow, Bucks., by Bebington ambulance, train, and L.C.C. ambulance; one patient was conveyed home by a County sitting-case car to Newquay, Cornwall, and one patient was conveyed home to Letchworth by a Bebington ambulance, train and L.C.C. ambulance. In the cases involving train journeys, special carriages were reserved, and Bebington Ambulance Station attendants accompanied the patients.

#### Section 28—Prevention of Illness, Care and After-Care.

The Sub-Committee set up for the purpose of dealing with this section of the work has dealt mainly with T.B. After-Care in addition to the Care of the Sick and Aged, and to a lesser degree with the after-care of Mental cases, these mental cases being under the direct charge of the Authorised Officer for Mental After-Care. Out of a total of 376 on the Bebington T.B. Register for 1949, 174 cases (89 males, 85 females) were visited by Health Visitors and quarterly visits made and reports submitted to the Sub-Committee. The total of 376 cases on the register will be noted by the Committee in comparison with the number of cases already visited, and the Committee will appreciate that it will take some considerable time to cover the register on individual report forms under the new regulations for After-Care of T.B. Special attention was paid to the need of cases requiring re-housing. Chalets for separate sleeping accommodation were provided in a limited number of cases, and medical equipment and comforts were provided where necessary.



In so far as bad housing and inadequate housing contribute to the spread of T.B. in Bebington, as elsewhere, I would strongly urge the Committee to consider a recommendation to the Housing Authority to provide in their housing programme a proportion of four-bedroomed houses. It will be obvious that a family of mixed sexes, even though not more than five in number, may require four bedrooms if one member of the family is suffering from tuberculosis, thereby needing a separate bedroom.

The number of new cases of T.B. notified to me during 1949 was 54—32 males, 22 females ; and the number of deaths was 25.

The following are relevant statistics for 1949 and I have quoted corresponding figures for 1948 for comparative purposes where available.

Bebington T.B. cases under treatment per 1,000 population :

1948	..	..	7.4 (Liverpool 7.2).
1949	..	..	8.0

Bebington new T.B. cases per 1,000 population :

1949	..	..	.95 (Liverpool 2.04).
1949	..	..	1.12

Bebington T.B. Deaths per 1,000 population :

1948	..	..	.405 (Liverpool .79 ; Cheshire County .35).
1949	..	..	.52 (England and Wales .45).

As regards the care of the sick and aged, thirty-four cases were referred to me from various sources and were visited by Health Visitors, and six of these persons were provided with medical equipment and comforts.

During the year the Department was instrumental in obtaining the admission of four aged people into County Homes ; and increased financial benefits for one aged couple and bed-linen and clothing for two couples were secured from the National Assistance Board.

#### **Section 29—Domestic Help Service.**

This service is for cases needing domestic assistance and has provided very much appreciated help in maternity cases, illness, and other domestic emergencies. Assessments for payment are made on the scale laid down by the Cheshire County Council, and while it may be claimed that the service is a costly one I would emphasize its great usefulness in alleviating distress and discomfort.

The following are the relevant statistics for the year :

Permanent full-time Home Helps employed	..	..	2
Temporary Home Helps employed as required	..	..	5
Total number of hours worked	..	..	10,590
To Maternity cases	..	..	44
To T.B. cases	..	..	2
To Aged Persons	..	..	12
To others	..	..	125
			<hr/>
			183
			<hr/>
Cases paying full cost	..	..	15
Cases paying reduced cost	..	..	161
Cases free of cost	..	..	7

Further, I would say that it is now apparent that my duties as Divisional School Medical Officer are commencing, which opens up an additional field of analysis into the health of the Division, and which duties I am hoping will afford interesting and useful additional facts and statistics relevant to this branch of my work. I must add that notwithstanding the importance of the Divisional work, to obtain a complete picture of the health of the Borough the Divisional work must be dovetailed with the environmental sanitation from the point of view of housing, overcrowding, insanitary dwellings and the clean food of the population.

In closing I would like to pay tribute to those who have by their interested endeavours helped me through the first eighteen months of this largely new and experimental work. My thanks go particularly to the Town Clerk acting as Clerk to the Divisional Committee ; to Mr. R. H. Nicholson, the Assistant Solicitor, for his wholehearted co-operation ; to my Chief Clerk, Miss Glidewell ; to Mrs. Blades, the Senior Health Visitor, with her staff of Health Visitors whose work has been considerably extended and whose full co-operation has been available ; and of course for the helpful suggestions and support of my Chairman of Committee and Sub-Committees, and to the Divisional Committee as a whole.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

D. O. MACDONALD.

*Plymyard, Eastham,  
March, 1950.*



The following are the relevant statistics for the year 1950:

Permanent full-time Home Help employed	10,590
Temporary Home Help employed as required	10,590
Total number of hours worked	10,590

To Maternity cases	44
To T.R. cases	12
To Aged Persons	12
To others	12
Total	188

Cases paying full cost	15
Cases paying reduced cost	161
Cases free of cost	7

Further, I would say that it is now apparent that my duties as Divisional School Medical Officer are continuing, which opens up an additional field of analysis into the health of the Division, and such duties I am hoping will afford interesting and useful additional facts and statistics relevant to this branch of my work. I must add that notwithstanding the importance of the Divisional work, to obtain a complete picture of the health of the Borough the Divisional work must be dovetailed with the environmental sanitation from the point of view of housing, overcrowding, insanitary dwellings and the clean food of the population.

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I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

Delivered and attested—22nd October

D. O. MACDONALD.

Delivered and attested—22nd October 1950.





