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COUNTY BOROUGH OF BIRKENHEAD



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER  
FOR  
1943

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## PREFACE

The Annual Report is again presented in condensed form. What one might call the **normal** work of the Department has been increased rather than diminished during the war period. And this normal work has been carried on under two severe handicaps—(a) the addition of **abnormal** work of a purely war nature (the Civil Defence Medical Service; hospital provision for civilians and Service casualties, etc.) and (b) the subtraction of staff.

The heavy nature of these handicaps is fully realised by those members of the Council who are specially interested in the work of the Department; and gratitude must be expressed for the unfailing courtesy and helpfulness which they have shown to members of the staff and to myself.

The continued loyalty, efficiency and devotion to duty of the members of the staff have been beyond praise.

A few special features of, or items of interest in, the Report may be briefly mentioned:—

The birth rate (21.9 per 1,000) is the highest recorded in the last ten years. It compares with a rate of 16.5 per 1,000 for the country generally.

The death rate (14.8 per 1,000) is slightly higher than that for 1942; the increase being due to the high incidence of influenza and pneumonia in the latter part of the year.

Infantile mortality (the rate was 74 per 1,000 births) shows an increase as compared with 1942 (63 per 1,000 births). This is an unsatisfactory feature; the increase was due to a higher mortality from pneumonia and enteritis. But there was a welcome decline in deaths from prematurity, possibly associated with better ante-natal care.

Deaths from tuberculosis were down from 135 in 1942 to 123 in 1943. But the number of new cases notified during the year shows an increase. Attention is called to the special notes on this disease on page 8.

The incidence of venereal diseases continues to rise; 652 new cases were seen at the Council's special clinic during the year, as compared with 394 in 1942. Reference to the gravity of these diseases, and to some of the problems involved, is made on pages 13-14.

The valuable work carried out at the Municipal General Hospital is described on pages 22-24; and comments on the Maternity and Child Welfare section will be found on pages 27-28.

D.M.M.



## POPULATION, BIRTHS, AND DEATHS

### POPULATION

**Population.**—The population of the Borough, as recorded at the time of the 1931 census was 147,803.

The Registrar-General has estimated the population of the Borough as at mid-year 1943 as 115,400.

### BIRTHS

**Births registered during 1943, and birth rate.**—During the year 2,537 live births belonging to the Borough were *registered*.

The live birth rate for 1943 was 21.9.

**Birth rate in recent years.**—The birth rates since 1933 are as follows:—

1933 .....	16.4 per 1,000
1934 .....	16.8 „
1935 .....	17.0 „
1936 .....	16.4 „
1937 .....	16.3 „
1938 .....	17.0 „
1939 .....	16.8 „
1940 .....	18.7 „
1941 .....	18.5 „
1942 .....	19.6 „
1943 .....	21.9 „

**Still births.**—In addition to live births, 78 still births belonging to Birkenhead were registered in accordance with Section 7 of the Births and Deaths Registration Act, 1926. This is equivalent to a still birth rate of 0.67.

### Comparison of birth rate with rates for country generally:—

	Per 1,000 of population	
	Live births	Still births
England and Wales .....	16.5	0.5
126 County Boroughs and Great Towns (including London) .....	18.6	0.63
148 smaller towns (estimated resident populations 25,000 to 50,000 at census, 1931) .....	19.4	0.61
London Administrative County .....	15.8	0.45
Birkenhead .....	21.9	0.67

**Sex-distribution of births.**—Of the 2,537 live births, 1,310 were males and 1,227 females; a proportion of 1,000 : 936.

**Legitimacy.**—Of the 2,537 live births registered 179 were illegitimate, a percentage of 7.05.

**Registration of stillbirths.**—The 78 stillbirths registered were classified as follows:—

Legitimate—Males .....	33
Females .....	38
Illegitimate—Males .....	4
Females .....	3
	<hr/>
	78
	<hr/>

The stillbirth rate was 35 per 1,000 total births.

**Births notified during 1943.**—During the year, 2,782 births were notified in the Borough under Section 203 of the Public Health Act, 1936. Of these, 84 were stillbirths, leaving a total of 2,698 live births. This total includes births which occurred in the Birkenhead Maternity Hospital and the Birkenhead Municipal Hospital, many of which were transferable to other areas.

The following is an analysis of the above births:—

**Births in Public Institutions:—**

Birkenhead Maternity Hospital...	424	(10 stillbirths)
Birkenhead Municipal Hospital...	631	(38 „ )
Birkenhead General Hospital .....	—	(— „ )
Births in Nursing Homes .....	287	( 9 „ )

**Other births:—**

Notified by doctors .....	16	(— „ )
Notified by midwives .....	1340	(27 „ )
Notified by parents .....	—	(— „ )

---

2698 (84 stillbirths)

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**Un-notified births.**—The Registrars reported 36 cases of un-notified births; 31 by both certified midwives and doctors, and 5 by the Maternity Hospital staff.

## DEATHS

**Death - rate.**—1,709 deaths occurred during the year; the total figure includes 105 deaths of Birkenhead residents which occurred outside the Borough, but excludes 295 deaths of non-residents which occurred in the area. This gives a death-rate of 14.8 per 1,000.

**Deaths in recent years.**—The death-rates since 1933 are as follows:

1933 .....	13.5	per 1,000
1934 .....	12.0	„
1935 .....	12.5	„
1936 .....	12.6	„
1937 .....	13.0	„
1938 .....	12.1	„
1939 .....	12.9	„
1940 .....	16.1	„
1941 .....	18.9	„
1942 .....	14.3	„
1943 .....	14.8	„



**Sex-distribution of deaths.**—Of the total deaths, 926 were males and 783 females, a proportion of 1,182 : 1,000.

**Uncertified deaths.**—In 1943 there were no uncertified deaths belonging to the area.

**Coroners' inquests.**—Coroners' inquests were held regarding 68 deaths—that is, in 3.9 per cent. of the total deaths during the year.

**The Coroners' (Amendment) Act, 1926.**—Under the provisions of this Act, which came into force on 1st May, 1927, a Coroner may certify death, after a post-mortem examination has been held, **without an inquest**. During the year 98 of the registered deaths (5.7 per cent. of the total deaths) were certified in this way.

**Infantile mortality.**—There were 187 deaths of infants under 1 year old. This corresponds to an infantile mortality rate of 74 per 1,000 births.

There were 19 deaths in illegitimate infants under 1 year old; giving an illegitimate mortality rate of 106 per 1,000.

The infant mortality rates for each year since 1933 are given below:

1933	99
1934	60
1935	67
1936	63
1937	77
1938	75
1939	58
1940	80
1941	102
1942	68
1943	74

The main causes of infant deaths during the past two years are shown below:—

	No. in 1942	No. in 1943
(a) Pneumonia (all forms) .....	29	42
Bronchitis .....	1	6
Whooping cough .....	1	2
Measles .....	—	1
Diarrhoea and enteritis .....	15	37
(b) Premature birth .....	56	36
(c) All other causes .....	53	63
	—	—
	155	187
	—	—

**Deaths from tuberculosis.**—Tuberculosis was responsible for 7.2 per cent. of all the deaths recorded in the Borough in 1943. The deaths from the disease were as follows:—

Deaths from tuberculosis of the lungs .....	100
Deaths from other forms of tuberculosis .....	23
	—
	123
	—

This gives a tuberculosis death-rate of 1.06 per 1,000 of the population.

Of the 100 deaths from respiratory tuberculosis during 1943, 89 occurred in persons between 15 and 65 years old—that is, of a wage-earning age.

**Deaths from certain epidemic diseases.**—The seven “ principal epidemic diseases ” caused 64 deaths, as follows:—

Diarrhoea and enteritis (under 2 years) .....	37
Whooping cough .....	6
Measles .....	4
Scarlet fever .....	1
Diphtheria (including membranous croup) .....	16
Fever (enteric, typhus, and simple continued)...	—
Smallpox .....	—

This corresponds to a death-rate from all these diseases of 0.5 per 1,000 of the population.

**Deaths from other notifiable infectious diseases.**—Pneumonia caused, in its various forms, 124 deaths; cerebro-spinal fever, 4; encephalitis lethargica, 1.



## **WATER SUPPLY, FOOD, AND DRUGS**

### **WATER SUPPLY**

During the year, 101 samples of water from the Alwen and other supplies were bacteriologically examined in the Laboratory of the department. In addition, 54 tests for enteric and 2 for hardness have been carried out.

### **MILK SUPPLY**

90 samples of milk from farms outside the Borough were taken by the Veterinary Officer during the year and submitted for biological examination at the Municipal Laboratory. Of these, 7 (approximately 8%) were found to contain living tubercle bacilli. Appropriate action was taken.

In addition 10 cows were slaughtered under the Tuberculosis Order, and 16 cows suffering from mastitis were caused to be removed and treated.

The Veterinary Officer paid quarterly visits to the 8 accredited herds in the Borough and made 670 clinical examinations of dairy cattle. The remainder of the dairy cattle, 200 in number, situated within the Borough, were subjected to inspection.

333 samples of milk were examined bacteriologically at the Municipal Laboratory during the year. 268 of these samples were satisfactory, and 65 unsatisfactory. Suitable action was taken with regard to the unsatisfactory samples.

### **OTHER FOODS : DRUGS**

During the year 104,465 animals were slaughtered in the area, a decrease of 58,351 on the preceding year. Approximately 137 tons of meat were condemned during the year. This condemned meat was utilised in the manufacture of non-edible by-products. In the inspection of shops, etc., foodstuffs amounting to 1,250 lbs. and 11,300 tins (various sizes) of meat, fish, fruit, milk, etc., were found to be unfit for human consumption, and were condemned.

During 1943, 493 samples were taken under the Food and Drugs Acts. Of these, 238 were formal and 255 informal; 249 were samples of milk.

Of the total number of samples analysed, 28 were reported adulterated, and proceedings were taken in respect of 3 of these. Penalties were inflicted in all 3 cases.



## **TUBERCULOSIS**

The number of notified cases of tuberculosis has continued to increase during the year. The increase is limited to the pulmonary type of the disease; in fact, there has been a slight decrease in the number of persons suffering from non-pulmonary tuberculosis. An interesting feature connected with the disease is that, whilst in 1942 the increase was most marked amongst females, in 1943 the increase is to be found in the male section of the community. The graph on page 12, which has been drawn by Dr. Foster, the Council's specialist medical officer in tuberculosis and chest diseases, illustrates the course of the disease since the outbreak of war.

In April, 1943, the Ministry of Health took a new and important step forward by issuing Memorandum 266/T, which is probably the most revolutionary social measure in the field of tuberculosis since the establishment of the service in 1911. Hitherto it has been the responsibility of the local authorities (under the Public Health Act, 1936) "to make such arrangements as they think desirable for the after-care of persons suffering from tuberculosis."

Briefly Memorandum 266/T consists of three sections, details of which are given hereunder.

### **Mass Miniature Radiography**

This is a new, additional means of detecting pulmonary tuberculosis. An outfit is not yet available for use in Birkenhead; it is to be hoped that the necessary apparatus will be obtainable at an early date.

### **Financial Allowances**

The payment of allowances to patients and their dependants enables the former to give up work in order to undertake sanatorium treatment.

When this scheme was first given prominence in the press it was generally thought that **all persons** suffering from tuberculosis would receive the Government allowances through the local authorities. Memorandum 266/T does not apply, however, to chronic cases of pulmonary tuberculosis or to cases of non-pulmonary tuberculosis. All patients must fulfil certain conditions before they become eligible for the allowances, which are granted at the discretion of the Health Authority, and are not a right. Nevertheless, the scheme is now working smoothly and most of the difficulties have been overcome.

**Rehabilitation**

The plans for rehabilitation aim at placing the patient in suitable employment after treatment has been completed. This problem presents many difficulties, as rehabilitation means one thing for the cripple and another for the tuberculous. It appears that the latter will not receive the full benefits of the Tomlinson Report because of the danger of infection from the chronic active case, if healthy and tuberculous persons work side by side in industry.

Patients discharged from sanatorium fall roughly into three categories :

1. Those who are able to return to their previous employment at once.
2. Those who are unable to return to their previous employment immediately, but may do so later.
3. Those who will never be able to return to their previous employment.

Unless graduated work under sheltered conditions can be found for patients in the second and third groups they will relapse after a short period and the money expended on treatment and allowances will have been wasted. The Ministry of Labour assists in every possible way, but sheltered employment is difficult to obtain in normal industry; most of the jobs available today being heavy and of a full-time nature.

It is to the sanatorium and to the colony that we must look for assistance. Most of the sanatoria are able to provide employment for a certain number of female patients on either the household or the nursing staff; but they have little work for men. There are six colonies in different parts of the country, but these, even if sufficiently large, cannot solve all the difficulties. Some patients are psychologically unsuitable for life in a colony; others are reluctant to leave the town for what they consider to be the far distant country; and it is usually some time before a man can get a cottage for his family.

After about five years the physically fit are encouraged to leave the colony and to seek employment in the open market if they so desire. Some of the original settlers at Papworth, however, have been resident there for over 20 years; and unless more colonies are provided or the existing ones extended saturation point is obviously soon reached.

The future of rehabilitation for the tuberculous seems to lie in the development of the colony system along the broadest lines so that patients will be enabled to settle along with their wives and families. Projects such as this have already been envisaged in the plans for a future Health Service.

In accordance with the Government's instructions Memorandum 266/T has been put into operation in Birkenhead. A Tuberculosis Welfare and Care Sub-Committee was formed; an almoner commenced duty on the 18th October; and the payment of allowances commenced on the 5th November.



*Tuberculosis*

## DEATHS

	Adults.		Children.		Total.
	Pulmonary.	Non-pulmonary.	Pulmonary.	Non-pulmonary.	
1938 .....	90	9	8	8	115
1939 .....	118	7	8	6	139
1940 .....	65	1	2	2	70
1941 .....	87	3	5	2	97
1942 .....	76	—	2	1	79
1943 .....	72	3	1	1	77

The number of cases of tuberculosis notified during the year was 271, made up as follows:—

	Males		Females		Total
	Up to 15 years of age	15 years of age and over	Up to 15 years of age	15 years of age and over	
Pulmonary .....	2	134	6	88	230
Other forms .....	11	10	10	10	41
Total.....	13	144	16	98	271

The number of new cases (271) was somewhat greater than in 1942 (263).

The number of cases on the Notification Register at the end of the year was 1,384. Of these, 1,043 (577 males and 466 females) were suffering from respiratory tuberculosis and 341 (167 males and 174 females) were suffering from non-respiratory tuberculosis.

The number of cases on the Clinic Register at the end of the year was 871. Of these, 578 (317 males and 261 females) were suffering from respiratory tuberculosis, and 293 (144 males and 149 females) were suffering from non-respiratory tuberculosis.

## BIRKENHEAD ORTHOPAEDIC HOSPITAL FOR CHILDREN

**Patients dealt with.**—At the commencement of the year there were 32 patients in the Hospital. There were 66 admissions during the year. These were classified as follows:—

Tuberculosis of bones and joints .....	9
„ „ abdominal glands or peritoneum .....	10
„ „ cervical and other glands .....	14
„ „ other organs .....	7
For observation and diagnosis .....	17
Non-Tubercular conditions of bones and joints .....	9

There were 38 patients under treatment at the end of the year.

**Average duration of stay.**—For the patients discharged during the year the average length of stay in the hospital was 25 weeks.

## CHESHIRE JOINT SANATORIUM

The approved accommodation for Birkenhead cases is 32 beds.

**Patients dealt with.**—At the beginning of the year 31 Birkenhead patients were under treatment. During the year 59 Birkenhead patients were admitted, 52 were discharged, and 2 died; 36 patients remained under treatment at the end of the year.

	Men	Women	Children (under 15)	Total
In Sanatorium January 1, 1943 .....	16	15	—	31
Admitted during year .....	37	22	—	59
Discharged or left Sanatorium during year .....	31	21	—	52
Died in Sanatorium .....	1	1	—	2
In Sanatorium December 31, 1943 .....	19	17	—	36

## LEASOWE HOSPITAL

**Children.**—There were 3 cases in hospital at the beginning of the year; 1 new case was admitted during the year, and 1 has been discharged; leaving 3 patients in hospital at the end of the year.

**Adults.**—There were 3 female adults in Leasowe Hospital at the beginning of the year; 3 new cases (females) were admitted during the year, and 2 cases were discharged before the end of the year; leaving 4 patients in hospital at the end of the year.

## BIRKENHEAD MUNICIPAL HOSPITAL

**Artificial pneumothrax treatment.**—During 1943, 1,536 refills were given by Dr. Foster, including 13 primary inductions. This represents an increase of 11 refills over those given during 1942, and 1 less primary induction. There were 1,682 screenings performed during the year.

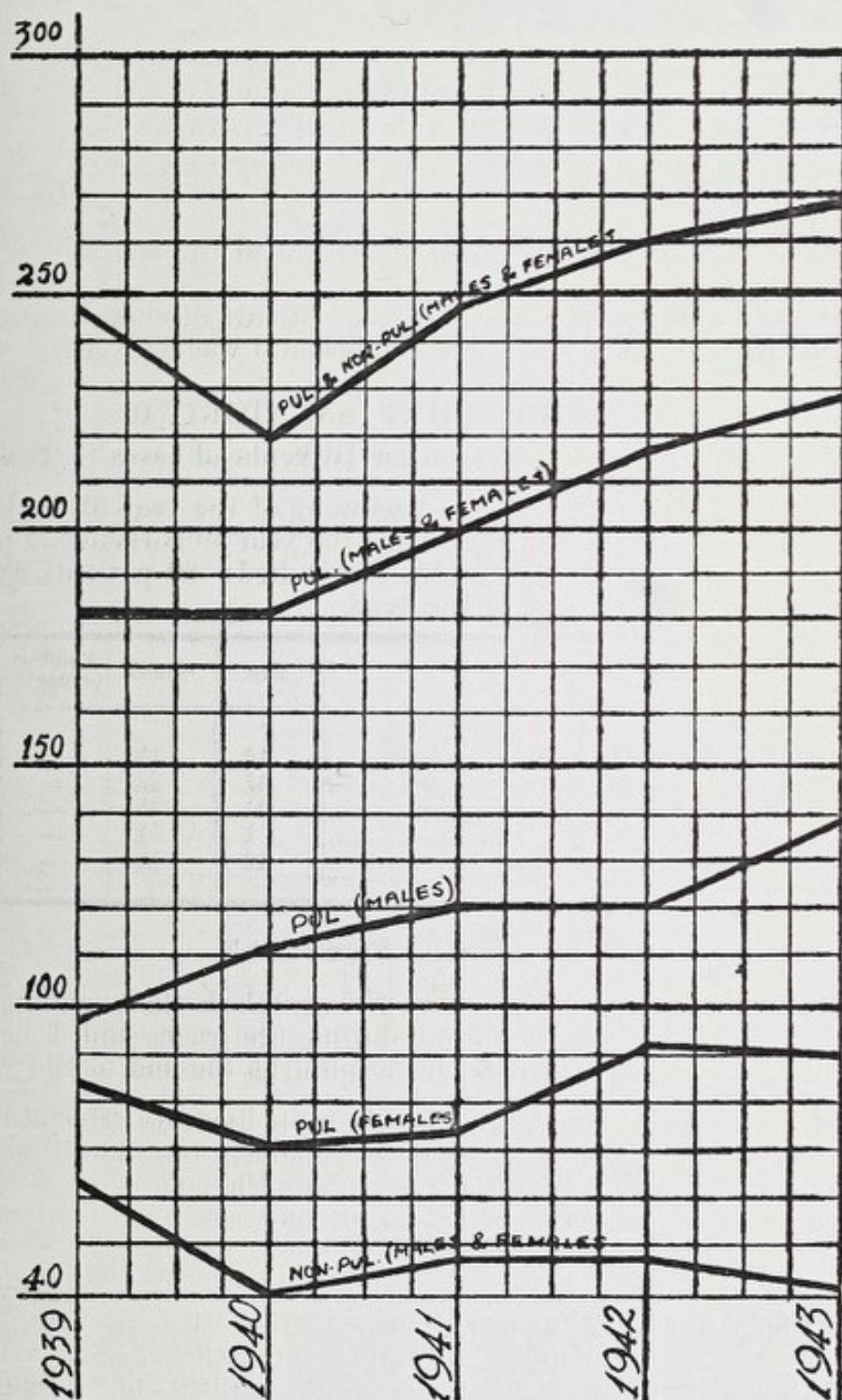
**X-ray examinations.**—During the year 1,079 patients were sent from the Tuberculosis Clinic for X-ray examination at the Municipal Hospital, an increase of 199 over the number X-rayed during 1942.

25 Bronchograms were done during 1943.



**PULMONARY AND NON-PULMONARY TUBERCULOSIS**

Notifications in Birkenhead for years 1939 to 1943 inclusive





## **VENEREAL DISEASES**

No changes in the staff at the Venereal Diseases Clinic have occurred during the year; the work being carried out by Dr. Blackstock, two health visitors and a male orderly.

652 new cases made 10,202 attendances for treatment. Further details of the cases dealt with at the Clinic are given on page 15 of this report.

The existing legislation dealing with the notification and treatment of the disease is still inadequate. There is no indication that satisfactory progress is being made towards diminishing its incidence.

Visits were made by the staff of the Clinic to the homes of defaulters who, in a number of cases, attended once or twice, but who later defaulted. Legislation to deal with this danger to the health of the nation is still lacking.

Within H.M. Forces the notification of cases of venereal disease is compulsory. Among the civilian population, in spite of repeated efforts made under the Defence (General) Regulation 33B, it has not been possible to trace the source of infection and to enforce treatment. Not one person responsible for the spread of infection was traced during the year. Patients constantly affirm that they do not know the names of the persons by whom they were infected.

Lectures to school children on the subject of sex education have been held at various centres in the Borough in accordance with the recommendation of the Board of Education. The teaching of biology in every school and the provision of lectures under the auspices of the Central Council for Health Education should prove of some value in emphasizing the danger of promiscuous sexual intercourse. With one or two possible exceptions the only way of becoming a sufferer from this disease is by sexual intercourse with an infected person. The transmission of syphilis from mother to child by the act of kissing is so rare that it is hardly met with outside the covers of text books of medicine; but it should be realised that a female child sleeping with a mother suffering from gonorrhoea may become infected.

Defaulting during the course of treatment leads to the recrudescence of the disease in later years. An increase in diseases such as heart and circulatory failure, locomotor ataxia and blindness must undoubtedly be expected in the post-war period.

An additional hardship is placed upon patients suffering from cardiovascular breakdown caused by previous infection with venereal disease, as the existing organisations dealing with social insurance refuse to assist financially such cases, and the cost of further hospital treatment becomes the responsibility of the local authority.

The successful treatment of gonorrhoea and syphilis is comparatively new. There are many people of 40 and 50 years of age who received inadequate treatment 20 years ago and who are now potential sufferers from the latent effects of these diseases. Patients will seldom divulge to their children the fact that they are suffering from syphilis, and in some cases the disease is passed on to children and to grandchildren without any preventative treatment being given.

No syphilitic woman should be allowed to produce a congenital syphilitic child. Treatment for all pregnant women known to have this disease should be compulsory.

For each case of syphilis only two cases of gonorrhoea received treatment at the Clinic. It would appear, therefore, that many sufferers from gonorrhoea are receiving treatment from general practitioners and **are never subjected to tests of cure**, as the incidence of this disease is usually 8 or 9 cases to each case of syphilis. Certain types of sulphonamide drugs will cure approximately 95% of the cases of gonorrhoea which are treated; but the remaining 5% will continue to infect others.

It is the duty of the local authority to secure that all cases are treated with the greatest possible skill. Treatment should be easily obtainable; suitable premises attached to a general hospital should be provided; and private consultation with either doctor or nurse should be made available to all who require it. The compulsory notification and treatment of venereal disease is an urgent necessity; and the outlook of both the medical and lay mind must undergo a radical change if progress is to be made in combating the ever-increasing incidence of venereal disease in our industrial areas.

During the year, 1,072 persons were dealt with at the General Hospital Clinic (668 males and 404 females), and 24 children (12 males and 12 females) were dealt with at the Hamilton Square Clinic.

The total number of attendances made at the General Hospital Clinic was 10,202 and at the Hamilton Square Clinic 256.

The total number of new cases seen at the General Hospital Clinic was 652 (396 males and 256 females), as compared with 394 (259 males and 135 females) in 1942.

9 patients (6 males and 3 females) received in-patient treatment, the aggregate number of in-patient days being 210.



Details of attendances, and new cases, at the General Hospital Clinic during the years 1940, 1941, 1942 and 1943 are set out below:—

(a) Total attendances.

	Males.	Females.	Total
1940 .....	3,688	1,745	5,433
1941 .....	3,183	1,976	5,159
1942 .....	4,052	3,603	7,655
1943 .....	4,486	5,716	10,202

(b) New cases.

Year	Syphilis		Soft Chancre		Gonorrhoea		Non-Venereal		Totals		Total New Cases
	Males	Fe-males	Males	Fe-males	Males	Fe-males	Males	Fe-males	Males	Fe-males	
1940	46	17	7	—	110	14	94	24	257	55	312
1941	49	23	11	—	138	13	93	25	291	61	352
1942	47	48	3	—	110	52	99	35	259	135	394
1943	59	43	3	—	120	102	214	111	396	256	652

## OTHER INFECTIOUS DISEASES

### INFECTIOUS DISEASES WHICH ARE NOTIFIABLE

Below is a table showing the number of cases of infectious diseases (other than tuberculosis) notified during 1943 showing ages:—

Disease	und 1 yr.	1-2 yrs.	2-3 yrs.	3-4 yrs.	4-5 yrs.	5-10 yrs.	10-15 yrs.	15-20 yrs.	20-25 yrs.	25-35 yrs.	35-45 yrs.	45-65 yrs.	65 yrs. up	Total
Smallpox .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet fever .....	5	24	39	50	51	273	104	20	10	1	4	—	—	581
Diphtheria and membra- nous croup .....	2	5	15	16	24	75	41	22	34	5	1	—	—	240
Erysipelas .....	—	1	—	1	—	2	1	1	2	8	17	6	—	39
Typhus fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteric fever .....	—	—	—	—	—	1	—	3	2	3	3	—	—	12
Continued fever.....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Relapsing fever .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal meningitis	3	1	1	2	—	4	3	4	3	1	—	—	—	22
Encephalitis lethargica (acute).....	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Polio-encephalitis (acute)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis (acute)...	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Puerperal pyrexia .....	—	—	—	—	—	—	—	—	27	5	—	—	—	32
Ophthalmia neonatorum	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Cholera .....	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia.....	36	29	28	26	17	38	10	12	19	16	46	26	—	303
Malaria .....	—	—	—	—	—	—	—	—	2	—	—	—	—	2
Dysentery .....	1	—	—	—	1	2	1	—	1	—	—	—	—	6
*Measles .....	30	51	68	55	53	203	28	15	10	5	3	—	—	521
*Whooping cough .....	56	69	66	57	52	112	8	—	—	1	1	—	—	422
Totals .....	134	180	217	207	198	710	197	78	110	45	75	32	—	2183

\* Made notifiable under the Measles and Whooping Cough Regulations, dated October 23rd, 1939.

The number of patients treated in the Infectious Diseases Hospital during the year was as follows :—

In hospital at beginning of year .....	89
Admitted to hospital during year .....	792
	— 881
Discharged from hospital during year .....	800
Number of deaths in hospital during year .....	25
	— 825
Remaining in hospital at end of year .....	56
	—

An analysis of the cases dealt with during the year is given below:

Patients sent in as suffering from	In hospital at beginning of year	Admitted during year	Died during year	Discharged during year	Remaining in hospital at end of year
Scarlet fever .....	M. 21	212	1	211	19
F. 27		253	...	259	21
Diphtheria .....	M. 17	98	6	106	3
F. 20		144	10	144	10
Enteric fever .....	M. 1	5	2	4	...
F. ...		2	1	1	...
Cerebro-spinal fever .....	M. 2	10	1	10	1
F. ...		9	3	6	...
Erysipelas .....	M. ...	3	...	3	...
F. ...		1	...	1	...
Measles .....	M. ...	8	...	8	...
F. ...		21	...	21	...
Whooping Cough .....	M. ...	7	1	6	...
F. 1		1	...	2	...
Other diseases .....	M. ...	8	...	8	...
F. ...		10	...	7	3
Totals .....	89	792	25	830	56

Of the 7 patients sent into the Infectious Diseases Hospital as cases of enteric fever, none were found to be suffering from this disease. The final diagnoses were as follows :—2 gastro-enteritis, 1 pneumonia, 1 food poisoning, 1 hench's purpura, 1 hepatitis, 1 T.B. meningitis. The last three named proved fatal.

During the year 14 patients included in the above table were admitted from outside the Borough when Clatterbridge Isolation Hospital was unable to accommodate them. An analysis of these cases is as follows:—

Diphtheria .....	M. 3	} Discharged.
	F. 9	
Scarlet Fever .....	M. 1	
	F. —	
Cerebrospinal Fever .....	M. 1	}
	F. —	

### IMMUNISATION AGAINST DIPHTHERIA

Immunisation against diphtheria free of any charge has been actively carried out in the Borough since 1933. During the past year efforts to persuade parents to accept this important measure of protection for their children have been intensified, with a fair degree of response from those who have a sufficient degree of intelligence and of interest in their children's welfare. By means of posters displayed in



buses and other prominent places, the distribution of handbills, and visits made by the Health Visitors to the homes of such children, parents have been encouraged to have the younger members of their families immunised against diphtheria.

Special immunisation sessions have also been arranged for children of school age at the various clinics and at certain of the larger schools.

The number of children whose immunisation was **completed** during the year was 4,429, made up as follows :—

1— 5 years of age .....	1,808
5—15 years of age .....	2,621
	—4,429
15 years and over .....	33
Total .....	—4,462

It is not possible to state exactly the total numbers of children in these age groups, but a fair estimate would be:—

1— 5 years of age .....	10,500
5—15 years of age .....	18,200
	—
Total .....	28,700
	—

Out of this total, the numbers of children who have now (that is, by the 31st December, 1943) received a complete course of immunisation against diphtheria are as follows:—

Under 5 years of age .....	3,470	(33%)
5—15 years of age .....	10,786	(59%)
	—	—
Total .....	14,256	(50%)
	—	—

As regards the value of immunisation, the facts set out below speak for themselves:—

	Under 5 years.	5—15 years.	15 years & over.	Total
(1) Numbers of <b>cases of diphtheria</b> notified during the year 1943...	62	116	62	240
(2) Numbers of above known to have completed the full course of immunisation not less than 12 weeks before the onset of the disease .....	1	2	—	—
(3) Numbers of <b>deaths from diphtheria</b> during the year 1943 ...	9	4	1	14
(4) Numbers of above known to have completed the full course of immunisation not less than 12 weeks before the onset of the disease .....	Nil	Nil	Nil	Nil

The following tabular statement shows the number of children immunised each year since 1933:—

### IMMUNISATION AGAINST DIPHTHERIA

Persons inoculated each year from 1933 to 1943.

Age in years on 31st December of the corresponding year.	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	
Under 1 year .....	—	—	3	1	1	13	3	3	1	5	18	
1 year .....	2	1	62	16	19	31	12	15	103	419	551	Total inoculated aged under five years on 31st December, 1943 3470
2 years .....	2	8	29	15	24	73	45	31	198	501	465	
3 years .....	7	7	42	12	30	78	32	25	209	414	392	
4 years .....	2	13	62	19	28	77	28	19	182	379	382	
5 years .....	4	12	201	24	43	125	43	23	216	349	246	Total inoculated aged 5-15 years on 31st December, 1943 10786
6 years .....	6	11	479	29	48	174	31	19	373	263	285	
7 years .....	2	9	580	18	32	190	45	27	385	214	320	
8 years .....	8	9	591	13	19	200	32	27	387	160	248	
9 years .....	1	12	668	10	23	120	23	18	401	126	286	
10 years .....	—	11	713	7	5	125	20	17	384	117	240	
11 years .....	—	1	666	7	10	96	11	10	393	112	292	
12 years .....	—	6	557	4	9	111	11	10	385	109	298	Total inoculated aged 15 years and over on 31st December, 1943 6363
13 years .....	—	3	532	4	6	62	9	7	336	103	198	
14 years .....	—	1	306	11	4	44	3	5	250	36	208	
15 years and over	9	6	90	14	9	69	25	23	132	27	33	Grand Total 1933-1943 20619
Total each year.	43	110	5581	204	310	1588	373	279	4335	3334	4462	

### SKIN CLINIC

This Clinic has been in active use throughout the year under Dr. Blackstock's care.

During the year the incidence of scabies has declined, but the work at the Clinic has not diminished, as the increase in the amount of uncleanness has necessitated the existence of a clinic where children and parents could be freed from lice and the accompanying skin diseases.



A large number of parents attend the evening sessions for treatment, with much better results than could be achieved if they attempted to cure themselves with unsatisfactory ointments and inadequate bathing facilities.

A number of girls from the local factories who were normally excluded from work for several days on account of uncleanness have attended the Clinic, where they have been bathed, cleansed and their clothing has been stoved. They have returned to work free from infection after a loss of only a few hours instead of a few days.

Medical Practitioners and hospital out-patient departments make constant use of the facilities for treatment which are provided at the Clinic. Many doctors who are in doubt as to the existence of scabies seek advice in diagnosis and request treatment.

The staffs in charge of the nursery schools in the Borough have attended the Clinic for lectures and demonstrations on how to deal with uncleanness in the quickest possible way.

The Clinic is no longer regarded as a centre for treating "dirty" people, but rather as a place where patients can receive relief from the discomfort of uncleanness and its accompanying skin lesions. The results obtained at the Clinic more than justify its existence, in spite of the present temporary and very inadequate premises; the staff have dealt with a large number of scabies cases in as short a time as our present knowledge of the disease makes possible.

6,316 attendances were made at the Clinic during the year by adults, and children under 5 years of age. Details of the defects treated are set out below.

Information relating to the treatment of school children may be found on page 47 of this report.

Disease or defect	Number of defects treated at the Clinic during the year
Scabies	
(a) Uncomplicated .....	1,088
(b) Complicated .....	502
Scabies contacts (found to be free from Scabies) .....	161
Diseases of the scalp (due to lice and nits).....	108
Other skin diseases .....	155
Total .....	2,014

## MUNICIPAL LABORATORY

Details of the work carried out at the Municipal Laboratory in respect of Birkenhead and neighbouring Authorities during the year are set out below:—

### Birkenhead

	I.D. Hospital	B'head Mun. Hospital	Other Sections of Dept.	Medical Practs.	Total
Swabs for Diphtheria—Pos. ....	106	17	3	16	142
Neg. ....	796	354	72	479	1701
Sputum for Tubercle—Pos. ....	1	258	87	33	379
Neg. ....	—	851	481	198	1530
Blood for Widal Pos. ....	—	1	1	3	5
Neg. ....	2	16	—	9	27
Blood for Wassermann ....	—	355	1020	983	2358
Smears for Gonococci ....	—	117	1725	19	1861
Other Examinations ....	48	5212	882	579	6721
	953	7181	4271	2319	14724

### Other Authorities

Clatterbridge County (General) Hospital .....	13,174
Wirral Joint Hospital Board Fever Hospital .....	1,081
Borough of Bebington .....	873
Liverpool Open-air Hospital for Children, Leasowe .....	12
County Borough of Wallasey .....	755
Hoylake Urban District Council .....	176
Wirral Urban District Council .....	242
Neston Urban District Council .....	8
Ellesmere Port Urban District Council .....	8
	16,329
	31,053



## **BIRKENHEAD MUNICIPAL (GENERAL) HOSPITAL**

There were no changes in the administrative arrangements during the year.

The whole-time Medical Staff of the hospital consists of :—

Medical Superintendent (Dr. R. A. Grant).

Deputy Medical Superintendent.

Senior Resident Medical Officer.

Four Resident Medical Officers.

In addition the part-time services of

A Radiologist,

A Physician,

An Aurist and Laryngologist,

A Psychiatrist,

An Orthopædic Surgeon,

An Ophthalmic Surgeon,

An Obstetrician and Gynæcologist, and

A Dental Surgeon

were retained, and Dr. Foster and Dr. Blackstock carried out duties as consultants in their special subjects (tuberculosis and venereal disease).

The Hospital is recognised as a training school for the General Nursing Council and as a Part 1 training school for the diploma of the Central Midwives Board. During the past year members of the nursing staff have passed out from the hospital as fully trained nurses and midwives, and many nurses who have been trained at this hospital in the past are now serving with the Queen Alexandra Nursing Services attached to H.M. Forces.

During the year 1943 there was a further increase in admissions, 4,929 patients being admitted, as against 4,673 in 1942. This increase of admissions is due no doubt to the freedom from bombing enjoyed during the past year. The hospital is classified under the Ministry of Health's scheme as a Class 1 Casualty Clearing Hospital, and 100 beds require to be reserved constantly for the admission of air raid casualties. It is not surprising, therefore, that accommodation has been difficult to find for all classes of cases, particularly for long-stay chronic cases, which show an increase on previous years. During the past winter it was necessary to restrict the admission of senile and chronic cases owing to lack of accommodation at the hospital. At no time, however, has it been necessary to refuse the admission of acute surgical, medical or emergency obstetrical cases. The strain on the reserves of the hospital has been so severe this winter that unless alternative accommodation is found for chronic sick and infirm cases, it is possible that patients suffering from acute conditions will require to be refused admission, particularly if impending events on the second front materialise this year.

In spite of the absence of air raids over the Borough, the hospital has been kept in a state of readiness. Difficulty has been experienced in maintaining emergency supplies of drugs and dressings owing to general shortage throughout the country.



A very considerable increase in the number of maternity cases occurred during the year 1943; 659 mothers were dealt with in the Maternity Block, and 668 babies born. The limited accommodation in the adapted maternity building has led to the transfer of mothers to a post-natal ward in the main hospital at an early stage following confinement, in order to cope with the demands made on the accommodation. Certain risks had to be run in transferring mothers in the puerperium a short time after delivery during 1943, and it is not intended that these risks should be undertaken again this year. This has necessitated restriction on the admission of maternity cases owing to lack of adequate accommodation and to the high percentage of emergency cases, which are, of course, never refused admission. The maternity block was recently inspected by members of the Central Midwives Board, who recognised the heavy handicaps associated with obsolete and inadequate accommodation, and stated that magnificent work was being done under very considerable difficulties. The main difficulties in association with the maternity block is inadequate labour room accommodation, absence of a day nursery for babies, absence of a suitable room for premature babies, and no means of transferring patients from upper to lower wards other than by the use of a carrying chair. The installation of a lift in this block is urgently needed.

As the hospital delivered **more than a quarter of the total births which occurred in the Borough of Birkenhead during the past year**, it would seem only reasonable that adequate accommodation should be provided for mothers and babies.

Stretcher bearers from the British Red Cross Society have rendered valuable assistance in many directions during the past year. Their help is particularly appreciated in transferring cases to the municipal annexe at Arrowe on Sunday mornings. They have also kindly assisted the nursing staff in the wards and operating theatres after the day staff of porters have left the hospital, and we owe a debt of gratitude to the Red Cross for their kind assistance.

Considerable difficulty has been met in maintaining suitable staff for both clerical and manual work. With the present labour shortage it is impossible for a large hospital to function efficiently, and this will no doubt obtain until the end of the war.

Alterations and variations in the patients' dietary have been carried out this year with the assistance of the Clerk Steward and the Dietitian. A full and varied diet is at present supplied to patients and greatly appreciated by them.

### **Arrowe Municipal Hospital Annexe**

This hospital has functioned very smoothly during the year 1943. 345 patients were admitted to the hospital from the wards at the Municipal Hospital, and undoubted benefit is felt by patients who are transferred from the sombre bricked-up wards to the sunshine and fresh air at Arrowe. Originally 20 beds were used, but owing to the demands made on the Municipal Hospital during the past year, it has become necessary to occupy between 25 and 30 beds. This has, however, meant no increase in staff, and consequently no increase in expenditure.

Acute surgical and medical cases are transferred to Arrowe as soon as it is deemed advisable. Transfers are made by means of Civil Defence Ambulances on Sunday mornings, and, as mentioned above, the assistance of the Red Cross Stretcher Bearers has been greatly valued. The remainder of the convalescence is spent at Arrowe, and patients are encouraged to go for long walks in the park before being finally discharged.

An excellent library has been installed in this hospital by the kindness of the Birkenhead and Wirral Red Cross Library depot to help patients to pass the time by reading. The Librarian attends once weekly, and patients have repeatedly expressed their gratitude for this excellent service provided for their benefit.

The Nursing Staff at Arrowe are under the care of the Sister-in-Charge, who is responsible to the Matron at the Municipal Hospital. Nurses from the Municipal Hospital are transferred for short periods to augment the wartime staff at Arrowe, and the Hospital has also been useful in rehabilitating nurses who have been off duty for varying periods of time as a result of sickness. The staff at Arrowe is, of course, only a skeleton staff, and if further beds require to be occupied, either for the reception of Service cases or for civilian air raid casualties, the staff would require to be increased to cope with such demands.

### **Municipal Hospital statistics**

The following table shows the number of admissions, births, discharges and deaths during the year 1943:—

	Men	Women	Children	Total
In Hospital on 31st December, 1942 .....	109	129	89	327

#### **Admissions :**

From own homes and other Hospitals ...	1187	2203	765	4155
Service cases admitted .....	48	4	—	52
From Birkenhead Institution .....	20	27	29	76
Eastham House .....	1	12	—	13
Births in Hospital .....	—	—	632	632
Air raid casualties .....	1	—	—	1

Total cases dealt with .....	1257	2246	1426	4929
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#### **Discharges :**

To own homes or other Hospitals .....	831	1992	1301	4124
Service cases discharged .....	47	3	—	50
To Birkenhead Institution .....	48	49	25	122
Deaths in Hospital .....	319	191	101	611

Total discharges and deaths .....	1245	2235	1427	4907
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Cases in Hospital on 31st December, 1943	114	139	88	341
Service cases on 31st December, 1943 ....	8	—	—	8

Total cases in Hospital on 31st Dec., 1943	122	139	88	349
--------------------------------------------	-----	-----	----	-----



The total number of surgical operations carried out during the year was as follows:—

Operations performed under general, spinal and local anaesthetics .....	1177
Operations for tonsils and adenoids—	
School Medical Service .....	6
Others .....	6
	— 12
Eye operations .....	38
Nasal operations .....	10
Dental operations .....	1

Below is a summary of the maternity cases dealt with at the Hospital during 1943:—

Total No. of women dealt with	Married	Single	Total No. of children dealt with	Live births	Still births
659	583	76	668	633	35

A summary of the work carried out at the X-Ray Department during 1943 is set out below:—

#### **In-patients**

X-Ray examinations made of:—

Stomach .....	203
Kidney .....	89
Chest .....	2022
Gall bladder .....	65
General .....	615
	— 2994

X-Ray films used .....	5777
Screenings .....	1982
Electrocardiographic cases .....	75

#### **Out-patients**

Tuberculosis cases .....	1079
Casualties .....	339
Orthopaedic cases .....	90
Ear, nose and throat cases .....	358
Continuation cases .....	419
Other cases .....	48
	— 2333

Air raid casualties (in and out-patients) 1 (I.P.)

214 patients received ophthalmic examinations and treatment during the year; these patients made 574 attendances. Spectacles were prescribed for 88 of these patients. 38 operations were performed.

26 *Birkenhead municipal hospital*      *Mental deficiency*  
*Welfare of the blind*

The following specimens were sent to the Municipal Laboratory during the year:—

Bacteriological specimens .....	4331
Biochemical specimens .....	741
Pathological specimens .....	2242

**Arrowe Annexe statistics**

	Men.	Women.	Children.	Total.
In Hospital on 31st December, 1942 .....	4	6	10	20

**Admissions**

From Municipal Hospital .....	87	157	101	345
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**Discharges**

To own homes .....	79	138	87	304
To Birkenhead Municipal Hospital .....	11	12	8	31
To Birkenhead Infectious Diseases Hos- pital .....	1	—	4	5
To Birkenhead Orthopaedic Hospital .....	—	—	4	4

Total discharges .....	91	150	103	344
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Total cases in hospital at 31st Dec., 1943	2	13	6	21
--------------------------------------------	---	----	---	----

## MENTAL DEFICIENCY

There were no new developments in connection with the administrative arrangements during the year.

The total number of cases under the care of the Mental Deficiency Acts Committee at the end of the year was 594. Of these, 118 were in Institutions placed by the Mental Deficiency Acts Committee, 15 were in Institutions placed by parents, etc., 5 were in State Institutions placed by the Board of Control; 26 cases under home supervision were awaiting Institutional treatment; 69 cases were under domiciliary treatment by the Public Assistance Committee; 356 cases (including 326 ex-special school cases) were under home supervision; 5 cases were under official guardianship.

## WELFARE OF THE BLIND

No changes were made in the administrative arrangements during the year.

The total number of blind persons on the Register at the end of the year was 271—144 males and 127 females.

The number of blind evacuees at the end of the year was 11.

Domiciliary assistance to necessitous blind persons was increased during the year.



## **HOUSING AND ENVIRONMENTAL HYGIENE**

This work still suffered during 1943 owing to shortage of staff. The normal staff consists of 14 Inspectors, including the Chief Sanitary Inspector, and one Sanitary Inspectors' Assistant.

Two of these are serving in H.M. Forces; three others left the service for more lucrative posts, and it has been found impossible to obtain replacements although the vacancies have been advertised.

No houses were erected during the year which did not comply with the building bye-laws.

The total number of premises inspected for housing and other defects under the Public Health or Housing Acts during the year was 10,062. 30,867 inspections were made for this purpose.

## **MATERNITY AND CHILD WELFARE**

There are still only four Maternity and Child Welfare Clinics serving all parts of the Borough. The number of births notified in the areas associated with each of the four clinics is given in the table on page 39; and also the number of infants who have attended the clinic in each area during the past year.

The South Clinic attracts the largest percentage of local births; more than 57% of all the births over the wide area of Rock Ferry attend the clinic. At the North Clinic the percentage is 50; at Hamilton Square Clinic 30; and at Mount Grove Clinic 29.

The two last-named clinics are converted houses and are necessarily less suitable for this type of work. It is therefore not surprising that a smaller number of mothers attend with their infants. Many mothers in the Mount Grove Clinic area prefer to walk the longer distance to the South Clinic which, having been built for the purpose of a welfare clinic, is properly equipped, brighter and in pleasanter surroundings.

Of the infant population 47% attend one or other of the clinics. These figures show a slight decrease on those for the previous year, which may be accounted for by the fact that so many mothers engaged on war work leave their children in the care of older women who do not share the younger, and often more enlightened, woman's appreciation of the value of regular visits to a centre where expert advice can be obtained.

Before the war Infant Welfare Clinics concentrated on the prevention of disease, and undertook comparatively little treatment of sick children; such treatment being limited to cases requiring modification of diet and simple remedies. During the war years, however, more treatment of illness has been undertaken, the services of the over-worked

general practitioners being often difficult to procure. A diminution in preventive work has necessarily resulted. Infants are seen by the doctors at the clinic at less frequent intervals, and medical advice for well established diseases has become the rule rather than the exception. In the same way 'Toddlers' Clinics, for children between the ages of one and five years, are attended mostly by children who require treatment for established conditions.

The provision of dried milk for all types of infants, cod liver oil, fruit juice and vitamin tablets attract many mothers to the clinics. A double purpose is served : firstly, all babies and toddlers receive suitable food, either free or at a reasonable cost to the parents; and secondly, children are seen by the nurse whilst being weighed, and if any abnormality is found, or if progress is slow, the child is referred to the doctor for medical advice. In many cases serious illnesses are averted by the constant supervision provided for children brought at regular intervals to the clinics.

The section of the Maternity and Child Welfare Scheme which causes the greatest anxiety to all who are interested in the health of children is that which deals with the care of the toddler. Many reasons may be suggested for the continued neglect of a great number of infants in this group. Very often another baby has arrived and the mother's care and attention is diverted from the toddler. In other cases mothers who are at work all day leave the child in the care of older persons, whose idea of a satisfactory mixed diet is often, unfortunately, some form of starch and milk; an incompletely balanced diet is therefore provided. Under these circumstances it is not surprising that the child's health deteriorates from being good at the age of one year to being unsatisfactory on admission to school at the age of five years.

A great deal of the useful work carried out at the Infant Welfare Clinics is therefore being annulled by this lack of inspection and care of the toddlers, which results in their arrival at school in a state of susceptibility to the common infectious maladies of childhood due to their subnutrition.

It is hoped that in the near future nursery schools will be established so that children may be kept under medical supervision until they reach ordinary school age. 'Toddlers' Clinics will then return to their normal function of preventing illness, and of ensuring that early treatment of incipient defects is obtained and the establishment of such defects prevented.

Medical students might with advantage be encouraged by the University authorities to study the difficult subject of pediatrics at school clinics, nurseries and infant welfare clinics. Greater co-operation between the work of the general practitioner and the work of the public health department is also essential if a successful National Health Service is to be evolved and carried out with maximum efficiency and with maximum benefit to the community.



### War-time Nurseries

The number of attendances made at the three War-time Nurseries during the year shows that many mothers have continued to take advantage of the facilities provided for the care of their children whilst they themselves are engaged on war work.

The children, who are taught to be independent, appear to pass the day happily, playing in the open air as much as possible. The school teacher and wardens are responsible for all educational activities. Medical inspections are carried out approximately once each month; and Dr. Esmé Grant reports that the children's health shows considerable improvement.

The Matrons are especially interested in the standard of nutrition of the children. A properly balanced diet, which includes cod liver oil and orange juice daily, is provided; and the children are encouraged to eat and develop a liking for those foods which contain the vitamins essential for healthy growth and maximum possible development.

Five nurses who entered from Birkenhead for the examination for the Diploma of the National Society of Children's Nurseries were highly commended for their needlework, and for their neat, smart appearance.

The attendances during the year were as follows:—

Name of Nursery	Capacity	No. of children on register during year		No. of attendances during year	
		0-2	2-5	0-2	2-5
Cavendish Road .....	45	70	84	3940	7127
Old Chester Road .....	47	73	105	3136	7062
Hollybank Road (opened 9/6/43) .....	38	41	65	1755	2956

### Midwives

72 midwives gave notice of their intention to practise in the Borough.

#### Municipal Midwives

The following is a summary of the work of the nine whole-time Municipal midwives on the staff of the department:—

Number of bookings .....	871
Number of births .....	729
Number of visits to patients .....	17483

#### Maternity Hospital Midwife

Under the terms of the agreement with the Maternity Hospital for domiciliary midwifery, the Hospital midwife carried out work as follows:—

Number of bookings .....	94
Number of births .....	61
Number of visits to patients .....	1192

**Home Visits**

In connection with the Maternity and Child Welfare Scheme, visits were paid by the Health Visitors as follows :—

To children under 1 year .....	5347
To children between 1 year & 5 years	6549
To expectant mothers .....	103
To mothers and children (miscellaneous matters) .....	4585

**Infant Welfare Clinics**

At the infant welfare clinics 1,315 first visits and 17,007 revisits were made by children under 5 years of age. Of these, 1,239 (who made 5,962 revisits) were examined by an assistant medical officer.

Below is a table showing the number of births notified during the year in the areas associated with each clinic; and the number of infants under one year who have attended the clinics for the first time.

	North	South	Hamilton Sq.	Mount Grove	Total
No. of births notified	875	900	500	455	2730
No. of infants who attended	441 (50%)	518 (57%)	190 (30%)	135 (29%)	1284 (47%)

Supplies of free milk were given to:—

92 infants

At the toddlers' clinics 265 first visits and 1,657 revisits were made.

**Antenatal Clinics**

In regard to the antenatal clinics, sessions were held on 155 occasions, the number of patients dealt with 1,247; the total number of attendances being 3,883.

A small amount of postnatal work was carried out at the antenatal clinics. 11 mothers paid 19 visits.

**Infant Life Protection**

At the end of the year the names of 18 children were entered on the Register in accordance with the provisions of Section 65 of the Children and Young Persons Act, 1932.

**Ophthalmia Neonatorum**

1 case of Ophthalmia Neonatorum was notified during the year and was treated at home. Vision was unimpaired.

**Maternal Mortality**

The Registrar-General's annual statement of causes of death includes 4 deaths connected with pregnancy and childbirth.



This gives a maternal mortality rate of 1.53 per 1,000 births (living and still), as compared with a rate of 2.29 for the whole country.

The causes of the deaths were as follows:—

Puerperal sepsis .....	2
Other maternal causes .....	2

### **Evacuation of Expectant Mothers**

42 expectant mothers were evacuated from the Borough during the year.

## **CIVIL DEFENCE MEDICAL SERVICE**

The transition in national policy from necessarily defensive planning to an all-out offensive considerably affected the Civil Defence Medical Service in Birkenhead during the year 1943, the main items being:—

- (1) Short term release of personnel.
- (2) Amalgamation of First Aid and Rescue Parties.
- (3) Reduction in the whole-time paid establishment of the First Aid Posts.

**1. Short Term release of personnel.**—In order to allow the full-time paid personnel to make a more active contribution to the war effort, the Ministry of Home Security allowed for the conditional release of a substantial proportion of the personnel to perform work under industrial conditions. In the early part of the year a number of members of the First Aid Parties were released to industry.

**2. Amalgamation of First Aid and Rescue Parties.**—The second phase was the reduction of specialisation in the services so as to make the maximum use of the remaining personnel. It was, therefore, decided by the Government that, with the training of first aid parties in rescue work and the rescue parties in first aid, these two branches should be formally amalgamated in all Regions under the title of Civil Defence Rescue Service. The amalgamation was carried out in Birkenhead, and took effect on the 7th July, when the First Aid Parties ceased to come under the direction of the Medical Officer of Health as head of the Civil Defence Medical Service. This action also necessitated the separation of the Ambulance Service and the First Aid Parties, the personnel of which had, up to that time, been housed in the same buildings. Out of 9 First Aid Party and Ambulance Depots, 4 were retained for the Rescue Service, 2 were retained as Ambulance Depots, and 3 were closed; and the Medical Officer of Health handed over to the Transport Officer the operational control of the ambulances.

**3. Reduction in the whole-time paid establishment of First Aid Posts.**—The authorised paid establishment of the First Aid Posts (fixed and mobile) was reduced during the year from 108 to 56 (both figures excluding trained nurses).

At the beginning of the year the paid strength was 88. Releases were arranged through the Ministry of Labour and National Service Office, whose staff gave the greatest possible assistance in placing the redundant personnel in suitable occupations.



The personnel at the end of the year consisted of the following:—

**Paid**

Trained Nurses .....	9
Post Superintendents .....	7
First Aid Attendants (Females) .....	27
Stretcher Bearers .....	16
	— 59

**Unpaid**

First Aid Attendants (females) .....	126
Stretcher Bearers (males) .....	47
Drivers (male—mobile unit) .....	1
	— 174
	— 233

**Medical Staff.**—Dr. D. L. Murray left to join H.M. Forces on 3rd July, and certain of the Civil Defence duties which he had carried out devolved upon Dr. R. Sandilands, Assistant Medical Officer.

**Civil Nursing Reserve**

Throughout the year Mrs. G. S. Prentice has continued her voluntary work as organising chairman of the Local Emergency Committee for the Nursing Profession; a position held since May, 1939. The smoothness and efficiency which has characterised the Civil Nursing Reserve administration in Birkenhead has attracted attention elsewhere, and well-deserved praise. The credit must go to Mrs. Prentice for the success of this section of the Civil Defence Medical Service, of which she has had full control, and to which she has devoted herself unsparingly for so many arduous years.

Throughout 1943 a small but steady flow of recruits to the Civil Nursing Reserve has replaced, to a large extent, members who have either resigned or who have been released as unsatisfactory.

The following reasons may be given for the small decrease in the number of full-time and part-time nursing auxiliaries available for duty at the end of the year.

- (a) Since the Rushcliffe Scheme came into operation many full-time auxiliaries have enrolled as student nurses. Every effort is made to encourage girls to enter the nursing profession; and between June and December, 17 girls interviewed by Mrs. Prentice were persuaded to do so.
- (b) A number of part-time members who have been transferred to more exacting war work are now unable to devote any time to hospital duties.
- (c) A small number of married women resigned for family reasons.

The enrolment figures of all Birkenhead Civil Nursing Reserve members up to the end of 1943 who are giving regular reliable service are as follows:—

Full-time Nursing Auxiliaries (including B.R.C.S. and S.J.A.B. members) .....	93
Part-time Nursing Auxiliaries (including B.R.C.S. and S.J.A.B.) .....	180
State Registered and Assistant Nurses .....	54



## HEALTH OF SCHOOL CHILDREN

It had been the consistent policy of the Birkenhead Education Committee, during the war years, to maintain the highest possible standard of school medical inspection, to provide nourishing meals, and to supply milk in all the schools of the Borough. In spite of great difficulties occasioned by shortage of staff, medical inspection has been maintained at a level much above that latterly required by the Board of Education; records of the work carried out will be found in the pages of this report. It is a subject for regret that any lowering of the rational standard in the medical care of child life should have become necessary as a matter of emergency; but in Birkenhead, so far, it may be said that medical supervision has been kept up to, and in some respects raised above, the pre-war line.

On the school children of today will fall the burden of conceiving, fighting for, creating and maintaining a saner, cleaner and more intelligently managed post-war world. Without health of body and mind they will find their task incapable of achievement. No effort should be spared in the endeavour to secure that the foundations of this health are well laid.

Looking back over the past year, and taking all the handicapping factors into account, it may be said that the results obtained have been, on the whole, encouraging. No considerable deterioration of physique has occurred, although the percentage of children in the mal-nourished class is slightly higher than in the previous year; no increase in illness of a serious nature has to be recorded; and the great majority of children are well-nourished and active, with high spirits and a good reserve of resistance.

But while the condition of the majority is satisfactory, there are still too many who are found to be pale, listless, easily tired. Again and again the opinion is formed by the examining medical officers that this subnormal condition is due to lack of a sufficient daily ration of sleep, and to a badly managed home life. It is not predominantly due to lack of available supplies of food, but rather to the fact that the children's parents are too busy (and in some cases too careless) to see that they are properly fed, put to bed early, adequately clothed, and allowed only an occasional visit to the local "cinema." In many cases parents do not avail themselves fully of the arrangements made for the provision of meals by the Education Committee; they send their children on some days to school for dinner, and on others they fail to do so, and food is wasted.

The standard of cleanliness which seems to satisfy some of the less self-respecting parents is often low; bodies and clothing alike suffer from lack of soap and water. As a result skin diseases such as pediculosis (nits and lice), impetigo, and scabies are given an excellent opportunity of establishing themselves, and later of spreading to the cleaner children. This has meant much extra work for the Health Visitors, who have spent a great deal of valuable time visiting the homes of the children, and examining them in the schools.



A certain proportion of the children are poorly clad, clothing being inadequate, ragged or ill-tended, even in families where the income has increased under war conditions. In many of these cases the mother is out at work all day, and no doubt is often unfit to cope with household duties in what would normally be her spare time. It would be a mistake to form hasty judgments in cases of this kind; conditions are so far from normal that restraint in criticism is called for. **But we must never forget that the main sufferer is the child, and that the child is our main concern.**

It would be neither desirable nor practicable for the Local Education Authority to take over any substantial part of the responsibility of parenthood. But one function may have to pass, in large measure, from the home to the school—the provision of the mid-day meal. School dinners could be made a recognized part of the school programme of every child; suitable premises, equipment, and staff could be provided; so that we should know that each child was getting daily at least one meal properly balanced in food value, properly cooked and properly served. In spite of all the efforts which have been made, and are being made, to instil elementary knowledge with regard to food values, many years may pass before parents can be persuaded to appreciate what foods are best for growing children and how they can be cooked without robbing them of their nutritional usefulness, and without rendering them unpalatable.

### **Staff**

During the year the medical staff engaged on school medical service duties consisted of Dr. Anna Williams, Dr. Blackstock, Dr. Esmé Grant and Dr. Phyllis Marsh; the last named being engaged in a part-time capacity. Dr. Murray was called for military service on the 2nd July. In spite of repeated efforts to secure a whole-time Assistant Medical Officer to replace Dr. Murray the vacancy had not been filled by the end of the year.

The work of school dental inspection and treatment has been carried out by Mr. Wilson Smith, the Senior Dental Surgeon, and an Assistant Dental Surgeon, Mrs. Doreen Wilson. In view of the increase in the school population and in order to prevent a curtailment of the service it was recommended in December that a whole-time temporary Assistant Dental Surgeon should be appointed early in the New Year to replace one of the Dental Surgeons at present in H.M. Forces.

### **Skin Clinic**

On account of the slightly higher percentage of school children suffering from uncleanliness and pediculosis, and the consequent introduction of a scheme whereby children, with mothers on war work, are cleansed by the Nurses' Assistants, the number of cases treated at the Skin Clinic during the year has increased, rather than diminished, in spite of the decline in the incidence of scabies.



Details of the treatment for scabies and other skin diseases which has been carried out during the year may be found on page 47 of this report.

The marked decrease in the number of parents who are anxious to co-operate with the staff, the speedy methods of treatment which have been evolved and the general efficiency of the clinic are due very largely to the great interest taken in this work by Dr. Blackstock, Miss Beattie and the remaining members of the staff.

### **Government Evacuation Scheme**

At the end of the year there were approximately 1,200 Birkenhead school children in reception areas throughout the country. Of this number 750 were evacuated under the Government Evacuation Scheme whilst the remaining 450 were sent to billets found by their parents.

Children in Montgomeryshire and Caernarvonshire were medically inspected during the year by the staff of the Medical Officers of those Counties. Merionethshire is visited periodically for this purpose by a member of the Education Committee's medical staff who reports that the children are well-cared for and sensibly clothed; the standard of their general health and nutrition comparing favourably with that of children in Birkenhead.

No cases of infectious disease or of severe illness were notified to me during 1943.

It is a pleasure to record my gratitude to the County Medical Officers in Wales for the help which I have constantly received from them during the year; and to my colleague Mr. Dempsey, Director of Education, for his interest in the medical work carried out both in Birkenhead and in the Reception Areas.

**MEDICAL INSPECTION***(see note a)***A.—ROUTINE MEDICAL INSPECTIONS**Number of Inspections in the Prescribed Groups *(see note b)*—

Entrants .....	1115
Second age group .....	1482
Third age group .....	1330
Total .....	3927

Number of other Routine Inspections *(see note c)*

Nursery Classes .....	46
Claughton Road School .....	36
Class for Partially Sighted Children .....	16
Fourth age group .....	1360
Total .....	1458

Grand Total ..... 5385

**B.—OTHER INSPECTIONS**Number of Special Inspections *(see note d)* ..... 4151

In schools .....	22
In clinics .....	4129

Number of Re-inspections *(see note e)* ..... 3239

In schools .....	1327
In clinics .....	1912

Total ..... 7390

**CHILDREN FOUND TO REQUIRE TREATMENT**

Number of individual children found at routine medical inspection to require treatment (excluding defects of nutrition, uncleanliness and dental diseases).

Note.—No individual child is counted more than once in any column of this Table; for example, a child suffering from defective vision and from adenoids appears once in Column 2, once in Column 3 and once only in Column 4. Similarly a child suffering from two defects other than defective vision appears once only in Column 3 and once in Column 4.

Group. (1)	For defective vision (excluding squint) (2)	For all other conditions recorded in table on p. 40 (3)	Total. (4)
Entrants.....	13	108	121
Second Age Group.....	78	111	189
Third Age Group .....	112	118	221
Total (Prescribed Groups) .....	203	337	531
Other Routine Inspections .....	113	114	227
Grand Total.....	316	451	758



NOTES ON TABLES (page 40)

(a) The return refers to a complete calendar year.

(b) This heading relates solely to the routine medical inspection of the three ordinary age groups, i.e., to medical inspection carried out

- (i) in compliance with Article 17 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19; which states that "the authority must provide for the medical inspection of all children in Public Elementary Schools as soon as possible in the twelve months following—(a) their first admission to a Public Elementary School and (b) their attaining the age of 8 years and (c) their attaining the age of 12 years."
- (ii) on the school premises (or at a place specially sanctioned by the Board);
- (iii) for the purpose of making a report on each child on the lines of the approved Schedule set out in Circular 582.

(c) Under this heading is recorded *routine* inspections, if any, of children who do not fall under the three prescribed age-groups, e.g., *routine* inspections of a fourth age-group (children who are eligible to leave school at the end of the term in which the inspection takes place) or of other groups of children, as distinct from those who are individually selected on account of some suspected ill-health for "Special" Inspection.

(d) A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, i.e., not inspected at a routine medical inspection as defined above. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officers, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere. If a child happens to come before the School Medical Officer for special inspection during a year in which it falls into one of the routine groups, its routine inspection is entered in Part A of the table on page 40 headed "Routine Inspections" and its special inspection in Part B. The inspection recorded under the heading of special inspections is only the first inspection of the child so referred for a particular defect. If a child who has been specially inspected for one defect is subsequently specially inspected for another defect, such subsequent inspection is recorded as a Special Inspection and not as a Re-inspection.

(e) Under this heading is entered the medical inspections of children who as the result of a routine or special inspection come up later on for subsequent re-inspection, whether at the School or at the Inspection Clinic. The first inspection in every case is entered as a routine or special inspection as the case may be. Every subsequent inspection of the same defect is entered as a re-inspection.

Nothing is included under the head of special inspections or re-inspections except such inspections as are defined above. Attendances for treatment by a Nurse, or for examinations by anyone other than a Doctor on the staff of the School Medical Service, are not recorded as medical inspections. If, however, at any such attendance a child is also examined by one of the Authority's Medical Officers, this is recorded as a special inspection or re-inspection as the case may be, even if treatment is also given; but such attendance is also of course recorded as an attendance for treatment.

## RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect or disease		Routine Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
1)		(2)	(3)	(4)	(5)
<i>Skin</i> .....	(1) Ringworm—Scalp .....	—	—	9	—
	(2) " —Body .....	1	—	30	—
	(3) Scabies .....	48	—	580	—
	(4) Impetigo .....	3	1	159	—
	(5) Other diseases (non-tuberculous) .....	7	—	201	—
<i>Eye</i> .....	(6) Blepharitis .....	15	1	73	—
	(7) Conjunctivitis .....	4	—	74	—
	(8) Keratitis .....	—	—	—	—
	(9) Corneal ulcers .....	—	—	—	—
	(10) Other conditions (excluding defective vision and squint) .....	7	1	55	—
	(11) Defective vision (excluding squint) .....	345	120	47	—
	(12) Squint .....	18	2	10	—
<i>Ear</i> .....	(13) Defective hearing .....	4	2	7	—
	(14) Otitis media .....	—	—	23	—
	(15) Other ear diseases .....	15	3	219	—
<i>Nose and throat.</i>	(16) Chronic tonsillitis only .....	39	36	229	—
	(17) Adenoids only .....	2	—	7	—
	(18) Chronic tonsillitis and adenoids .....	5	3	8	—
	(19) Other conditions .....	11	4	59	—
	(20) Enlarged cervical glands (non-tuberculous) .....	9	15	62	—
	(21) Defective speech .....	2	3	—	—
<i>Heart and circulation</i> .....	(22) Heart disease—Organic .....	1	—	2	1
	(23) " —Functional .....	14	12	2	—
	(24) Anæmia .....	28	13	14	—
<i>Lungs</i> .....	(25) Bronchitis .....	10	2	2	—
	(26) Other non-tuberculous diseases .....	6	6	4	—
<i>Tuberculosis</i>	(27) Pulmonary—Definite .....	—	1	—	—
	(28) " Suspected .....	—	—	—	—
	(29) Non-pulmonary—Glands .....	—	—	—	—
	(30) " Bones and joints .....	—	—	—	—
	(31) " Skin .....	—	—	—	—
	(32) " Other forms .....	—	2	—	—
<i>Nervous system</i> .....	(33) Epilepsy .....	—	1	1	—
	(34) Chorea .....	1	—	1	—
	(35) Other conditions .....	—	—	4	—
<i>Deformities</i> .....	(36) Rickets .....	—	—	—	—
	(37) Spinal curvature .....	—	—	—	—
	(38) Other forms .....	22	12	26	—
(39) Other defects and diseases (excluding Defects of Nutrition, Uncleanliness and Dental Diseases)		161	69	2108	—
TOATL.....		778	309	4016	1



### CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS

(See Administrative Memorandum No. 124, dated 31st December, 1934)

Age groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants.....	1115	34	3.05	931	83.50	149	13.36	1	.09
Second Age Group ...	1482	114	7.69	1176	79.35	190	12.82	2	.14
Third Age Group ....	1330	80	6.02	1036	77.89	213	16.01	1	.08
Other Routine Inspections .....	1458	139	9.53	1151	78.95	168	11.52	—	—
Total.....	5385	367	6.81	4294	79.75	720	13.37	4	.07

### RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

This return is in respect of all exceptional children in the area, and is not confined only to those for whom suitable accommodation is available.

For the purpose of this Table no child is included who has not been examined by the School Medical Officer, by a medical member of the Authority's staff, or by the Tuberculosis Officer.

The table is made up from the list of exceptional children as it stood on the last day of the calendar year.

Children sent by the Authority to Day or Residential Schools outside the area are included in this table: children who are living in Residential Schools in the area, or attend Day Schools in the area, but who come from other areas, are not included.

*No child is entered under more than one heading in this form*

### BLIND CHILDREN

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class is included in this section.

Number at Certified Schools for the Blind ..... 1

### PARTIALLY SIGHTED CHILDREN

In this section are included only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision are not included in this table.

Number on register ..... 28

During the year 3 new cases were added to the register.

Below is a classification of the defects from which these partially sighted children suffer :

Myopia .....	6
Myopic astigmatism .....	11
Congenital cataract .....	2
Congenital cataract and nystagmus .....	1
Coloboma iris and choroid .....	2
Optic atrophy .....	1
Absence of iris and partial cataract .....	1
Absence of iris and nystagmus .....	1
Nystagmus .....	2
Partial cataract .....	1
	—
	28
	—

## DEAF CHILDREN

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class is included in this section.

Number at Certified Schools for the Deaf ..... 12

## PARTIALLY DEAF CHILDREN

In this section are included children who can appropriately be taught only in a school for the partially deaf.

Number on register ..... 13

## MENTALLY DEFECTIVE CHILDREN

Mentally defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools, but are not incapable by reason of that defect of receiving benefit from instruction in special schools for mentally defective children.

The following table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children are entered in the return of notified children (see following page).

Number on register ..... 75



*Claughton Road Council School.*—In accordance with the arrangements for ascertainment, examinations of children suspected to be mentally defective were held at various schools and clinics during the year by the Assistant Medical Officers.

The results of these examinations are set out below:

Total number examined—Boys .....	25
Girls .....	10
	— 35
Number certified as mentally defective—Boys.....	18
Girls.....	6
	— 24*

\* Four of these were recommended for admission to residential special schools, and six were notified to the Local Authority under the Mental Deficiency Acts.

Number recommended to continue in attendance at ordinary elementary schools—Boys.....	7
Girls.....	4
	— 11

8 children left school during the year

(a) on reaching the age of 16 years .....	5*
(b) before reaching the age of 16 years .....	3†

\* One of these was notified to the Local Authority under the Mental Deficiency Acts.

† Two of these were notified to the Local Authority under the Mental Deficiency Acts and one was granted leave of absence.

**Mental Deficiency (Notification of Children) Regulations, 1928.—**

Statement of the number of children notified during the year ended 31st December, 1943, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified ..... 9

## Analysis of the above total

Diagnosis	Boys	Girls
1. (i) Children incapable of receiving <i>benefit</i> or <i>further benefit</i> from instruction in a Special School:		
(a) Idiots .....	—	—
(b) Imbeciles .....	4	2
(c) Others .....	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
i		
(a) Moral defectives .....	—	—
(b) Others .....	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 .....	2	1
3. Feeble-minded children notified under Article 3, <i>i.e.</i> "special circumstances" cases .....	—	—
4. Children who in addition to being mentally defective were blind or deaf .....	—	—
Total.....	6	3



## EPILEPTIC CHILDREN

In this part of the table only those children are included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

(For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.)

Number on register ..... 6

## PHYSICALLY DEFECTIVE CHILDREN

## A.—TUBERCULOUS CHILDREN

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere are recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment are recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS  
(Including pleura and intra-thoracic glands)

Number on register ..... 40

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS  
(This category includes tuberculosis of all sites other than those shown in (I) above)

Number on register ..... 274

## B.—DELICATE CHILDREN

This section is confined to children (except those included in other groups) whose general health renders it urgently desirable that they should be specially selected for admission to an Open Air School. Such children are included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. Children are not classed as suitable for admission to an Open Air School unless the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

Number on register ..... 6

The impression must not be conveyed that there are only six children of school age who would benefit from instruction in an Open Air School. There would be no difficulty in selecting hundreds of children who would benefit both physically and mentally from the special environment and special instruction which such a school would provide.

#### C.—CRIPPLED CHILDREN

This section is confined to children (other than those diagnosed as suffering from tuberculosis and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

Number on register ..... 6

#### D.—CHILDREN WITH HEART DISEASE

This section is confined to children in whose case the Medical Officer is prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

Number on register ..... 15

#### CHILDREN SUFFERING FROM MULTIPLE DEFECTS

Mental Defect (Feeble-minded and Epileptic) .....	2
Mental Defect (Feeble-minded and Heart Disease) .....	1
Hearing Defect (Epileptic and Deaf) .....	1
Sight Defect (Partially Blind and Partially Deaf) ...	1



## RETURN OF DEFECTS TREATED DURING THE YEAR

(see note a)

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see page 54)

Disease or defect (1)	Number of defects treated, or under treatment during the year.		
	Under the Authority's scheme (see note b) (2)	Otherwise (3)	Total (4)
<i>Skin</i> —Ringworm—scalp—			
(i.) X-Ray treatment .....	—	—	—
(ii.) Other treatment .....	9	—	9
Ringworm—body .....	24	—	24
Scabies .....	71	—	71
Impetigo .....	111	—	111
Other skin disease .....	129	—	129
<i>Minor eye defects</i> .....	164	—	164
(external and other, but excluding cases falling in Group II.)			
<i>Minor ear defects</i> .....	182	—	182
<i>Minor nose and throat defects</i> .....	92	3	95
<i>Miscellaneous</i> .....	1117	4	1121
(e.g., minor injuries, bruises, sores, chilblains, &c.)			
Total .....	1899	7	1906

The number of children who received treatment at the General School Clinic was 1,661. The total attendances numbered 8,960.

During the past year the Health Nurses paid 563 visits to the homes of children with defects in connection with "following up"—532 first visits, 31 re-visits.

## GROUP II.—SCABIES AND OTHER SKIN DISEASES (excluding defects treated at the Minor Ailments Clinics)

Disease or defect.	Number of defects treated at the Skin Clinic during the year.
Scabies :	
(a) uncomplicated .....	972
(b) complicated .....	445
Scabies contacts (found to be free from scabies) .....	141
Secondary dermatitis (following scabies) .....	94
Diseases of the scalp (due to lice and nits) .....	210
Other skin diseases .....	51
Total .....	1913

The total attendances made to the Clinic during the year numbered 9,032.

An average of 1.44 treatments only were required to effect a cure for each case of uncomplicated scabies.

## GROUP III.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye

Defects treated as Minor Ailments—Group I.)

Defect or disease	Number of defects dealt with		
	Under the Authority's scheme (see note <i>b</i> )	Otherwise	Total
(1)	(2)	(3)	(4)
Errors of refraction (including squint) .....	647	17	664
Other defect or disease of the eyes (excluding those recorded in Group I) .....	5	—	5
Total.....	652	17	669

	Under the Authority's scheme	Otherwise	Total
No of children for whom spectacles were			
(a) Prescribed .....	621	15	636
(b) Obtained .....	506	15	521

Dr. Williams continued in charge of the Eye Clinic.

Care is taken to secure that, so far as can be judged without any elaborate system of investigation, only those parents who are not in a position to obtain private attention to their children's eyes are allowed to avail themselves of the facilities provided at the clinic.

During the year 435 new cases were examined. Spectacles were prescribed for 267 of these, the remainder being found to be emmetropic or cases for whom spectacles were of no benefit. 513 children attended for re-examination, and 506 pairs of spectacles (new or replaced) were supplied. The total cost of all the spectacles which were ordered during the year (including those ordered for secondary school children) was £234 17s. 6d., of which the parents were required to pay £229 3s. 8d. The total sum collected during the year (including arrears from previous years) was £236 19s. 6d.

41 new cases were examined and 101 re-examinations were carried out by Dr. Berkson, the consultant ophthalmic surgeon, at the Birkenhead Municipal Hospital.



The following conditions were recorded among the new cases who attended the clinic :

Nystagmus .....	1
Cataract .....	1
Pigmentation choroid .....	1
Coloboma iris and choroid .....	1
Coloboma iris .....	1

The new cases of strabismus noted during the year were as follows :

Convergent : Right eye 32, left eye 37, alternating 8.  
Divergent : Right eye 1.

#### GROUP IV.—TREATMENT OF DEFECTS OF NOSE AND THROAT

Number of defects													
Received operative treatment												Received other forms of treatment (4)	Total number treated (5)
Under the Authority's scheme in clinic or hospital, (see note b) (1)				By private practitioner or hospital, apart from the Authority's scheme (2)				Total (3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
4	-	1	-	1	-	-	-	5	-	1	-	193	199

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids.  
(iv) Other defects of the nose and throat.

A total of 231 children referred to Mr. Leathart, the consultant aurist and laryngologist, was examined by him.

#### GROUP V.—ORTHOPÆDIC AND POSTURAL DEFECTS (see note c)

	Under the Authority's scheme, non-residential treatment at an Orthopædic Clinic
Number of children treated .....	239

1. *Examinations carried out at the clinic by the orthopædic surgeon.* —At the Clinic Dr. Hartley Martin, the orthopædic surgeon, attended on 26 occasions during the year. The after-care sister made 26 attendances.

226 new cases were dealt with, as compared with 192 in the previous year.

Tuberculous cases .....	4
Non-tuberculous cases—	
Under school age .....	101
Of school age .....	121
Over school age .....	—
	226

There were 554 re-examinations made, as compared with 648 in 1942 :—

Tuberculous cases .....	19
Non-tuberculous cases—	
Under school age .....	208
Of school age .....	323
Over school age .....	4
	<hr/> 554

The average number of cases seen by the surgeon per session was 30.

In the following table Dr. Hartley Martin sets out a classification of cases dealt with and shows the results of treatment :

Diagnosis	Remaining at end of 1943	1943 New cases			Remaining at end of 1943			Discharges 1943							Died
		School age			School age			Cured	Relieved	Over age— Relieved	Left district	Refused treatment	Unsuitable		
		Under	Of	Over	Under	Of	Over								
Infantile Paralysis . . . .	15	...	1	...	...	12	...	...	...	2	1	1	...	...	
Spastic Paralysis . . . . .	22	2	2	...	6	14	...	...	3	...	...	2	...	1	
Rickets . . . . .	15	2	..	...	6	5	...	3	...	...	...	3	...	...	
Osteitis and Arthritis :															
(a) Tuberculous . . . . .	15	2	2	...	3	11	2	2	...	...	...	1	...	...	
(b) Non-Tuberculous . . . .	8	...	2	...	...	4	...	5	1	...	...	...	...	...	
Congenital Deform. . . . .	26	10	5	...	17	20	1	...	...	...	...	1	...	...	
Acquired Deform. ....	180	71	83	...	106	133	...	28	...	1	...	63	2	1	
No Apparent Defects..	7	16	28	...	5	6	...	...	...	...	...	...	40	...	
Totals... . . . .	288	103	123	...	143	205	3	33	4	3	1	71	42	2	

2. *Massage and remedial exercises.*—Massage and remedial exercises as prescribed by Dr. Martin were provided by the Invalid Children's Association. (There is one whole-time and one part-time masseuse on the Association's staff.)

Attendance for massage and remedial exercises were made by clinic cases as follows :

Tuberculous cases .....	—
Non-tuberculous cases—	
Under school age .....	626
Of school age .....	3513
Over school age .....	—
	<hr/> 4139

In addition to the above, 80 attendances were made by non-clinic cases (that is to say, cases sent to the Association by orthopaedic surgeons attached to voluntary hospitals, etc.) as follows:—

Under school age .....	43
Of school age .....	37



3. *Surgical apparatus—splints, etc.*—These are provided by the Association, the number of cases dealt with during the past year being as follows :

	Under School Age	Of School Age	Over School Age
Tuberculous cases—			
Clinic cases .....	—	1	1
Non-clinic cases .....	1	2	—
Non-tuberculous cases—			
Clinic cases .....	86	130	33
Non-clinic cases .....	56	106	23

4. *Milk, tonics, convalescence, after-care.*—Most useful work is also done by the Association in providing milk, tonics, etc., for patients for whom these have been prescribed by the orthopaedic surgeon and other doctors, and in following up and helping patients who have passed through the stage of active treatment :

	Under School Age	Of School Age	Over School Age
Children supplied with milk—			
Tuberculous cases—			
Clinic cases .....	—	2	—
Non-clinic cases .....	—	—	—
Non-tuberculous cases—			
Clinic cases .....	—	2	—
Non-clinic cases .....	1	8	2
Children supplied with tonics—			
Tuberculous cases—			
Clinic cases .....	1	9	—
Non-clinic cases .....	—	—	—
Non-tuberculous cases—			
Clinic cases .....	13	38	—
Non-clinic cases .....	2	7	1

#### Children sent to Convalescent Homes and Country Hospitals—

Tuberculous cases—			
Clinic cases .....	—	2	—
Non-clinic cases .....	—	1	—
Non-tuberculous cases—			
Clinic cases .....	24	114	2
Non-clinic cases .....	34	23	7

5. *Birkenhead Orthopaedic Hospital.*—At this institution children suffering from orthopaedic defects of tuberculous origin are treated. Many are cases who have passed through a course of treatment at Leasowe Hospital, or are awaiting admission to that institution.

6. *Treatment by Ultra-Violet Rays.*—Treatment of rickets and other deforming conditions is provided. Fuller details of the work carried out by the Invalid Children's Association are given below.

61 children of school age made 1,362 attendances during the year.

	Improved	Not Improved	Still under treatment at end of year
Debility .....	21	—	31
Tuberculosis .....	3	2	2
Rickets .....	1	—	1
	—	—	—
	25	2	34
	—	—	—

In addition, 366 attendances were made by children below and above school age.

### DENTAL INSPECTION AND TREATMENT

(1) Number of children who were:—

(i) Inspected by the Dentist:

Routine age groups—

aged 5 .....	975
aged 6 .....	578
aged 7 .....	706
aged 8 .....	773
aged 9 .....	730
aged 10 .....	766
aged 11 .....	740
aged 12 .....	620
aged 13 .....	544
aged 14 .....	49

5781

(b) Specials (see note e) ..... 1770

(c) TOTAL (Routine and Specials) ..... 7551

(2) Number found to require treatment ..... 5031

(3) Number actually treated ..... 3862

(4) Attendances made by children for treatment ..... 4308

(5) Half-days devoted to:—

Inspection .....	83
Treatment .....	754
Total .....	837

(6) Fillings (see note f):—

Permanent Teeth .....	1868
Temporary Teeth .....	21
Total .....	1889

(7) Extractions:—

Permanent Teeth .....	1198
Temporary Teeth .....	3548
Total .....	4746

(8) Administrations of general anaesthetic for extractions ... 1774

(9) Other Operations:—

Permanent Teeth .....	1398
Temporary Teeth .....	106
Total .....	1504



**Cleanliness of teeth.**—The children examined were classified according to cleanliness of teeth as follows :

Clean .....	2648
Fairly clean .....	2563
Dirty .....	570
	<hr/>
	5781
	<hr/>

**Condition of gums.**—The following figures show the condition of the gums of the children examined :

Gums healthy .....	4194
Gums inflamed .....	934
Gums septic .....	653
	<hr/>
	5781
	<hr/>

**Condition of bite.**—This was found to be as set out below :

Bite good .....	3222
Bite fair .....	2196
Bite bad .....	363
	<hr/>
	5781
	<hr/>

Notices were sent to the parents of the 5,031 children found to require dental treatment, with the following results:—

Refused to have treatment done or did not reply ...	316
Stated that treatment would be obtained privately ...	451
Requested treatment at the Dental Clinic .....	4264
	<hr/>
	5031
	<hr/>

Of the 4,264 children for whom treatment at the clinic was requested :

3462 were treated before the end of the year
471 did not attend when sent for
331 were awaiting treatment at the end of the year
<hr/>
4264
<hr/>

The total number of children treated at the clinic during 1943 was:

Following on 1942 inspections .....	400
Following on 1943 inspections .....	3462
	<hr/>
	3862
	<hr/>

3,451 treatments were completed during the year.

2,454 parents paid 1s. each and 20 parents 6d. each for treatment for their children, the total amount paid being £123 4s. 0d. 1,605 children were treated free of charge.

**UNCLEANLINESS AND VERMINOUS CONDITIONS**

(i) Average number of visits per school made during the year by the Health Nurses and Nurses' Assistants ...	20
(ii) Total number of examinations of children in the schools by Health Nurses and Nurses' Assistants .....	79169
(iii) Number of <i>individual</i> children found unclean ( <i>see note g</i> ) .....	2488
(iv) Number of <i>individual</i> children cleansed under Section 87 (2) and (3) of the Education Act, 1921 .....	—
(v) Number of cases in which legal proceedings were taken:—	
(a) Under the Education Act, 1921 .....	—
(b) Under the School Attendance Byelaws .....	—

The Health Nurses paid 138 visits to the homes of children in regard to uncleanliness and verminous conditions (117 first visits, 21 re-visits).

In order to assist mothers engaged on war work to keep their children's heads clean and free from pediculosis a scheme was introduced at the beginning of the year whereby the Nurses' Assistants would cleanse, at the Skin Clinic, the head of any school child whose mother had given written consent to this treatment being carried out.

Under this scheme 201 children made 881 attendances for treatment during the year.

**NOTES ON TABLES (pages 47-54)**

(a) The Table deals with all defects treated during the year, however they were brought to the Authority's notice, i.e., whether by routine inspection, special inspection, or otherwise, during the year in question or previously.

(b) This heading includes all cases that received treatment under definite arrangements or agreements for treatment made by the Local Education Authority and sanctioned by the Board of Education under Section 80 of the Education Act, 1921. Cases which, after being recommended for treatment or advised to obtain it, actually received treatment by private practitioners, or by means of direct application to hospitals, or by the use of hospital tickets supplied by private persons, etc., are entered under other headings.

(c) Postural defects which received non-residential treatment otherwise than at an orthopaedic clinic are not recorded in this Table.

(d) A child may be recorded in more than one category and therefore the total number of children treated will not necessarily be the same as the sum of the figures in the separate categories.

(e) The heading "Specials" in this Table relates to all children inspected by the School Dentist otherwise than in the course of the routine inspection of children in one of the age groups covered by the Authority's approved scheme, namely, to children specially selected by him, or referred by Medical Officers, Parents, Teachers, etc., on account of urgency.

(f) Temporary fillings, whether in permanent or temporary teeth, are recorded as other operations.

- (g) (i) All cases of uncleanliness, however slight, are recorded.  
 (ii) The return relates to individual children and not to instances of uncleanliness.



**SECONDARY SCHOOLS**

The powers and duties of local education authorities with regard to medical inspection and treatment in secondary schools and continuation schools are set out in Section 80 of the Education Act, 1921.

There are no continuation schools provided by the local education authority.

**MEDICAL INSPECTION****A.—ROUTINE MEDICAL INSPECTIONS**

Number of inspections .....	518
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**B.—OTHER INSPECTIONS**

Number of Special Inspections .....	51
In schools .....	—
In clinics .....	51
Number of Re-Inspections .....	576
In schools .....	524
In clinics .....	52
Total .....	627

The following schools were inspected, the totals and numbers found defective being shown :

	No. Inspected	No. found defective*
Girls' Secondary School .....	228	21
Rock Ferry High School .....	151	18
The Convent Secondary School .....	139	17
	<hr/> 518	<hr/> 56

\* Excluding those with defective teeth and defects of nutrition.

Included in the total are 322 who were inspected as entrants to these schools.

## RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

Defect or disease	Routine Inspections		Special Inspections	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin : Ringworm—Scalp .....	—	—	2	—
Body .....	—	—	—	—
Scabies .....	1	—	—	—
Impetigo .....	1	—	4	—
Other diseases (non-tuberculous) .....	—	—	3	—
Eye : Blepharitis .....	—	—	1	—
Conjunctivitis .....	—	—	1	—
Other conditions (excluding defective vision and squint) .....	2	—	2	—
Defective vision (excluding squint) .....	26	12	—	—
Squint .....	—	—	—	—
Ear : Otitis media .....	—	2	—	—
Defective hearing .....	—	—	—	—
Other ear diseases .....	1	1	3	—
Nose and throat : Chronic tonsillitis only .....	—	3	3	—
Adenoids only .....	—	—	—	—
Other conditions .....	2	—	2	—
Enlarged cervical glands (non tuberculous) .....	—	—	3	—
Defective speech .....	—	—	—	—
Heart and circulation :				
Functional .....	—	—	1	—
Organic .....	—	—	—	—
Anæmia .....	2	2	2	—
Lungs—Bronchitis .....	—	—	—	—
Other non-tuberculous diseases .....	—	—	—	—
Tuberculosis—Non-pulmonary—Glands.....	—	—	—	—
Nervous system—Chorea .....	—	—	—	—
Epilepsy.....	—	—	—	—
Other conditions .....	—	—	—	—
Deformities : Spinal curvature .....	—	—	—	—
Rickets .....	—	—	—	—
Other forms .....	7	2	3	—
Other defects and diseases (excluding defects of nutrition, uncleanness and dental diseases) ..	17	17	21	—
Total number of defects .....	59	39	51	—



## RETURN OF DEFECTS TREATED DURING THE YEAR

## TREATMENT TABLES

## GROUP I.—MINOR AILMENTS

Defect or disease.	Number of defects treated or under treatment during the year, under the Authority's scheme.
Skin : Ringworm—Scalp.....	2
Body .....	—
Scabies .....	—
Other skin diseases .....	3
Minor eye defects.....	3
Minor ear defects .....	3
Minor nose and throat defects .....	1
Miscellaneous (e.g. minor injuries, bruises, etc.) .....	12
Total .....	24

24 children made 86 attendances for treatment during the year.

**GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects)**

Defect or disease	No. of defects dealt with			
	Under the Authority's scheme	By private practitioner or at hospital, apart from the Authority's scheme	Otherwise	Total
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including squint) .....	66	3	—	69

Total number of children for whom spectacles were prescribed under the Authority's Scheme ..... 65

Total number of children who obtained or received spectacles—  
 (a) under the Authority's Scheme ..... 60  
 (b) otherwise ..... 2

74 children were submitted to refraction at the Eye Clinic.

26 new cases were examined. Spectacles were prescribed for 17 of them, the remainder being found to be emmetropic or cases for whom spectacles were of no benefit. 48 children attended for re-examination.

**GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT**

Number of children who received treatment other than by operation ... —

**GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS**

	Under the Authority's Scheme non-residential treatment at an orthopædic clinic.
Number of children treated .....	18

**DENTAL TREATMENT**

(1) Treated .....	217
(2) Attendances made by children for treatment .....	643
(3) Fillings—Permanent Teeth .....	338
Temporary Teeth .....	—
(4) Extractions—Permanent Teeth .....	87
Temporary Teeth .....	21
(5) Administrations of general anaesthetics for extractions .....	108
(6) Other Operations—Permanent Teeth .....	56
	116



## MISCELLANEOUS

**Children and Young Persons Act, 1933.**—1 child summoned to appear before the Police Court was examined in accordance with the provisions of this Act.

**Employment of Children Byelaws.**—25 children were medically examined as to fitness for work under these byelaws. Certificates were granted in 23 cases.

**Past Infectious Diseases.**—Enquiry was made at each routine medical inspection as to the infectious diseases from which the children might have suffered.

## (1) Children aged 3—7

	No. of Cases	Percentage
No Infectious Disease .....	142	12.23
Measles .....	861	74.16
Whooping Cough .....	553	47.63
Scarlet Fever .....	713	61.41
Diphtheria .....	65	5.60
Chicken Pox .....	306	26.36
Mumps .....	172	14.82

## (2) Children aged 8—14

	No. of Cases	Percentage
No Infectious Disease .....	147	3.51
Measles .....	3824	91.31
Whooping Cough .....	2511	59.96
Scarlet Fever .....	471	11.25
Diphtheria .....	419	10.00
Chicken Pox .....	2110	50.38
Mumps .....	1674	39.97

Note.—The same child may have had more than one of these diseases.

**Co-operation of Parents.**—Parents attended at the examination of 2,507 (46.56%) of the 5,385 children dealt with at routine inspections.

Group	Parents Present
Nursery Classes .....	91.30%
Entrants .....	79.19%
2nd age group .....	62.35%
3rd age group .....	29.10%
4th age group .....	19.93%

**Vaccination.**—In the ordinary inspections children were examined as to vaccination marks. Of the 5,385 children examined

2212 (41.08%)	showed no marks
2793 (51.86%)	showed one mark
189 (3.51%)	showed two marks
42 (.78%)	showed three marks
149 (2.77%)	showed four or more marks

**Height and weight.**—Below are set out the average heights and weights (measured without footwear) of children who were examined during the course of routine inspections.

Age	Height					
	Boys			Girls		
	No.	Ft.	Ins.	No.	Ft.	Ins.
4 years .....	22	3	5.36	21	3	5.77
5 years .....	366	3	8.13	347	3	8.01
6 years .....	113	3	9.69	110	3	10.71
7 years .....	51	3	11.90	50	4	0.44
8 years .....	438	4	3.07	381	4	3.65
9 years .....	205	4	4.88	252	4	4.20
10 years .....	48	4	6.65	117	4	4.52
11 years .....	74	4	8.31	100	4	9.00
12 years .....	506	4	10.75	440	4	11.91
13 years .....	273	5	1.74	243	5	2.13
14 years .....	252	5	1.78	332	5	2.40

Age	Weight					
	Boys			Girls		
	No.	St.	Lbs.	No.	St.	Lbs.
4 years .....	22	2	11.51	21	2	13.38
5 years .....	368	3	4.28	355	3	0.21
6 years .....	115	3	4.80	111	3	4.89
7 years .....	53	3	6.75	50	3	10.16
8 years .....	414	4	2.79	387	4	1.59
9 years .....	309	4	3.68	253	4	3.50
10 years .....	48	4	7.75	118	4	6.35
11 years .....	74	5	3.70	100	5	7.55
12 years .....	506	5	11.51	440	6	9.71
13 years .....	374	6	7.90	245	7	0.15
14 years .....	253	6	10.04	335	7	0.96



