

[Report 1949] / Medical Officer of Health, Birkenhead County Borough.

Contributors

Birkenhead (England). County Borough Council.

Publication/Creation

1949

Persistent URL

<https://wellcomecollection.org/works/zqgtrvnh>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

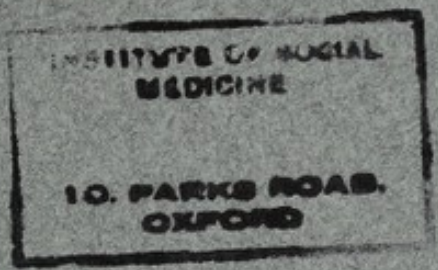
Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

19/5.

to



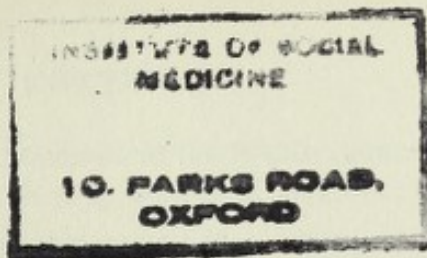
COUNTY BOROUGH OF BIRKENHEAD.



ANNUAL REPORT
OF THE
MEDICAL OFFICER
FOR
1949

F. G. FOSTER, M.A., M.D.(Edin.), D.P.H.
Medical Officer of Health





COUNTY BOROUGH OF BIRKENHEAD

COUNTY BOROUGH OF BIRKENHEAD

HEALTH COMMITTEE



ANNUAL REPORT
OF THE
MEDICAL OFFICER
FOR
1949

F. G. FOSTER, M.A., M.D.(Edin.), D.P.H.
Medical Officer of Health

COUNTY BOROUGH OF BIRKENHEAD

HEALTH COMMITTEE

Chairman:

ALDERMAN J. MILLER

Deputy Chairman:

MRS. COUNCILLOR MELVILLE

Aldermen W. N. Copland, T. H. Herron, F. Tweedle, C. J. Yates,
Councillors Mrs. L. Baker, Mrs. A. Cochrane, H. D. Ellidge,
J. Furness, Mrs. F. Gardner, B. M. Jager, Dr. R. W. L. Pearson,
M. Poland, H. D. Shakeshaft, Mrs. E. Ward

Ex-Officio Members:

The Mayor (Alderman L. Griffith Davies) and the Chairman of the
Finance Committee (Alderman H. Platt)

Co-opted Members:

J. Bennett, L. Dodd, Mrs. J. Furness, R. H. Moffat,
Mrs. G. H. Prentice, W. Robinson

CONTENTS

	Page
The Mayor, Chairman and Members of the Health Committee ...	ii
Introductory letter by the Medical Officer of Health	v
Preface	viii
Short Statistical Summary	ix
Administrative Staff	x
Population, Births and Deaths	1
Population	1
Births	1, 2
Deaths	2, 3, 4
Water Supply, Food and Drugs	5
Water Supply	5
Milk Supply	5, 6
Bacteriological Examination of Milk	6
Ice Cream	6, 7
Food and Drugs Act, 1938—Food Sampling	7
Food and Drugs Act, 1938—Legal Proceedings	7
Meat Inspection	8
Public Health Meat Regulations, 1924	8, 9
Inspections of Foodstuffs in Shops	9
Slaughter of Animals Act, 1933	9
Diseases of Animals Acts	9
Infectious Diseases	10
Statistical Tables	11, 12, 13
Housing and Environmental Hygiene	14
Inspection and Repair of Dwelling Houses—Public Health Act, 1936	14, 15
Dwelling Houses unfit for human habitation	15
Extermination of Rats, Mice and other Vermin	15, 16
Factories Act, 1937	17
Inspections	17
Defects	17
Tuberculosis	18
Notifications	18
Mortality	18
Number of known cases	18
Examination of Contacts	19
B.C.G. Vaccination against Tuberculosis	19
Statistical Tables	20
Schemes under Part III of the National Health Service Act, 1946	21
Care of Mothers and Young Children	22
Staff	22
Ante-natal Clinics	22
Infant Welfare Clinics	23
Statistical Tables	24
Toddlers Clinics	25
Welfare Foods	25
Day Nurseries	25
Care of Unmarried Mothers and their Children	25, 26
Care of Premature Infants	26
Dental Care	26
Maternal Mortality	26
Artificial Sunlight Treatment	26
Convalescent Treatment	26, 27
Voluntary Agencies assisted by Local Authority	27
St. Elizabeth's Convent	27
The Birkenhead and District Mothers' Welfare Clinic...	27
Midwives Service	28
Number of Midwives	28
Supervision	28
Number of cases attended by Midwives	28
Cases requiring medical aid	28
Notifications received from Midwives	28
Municipal Midwives	29

CONTENTS—CONTINUED

	Page
Birkenhead Maternity Hospital	29
Ophthalmia Neonatorum	29
Transport of Midwives—Ambulance Service	29
Health Visiting	30
Visiting of Mothers and Children	30
Clinic Duties	30
Home Nursing	31
Summary of Cases nursed during year	31, 32
Vaccination and Immunisation	33
Diphtheria Immunisation (a) Children under 5 years of age	33
(b) Children of school age ...	33
Smallpox Vaccination	34
Inoculation against Whooping Cough	34
Statistical Tables	35
Ambulance Service	36, 37
Mental Health	38
Administrative arrangements	38
Staff	38
Co-ordination with Regional Hospital Boards and Hospital Management Committees	38
Prevention, Care and After-Care	39
Lunacy and Mental Treatment	40
Mental Deficiency	40, 41, 42
Prevention of Illness, Care and After-Care	43
Tuberculosis	43
Health Visiting	43
Occupational Therapy	43
Rehabilitation	44
Domestic Help	45
School Health Service Report	49/79
Index	48

ANNUAL REPORT

The Mayor, Aldermen and Councillors of the County Borough of
Birkenhead

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1949. This will be the last Annual Report I shall submit, as I am due to retire in 1950 after 29 years' service in the Corporation.

During these years I have seen the Health Services reach their zenith, and I have found it difficult to reconcile myself to the sweeping changes and loss of services incurred by my Department as a result of the implementation of the National Health Service Act, 1946.

Regrets for the loss of these services are shared by most Medical Officers of Health throughout the country, and many of us, "laudatores temporis acti," still look back to the pre-1948 period as the heyday of the Medical Officer of Health.

In the period between the two world wars, the Health Services kept constantly expanding to meet with the requirements of current legislation and advancements in medicine.

The Medical Staff of the Health Department increased from three to eight full-time Medical Officers, and the School Dental Service, inaugurated in 1920, consisted of four full-time Dentists in 1940. Two new Maternity & Child Welfare Clinics and three new Wards at the Infectious Diseases Hospital were built and equipped. Thingwall Sanatorium was completed and opened. A Bacteriological Laboratory and a Venereal Diseases Clinic were also established by the Corporation. The Sanitary Inspector's personnel rose from 10 to 20; the Health Visitors' Staff from 14 to 22. A Veterinary Officer was appointed. Consultants were engaged on a part-time basis to attend Municipal Clinics.

The appropriation of Birkenhead Infirmary for administration under the Public Health Acts added largely to the administrative duties of the Health Department.

The severance of such Institutions as the Birkenhead Orthopaedic Hospital for Children and the Infectious Diseases Hospital from Corporation control by reason of their transfer to the Liverpool Regional Hospital Board has been a special matter of regret to me, as I have been closely connected with these Institutions over the whole period of my service with the Corporation. Appointed to the former as Medical Officer on its opening in 1921, I was responsible for the treatment of the patients there for over 24 years; and later, as Medical Officer of Health, for the administration until July, 1948.

Likewise, I have been concerned to a lesser extent with treatment at, and administration of, the Infectious Diseases Hospital for a similar period.

By the loss of these Hospitals, as well as of the Tuberculosis and Venereal Diseases Sections, the Medical Officer of Health is now no longer in such close touch with modern clinical methods and treatment, and finds himself deprived of many contacts with the curative side of medicine.

The treatment of Tuberculosis is now a complex matter and devolves on various different sections of the Health Services and also other Ministries. The patient is first under the care of his General Practitioner, and, as such, comes under the control of the Executive Council. Later he is referred to the Tuberculosis Officer and may be sent to a Sanatorium or Hospital, when he is under the aegis of a Hospital Management Committee.

On discharge from the Sanatorium or Hospital he comes once again under the care of his Practitioner and the Tuberculosis Officer. He now becomes the concern of the Public Health Services under the Care and After-Care Scheme of the Local Authority for after-care treatment, and may also be the responsibility of the National Assistance Board, Ministry of Labour or the Ministry of Pensions. Formerly, the patient was the concern directly or indirectly, of the Medical Officer of Health and his staff from the start of his illness, but now After-care is the only form of treatment for which the Public Health Department is responsible.

Again the Midwifery Service, like Caesar's Gaul, is now a tripartite affair.

The midwives are under the control of the Health Committee, the General Practitioners under the Executive Council, and the Consultants and Hospitals under the Hospital Management Committee. Thus it may happen that, during her pregnancy and parturition, a mother may come under the control of any or all of these three authorities, and it will be evident that co-operation between the three is essential in order to ensure the well-being of mother and child.

On the other hand, the Medical Officer of Health has had fresh duties thrust upon him in respect of certain of the Social Services.

Day Nurseries—a war-time expedient—have come to stay and will remain as long as the present demand for women in industry continues.

The implementation of certain sections of the National Health Service Act, 1946, has caused unexpected developments of some of the Services directly or indirectly under his control, and in this respect attention is drawn to the Ambulance and Domestic Help Services which have been utilised to a quite unforeseen extent.

From the aspect of Preventive Medicine, housing still remains far and away the most important problem, and should be given first priority in any Development Scheme envisaged by the Council during 1950.

It is futile, and well-nigh farcical, to expect Health Visitors and Social Workers, whose duty it is to visit homes, and advise and educate mothers on elementary matters of hygiene, care of children, etc., to give advice and instructions on such matters to the tenants of overcrowded, and often dilapidated, houses.

Until the housing situation is remedied, the value of these workers in Preventive Medicine is being nullified and it is remarkable that the health of the inhabitants of the Borough remains at such a high level considering the misery and discomfort under which so many of them are living.

In conclusion, I wish to express my gratitude to the staff of my Department, in which I include not only the Medical, Nursing and Clerical members, but also the Chief Sanitary Inspector and Veterinary Officer with their respective staffs, for their loyal service to me during my term of office.

In particular, I wish to thank Dr. A. M. Williams, Assistant Medical Officer, and Mr. W. M. Cavers, Chief Clerk, for their ungrudging help and devotion to the welfare of this Department for the last 25 years.

It has also been a source of gratification to me that my relationship with the Chief Officers of the Corporation and other staffs has always been most cordial, and I wish to record my appreciation of the willing and friendly spirit in which our mutual negotiations have been conducted.

Finally, I wish to thank both present and past Chairmen and Members of the various Committees on which I have served for the kindness and co-operation extended to me during the term of my official appointments in Birkenhead.

I have the honour to be,

Your obedient servant,

F. G. FOSTER,

Medical Officer of Health.

PREFACE

The Registrar-General's estimate of the population as at mid-year was 141,460.

The Live Birth Rate was 19.8 per 1,000, a decrease of 1.6 from that of the previous year.

The Death Rate showed little change from that of 1948, being 12.3 per 1,000, as compared with 12.1.

The Infant Mortality Rate reached a surprisingly low level, viz., 39 per 1,000 births. This figure is 14 less than previously lowest recorded figures of 53 in 1948.

The Death Rate from the Principal Zymotic Diseases was by far the lowest yet recorded in the Borough. The number of deaths from these diseases was 16, as compared with the previous lowest record of 31.

The Death Rate of Tuberculosis, despite the increased incidence of this disease (vide Page 18) was comparatively low, being 0.81 per thousand of the population as compared with 1.02 in 1948.

The number of cremations at Landican Cemetery keeps increasing year by year: 962 cremations took place during the year—an increase of 219 over the number in 1948.

821 medical examinations were carried out by the medical staff of the Department in connection with fitness for entry into the Corporation Service.

SHORT STATISTICAL SUMMARY

Area of Borough	8,598 acres or 13.4 square miles
Estimated population (mid-year 1949)	141,460
Number of persons per acre (density of population)	16.5
Estimated number of houses in the Borough	35,729
Estimated product of penny rate	£3,820
Birkenhead general rate	16/9 in the £
Birth-rate (live) per 1,000 of the population	19.8
Death-rate per 1,000 of the population	12.3
Average death rate for the last 10 years	14.3
Infantile Mortality Rate (per 1,000 births)	39
Average number of children attending maintained schools	20,147
Number of children attending maintained schools medically inspected during the year	7,588

ADMINISTRATIVE STAFF

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER:

F. G. FOSTER, M.A., M.D. (Edin.), D.P.H.

DEPUTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL OFFICER:

D. F. MORGAN, M.B., Ch.B., D.P.H.

ASSISTANT MEDICAL OFFICERS AND ASSISTANT SCHOOL MEDICAL OFFICERS:

Anna M. Williams, M.B., Ch.B., D.P.H.

Thehna R. Gaunt, M.B., Ch.B., D.P.H.

William F. Christian, M.B., Ch.B., D.P.H.

Cecil A. McCleary, M.B., Ch.B., B.A.O., D.P.H.

(Terminated appointment January, 1949)

Evan F. W. Richards, M.R.C.S., L.R.C.P. (Appointed January, 1949)

CONSULTANT PSYCHIATRIST:

(Part-time)

Mary C. Lydon, L.R.C.P. & S.I., D.P.M.

VETERINARY OFFICER:

N. M. Clayton, M.R.C.V.S.

SENIOR SCHOOL DENTAL OFFICER:

P. Wilson Smith, L.D.S., R.F.P.S. (Glas.)

ASSISTANT SCHOOL DENTAL OFFICERS:

John B. Andrew L.D.S., B.D.S.

Myles D. Hely, L.D.S. (Terminated appointment January, 1949)

Eveline M. Warlow, L.D.S. (Appointed January, 1949—Part-time)

Kate S. Primrose, L.D.S. (Appointed May, 1949—Part-time)

CHIEF SANITARY INSPECTOR AND INSPECTOR UNDER THE FOOD AND DRUGS ACTS:

M. Holgate, A.R.San.I.

SUPERINTENDENT HEALTH VISITOR:

Miss E. Ramage, S.R.N., S.C.M., H.V.C.

CHIEF CLERK:

W. M. Cavers

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 for mid-year 1949 to be 141,460.

BIRTHS

Births registered during 1949, and birth rate.—During the year 2,795 live births belonging to the Borough were registered.

The live birth rate for 1949 was 19.8.

Birth rate in recent years. The birth rates since 1936 are as follows:—

1936	.....	16.4	per 1,000
1937	.....	16.3	„
1938	.....	17.0	„
1939	.....	16.8	„
1940	.....	18.7	„
1941	.....	18.5	„
1942	.....	19.6	„
1943	.....	21.9	„
1944	.....	23.3	„
1945	.....	21.2	„
1946	.....	23.5	„
1947	.....	24.8	„
1948	.....	21.4	„
1949	.....	19.8	„

Still births.—In addition to live births, 88 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 0.62.

Comparison of birth rate with rates for country generally:—

	Per 1,000 of Population	
	Live births	Still births
England and Wales	16.7	0.39
126 County Boroughs and Great Towns (including London) ...	18.7	0.47
148 Smaller Towns (resident population 25,000 to 50,000 at 1931 census)	18.0	0.40
London Administrative County ...	18.5	0.37
Birkenhead	19.8	0.62

Sex-distribution of births.—Of the 2,795 live births, 1,403 were males and 1,389 females; a proportion of 1,012 : 1,000.

Legitimacy.—Of the 2,795 live births registered 149 were illegitimate, a percentage of 5.33.

Registration of stillbirths.—The 88 stillbirths registered were classified as follows:—

Legitimate—Males	38
Females	40
Illegitimate—Males	7
Females	3
	88

The stillbirth rate was 30 per 1,000 total births.

Births notified during 1949.—During the year, 3,039 births were notified in the Borough under Section 203 of the Public Health Act, 1936. Of these 98 were stillbirths, leaving a total of 2,941 live births. This total includes births which occurred in the Birkenhead Maternity Hospital and St. Catherine's Hospital, many of which were transferable to other areas.

The following is an analysis of the above births:

Births in Hospitals:—

Birkenhead Maternity Hospital ..	652	(17 stillbirths)
St. Catherine's Hospital	874	(43 ,,)
Births in Nursing Homes	243	(6 ,,)

Other births:—

Notified by doctors	3	(1 ,,)
Notified by midwives	1169	(31 ,,)
Notified by parents	—	(— ,,)

2941 (98 stillbirths)

Un-notified births.—The Registrars reported 76 cases of un-notified births; 17 by certified midwives and doctors, 7 by the Maternity Hospital staff, 1 by St. Catherine's Hospital staff, 47 by Annandale Nursing Home, 1 by Cloughton Maternity Nursing Home, and 3 by Egerton Park Nursing Home.

DEATHS

Death-rate.—1,745 deaths occurred during the year; the total figure includes 142 deaths of Birkenhead residents which occurred outside the Borough, but excludes 348 deaths of non-residents which occurred in the area. This gives a death-rate of 12.3 per 1,000.

Deaths in recent years.—The death rates since 1938 are as follows:

1938	12.1	per 1,000
1939	12.9	,,
1940	16.1	,,
1941	18.9	,,
1942	14.3	,,
1943	14.8	,,
1944	13.3	,,
1945	13.7	,,
1946	13.7	,,
1947	14.3	,,
1948	12.1	,,
1949	12.3	,,

Sex-distribution of deaths.—Of the total deaths, 919 were males and 826 females, a proportion of 1,112 : 1,000.

Uncertified deaths.—In 1949 there was no uncertified deaths belonging to the area.

Coroners' inquests.—Coroners' inquests were held regarding 86 deaths—that is, in 4.9 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 75 of the registered deaths (4.3 per cent. of the total deaths) were certified in this way.

Infantile Mortality.—There were 108 deaths of infants under 1 year old. This corresponds to an infantile mortality rate of 39 per 1,000 births.

There were 9 deaths of illegitimate infants under 1 year old; giving an illegitimate mortality rate of 60 per 1,000.

The infant mortality rates for each year since 1938 are given below:

1938	75
1939	58
1940	80
1941	102
1942	68
1943	74
1944	59
1945	78
1946	67
1947	72
1948	53
1949	39

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

	No. in 1948	No. in 1949
(a) Pneumonia (all forms)	32	15
Bronchitis	1	1
Whooping Cough	3	2
Measles	—	1
Diarrhoea and enteritis	32	9
(b) Premature birth	32	35
(c) All other causes	59	45
	—	—
	159	108
	—	—

Deaths from Tuberculosis.—Tuberculosis was responsible for 6.5 per cent. of all deaths recorded in the Borough in 1949. The deaths from the disease were as follows:—

Deaths from tuberculosis of the lungs	103
Deaths from other forms of tuberculosis	11
	—
	114
	—

This gives a tuberculosis death-rate of 0.81 per 1,000 of the population.

Of the 103 deaths from respiratory tuberculosis during 1949, 88 occurred in persons between 15 and 65 years old—that is, of a wage-earning age.

Deaths from Zymotic Diseases.—The seven principal epidemic diseases caused 16 deaths, as follows:—

Diarrhoea and enteritis (under 2 years)	11
Whooping Cough	2
Measles	1
Scarlet Fever	—
Diphtheria (including membranous croup) ...	2
Fever (enteric, typhus and simple continued) ...	—
Smallpox	—

This corresponds to a death-rate from all these diseases of 0.11 per 1,000 of the population.

Deaths from other notifiable infectious diseases.—Pneumonia caused, in its various forms, 61 deaths; polio-encephalitis 1; and cerebrospinal fever 2.

WATER SUPPLY, FOOD AND DRUGS,

WATER SUPPLY

The Borough has an ample supply of water of good quality. The main supply comes from Lake Alwen, but subsidiary supplies are obtained from wells at Flaybrick and Springhill.

Both chemical and bacteriological examinations are made at frequent intervals of the raw and the filtered waters, and at the Alwen Works daily tests are made for Residual Chlorine, Alkalinity, Hardness, pH value and Free acidity.

The waters are not liable to have any plumbo-solvent action, and it has not been necessary to take any precautions in respect of contamination by lead.

All dwelling-houses and the whole of the population in the Statutory Supply area are supplied from the public water mains and none are supplied by standpipes.

MILK SUPPLY

It is pleasing to be able to report a considerable improvement in the conditions governing the milk supply to the Borough. The opening of a new factory dairy in the early part of the year enabled purveyors of milk to obtain their supplies in sealed bottles, thus cutting out the operation of bottle washing, storing, filling and capping in numerous small establishments, mostly situated in back yards where satisfactory hygiene was always bound to be difficult and in some cases impossible. Many retailers immediately took advantage of this new source of supply and several others who were, perhaps, less eager have since found it to be to their advantage to follow suit.

The Food and Drugs (Milk and Dairies) Act, 1944, the Milk (Special Designations) Act, 1949, and a number of regulations made thereunder were brought into operation on the 1st October. These deal with the registration of dairymen, issue of licences to produce or sell milk under special designations and all aspects of milk production, storing, handling and retailing.

Under the Milk (Special Designations) Act, 1949, the Minister of Food is empowered to declare an area to be a "Specified Area" within which only milk which comes under one or other of the Special Designations may be sold. The designation "Accredited Milk" will not be allowed after the 1st October, 1954.

Approximately 95.5% of the milk consumed in the Borough is pasteurised or tuberculin tested and most of this is bottled at the large wholesale dairies. Of the remainder, accredited milk constitutes about 3.3% of the total supply and ungraded raw milk sold amounts to about 1.1% of the total.

There are 100 dairymen registered to sell milk in the Borough. Only 12 of these carry out their own bottling of milk, the remainder obtain supplies ready bottled and sealed and only 9 dairymen sell loose milk. Three milk pasteurising plants are in operation and these plants,

between them, are capable of providing pasteurised milk for the whole of Birkenhead and a large part of the Wirral.

The numbers of licences to sell milk under special designations are:—

Dealers licences to sell	" Pasteurised "	milk	...	...	89
"	"	" Tuberculin Tested "	milk	...	82
"	"	" Accredited "	milk	...	2
"	"	" Sterilised "	milk	...	12

It may, therefore, be claimed that our milk supply is clean and safe and Birkenhead could be one of the first areas in the country to become a " specified area " under the powers granted to the Minister of Food referred to above.

Bacteriological Examination of Milk

171 samples of milk were submitted for bacteriological examination, 124 passed the tests laid down by regulations and 47 gave unsatisfactory results.

Of the 47 unsatisfactory samples, 32 were of pasteurised or tuberculin tested pasteurised milk treated at one dairy in the Borough. Special attention was given to this establishment and 246 tests (in addition to those mentioned above) were made of machinery parts and milk before, during and after treatment.

The plant continued to be unreliable and it is anticipated that early in the new year it will be discarded and replaced with an up-to-date machine.

28 samples of milk were submitted for biological examination and were found to be free from *B. tuberculosis*.

ICE CREAM

The supervision of premises used for the manufacture of ice cream takes up more and more of the Food Inspector's time each year. Machinery is being constantly improved and installed and it is now possible to cut out much of the handling of ice cream. Ice cream can now be filled into cartons and capped, or sliced into bars, covered with chocolate and wrapped in papers entirely by machinery. It is hoped that more manufacturers will adopt these modern methods in the near future and that public demand will ensure that only wrapped ice cream is sold from stalls and barrows in public places.

206 premises were registered at the end of the year for the manufacture or sale of ice cream as follows:—

Premises for the manufacture of "hot mix" ice cream	...	25
Premises for the manufacture of "ice lollies" only	...	8
Premises for the manufacture of "cold mix" ice cream	...	9
		—
		42
Premises registered for sale only of ice cream	...	164
		—
		206
		—

This shows a reduction of 7 in the number of manufacturers and an increase of 35 in the number of sellers of ice cream on the figures for last year.

146 samples of ice cream submitted for examination during the year were graded as follows:—

26	samples	were	placed	in	Grade	1.
53	"	"	"	"	"	2.
44	"	"	"	"	"	3.
23	"	"	"	"	"	4.

In addition, 8 samples of ice cream, 4 of lolly ices and 8 of ingredients were submitted for special examination and found to be satisfactory.

As in my report last year I must emphasise that the large numbers of samples falling into grades 3 and 4 is partly accounted for by the fact that attention and sampling are concentrated on those manufacturers from whom unsatisfactory results have been obtained.

The quality of ice cream varies considerably and it is perhaps unfortunate that the Ministry of Food has been unable to agree to the setting up of legal standards for fat and sugar contents. However, ice cream is now recognised as a valuable food.

The following figures show the average contents and the highest and lowest content of 35 samples analysed during the year.

	Average %	Highest % recorded	Lowest % recorded
Fat	7.9	12.2	0.9
Sugar	13.7	20.9	7.3
Total Solids	31.7	42.4	22.8

Food and Drugs Act, 1938—Food Sampling

420 samples of food taken under the Food and Drugs Act, 1938, were submitted for analysis by the Public Analyst. 156 were formal samples and 264 were informal. 255 samples were of milk.

12 formal and 14 informal samples were reported to be adulterated and 23 samples of milk were reported to be of abnormal composition but not adulterated.

Food and Drugs Act, 1938—Legal Proceedings

Legal proceedings were instituted against vendors for the following offences.

Offence	Result		Costs	
	Fine		£	s. d.
For selling food unfit for human consumption	£	s. d.	2	2 0
For filling milk bottles on unregistered premises	5	0 0	—	—
For using milk bottles which were not clean ...	5	0 0	—	—
For selling sausages 36% deficient in meat ...	5	0 0	1	1 0
" " sausage meat 16% deficient in meat ...	2	0 0	1	1 0
" " sausages 24% deficient in meat ...	2	0 0	10	6
" " sausages 40% deficient in meat ...	Dismissed.			
" " milk 9% deficient in milk fat ...	Wholesaler prosecuted by retailer and fined £5.0.0 with £3.3.0 costs.			
	Dismissed.			

MEAT INSPECTION

During the year, 133,877 animals were slaughtered in the Borough, an increase of 18,556 over the previous year.

	Cattle	Sheep	Calves	Pigs
1949	96,171	30,266	6,859	581
1948	81,884	27,111	6,223	103
Increase ...	14,287	3,155	636	478

All animals slaughtered were subject to ante- and post-mortem examinations.

The following table shows the details of the animals slaughtered together with the condemnations:—

	Cattle	Calves	Sheep & Goats	Pigs
Number killed	96,171	6,859	30,266	581
Number inspected... ..	9,6171	6,859	30,266	581
<i>All diseases except Tuberculosis</i>				
Whole carcasses condemned	164	66	83	4
Carcases of which some part or organ was condemned	29,355	38	2,450	28
Percentage of the number inspected affected with disease other than tuberculosis	30.6	1.5	8.3	5.5
<i>Tuberculosis only</i>				
Whole carcasses condemned	517	29	—	15
Carcases of which some part or organ was condemned	6,359	—	—	15
Percentage of the number inspected affected with tuberculosis	7	0.42	—	5.1

Note—(a) The carcasses of 73 animals which died in the lairages or in transit were also inspected.

(b) The weight of meat and offal from all sources which was condemned as unfit for human consumption totalled 542 tons 2 cwts.

(c) 228 bovine carcasses were found to be affected with *cysticercus bovis* and placed in cold store.

Public Health (Meat) Regulations, 1924.—The slaughtering of all food animals is carried out at the Public Abattoir (Tranmere) and

Woodside Lairages; the meat is supplied not only to butchers within the Borough, but to those in neighbouring districts and London. All the animals are the property of the Minister of Food. They are slaughtered under the direction of a Slaughterhouse Manager at each centre, and are allocated by Area Meat Agents, the Managers and Agents being employed by the Minister of Food.

Inspection of butchers' shops and stores, vehicles used for the conveyance of meat, and railway trucks, is carried out as part of the routine work in the inspectorial staff, 1,175 such inspections being carried out during the year.

Inspection of Foodstuffs in Shops, etc.—During the year 1,045 inspections were made of market stalls, stores, shops and warehouses where food is stored, prepared or exposed for sale.

Foodstuffs amounting to 9,462 tins of meat, fish, milk, etc., 3,031 lbs. of beef, 78 lbs. of mutton, 34 lbs. sausage, 55 sts. of fish, 916 lbs. imported liver, 1,935 lbs. fruit, 1,580 lbs. tomatoes, 11,200 lbs. onions, 99 lbs. bacon, 66 lbs. cheese, were found to be unfit for human consumption and were condemned.

Slaughter of Animals Act, 1933.—70 renewals of licences to slaughter animals were granted to butchers, and others, employed in Birkenhead. 10 licences were granted to satisfactory persons applying for the first time.

Diseases of Animals Acts.—Work under the above Acts has involved:—

(1) Under the Tuberculosis Order, 1939, the removal and slaughter of 7 dairy cows from herds in the Borough showing clinical signs of tuberculosis.

(2) The supervision of the disinfection of premises housing the above-mentioned tuberculous animals.

(3) The routine inspection of 22 dairy herds within the Borough.

(4) The examination of store pigs kept within the Borough to ensure that the animals are free from Swine Fever; 50 visits were paid and 262 pigs were examined.

(5) Importation of Dogs and Cats. Two visits to ships were made in this area of the Port regarding landing, quarantining or destroying animals.

(6) Visits to Taylor Street Cattle Sidings to supervise animals passing through, to see that cruelty is avoided, to prevent, if possible, sick animals from travelling further, and to take precautions against suspected Anthrax.

INFECTIOUS DISEASES

There was a decrease in the number of all notifiable diseases with the exception of Pneumonia and the Para-Typhoid-Dysentery group of diseases. Notifications of Measles decreased from 1,266 to 839, and of Whooping Cough from 944 to 161. Periodic cycles are recognised in these two diseases which tend to occur in epidemic form every two years.

The Borough escaped lightly in respect of Poliomyelitis. 8 notifications were received but only three of these were definite cases.

There was an outbreak of Paratyphoid Fever on Merseyside during the months of July and August, which accounts for the rise from 2 cases in 1948 to 13 cases in 1949.

Dysentery cases increased from 7 to 30. 13 of these were of the Flexner type and occurred in Hospital: the remainder were of the Sonne type, which is fairly widespread throughout the country.

There were several isolated cases of mild food-poisoning which were not brought to the notice of this Department until it was too late to investigate the causes.

It is probable, judging from the histories obtained from the patients, viz., sudden onset after ingestion of food and quick recovery, that these were due to a staphylococcal-toxin rather than to a bacillary infection.

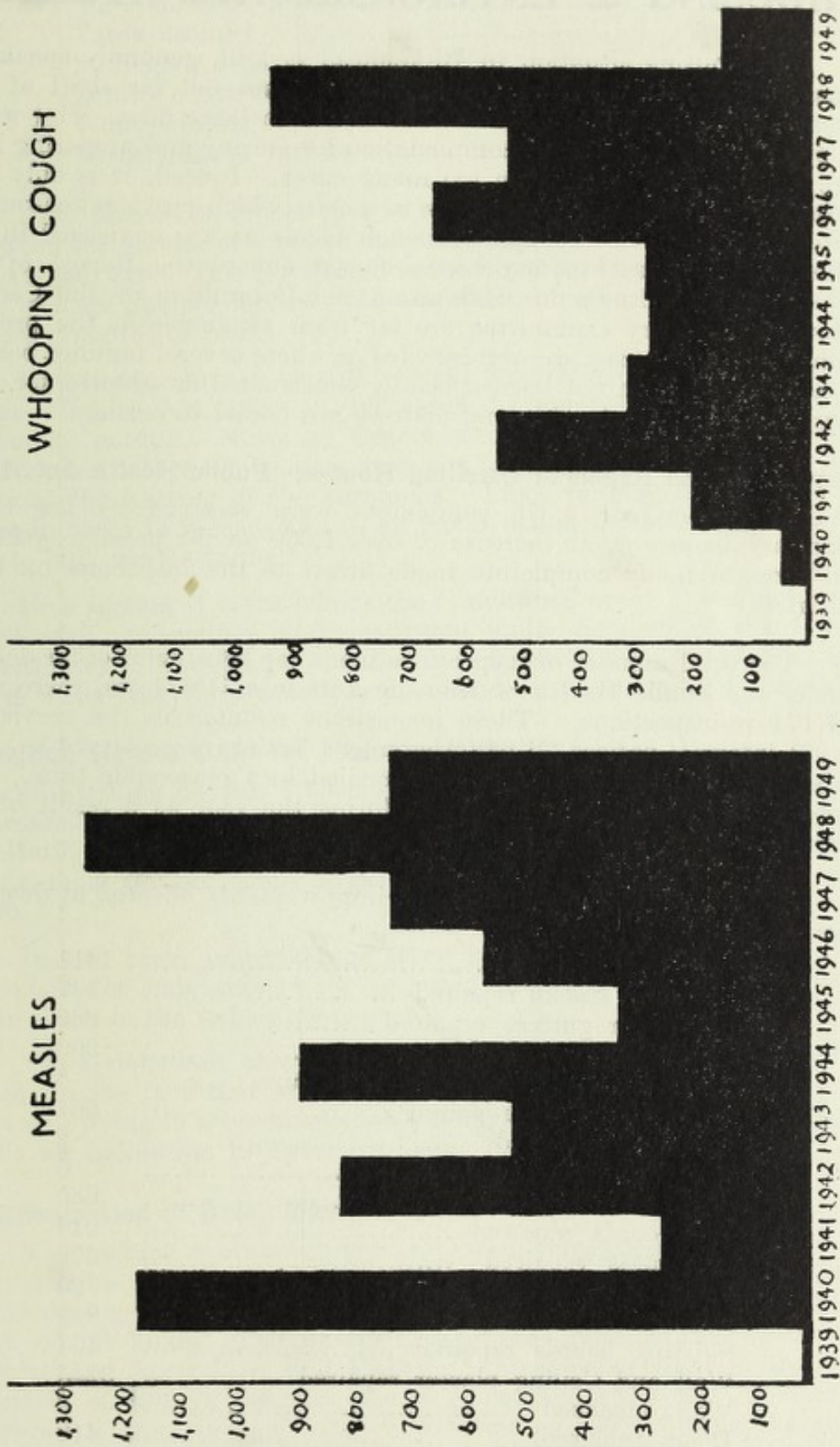
No cases of Typhoid Fever or Smallpox were notified during the year.

The following tables show the number of infectious diseases (other than Tuberculosis) notified during 1949, and the final numbers according to Sex and Age after corrections subsequently made either by the Notifying Medical Practitioners or by the Resident Medical Officer of the Infectious Diseases Hospital.

	Scarlet Fever		Diphtheria		Acute Poliomyelitis and Acute Polioencephalitis		Measles		Whooping Cough	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Numbers originally notified...	84	96	77	105	3	5	397	351	75	90
Final numbers after correction										
Age under 1 year ...	1	1	1	1	1	1	23	24	8	12
Age 1 — 2 years + ...	11	5	3	3	—	1	132	113	25	42
Age 3 — 4 years + ...	12	12	4	1	—	—	111	79	18	17
Age 5 — 9 years + ...	38	43	14	8	—	—	120	122	18	18
Age 10 — 14 years + ...	11	18	8	15	—	—	4	2	1	1
Age 15 — 24 years + ...	2	7	2	10	—	—	—	2	1	—
Age 25 and over ...	2	2	1	9	—	—	1	4	—	—
Totals ...	77	88	33	47	1	2	393	446	71	90

	Acute Pneumonia		Dysentery		Malaria		Paratyphoid Fevers		Erysipelas		Cerebro-spinal Fever		Puerperal Pyrexia		Ophthalmia Neonatorum	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Number originally notified	192	154	10	21	2	—	8	23	12	19	12	13	—	16	2	1
Final Numbers after correction Age 0 — 4 years + ...	62	56	5	7	—	—	2	3	—	—	—	1	—	—	2	1
Age 5 — 14 years + ...	37	19	2	—	—	—	1	2	1	—	1	—	—	—	—	—
Age 15 — 44 years + ...	37	21	3	1	2	—	—	4	1	3	—	—	—	14	—	—
Age 45 — 64 years + ...	29	27	—	1	—	—	1	—	5	8	—	—	—	—	—	—
Age 65 and over ...	24	23	—	11	—	—	—	—	4	5	—	—	—	—	—	—
Totals ...	189	146	10	20	2	—	4	9	11	16	1	1	—	14	2	1

INCIDENCE OF MEASLES AND WHOOPING COUGH
1939 1949



HOUSING & ENVIRONMENTAL HYGIENE

The housing situation in Birkenhead is still, generally speaking, unsatisfactory. A large proportion of houses fall far short of the standard which is considered to be desirable in these days. Hot water supply, baths, adequate accommodation for storing and preparing food are unattainable luxuries in too many cases. Indeed, it is only just possible to maintain many houses in a state which provides reasonable protection from the weather and such ideals as are envisaged in the standard for a satisfactory house as set out in the Report of the Standards of Fitness for Habitation Sub-Committee of the Central Housing Advisory Committee are far from attainable at the present time. Where houses are overcrowded or where several families occupy a house which has not been specially constructed or adapted for that purpose, domestic trouble and distress are bound to occur.

Inspection and Repair of Dwelling Houses: Public Health Act, 1936.

During the year 4,375 complaints were received by the Chief Sanitary Inspector, an increase of over 1,000 on the previous year, in addition to many complaints made direct to the inspectors on their districts.

The total number of inspections made for housing or other defects under the Public Health or Housing Acts was 11,674 and there were 27,174 re-inspections. These inspections resulted in the service of 4,901 informal notices, 1,648 Abatement Notices were served in cases where the defects had not been remedied in a reasonable time. The total number of defects remedied during the year as a result of the service of notices was 14,710.

The following is a summary of improvements effected at dwelling houses:—

Roofs repaired	1411
Chimney stacks repaired	147
Rainwater gutters repaired	660
Downspouts repaired	360
Downspouts disconnected from drains.....	3
Walls pointed or repaired	664
Lighting improved	2
Ventilation improved	6
Windows repaired	630
Sash cords renewed	914
Firegrates repaired	579
Hearthstones repaired	23
Floors relaid or repaired	849
Skirting boards repaired	154
Wall and Ceiling plaster repaired	3245
Walls cleansed	3
Doors repaired	413
Sinks renewed	105
Sink waste pipes repaired or renewed	341
Washing boilers repaired	18
Dampness remedied	491

Nuisance from animals abated	1
Yard surfaces repaired	270
Yards drained	4
Sufficient water supply provided	49
Drains constructed, altered, repaired	734
Water closets repaired	1588
Miscellaneous repairs	1046

I am pleased to report that in most cases the time which elapsed between the service of a notice and the completion of the work was less than a year ago. This is reflected in the number of notices outstanding. The average number for the year was 882 compared with 2,057 for the first six months of 1948.

It was necessary to institute legal proceedings under Section 94 Public Health Act, 1936, in 66 cases to enforce compliance with statutory notices. Nuisance Orders were made by the Magistrates in 26 cases where the notices had not been complied with up to the time of the hearing of the summons. Fines ranging from £1 to £3 were inflicted in 9 cases and in all but 5 instances costs ranging from 4/- to 30/- were awarded.

In a further 3 cases where the "nuisance order" was not complied with proceedings were instituted under Sec. 95 of the Public Health Act. Fines of 10/- with £1. 1. 0. costs were awarded in two cases whilst the third case was dismissed on payment of 4/- costs.

Dwelling Houses Unfit for Human Habitation:

13 dwelling houses, 1 basement flat and 3 caravans or sheds were represented to the Health Committee as being unfit for human habitation and not capable, at a reasonable expense, of being rendered so fit under the provisions of Sections 11 and 12 of the Housing Act, 1936.

In two cases undertakings given by the owners not to use the premises for habitation were accepted and demolition orders have been made in the remaining cases.

The serious lack of suitable alternative accommodation is emphasized by the fact that at the time of writing this report one family was still living in a basement flat which the Committee declared to be unfit for habitation in February, 1948.

Extermination of Rats, Mice and other vermin:

Two rodent operators were employed throughout the year, one laying baits in sewer manholes for the extermination of rats and the other dealing with infestation of rats, mice and other vermin in buildings of all kinds. The methods used are those advocated by the Ministry of Agriculture and Fisheries who make a grant to the Corporation of 50% of the cost of a large part of this work. The whole sewerage system in the Borough was treated twice during the year, the number of manholes baited being 9,155, of which "takes" of bait were recorded in 1,736 instances. Some portions of the system comprising nearly 1,000 manholes were test-baited and found to be free from rats.

324 infestations of rats and mice were dealt with in dwelling houses and business premises. In addition 63 visits were paid by sanitary inspectors in connection with infestations.

Other disinfestation work carried out during the year comprised the spraying of insecticides in 97 rooms and treating 13 buildings for various insect pests.

FACTORIES ACT, 1937

In accordance with Section 128 of the Factories Act, 1937, I set out below a Table showing the inspections made, and the defects found, under Part I of the Act.

Under Part VIII of the Act, 9 outworkers engaged in the making of Wearing Apparel and 1 in Textile Weaving were included in the August list required by Section 110 (1) (c); there were no prosecutions under Sections 110 or 111.

PART I OF THE ACT

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	100	90	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authorities ...	491	398	22	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises) ...	17	6	1	—
TOTAL ...	608	494	29	—

2.—CASES IN WHICH DEFECTS WERE FOUND

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ...	3	1	—	1	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6)	1	—	—	—	—
Sanitary Conveniences (S.7) ...					
(a) insufficient ...	5	9	—	7	—
(b) Unsuitable or defective...	23	28	—	33	—
(c) Not separate for sexes ...	3	4	—	2	—
Other offences against the Act (not including offences relating to Outwork) ...	4	1	—	—	—
TOTAL ...	40	43	—	43	—

† i.e. Electrical Stations (Section 103 (1)), Institutions (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

TUBERCULOSIS

Notifications

The total number of cases of Tuberculosis notified during the year was 322. Of these, 284 were cases of Pulmonary and 38 of Non-Pulmonary Tuberculosis. (See Table T1, page 20).

This number shows an increase of 60 over that of 1948, i.e., a percentage increase of 23%. The rise in the incidence of the disease in several parts of the British Isles, especially in Scotland, has been noted with concern and has now become a matter of national import.

The increase in Birkenhead is most marked in these categories:—

- (1) " Transfers from other Authorities " have risen from 12 to 30.
- (2) The number of women in the age group 25-35, i.e., the child-bearing age, has increased from 16 to 29.
- (3) The ' over 45 ' Adult Group (Male and Female) has risen from 38 to 58.

Mortality

The total number of deaths certified as due to Tuberculosis was as follows:—

Respiratory	...	...	...	...	103
Non-respiratory	...	...	...	...	11

The Death Rate from Tuberculosis is 0.81 per 1,000 of the population which does not compare unfavourably with that of other industrial towns similar to Birkenhead, but any complacency over this low rate must be modified by the knowledge that an increasing number of persons are bearing the burdens of constant anxiety, worry for the future and loss of earning powers, and must reconcile themselves to a life of invalidism, difficulty of competing in the labour market and diminished ' expectation of life.'

Number of Known Cases

After making deductions for those patients who died during the year, who permanently left the district, or whose names have been taken off the register as provisionally cured, the total number of known cases of Tuberculosis at the end of 1949 was as follows:—

		Adults	Children (under 15 yrs.)	Total
Respiratory—	Male	606	39	645
	Female	477	47	524
Non-Respiratory—	Male	44	134	178
	Female	82	125	207
Total—	Male	650	173	823
	Female	559	172	731
TOTAL		1209	345	1554

Examination of Contacts

878 persons who had been in close contact with known cases of Tuberculosis were examined at the Clinic and were classified as follows:

	Adults		Children	Total
	Male	Female		
Classed as suffering from Respiratory Tuberculosis ...	15	22	8	45
Classed as suffering from other forms of Tuberculosis	—	—	1	1
Classed as non-Tuberculous	189	260	352	801
Classed as "suspect"	7	9	15	31
				878

Of the 878 contacts examined by the Tuberculosis Officer during the year 46 of these, or 5%, were found to be Tuberculous, and 31, or 3.5%, were classed as suspects.

I would again stress at this point the urgency of the housing problem, as it is impossible to prevent infection of contacts by 'open' Tuberculous patients, unless isolation of the latter has been obtained.

B.C.G. Vaccination Against Tuberculosis

In August, the Minister of Health approved B.C.G. Vaccination as a means of immunising, or raising the resistance of, selected members of the population.

The Vaccine, named B.C.G. (*Bacillus Calmette Guerin*) after its discoverers, consists of an attenuated strain of bovine bacilli of low virulence and produces a mild and controlled 'primary focus' with a consequent 'acquired resistance' against the disease.

There are certain definite restrictions to its universal use, and careful selection has to be made of the inoculees. Further, certain conditions in respect of isolation of the inoculée must be carefully observed for a period after inoculation. The inoculations are to be undertaken by the Chest Physicians or Tuberculosis Officers who are in the joint service of the Regional Hospital Boards and Local Health Authorities.

The Vaccine, whose potency is of short duration, has to be obtained from the Serum Institute, Copenhagen, and arrangements are being made for weekly consignments to be flown to this country. The scheme has not yet been put into operation in Birkenhead.

B.C.G. Vaccine has been in use in the Scandinavian countries for many years and is accepted by the Authorities there as a recognised adjuvant in the Campaign against Tuberculosis, and it is hoped that the coming year will see its employment in Birkenhead.

**SCHEMES MADE BY THE COUNCIL
UNDER PART III OF THE
NATIONAL HEALTH SERVICE ACT, 1946**

- (1) Care of Mothers and Young Children
- (2) Midwives Service
- (3) Health Visiting
- (4) Home Nursing
- (5) Vaccination and Immunisation
- (6) Ambulance Service
- (7) Prevention of Illness, Care and After-Care
- (8) Mental Health Services
- (9) Domestic Help Service

Year	No. of Schemes	% of Total	Total No. of Schemes
1946	100	100	100
1947	100	100	100
1948	100	100	100

CARE OF MOTHERS & YOUNG CHILDREN**Staff**

The following table shows the disposition of the Medical Staff engaged on duties under the Scheme:—

Clinic	Ante-Natal	Infant Welfare	Toddlers
Hamilton Square	Dr. A. M. Williams	Dr. E. F. W. Richards	—
North	Dr. T. R. Gaunt	Dr. T. R. Gaunt	Dr. T. R. Gaunt
South	Dr. A. M. Williams	Dr. A. M. Williams	Dr. A. M. Williams
Balls Road	—	Dr. W. F. Christian	—
Upton	—	Dr. W. F. Christian	—

Ante-Natal Clinics

The attendances at Ante-Natal Clinics have fallen during the year, and this falling-off is not peculiar to Birkenhead alone, but is common throughout the country.

Several reasons have been advanced for this decline:—

- (1) Falling birth-rate.
- (2) Increased number of patients who prefer to have their confinements in Hospital and who consequently attend the Hospital Ante-Natal Clinics.

The reasons for this preferment for Hospitals are:—

- (a) That owing to the housing shortage, a large number of women are living in rooms where there is overcrowding, and lack of amenities, such as hot water, laundry facilities, etc.
- (b) That in Hospital the mother has no expenses to bear, such as domestic help, and has no worry over food, washing and the care of the baby.
- (c) Every prospective mother is entitled to the services of the doctor of her choice, and the majority of women are engaging a doctor for their confinement.

Every mother attending an Ante-Natal Clinic has her blood tested for Blood Group, Rhesus factor and Wasserman reaction, and the results of these tests are communicated to the Hospital, private doctor or midwife, as the case may be.

Ante-natal Clinics were held once weekly at Hamilton Square, the North Clinic and the South Clinic. Clinics were held on 155 occasions the number of patients dealt with being 1,036 and the total number of attendances made being 3,338. Of this total, 305 patients attended the Clinic during the previous year.

Attendances at Ante-Natal Clinics.—Below are set out the details of attendances at Clinics:—

Clinic	No. of Sessions	No. of Cases	No. of Attendances
Hamilton Square	52	348	1198
North	51	421	1137
South	52	267	1003

Care of mothers and young children

	Hamilton Sq. (100 sessions)		North Clinic (104 sessions)		Balls Road (51 sessions)		South Clinic (102 sessions)		Upton Clinic (50 sessions)		TOTALS	
	Ist Visits	Re- Visits	Ist Visits	Re- Visits	Ist Visits	Re- Visits	Ist Visits	Re- Visits	Ist Visits	Re- Visits	Ist Visits	Re- Visits
Attendances made by infants under 12 months	322	2783	440	5861	207	2614	546	6683	97	1161	1612	19102
Attendances made by children aged 1-2 years	29	233	—	60	2	185	1	48	16	106	48	632
Attendances made by children aged 2-5 years... ..	30	101	—	3	4	32	5	30	14	50	53	216
Examinations of children by doctor	377	1220	434	2178	210	925	543	3269	124	624	2388	8216
										Total :—	1713	19950

Toddlers Clinics

(Children 1—5 years)

These clinics were held once weekly at the North and South Clinics. Below are particulars of the work carried out:—

North Clinic (48 sessions)		South Clinic (48 sessions)		Totals	
1st Visits	Re-visits	1st Visits	Re-visits	1st Visits	Re-visits
64	883	44	1212	108	2095

Welfare Foods

Supplies of dried milk, cod liver oil emulsion and tonics of proprietary brands prescribed by the Assistant Medical Officers in charge of the Clinics are available in the Infant Welfare Clinics. Also supplies of National Dried Milk, orange juice and cod liver oil are issued.

Day Nurseries

The three Day Nurseries have again been attended to their full capacity during the year; two of the nurseries accommodate 45 children each and the third, 38 children.

Student Nurses continue to be trained for the National Nursery Examination Board Certificate. The Birkenhead Education Department is responsible for organising the "Vocational" and "Further Education" lectures for these students.

Priority of admission is given to the children of widows and unmarried mothers.

The following table shows the attendances made during the year at each nursery.

Name of Nursery	Capacity		No. of children on register during year		No. of attendances during year		Average attendances during year	
	0-2 Yrs.	2-5 Yrs.	0-2 Yrs.	2-5 Yrs.	0-2 Yrs.	2-5 Yrs.	0-2 Yrs.	2-5 Yrs.
Cavendish Road ...	15	30	68	54	4365	9034	15	32
Old Chester Road ...	15	30	43	53	3405	7382	12	26
Hollybank Road ...	16	22	44	55	3994	6284	14	22

Care of Unmarried Mothers and their Children

In view of the limited demand for accommodation, it was decided to abandon the scheme to provide a Home for Unmarried Mothers at premises in Palm Grove, previously maintained by a voluntary association known as St. Faith's Home.

Following upon that decision, arrangements were made with the Cheshire County Council whereby expectant unmarried mothers from the Borough are admitted to the Cheshire County Council's Home at Hoylake for a period prior to confinement, and return there after confinement with the baby.

Arrangements have also been made with the Birkenhead Hospital Management Committee for unmarried mothers accommodated at the Home to be transferred to St. Catherine's Hospital for the period of confinement.

Care of Premature Infants

The greatest number of premature births are due to toxæmia of the mother. In this class of case the mother is generally ill before the birth of the child and is usually admitted to Hospital; thus a larger number of premature infants are born in Hospital than at home.

Premature infants born at home who cannot be given the required care and attention are sent to Hospital, retained until they are 5-lbs. in weight and are not discharged until such time as they are fit to receive the required attention at home. A cot, especially designed for premature infants is available at the Health Offices, and is loaned for the use of premature infants who are being nursed at home.

Close contact is maintained by Health Visitors with such infants for the first 6 months of life, and longer if found necessary.

211 premature babies were born during the year; of these

- (a) 167 were born at Hospitals or Nursing Homes,
- (b) 44 were born at home.

Dental Care

Owing to the shortage of Dental Surgeons it has not been found possible to establish a priority dental service for expectant and nursing mothers and young children.

The arrangements made with the Local Dental Surgeons in 1948, which I described in detail in my Annual Report for that year, still obtain, and I wish to acknowledge my indebtedness to the members of the Dental Profession in Birkenhead for their help and co-operation in treating those expectant and nursing mothers who were referred from the Municipal Clinics.

Maternal Mortality

The Registrar-General's annual statement of causes of death includes 3 deaths connected with pregnancy and childbirth.

This gives a maternal mortality rate of 1.04 per 1,000 births (living and still), as compared with a rate of 0.98 for the whole country.

The causes of the deaths were as follows:—

Puerperal sepsis	1
Other puerperal conditions	2

Artificial Sunlight Treatment

Artificial sunlight treatment was given to cases attending at the North and South Health Clinics, 69 sessions were held during the year, 65 cases attended for the first time, a total of 1,177 attendances being made. Dr. Williams and Dr. Gaunt were in charge of this work.

Convalescent Treatment

An arrangement is in operation with the Birkenhead and Wirral Invalid Children's Association whereby the Association provides convalescent treatment for children between the ages of 0-5, recommended for such treatment by members of the Medical Staff of the Department.

The Local Authority pay to the Association the actual cost of the treatment plus the administration expenses of the Association in connection therewith.

Number of cases recommended for treatment during the year was 26.

Agencies Assisted by Local Authority

(a) **St. Elizabeth's Convent.**—At the maternity and child welfare clinics held in connection with this Institution, the following attendances were made during the year:—

Infant Welfare Clinic: **Children under 1 year**

1st visits	revisits
120	1290

Children 1-5 years

1st visits	revisits
40	650

A grant of £50 per annum is paid by the Corporation to the Convent.

(b) **The Birkenhead and District Mothers' Welfare Clinic**

The objects of this Clinic are:—

- (a) To advocate and promote the provision of facilities for scientific contraception so that married people may space or limit their families and thus promote their happiness in married life and mitigate the evils of ill-health and overcrowding.
- (b) To advise women on:
 - (1) Involuntary sterility.
 - (2) Minor gynaecological ailments.
 - (3) Difficulties connected with the marriage relationship.
- (c) To encourage the production of healthy children who are an asset to the nation, provided that their parents have the health and means to give them a reasonable chance in life.

Of the 796 new patients who attended during the year, 313 were residents of Birkenhead.

A grant of £50 per annum is paid by the Corporation to this Clinic.

MIDWIVES SERVICE

Duties under this Scheme are concerned with the administration of the Midwives Acts, 1902-1936; the visiting of the homes of midwives to inspect their equipment, etc., advising them on the details of their work and on their duties as set out in the above Acts and in the Rules issued by the Central Midwives Board.

Number of Midwives

During the year 1949, 93 midwives gave notice of their intention to practice in the Borough, as follows:—

Municipal Midwives	...	...	...	...	15
Maternity Hospital Midwife	...	...	...	...	1
Private Midwives	...	...	...	...	15
Midwives in Hospitals and Institutions	...	...	...	...	49
Midwives in Private Nursing Homes	...	...	...	...	13
					—
					93
					—

Supervision

Dr. A. M. Williams, Assistant Medical Officer acts as Medical Supervisor of Midwives.

The Non-Medical Supervisor of Midwives, Miss M. Pringle, S.R.N., S.C.M., M.T.D., carried out the following work:—

Inspection of midwives: Visits to midwives homes	...	101
Interviews at office	.....	476
Nursing visits	.....	24
Visits in connection with:		
cases requiring medical aid	.....	160
cases of puerperal pyrexia	.....	12
cases of ophthalmia neonatorum	.....	6
cases of stillbirth	.....	19
expectant mothers	.....	115
Other visits	.....	187
Attendances at Ante-natal Clinics	.....	138

Number of cases attended by midwives—1015

The number of cases attended by midwives alone (no doctor being in attendance) numbered 545;

Cases requiring medical aid

169 cases were notified by midwives in which medical aid had been called, as against 304 last year.

Notifications received from Midwives

Stillbirths	...	...	...	...	20
Substitution of artificial feeding	...	...	...	...	120*
Deaths	...	...	...	...	3

*Including hospital notifications

Municipal Midwives

The following is a summary of the work of the Municipal Midwives during the year:—

No. of bookings	...	...	...	...	...	722
No. of births	...	...	...	...	...	714
No. of visits to patients	...	...	...	...	...	16815

Gas and air analgesia was administered by Municipal Midwives to 57 patients. Before gas and air analgesia is administered by a midwife, the patient must be examined by a doctor and pronounced fit.

During the year, arrangements were made whereby Municipal Midwives attend Ante-natal clinics with the object of obtaining contact, supervision and greater knowledge of the mother for the time of confinement.

Birkenhead Maternity Hospital

Under the terms of an agreement between the Local Authority and the Liverpool Regional Hospital Board made in March, 1949, an amount is paid to the Board in respect of the services of the Hospital District Midwifery Sister on the staff of the Maternity Hospital in connection with domiciliary midwife services.

The hospital is a Part II Training School for pupil midwives who are State Registered Nurses, and who have passed Part I of the Certificate of the Central Midwives Board.

Pupil midwives on the staff of the hospital attend with the Midwifery Sister on domiciliary confinements in order that they may obtain the required experience.

The Hospital Midwifery Services carried out the following work during the year:—

No. of bookings	...	...	...	...	...	153
No. of domiciliary births	...	...	...	...	...	128
No. of visits to homes of patients	...	...	...	...	...	2141

Ophthalmia Neonatorum

3 cases were notified during the year, which were treated at home. Vision was unimpaired.

Ambulance Service

Arrangements are in operation whereby the Borough Ambulance Service provide transport of midwives to cases during the hours normal transport facilities are not available, and also convey gas and air analgesia apparatus to the homes of patients where it is required for use.

HEALTH VISITING

The Health Visiting Staff is engaged in all sections of the Public Health Department. In this respect, therefore, co-ordination between the Public Health, Maternity and Child Welfare and School Health Services is effectively maintained.

Health visiting for the Public Health and Maternity and Child Welfare Sections of the Department is provided by the Superintendent Health Visitor and the equivalent of 10 full-time Health Visitors.

During 1949, the work of the Health Visiting Staff was handicapped by shortage of staff and illness.

Home Visiting

The following is a summary of the visits paid by the Health Visitors in connection with expectant mothers, mothers and young children:—

- 2751 routine visits were paid to infants under 1 year old.
- 4102 routine revisits were paid to infants under 1 year old.
- 9813 routine visits were paid to children over 1 year and under 5 years old.
- 70*first visits were paid to expectant mothers.
- 34 revisits were paid to expectant mothers.
- 52 visits were made in connection with deaths of infants.
- 266 visits were made in connection with miscellaneous matters.
- 3151 visits were made in which no access could be obtained.

*Does not include visits paid by the Non-Medical Supervisor of Midwives.

Health Visitors made 345 first visits and 1989 revisits to the homes of tuberculous cases.

From time to time during the year requests were received from Hospital Almoners that patients recently discharged from Hospital should be visited by Health Visitors as to

- (a) advice regarding continuation treatment,
- (b) provision of domestic help, and
- (c) home conditions.

In this connection 289 visits were paid to homes.

Clinic Duties

Health Visitors made 1,610 attendances at Clinics during the year.

HOME NURSING

An arrangement is in operation whereby the Home Nursing Service for the Borough is provided by the Birkenhead District Nursing Society in affiliation with the Queen's Institute of District Nursing. The Nursing Society has been operating in Birkenhead since 1896, and the experience and knowledge gained over that period has been placed unreservedly at the disposal of the Local Authority.

It is desirable that appreciation should be recorded of the work and the services of members of the Committee of the Society, and to Mrs. T. Hugh-Jones, Hon. Secretary, and Mr. Cyril Parry, Hon. Treasurer, for the administrative duties they have carried out in connection with the arrangements between the Society and the Local Authority.

The Society operates from the Nurses' Home, 2 Park Road South, where the full time Nursing Staff resides.

At the beginning of the year the Nursing Staff employed consisted of 1 Superintendent, 6 Nurses and 3 Part-time Nurses.

In December 1 Superintendent, 7 Nurses and 7 Part-Time Nurses were employed.

Considerable difficulty has been experienced throughout the year by the shortage of Nursing Staff and it is due to the organising and administrative ability of Miss Rushton, Superintendent Nurse, that the Nurses on the Staff have been able to deal with the increased demand for their services.

During the year 1688 cases have been attended, necessitating a total of 42,024 home visits, an increase of 430 cases and 8,615 visits over 1948.

A loan cupboard is maintained by the Society from which articles and nursing equipment are provided where necessary to cases being nursed at home. A charge of 6d. per week is made for small articles, i.e. bed pans, air rings, etc., and 2/6d. per week for bath chairs, providing the patient can afford to pay the charge.

Summary of Cases Nursed during Year

Cases remaining on Register at 31st December, 1948	175
New Cases attended to during year:	
Men 	402
Women 	910
Children 	201
	— 1513
	— 1688

Nursing Services provided at request of:

Doctors	...	...	...	...	...	1349
Patients' relatives and friends	...	...	...	...	...	96
Municipal Hospital	...	...	...	...	...	8
General Hospital	...	...	...	...	...	39
Children's Hospital	...	...	...	...	...	2
Maternity Hospital	...	...	...	...	...	1
Other Hospitals	...	...	...	...	...	12
Other Sources	...	...	...	...	...	6
						1513

Classification of cases nursed and visits paid:

	Cases	Visits
(1) Medical	947	27,457
(2) Surgical, including post-operative cases	372	9,042
(3) Cases of infectious nature	2	26
(4) Tuberculosis	19	1,413
(5) Maternity (Mother & child)	3	162
(6) Post natal or anti-natal	20	226
(7) Senility	126	3,399
(8) Previously classified	175	—
(9) Other cases	24	299
		1688
		42,024

Cases remaining on Register at 31st December, 1949 ... 213

VACCINATION AND IMMUNISATION

DIPHTHERIA IMMUNISATION.

Children under 5 years of age:

In order to ensure that as many infants and young children as possible are immunised, the Local Authority provides facilities at their Child Welfare Clinics.

Arrangements are in operation for the carrying out of immunisation in individual cases by General Practitioners taking part in the Local Authority's Scheme. Prophylactic material (A.P.T. and T.A.F.) is available, free of charge, to General Practitioners to carry out immunisation in their own surgeries or at the homes of the children.

Diphtheria Antitoxin is available, free of charge, at the Public Health Department and at Police Stations and Hospitals in cases of emergency and during the night.

Assistant Medical Officers, Health Visitors and Midwives make it their duty to inform mothers of the great advisability of having their children immunised during the first year of the child's life.

Children of School Age:

Arrangements are in operation whereby school children may be immunised at the School Minor Ailments Clinics, and special arrangements are made for immunisation to be carried out at the schools.

During the end of the year an intensive campaign was commenced at the schools, the effect of which will not be known until the coming year.

I desire to record my appreciation of the assistance rendered by Head Masters and Teachers in their co-operation and active help in arranging the school immunisation sessions.

The following facilities keep the public constantly informed of times and places of sessions for diphtheria immunisation:—

Public Notices throughout Public Health buildings;
Posters displayed on Empire Marketing Boards;
Vehicle Posters displayed in Corporation motor buses;
Birthday Greeting Cards, combined with a message giving times of Clinics, etc.

The Local Authority continue to make full use of propaganda supplied by the Ministry of Health and the Central Council for Health Education.

The number of children whose immunisation against diphtheria was completed during the year was 2,119, made up as follows:—

0—4 years of age	1797
5—14 years of age	308
15 years and over	14

Total: 2119

During the year the following number of Immunisations and reinforcing injections were carried out:—

	At Municipal Clinics	By General Practitioners
Immunisation against Diphtheria ...	925	345
Immunisation against Diphtheria and Whooping Cough	752	97
Reinforcing injections against Diphtheria	351	13

SMALLPOX VACCINATION

Arrangements are in force for the purpose of infant vaccination in individual cases by General Practitioners, similar to those for immunisation against Diphtheria.

Weekly vaccination sessions are held at the Child Welfare Clinics; publicity arrangements are similar to those for immunisation against diphtheria and steps are taken to ensure that the advisability of infant vaccination is brought to the notice of all parents of newly-born children.

During the year the following vaccinations have been carried out:

By General Practitioners	515
By Medical Officers at the Municipal Clinics	370
	Total: 885

The following table shows the age groups of the persons vaccinated (or re-vaccinated):—

Age at 31st Dec., 1949 <i>i.e.</i> , born in years	Under 1 1949	1 to 4 1945-1948	5 to 14 1935-1944	15 or over Before 1935	
Number vaccinated...	437	339	9	18	803
Number re-vaccinated	—	—	9	73	82

INOCULATION AGAINST WHOOPING COUGH

Requests for immunisation against Whooping Cough were received from mothers during the year, and to meet their demands 77 injections were given at Clinics against this disease.

AMBULANCE SERVICE

In submitting the following report, prepared by Mr. A. R. G. Wray, Chief Fire Officer, I would take the opportunity of complimenting him upon the efficiency to which he has raised the Ambulance Service, and of acknowledging the close co-operation and friendly liaison which exists between our Departments.

Co-ordination of existing Services.—On the 5th July, 1948, the combination of Ambulance Service with the Fire Brigade was effected, the Chief Fire Officer becoming responsible to the Watch Committee for day to day operation and to the Health Committee for general adequacy and efficiency. No administrative or operational difficulties have been experienced in this respect.

Vehicles were transferred for accommodation and operation to the two Fire Stations.

Consultations with other Health Authorities.—Mutual Assistance Schemes in connection with emergency calls have been effected with neighbouring Authorities and have proved efficient in practice.

Staff.—The minimum of the approved Establishment (25 to 36) was quickly brought up to strength, and on 31st December, 1949, it was increased to 31.

Of the civilian staff transferred, two are still employed in that capacity, six were enrolled as members of the Fire Brigade, whilst the remainder have retired, resigned or transferred to other duties.

At 31st December, the operational strength of the Combined Service was 111, comprising 109 members of the Fire Brigade and 2 Civilians.

Qualifications.—First Aid qualifications are held by 106 members of the Fire Brigade and 1 Civilian.

Two British Red Cross full courses have been held annually and will become a permanent feature. All Fireman recruits take a preliminary certificate in the Recruits Training School, subsequently sitting the full course upon return to the Brigade.

Interchangeability of Staff.—All members of the Fire Brigade perform Ambulance duties on a rota system, and there are now 83 firemen drivers and 2 civilian drivers. This driver establishment will be increased as the result of driving courses to be held in the near future.

Maintenance and Servicing.—About 95% of this work is done in Brigade Workshops by members of the Brigade. Increased mileage has had its inevitable effect but the system of routine inspection and overhaul has prevented any serious breakdown.

Call Out Arrangements.—All appropriate authorities have been kept fully informed of calling arrangements and primary and secondary emergency numbers are exhibited in Telephone Exchanges.

Ambulances.—The present establishment is 10 Ambulances and 2 Shooting Brake sitting-case vehicles.

Of the ten ambulances taken over on the 5th July, 1948, six have been scrapped and replaced by new vehicles, whilst a further two are due for replacement this year, the necessary contract having been placed.

Two secondhand Humber Shooting Brakes were purchased and placed in commission in April, 1949.

General Observations.—The combination scheme has proved successful both in efficiency and economy of personnel. As members of a Fire Brigade, personnel get constant refresher training in all subjects and the fact that they are subject to a Code of Discipline ensures a high standard of conduct and service.

No major difficulties have been encountered in the operation of the scheme and it is considered that though the incidence of traffic is high, very little abuse has been made of the service.

Lectures have been given to a fair number of Guilds and other organisations at which the objects and duties of the Service have been explained. It is thought this helps to lessen any abuse of facilities.

Peak traffic is encountered on Mondays to Fridays between the hours of 9 a.m. and 5 p.m., and to cope with it a special peak manning system was introduced.

Liaison between the Brigade, Hospitals and other Authorities is good.

The following table contains information of the number of calls attended to, patients conveyed and mileage run during the year.

Transport (Type of vehicle)	Calls	Patients Conveyed	Mileage
Ambulances	16,746	19,478	84,237
Cars	6,837	6,876	29,363
Miscellaneous (Ambulance or Car)	1,513	5	4,797
TOTALS	25,096	26,359	118,397

MENTAL HEALTH

Committee.

The duties of the Local Health Authority under Sections 28 and 51 of the National Health Service Act, 1946, have, since the 5th July, 1948, been carried out by the Mental Welfare Sub-Committee of the Health Committee.

This Sub-Committee consisted of ten members of the Health Committee, one of whom was a co-opted member, and monthly meetings were held during the year.

Staff.

In order to carry out the duties as detailed in the Ministry of Health Circular 100/47, under the Lunacy, Mental Treatment and Mental Deficiency Acts, three Authorised Officers were appointed to work under the administrative control of the Medical Officer of Health.

During the year, the duties of the Staff were re-organised and the Deputy Medical Officer of Health was vested with responsibility to the Medical Officer of Health for the administration and control of this Sub-Department. Two full-time Male Duty Authorised Officers and one Female Mental Deficiency Officer and Part-Time Authorised Officer are now employed.

One of the Male Authorised Officers holds the Relieving Officer's Certificate, and the other is a State Registered Mental Nurse and holds the Certificate of the Royal Medico-Psychological Association.

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

The following work was done by the officers of this Authority on behalf of various hospitals:—

- (i) Supervision of patients on licence or leave from Mental Deficiency Institutions and the furnishing of Progress and Periodic Reports;
- (ii) Visiting homes to obtain information for Hospital Index Records (where this could not be obtained by the Hospital staff on admission);
- (iii) the occasional conveyance of defectives between institutions, where hospital staff was unable to provide escort.

Voluntary Association.

Up to the 31st March, the National Association for Mental Health undertook the work of After-Care of ex-Service personnel; about 18 Birkenhead cases were involved. After the 31st March, the work was taken over by the Duly Authorised Officers.

Training.

Provision having been made for the further training of staff, the Female Duly Authorised Officer attended a Course for Mental Health Workers at Calderstones Hospital, Whalley, lasting one week.

The following is a brief summary of the work done by the Mental Welfare Department during the year.

(a) Prevention, Care and After-Care.

(National Health Service Act, 1946, Section 28).

Under this Section is included the work done for cases of Mental Deficiency on licence or leave from Mental Deficiency Institutions; Defectives on friendly Home Supervision; cases of undetermined mental illness in which no statutory action was necessary, and the after-care of patients discharged from Mental Hospitals. Where, under the last item, the patient objected to after-care, no visits were made, in accordance with the Committee's resolution.

(i) Defectives on licence or leave.

The following number of reports were sent to various Hospitals and Officials regarding patients on licence or leave in Birkenhead.

Cranage Hall Hospital	10
Royal Albert Hospital	4
Calderstones Hospital	2
St. Catherine's Hospital Annexe	2
Clerk to the Visitors, Cheshire County Council	3
County Medical Officer, Flintshire	1
	—
	22
	—

(ii) Friendly Home Supervision of Patients, including defectives discharged from their orders.

Male.	Female.	Total.
4	8	12

(iii) " No Action " Cases.

These are cases where, after investigation, no action was deemed necessary under the Lunacy or Mental Treatment Acts: they were then referred as follows:—

	Male.	Female.	Total.
To Psychiatrists	3	7	10
To the Welfare Officer	9	7	16
To General Practitioners	5	10	15
To Hospitals	4	2	6
To Nursing Home	—	1	1
No action required	24	23	47
	45	50	95

(iv) After-Care Cases on discharge from Mental Hospitals.

	Male.	Female.	Total.
Number referred for After-Care	36	45	81
Number refusing After-Care	11	7	18

(b) Lunacy and Mental Treatment Acts.**(i) Admissions to Hospitals under Lunacy Act, 1890:—**

	Male.	Female.	Total.
Sec. 20 (3-Day Detention Order)	58	30	88
Sec. 21 (14-Day Justice's Order)	24	26	50
Sec. 16 (Certification for Detention in a Mental Hospital)	63	68	131
Sec. 5 (Private Patients)	—	2	2
Sec. 64-67 (Transfer of Patients)	—	2	2
	<hr/>	<hr/>	<hr/>
	145	128	273

(ii) Admissions under the Mental Treatment Act, 1930:—

	Male.	Female.	Total.
Sec. 1 (Voluntary Patients)	18	21	39
Sec. 5 (Temporary Patients)	—	2	2
	<hr/>	<hr/>	<hr/>
	18	23	41

The Duly Authorised Officers are available to give assistance in dealing with the admission of patients to Private Wards of Hospitals and privately run Mental Homes.

It is noteworthy that the number of cases dealt with under the Mental Treatment Act has increased from a total of 10 between the 5th July and 31st December, 1948, to 41 in 1949. By employing the powers provided under this Act, it is often possible to avoid certification of a patient who shows reasonable prospects of recovery from his illness.

(iii) Board of Control Circular 999.

Under this circular, it became necessary for the Birkenhead Authorised Officers to undertake the work of arranging for certification and removal to Mental Hospital of cases from other Local Health Authorities who had been admitted to St. Catherine's Hospital Annexe under Section 20, with subsequent Section 21a Orders. The other Authorities undertook to be responsible for the fees and incidental expenses involved in their cases, it being apparent that, otherwise, an Authority in whose area the first hospital was situated would thereby be financially involved with cases from outside the area.

Up to the 31st December, 1949, eight cases had thus been dealt with.

(c) Mental Deficiency Acts, 1913-1938.**(i) The new cases notified to the Local Health Authority during the year arose as follows:—**

	Male.	Female.	Total.
Under Education Act, 1944, Section 57 (3) ...	2	5	7
Under Education Act, 1944, Section 57 (5) ...	3	1	4
Other sources	—	2	2
	<hr/>	<hr/>	<hr/>
	5	8	13

(ii) **Removals from Register**

	Male.	Female.	Total.
Deaths	4	1	5
Cancellation of Notification under Education Act	1	—	1
Found to be not notifiable on Ascertainment	—	2	2
	<hr/> 5	<hr/> 3	<hr/> 8

(iii) **Admissions to Institutions**

	Male.	Female.	Total.
Section 15—"Place of Safety"	1	—	1
Section 8—From Magistrates' Court	2	—	2
Section 6—On Petition	4	4	8
Section 7(1)—Variation of Guardianship Order	1	—	1
	<hr/> 8	<hr/> 4	<hr/> 12

(iv) **Institutional Accommodation**

The shortage of beds for defectives continued to be a matter of great concern to the Authority, and individual cases were dealt with on the degree of urgency. On the 31st December, 1949 the number of cases awaiting institutional accommodation was:—

Males	Females	Total
45	27	72

The total number of Birkenhead cases accommodated in various institutions was:—

	Male.	Female.	Total.
Crangage Hall Hospital, Holmes Chapel ...	36	55	91
Royal Albert Hospital, Lancaster	8	—	8
Calderstones Hospital, Whalley	5	—	5
Quakers' Home, Cotebrook, nr. Tarporley ...	—	1	1
Priory Rest Home, Wavertree, Liverpool ...	—	1	1
Ian Tetley Memorial Home, Harrogate	1	—	1
Good Shepherd Convent, Ford	—	1	1
Whitecross Homes, Warrington	3	1	4
Nantwich Institution	—	1	1
Durrant Hill House, Carlisle	—	1	1
Newchurch Hospital, Culcheth	—	1	1
Brentry Colony, Bristol	1	—	1
Mary Dendy Homes, Alderley Edge	1	—	1
Ashton House, Birkenhead	—	2	2
St. Catherine's Hospital Annexe	21	8	29
Rampton State Institution	5	1	6
Moss Side State Institution	1	1	2
	<hr/> 82	<hr/> 74	<hr/> 156

The area of the Liverpool Regional Hospital Board is unfortunate in that there are no Institutions in the area which admit children below the age of 14—or even 16 years. Such cases are accommodated in Institutions which come under the Manchester Regional Hospital

Board and are therefore situated at some distance from the Borough, and there is a long waiting list for vacancies. The Liverpool Regional Hospital Board has made a special plea to the Ministry for the opening of Greaves Hall, near Southport.

(v) **Guardianship**

One Birkenhead case was under the Guardianship of his father, and the order was transferred to his mother, owing to ill-health of the former, who subsequently died. Later, a Varying Order was made for his detention in St. Catherine's Hospital Annexe.

One case, having been dealt with under Section 15, was subsequently placed under the Guardianship of his brother.

Circular 177/48 of the Ministry of Health makes provision for payment of grants by the National Assistance Board to the Guardians of defectives over 16 years who have been placed under Guardianship.

(vi) **Home Supervision**

The Authorised Officers carried out the Statutory and Voluntary Supervision of defectives during the year. 738 visits were made to the homes of defectives, and 610 reports were obtained.

(vii) **Occupation Centre**

By arrangement with Wallasey Corporation, Birkenhead cases attend the Wallasey Occupation Centre, as hitherto. Free transport is provided to and from the Centre, by 'bus. This Centre normally caters for children up to 16 years old, but, in suitable cases, extension of age of attendance is made.

The attendances throughout the year have averaged 21 daily. There are 30 children on the Register.

Dinners are provided, and milk in the morning. The charge for this, up to 5d. per day, is assessed on a scale based on the income of the parents.

(viii) **Dental Treatment**

Owing to difficulties in obtaining immediate dental treatment for defectives, an arrangement was made by the Birkenhead Dental Association for emergencies to be attended to at the Dental Hospital, Pembroke Place, Liverpool, or at St. Catherine's Hospital. These arrangements proved of benefit to several defectives.

(d) **Psychiatric Clinic.**

In June, the Liverpool Regional Hospital Board opened a Psychiatric Clinic at St. Catherine's Hospital Annexe, and close liaison between the Duly Authorised Officers and the Psychiatrists at this, and other, Clinics, has been maintained. 26 cases were referred to the Clinics from this Department, and 10 cases were referred to the Department by the Psychiatrists.

The benefits of having one department to deal with mental illness and mental defectiveness are now becoming apparent. In cases where doubt exists as to the best method of dealing with borderline patients, delay is minimised. Cases of mental disturbance can be helped with expedition and the way is paved for the expansion of the service to include patients suffering from minor disturbances of mind or intellect when such expansion becomes possible.

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

The Local Health Authority have formed a Care and After-Care Committee consisting of representatives of the Health Committee, the Corkhill Charity Trust, the Red Cross Society and St. John Ambulance Brigade, to deal with matters arising under this Scheme.

The Corkhill Charity is a private Trust which administers a sum of money, left under the Will of the late Mr. John Lloyd Corkhill, for the assistance of persons suffering from Tuberculosis.

The work of the Committee is, for the time being, restricted to persons suffering from Tuberculosis, and, to a lesser extent, to those suffering from Mental illnesses.

Tuberculosis

Under an arrangement with the Liverpool Regional Hospital Board, the services of Dr. Blackstock, Tuberculosis Officer, are available in connection with the Prevention, Care and After-Care work under the Local Authority's Scheme.

The Tuberculosis Clinic is situate at 42 Hamilton Square, and the Tuberculosis Almoner, Miss Dunn, has an office in the same building.

To the average patient Tuberculosis spells fear, economic distress and family disruption; therefore patients are interviewed by the Tuberculosis Almoner as soon as possible after the diagnosis has been established.

During the year the Almoner held 1,993 interviews with patients and relatives at the Clinic and 833 interviews with patients in sanatoria and hospitals.

Advice is given in obtaining financial assistance through the National Insurance Act and the National Assistance Act; co-operation is established with the Housing Manager, the Children's Officer and voluntary agencies for any help which may be within their sphere of action.

Provision is made for extra nourishment to be granted to necessitous cases.

Beds, blankets, garden shelters and nursing requisites are loaned to patients, paper handkerchiefs are issued to respiratory cases and destructible sputum cartons are issued to bed patients being nursed at home.

Health Visiting.

On receipt of notification that a person is affected with tuberculosis, the home of the person is visited by a Health Visitor who prepares a report on the home conditions, number of contacts, etc., which report is forwarded to the Tuberculosis Officer for his information.

The Health Visitor also advises as to the methods which should be adopted to reduce the risk of infection, and maintains contact with the patient and the home as long as is considered desirable.

Occupational Therapy.

An Occupational Therapy class is held once a week at the Red Cross Headquarters, 68 Balls Road, and patients are supplied free with materials for work at the Centre and for work which they wish to do at home.

A Sale-of-Work of the handicrafts made at the class, i.e., Soft Toys, Embroidery, Knitting, Woodwork, Seagrass Stools and Leather Goods, was held in December.

A whist drive or social is held at the Red Cross Headquarters once a month.

I desire to pay tribute to the Officers of the Red Cross Society for the great assistance they have rendered in instructing in Occupational Therapy work those attending. The work which has been accomplished could not have been done without the help they have so willingly given.

Rehabilitation.

One of the most important factors in dealing with the Tuberculous patient is the provision of rehabilitation and occupational therapy. The former calls for home industries, sheltered workshops and training centres of which there are few in the country especially designed for the Tuberculous patient.

The Disablement Officer of the Ministry of Labour has proved of great assistance, but despite his help it is difficult to find a niche for every patient suffering from such disablement as Tuberculosis.

Twenty-six patients who after treatment were fit to resume work but had no employment to which to return were registered with the Ministry of Labour for work under sheltered conditions.

Of these, the Ministry placed 5 in special training (one in Architecture, one in Art, two in Shorthand and Typewriting and one at a Cripples' Training Centre). The Ministry also found employment for 10 of the other cases.

Institution Cases—Rehabilitation.

(a) Wrenbury Hall Industrial Training Colony—

Cases in Colony at end of 1948	6
Cases admitted during year	28
Cases discharged during year	22
Cases remaining in Colony at end of year	12

(b) Derwen Cripples' Training College—

Cases admitted in 1949 and still undergoing training	1
--	---

Mental Health Care

The arrangements for the Care and After-Care of Mental Health cases is set out in the Mental Health Service section of this report.

DOMESTIC HELP

This Service is an extension of the Domestic and Home Help Scheme which was put into operation in this Borough on 28th February, 1946, for the purpose of providing domestic assistance to maternity cases, to sick or infirm persons, whether through old age or otherwise, who were unable to obtain help of which they were in particular need.

Under the present Scheme arrangements are made for domestic help to be provided to households where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age.

The Scheme provided that domestic help was to be for a limited period of two to six weeks but that it might be extended in exceptional circumstances. During the year it was found, in the majority of maternity and illness cases, it was not necessary to extend this period, but in chronic sick and infirm cases domestic help has had of necessity to be provided for lengthy periods, in four cases for over twelve months and in many other cases for periods exceeding six months.

The amount of domestic help allotted to each household, varying from three to forty-five hours per week, is decided by the Superintendent Health Visitor after investigation has been made of the home circumstances.

The charge made for the provision of domestic help is 2/6 per hour. Applicants for domestic help are informed that if their income does not enable them to pay the full charge without hardship they are entitled to apply for a reduction of the standard charge. In these cases the family income is investigated and the charge to be paid for help supplied is based in accordance with the scale recommended by the Association of Municipal Corporations.

At the beginning of the year 6 full time and 5 part time workers were employed, but the increased demand for domestic help which arose during the year necessitated in December the employment of 6 full time and 19 part time workers.

The increased demand for domestic help made by aged and infirm and chronic sick cases is, it is thought, due to:—

- (a) the desire of old people to continue to live in a place "I can call my own," and
- (b) the shortage of institutional accommodation for chronic sick.

It can be anticipated that the demand for domestic help for these types of cases will increase.

During 1948, 112 cases were provided with domestic help; in 1949 the number of cases increased to 292 which are classified as follows:—

(a) Maternity	...	...	...	...	134
(b) Illness, etc.	...	...	...	...	61
(c) Chronic sick	...	...	...	...	55
(d) Aged and infirm	...	...	...	...	42
					292

During 1948 the number of hours worked by domestic helpers was 14,626; in 1949 the number of hours worked was 21,905.

INDEX

COUNTY BOROUGH OF BIRKENHEAD

COUNTY BOROUGH OF BIRKENHEAD.

EDUCATION COMMITTEE.



ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1949

INDEX

	Page
Adenoids—Operative Treatment	58
Birkenhead Orthopaedic Hospital (Thingwall)	65
Child Guidance Treatment	50, 69/71
Cleanliness, Clothing and Footwear	55
Convalescence and After Care Treatment	60, 61
Defective Vision	56, 57
Dental Inspection and Treatment	73, 74
Dental Services	50
Ear, Nose and Throat Conditions	57, 58
Education Committee—Composition of	49
Educationally Sub-Normal Children	71, 72
Handicapped Pupils—	
Newly Ascertained during 1949	62
Number requiring Special Educational Treatment	62, 63
Distribution at 31st December	64
Difficulties of providing Residential Facilities	50, 51, 65
Heights	54
Hospital Special Schools	65
Infectious Diseases	55
Maladjusted Children	50, 65, 67/69
Massage and Remedial Exercises	60
Mastoids—Operative Treatment	58
Meals and Milk—Provision of	55
Measles—Incidence	50
Medical Inspection and Treatment	53
Mental Deficiency	72
Minor Ailment Clinics	55
Nursery Classes	52
Nutrition	54
Orthopaedic and Postural Defects	59
Parents—Co-operation	53
Scabies	50, 56
Schools—Number, and Average Attendances	52
Skin Clinic	56
Spastic Children	50, 51
Speech Therapy	66, 67
Squint	57
Surgical Appliances, Splints, etc.	60
Tonsillitis—Operative Treatment	58
Ultra Violet Ray Treatment	61, 62
Vaccinations	55
Weights	54
Whooping Cough—Incidence	50

APPENDIX :—

Statistical Tables for Ministry of Education

Numbers Medically Inspected, etc.	75
Return of Defects Found	76
Nutrition—General Condition	77
Treatment of Defects	78, 79
Numbers Dentally Inspected, etc.	79
Infestation with Vermin	79

COUNTY BOROUGH OF BIRKENHEAD

EDUCATION COMMITTEE

Chairman:

Alderman F. GARSTANG

Deputy Chairman:

Councillor W. E. POWER

Aldermen J. Miller, F. Naylor, C. J. Yates.

Councillors N. G. Eddas, M. E. Fitzgerald,
J. Furness, Mrs. S. A. Haygarth (deceased),
J. Kennedy, C. S. McRonald, J. W. Oates,
M. Poland, G. A. Woodcock.

Ex-Officio Members:

The Mayor (Alderman L. Griffith Davies) and
the Chairman of the Finance Committee
(Alderman H. Platt).

Co-opted Members:

Miss E. S. Benson, V. Rev. Provost Hazlehurst,
D.D., J. H. Jones, C. R. Lockyer, A. Mealor,
A. D. Pappworth, J. Pyke, Rev. F. J. Taylor,
Professor F. W. Walbank, M.A., T. H. Ward.

Department of the Medical Officer of Health,
9 Hamilton Square,
Birkenhead.

April, 1950.

**TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE**

Ladies and Gentlemen,

I have the honour to present my Annual Report on the work of the School Health Services for 1949.

The general health of the school children was good.

The incidence of measles and whooping cough which reached an abnormally high peak in 1948 decreased to normal level during the year.

Cases of scabies, the number of which rose to a high level throughout the country during the war and immediate post-war years, have gradually decreased in number and are now of infrequent occurrence.

The School Dental Service is still struggling against the handicap of shortage of Dental Officers. The authorised complement of these is five, but at present the work is being carried on by the equivalent of two and a half dentists.

The establishment of a Child Guidance Clinic still remains in abeyance owing to the scarcity of specialists requisite for its staffing, but interim arrangements were made with the Notre Dame Clinic, Liverpool, to deal with Birkenhead children requiring this form of treatment.

The value of advice on, and treatment of, backward and maladjusted children has now been fully realised by School Teachers, Magistrates of Juvenile Courts, Children's Officers and Probation Officers, and demands for Psychiatric investigations from these sources have increased to such an extent that the establishment of a Child Guidance Clinic must be a primary consideration of the Committee as soon as trained personnel is available.

There is also urgent need for residential treatment for Physically Handicapped children. Institutions for Crippled and Spastic children are few in number and, owing to the fact that the patients are invariably long-stay cases, waiting lists throughout the country are long. The establishment of an "ad hoc" institution for cripples and spastics is not a local matter for each individual Authority, as it calls for a large and highly-specialised staff and for special and intricate equipment, and the solution would seem to be in the establishment of large joint

institutions throughout the country, each catering for the needs of a group of neighbouring local authorities. The expenses of these institutions are very high; the numbers of crippled and spastic children is not great, and, both from an economic and a practical outlook, the centralisation of such children in large "ad hoc" institutions would appear to be the ideal solution to the problem.

I would stress the advisability of opening "Menlo" as an open-air school as soon as possible.

From my previous experience as Medical Officer of the Birkenhead Orthopædic Hospital for Children, I am convinced that the value of an open-air school, preferably residential, cannot be over-estimated.

As this is the last Annual Report I shall write as your School Medical Officer, I wish to take the opportunity of thanking the Chairmen and Members of the Education Committee and of the Administrative Sub-Committee on which I have served during my term of office for the courtesy and co-operation they have invariably extended to me.

I would also acknowledge the help I have obtained from the Directors of Education and their staffs; the friendly liaison and goodwill which has existed between our Departments has done much to ensure the smooth running of the Service.

Lastly, I wish to record how much I owe to the various members of the School Medical Staff, Medical Officers, Dental Officers, Nurses and Clerks, for their loyalty to me and for their collaboration in promoting the welfare of the school children of the Borough.

I am, Ladies and Gentlemen,

Your obedient Servant,

F. G. FOSTER,

School Medical Officer.

**COUNTY BOROUGH OF BIRKENHEAD,
NUMBER OF SCHOOLS AND CHILDREN**

Primary Schools

County	...	...	...	...	...	30
Voluntary	...	...	...	...	...	24
No. of Children on the rolls	...	...	...	...	...	13,843
Average Attendance	...	...	...	...	...	12,381

Secondary Schools (Maintained)

County	...	...	...	...	...	15
Voluntary	...	...	...	...	...	2
No. of Children on the rolls	...	...	...	...	...	6,306
Average attendance	...	...	...	...	...	5,665

Secondary Schools (Non-maintained)

There are four Direct Grant Secondary Schools in the town as follows:—

The Birkenhead School, Beresford Road (Boys).

The Birkenhead High School for Girls, Devonshire Place
(G.P.D.S.T.).

The Convent F.C.J., Holt Hill.

St. Anselm's College, Manor Hill.

Nursery Classes

In connection with the Infants' Departments, Nursery Classes are held at:—

Catcart Street Primary School.

Rock Ferry Primary School.

The Dell Primary School.

MEDICAL INSPECTION AND TREATMENT

Periodic Medical Inspections were made in schools, of the Age Groups specified in Para. 49(2) of the Handicapped Pupils and School Health Service Regulation, 1945, namely:—

- (a) every pupil admitted for the first time to a Maintained School, as soon as possible after the date of admission.
- (b) every pupil attending a Maintained Primary School during the last year of attendance at such a school.
- (c) every pupil attending a Maintained Secondary School during the last year of attendance at such a school.
- (d) Fourth Age Group inspections of children between eight and nine years of age on 31.3.49, were also made, and are included in the Statistical Table as Other Periodic Inspections.

In addition, arrangements were made for the Inspection of 161 pupils attending a Non-Maintained Secondary School.

In 1949, the number of Periodic Medical Inspections of pupils attending Maintained Schools was 7,588.

Special Inspections of pupils referred from various sources totalled 4,622 examinations, made up as follows:—

At Minor Ailments Clinics	...	...	...	2,624
Pre-Dental Heart Inspections	...	...	...	1,298
Children with Speech Defects	...	...	...	235
Specially referred during course of Routine Medical Inspections	...	...	...	138
Referred for Convalescence	...	...	...	113
Special Ascertainments (for Psychiatric Clinic, Court Cases, etc.)	...	...	...	100
At Municipal Skin Clinic	...	...	...	70
Employment out of School Hours	...	...	...	22
Boarded-out Children	...	...	...	17
Freedom from Infection	...	...	...	5

Re-examinations were made of children found at Periodic and Special Inspections, to have defects; and an endeavour was made to examine these twice in the year, either at Schools or Clinics.

There were 6,093 such Re-examinations.

Statistical Tables, as required by the Ministry of Education, are given at the end of this Report.

CO-OPERATION WITH PARENTS

Parents attended at the examinations of 5,190 (68.39%) of the 7,588 pupils on Routine Inspections:—

Code Group	Parents Present
First Age Group	91.23%
Second Age Group	66.24%
Third Age Group	22.42%
Fourth Age Group	77.17%

NUTRITION

The standard of Nutrition continues at a very satisfactory level for an industrial area. Rest and good food are essential to the maintenance of good nutrition, and again it must be stressed that all too often, young children are seen playing in the streets at night when they should be in bed. It may be that bad housing conditions, occasionally make it difficult to ensure adequate rest for the children, but parental discipline and commonsense must be exercised to remedy this health destroying habit. There is little doubt that the School Meals have gone a long way to minimise the deficiencies in certain homes, and it is hoped that the time is near when School Dinners will be available to all who attend School.

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.
3 years	31	3	0.16	22	3	1.36
4 years	306	3	4.42	233	3	4.19
5 years	680	3	6.07	585	3	5.82
6 years	94	3	8.21	68	3	8.29
7 years	11	3	9.55	5	3	9.40
8 years	647	4	1.75	491	4	1.05
9 years	169	4	2.94	199	4	2.28
10 years	502	4	5.70	378	4	5.55
11 years	489	4	6.46	423	4	6.41
12 years	3	4	10.33	6	4	10.33
13 years	2	4	7.00	4	5	2.00
14 years	338	5	1.99	310	5	1.61
15 years	350	5	3.72	223	5	1.75
16 years	125	5	7.14	46	5	3.17
17 years	2	5	8.00	3	5	3.00

Age	Weight					
	Boys			Girls		
	No.	St.	Lbs.	No.	St.	Lbs.
3 years	31	2	8.48	23	2	7.70
4 years	310	2	11.25	224	2	10.12
5 years	665	2	13.44	547	2	13.13
6 years	87	3	4.05	74	3	3.59
7 years	11	3	7.36	5	3	9.40
8 years	645	4	2.50	489	3	13.84
9 years	169	4	5.25	200	4	3.23
10 years	502	5	0.66	378	4	13.69
11 years	488	5	3.44	424	5	4.38
12 years	3	6	2.33	6	6	3.00
13 years	2	5	13.00	4	7	1.00
14 years	368	7	7.29	274	7	12.49
15 years	360	8	0.05	214	8	0.00
16 years	123	9	6.66	45	8	13.47
17 years	2	9	1.00	3	8	6.33

General Condition Tables are given in the Ministry of Education Returns (Table IIB) at the end of this Report.

PROVISION OF MEALS AND MILK

The total number of School Meals provided during 1949 was 1,439,288, an increase of 153,550 on 1948. Of this number, 1,184,921 were supplied on payment at Scale Rates (from 3d. to 5d. per head) and 254,367 were provided free. The figures include meals to teaching staffs supplied at the appropriate rate.

Every child attending Primary and Secondary Maintained Schools receives one-third of a pint of milk free of charge daily. During the year 3,456,247 one-third pint bottles were given.

CLEANLINESS AND CLOTHING

The general standard of cleanliness is satisfactory, having regard to the congested conditions of the area. Health Visitors made periodic inspections during school terms and 47,417 examinations were carried out. 1,610 pupils were found to be infested with vermin. Under Section 54 of the Education Acts, 1944-48, one Cleansing Notice was issued but no Cleansing Orders were made.

The standards of Clothing and Footwear are generally satisfactory.

VACCINATION

In the Routine Inspections, of 7,588 children examined, 2,120 (27.94%) had no vaccination marks and 5,468 (72.06%) showed marks. This compares favourably with 38.10% in 1948 who had no vaccination marks.

PAST INFECTIOUS DISEASES

Before Periodic Inspections, a postal enquiry is made to the parents, of the past Infectious Diseases which the child has had.

Disease	Entrants		Intermediate Primary Grp.		Primary Leavers		School Leavers	
	No.	%	No.	%	No.	%	No.	%
Measles	1450	62.93	1345	73.09	1637	90.14	1364	83.78
Whooping Cough ...	1086	47.13	1070	58.15	1108	61.01	948	58.23
Scarlet Fever... ..	217	9.42	242	13.15	330	18.17	294	18.06
Diphtheria	73	3.17	45	2.44	74	4.07	91	5.60
Chicken Pox	662	28.73	302	16.41	975	53.69	886	54.42
Mumps	568	24.65	666	36.19	772	42.51	726	44.59
No Infectious Disease	325	14.11	75	4.08	55	3.03	62	3.81

(Note: A child may have had more than one disease)

MINOR AILMENT CLINICS

During the year 11,228 attendances were made, and 1,940 defects were treated, compared with 13,368 attendances and 2,498 defects treated in 1948.

The attendances show a decrease of 15.97% on the preceding year. This fall may be attributable to an increasing number of parents taking their children to General Practitioners and Hospital Out-Patient Departments for treatment of minor defects.

In view of the drop in attendances, it was decided during the year to revert back to the practice of holding Minor Ailment Clinics on 3 instead of 5 mornings per week.

SKIN CLINIC

The treatment of Scabies and Verminous Conditions remains with the Local Education Authority. 182 new cases were discovered necessitating 620 attendances at the Clinic. All contacts were followed up.

Disease or defect.	Number of cases treated at the Municipal Skin Clinic during the year.
Scabies :	
(a) uncomplicated	13
(b) complicated	42
Contacts found to be free from infestation.....	2
Secondary dermatitis after scabies	1
Disease of scalp due to infestation with lice and nits	114
Other skin diseases.....	10
Total.....	182

An average of 3 treatments only were required to effect the cure of uncomplicated Scabies.

DEFECTIVE VISION

As in 1948, Dr. A. M. Williams (Assistant School Medical Officer) continued to carry out refractions and sight testing, having been approved as an Ophthalmic Medical Practitioner by the Local Executive Council.

The supply of glasses is undertaken by Dispensing Opticians on the Ophthalmic List on presentation by the parent of the appropriate form. For school children, the procedure provides that no charge will be made for the replacement or repair of glasses. Any charge deemed by the Ophthalmic Services Committee to be due to lack of care must be paid by the Education Authority to the Executive Council. The affect of this ruling is that there is no encouragement to the child—or obligation on the part of the parent to encourage the child—to take care that his or her glasses are not lost, damaged or destroyed, as the cost of replacements or repair will come, not out of the parent's, but out of the Education Authority's pocket and it is conceivable that a careless or destructive child might receive several pairs of glasses a year at the Authority's expense.

Dr. Williams reports:—

“There is now a higher percentage of attendances at the Eye Clinics than before the National Health Service Act came into operation. Whereas formerly 50% of children invited to the clinic actually attended, the figure is now about 80%. Parents, also attend more frequently than hitherto and show keener interest.

The children are obtaining their glasses in shorter time than last year, as some priority is now given. I ask for priority in cases of Myopia, as this condition may, and often does, get worse if left uncorrected. Myopia occurs in a large number of children, especially the 10-11 year group, about the time when they are taking the Common Entrance Examination, and there does seem to be some connection

between the defect and close reading or near work. I always advise against reading small or poor print and reading in a poor light.

The number of children with grosser degrees of Myopia is small—as is shown by the few admissions to the Sight Saving Class. On the other hand, there is a large number in the higher age groups who need glasses for less marked degrees of Myopia.

I have been impressed by the greater number of girls than boys in these higher ages suffering from eye defects that require glasses.

It is important that all necessary defects should be corrected as soon as possible, delay causes discomfort. A child with Hypermetropia, Astigmatism or Squint whose defect is unchecked cannot see the blackboard properly and makes slow progress in his education. The longer such a defect is allowed to go untreated, the more established it becomes and the longer will it take to correct. There is also the grave danger of loss of sight of the eye which has an old untreated Squint.

I think it will be a happy day when the time between the ordering and obtaining of spectacles can be reckoned in weeks only."

Particulars of School Children refracted at the Eye Clinic in 1949:—

	New Cases	Re- Examinations	Total
Cases examined	663	805	1468
Glasses prescribed for ...	355	313	668
Authorisation for repair or replacement of glasses	—	331	331

Squint

New cases noted during the year:—

Convergent—Right Eye 18, Left Eye 38, Alternating 2

Divergent—Right Eye 0, Left Eye 1, Alternating 0

Double internal 0.

71 new cases and 150 re-examinations were carried out by Mr. Charters, Consulting Ophthalmic Surgeon, at St. Catherine's Hospital.

29 Operations were performed for Squint at St. Catherine's Hospital.

28 received operative treatment for Squint at other local Hospitals.

EAR, NOSE AND THROAT

Pupils found at Routine, Special and Re-Inspections to be suffering from pathological conditions were referred to the Specialist Clinics of the Children's Hospital and St. Catherine's Hospital where necessary, and a certain number of vacancies were allotted to school children each week at the Clinics. There is still a slight waiting period for appoint-

ments, but this has been reduced since last year by the inclusion of the Clinic held at the Children's Hospital.

During the year 892 children were referred to St. Catherine's and the Children's Hospitals. Of this number 311 (34.86%) failed to keep their appointments.

The following table gives a full analysis of the cases dealt with by the Ear, Nose and Throat Specialists:—

	Listed for operative treatment for Adenoids and Chronic Tonsillitis	Listed for operative treatment for other Nose and Throat conditions	Received non-operative treatment for E.N.T. conditions	To return for re-examination	No apparent defect on examination	Failed to keep appointment
St. Catherine's Hospital ... (476 cases)	139	3	53	42	70	169
Children's Hospital ... (416 cases)	135	4	87	15	33	142
Totals ...	274	7	140	57	103	311

From in-patient returns submitted by Birkenhead Hospitals, the following operations are reported to have been performed during 1949:

	(a) for adenoids and chronic tonsillitis	(b) for other nose and throat conditions	(c) Masteoidec-tomy	(d) for other ear conditions
St. Catherine's Hospitals ...	151	3	6	1
Children's Hospital ...	95	1	1	—
General Hospital ...	26	2	3	2
Totals ...	272	6	10	3

ORTHOPÆDIC AND POSTURAL DEFECTS

Treatment of Orthopædic defects is still being carried out at the premises of the Birkenhead Invalid Children's Association Clinic by arrangement with the Regional Hospital Board.

793 individual children of school age attended the Clinic during the year for treatment of Orthopædic and Postural Defects.

An analysis of the cases of school age and under school age treated during 1949 is given:—

Disease Categories	New Cases				Re-Exams.				Discharged				
	Under 5		Over 5		Under 5		Over 5		Cured	Relieved	Left district	Refused treatment	Died
	M.	F.	M.	F.	M.	F.	M.	F.					
Congenital Deformities :													
Trunk	2	2	3	...	2	1	10	8	4	2	...	...	...
Upper Limb .....	...	1	2	1	...	...	4	4	...	...	...	...	...
Lower Limb .....	...	...	5	2	4	7	10	12	4	1	...	...	...
Acquired Deformities :													
Flat Foot	38	25	96	88	44	42	199	154	108	2	3	...	...
Hallux Valgus .....	...	1	2	4	1	...	5	3	...	...	...	...	...
Postural Kyphosis & Scoliosis.)	2	...	13	6	1	...	...	...	4	...	...	...	...
Knock Knee	47	40	17	22	96	87	51	37	...	...	3	...	...
Bow Leg.....)	10	12	5	4	9	8	14	7	...	...	...	...	...
Other Conditions)	7	4	13	10	4	9	7	13	2	...	...	...	...
Affections of Skeleton :													
Rickets .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Conditions .....	...	...	...	...	...	1	...	...	1	...	...	...	...
Affections of Nervous System :													
Spastic Paralysis	1	2	...	...	7	7	10	19	...	...	...	...	...
Infantile ,, .....	...	...	...	...	...	...	5	5	...	...	...	...	...
Peripheral Nerve Lesions .....	...	...	...	...	...	...	...	1	...	...	...	...	...
Other Conditions	3	3	2	1	2	3	1	5	2	...	...	...	...
Affections of Bones :													
Osteomyelitis .....	...	...	...	...	...	...	...	1	...	...	...	...	...
Tuberculous .....	...	...	...	...	...	...	...	1	...	...	...	...	...
Other Conditions .....	...	...	...	...	...	...	...	...	1	...	...	...	...
Affections of Joints :													
Tuberculous .....	...	...	...	...	3	1	7	15	...	...	...	...	...
Non-T.B.	1	1	...	...	1	...	2	7	...	...	...	...	...
Affections of Spine :													
Tuberculous .....	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-T.B.	1	...	...	...	...	...	6	3	...	...	...	...	...
Affections of Epiphysis													
.....	2	1	3	1	...	1	4	3	5	...	...	...	...
Complications of Trauma													
.....	...	...	...	...	...	...	...	1	1	...	...	...	...
Totals	114	92	161	139	174	167	336	298	132	5	6	—	—

MASSAGE AND REMEDIAL EXERCISES

These were provided by the Invalid Children's Association on the advice of the Orthopædic Surgeon. There are 1 full-time and 2 part-time physiotherapists on the Association's Staff.

The number of attendances was 7,525 (compared to 7,074 in 1948) by non-tubercular clinic cases.

In addition 42 attendances were made by Non-Clinic Cases (e.g., those sent by Orthopædic Surgeons of Local Hospitals) as compared with 133 for last year.

In the Schools, a system of preventive and remedial exercises, as approved by the Ministry of Education, is in operation under the control of the Physical Training Organiser. In consultation with the Orthopædic Surgeon, a scheme of active exercises is given to the pupils by the teachers, with a view to checking the number of cases of Flat Feet and Postural Defects—two of the most common conditions. Other defects are treated at the Orthopædic Clinic. Treatment begins in the Nursery Classes and continues throughout 23 of the primary schools. Excellent results, as shown by serial footprints of individual cases, have been recorded.

SURGICAL APPLIANCES, SPLINTS, ETC.

The provision of special Surgical Appliances and Apparatus, and the alterations to footwear, etc., were dealt with by the Association, under the National Health Service Act, 1946.

A total of 314 cases were treated during the year compared with 204 for 1948.

CONVALESCENCE AND AFTER-CARE TREATMENT

The question of responsibility for Convalescence being still "sub judice," cases which were referred to the Department for this treatment were examined for approval by the Medical Staff. Of 113 children so referred, 2 were not approved; 1 because of previous experience of the child's abnormal habits, and the other because she was having other Treatment which would have been interrupted by Convalescence.

General Practitioners referred 41 children for Convalescence.

Assistant School

Medical Officers	..	59	..	..	..
Children's Hospital	..	10	..	..	..
Physician to					
Chest Clinic	..	3	..	..	..

Arrangements for Convalescence were made by the Birkenhead and Wirral Invalid Children's Association for this Authority in the 111 cases approved, but 5 of these have been accepted by the Merseyside Hospitals Council, 2 will be referred to Oldham Corporation under Section 106 of the Education Act, 1 recommendation in respect of a child removed to Bromborough was forwarded to Cheshire County Council, and 2 cases were admitted to Southport Convalescent Home which is now controlled by the Liverpool Regional Hospital Board. In addition to these, 20 more cases were dealt with by the Invalid Children's

Association some of whom were paid for by the Association, and some came under the Penny in the Pound Scheme.

The following analysis relates to the length of stay at the various Convalescent Homes and the cost of treatment to the Authority.

Convalescent Home	No. of cases admitted	No. charged to L.E.A.	Total days convalescent	Average stay per case (days)	Total Cost			Average bed cost per day s. d.
					£	s.	d.	
Taxal Edge, Cheshire	7	7	211	30	87	7	10	8 3½
Ellen Gonner, Hoylake ...	29	28	844	30	258	3	4	6 0
Bankfield, Nr. Ulverston ...	12	10	328	33	187	8	6	11 5
Swancoe House, Nr. Macclesfield ...	5	4	209	52	94	1	0	9 0
Margaret Beavan Home Pensarn ...	19	18	631	35	252	3	8	8 0
West Kriby ...	14	14	597	42½	247	7	0	8 3½ (Includes 2 claims Sec. 106 Education Act.)
South Meadow Boys' Convalescent Home, Pensarn ...	16	16	451	28	168	15	4	7 6
St. Joseph's, Freshfield ...	4	3	130	46½	32	10	0	5 0
Blundellsands ...	3	3	91	30	32	10	0	7 1½
Southport (Regional Hospital Board ...)	2	?	49	24½	—	—	—	—
Compound Averages	111	103	3,541	34.38	1360	6	8	7 8

ULTRA VIOLET RAY TREATMENT

At the premises of the Invalid Children's Association a total of 57 children of school age made 873 attendances during the year.

	Improved	Not Improved	Still under treatment at end of year.
Debility	72	7	19
Tuberculosis	2	—	—
Anæmia	—	—	—
Bronchitis	—	—	—
Rickets	2	2	—
Other conditions	—	—	—
	76	9	19
	—	—	—

In addition 469 attendances were made by children under school age and 9 attendances by 1 patient over school age.

At the North Health Clinic a total of 18 children of school age made 324 attendances during the year.

	Improved	Not Improved	Still under treatment at end of year.
Bronchitis	3	1	1
Debility	5	1	1
Post Pneumonia	1	—	—
Post Whooping Cough	1	1	—
Rickets	1	1	—
Catarrh	2	—	—
Alopecia	1	—	—
	14	4	2
	—	—	—

In addition 211 attendances were made by children below school age.

HANDICAPPED PUPILS

The Handicapped Pupils and School Health Service Amending Regulations No. 2 of 1949, made some changes in the original 1945 Regulations. Approval of the arrangements for carrying on the School Health Service is now no longer required; nor must Medical Officers be approved for the ascertainment of Handicapped Pupils, except in the case of Educationally Subnormal and Mentally Defective children, where approval is still necessary.

During the year, 18 Physically Handicapped Pupils were newly ascertained and registered in the following Categories:—

Category (b)

Partially sighted 2 pupils

Category (d)

Partially deaf 2 pupils

Category (j)

Physically handicapped :

Spasticity	11 pupils
Cœliac Disease	1 pupil
Heart Disease	1 pupil
Crippled	1 pupil

In addition, 21 children registered in previous years were re-examined by the School Medical Staff, and 6 children from the Partially Sighted Class received Special School Leaving examinations from Dr. A. M. Williams at the Authority's Eye Clinic.

Details of the School Health Service Clinics and Staff are returned to the Ministry on a new Form 20M, while Form 21M, which is reproduced here, gives the numbers for whom Boarding Homes and Special Boarding Schools are required.

Ministry of Education—Form 21M

Handicapped pupils requiring education at Special Schools or boarding in Boarding Homes.

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally subnormal (8) Maladjusted		(9) Epileptic	Total 1-9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In calendar year										
A. Handicapped Pupils newly placed in Special Schools or Homes ...	1	3	2	3	—	—	27	—	—	36
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes ...	—	3	—	2	1	12	32	2	—	52
On or about December 1st :—										
C. Number of Handicapped Pupils from the area :—										
(i) Attending Special Schools as Day Pupils ...	—	16	3	—	—	—	111	—	—	130
Boarding Pupils ...	8	—	10	5	—	1	5	—	5	34
(ii) Boarded in Homes ...										
(iii) attending assisted schools (under as-approved arrangements) ...										
Total (C) ...	8	16	13	5	—	1	116	—	5	164
D. Number of Handicapped Pupils from the area requiring places in special schools or Homes but remaining unplaced ...	—	1	1	—	4	26	7	3	—	42
Number of Handicapped Pupils receiving home tuition (including those also returned in D.) ...					NIL					

Appended in detail is the distribution of School Children accommodated at 31st December, under the various handicapping categories:—

Category (a)—Blind

Royal Normal College, Shrewsbury	1 pupil
Henshaw's Institution for the Blind, Manchester ...	2 pupils
Birmingham Royal Institution for the Blind	1 pupil
St. Vincent's R.C. School, Liverpool	2 pupils
Liverpool School for the Blind	2 pupils

Category (b)—Partially Sighted

Sight Saving Class, Birkenhead	16 pupils
St. George's Approved School, Freshfield	1 pupil
Secondary Schools	1 pupil

Category (c)—Deaf

Liverpool School for the Deaf	11 pupils
Blenheim School, Farnley, Leeds	2 pupils
Awaiting accommodation (Pre-School Age)	1 pupil

Category (d)—Partially Deaf

Liverpool School for the Partially Deaf, Southport	5 pupils
Non-Maintained Secondary Schools	1 pupil

Category (e)—Delicate

Primary Schools	2 pupils
Secondary Schools	2 pupils

Category (f)—Diabetic

Nil.

Category (g)—Educationally Subnormal

Claughton Road Day Special School	111 pupils
On Licence from Claughton Road	1 pupil
St. Joseph's R.C. School, Dunmow, Essex	2 pupils
Hightown School, Liverpool	1 pupil
Besford Court R.C. School, Worcester	2 pupils
Approved Schools	6 pupils
On Licence from Approved Schools	2 pupils
Primary Schools	32 pupils
Secondary Schools	14 pupils
Private Schools	5 pupils
Awaiting vacancy Residential School	1 pupil
Not attending School	2 pupils

Category (h)—Epileptic

Maghull Home, Maghull	5 pupils
-----------------------------	----------

Category (i)—Maladjusted

Approved Schools	11 pupils
On Licence from Approved Schools	2 pupils
Awaiting vacancy at Approved School	1 pupil
Primary Schools	20 pupils
Secondary Schools	16 pupils

Category (j)—Physically Handicapped

Royal Liverpool Children's Hospital	1 pupil
St. Margaret's School for Spastic Children, Croydon	1 pupil
Hospital Special Schools	4 pupils
Non-Maintained Secondary Schools	1 pupil
Private Schools	2 pupils
Primary Schools	16 pupils
Secondary Schools	17 pupils
Not attending School	7 pupils
Of Pre-School Age	4 pupils

Mention must be made of the difficulties of providing Residential Educational Treatment due to lack of accommodation. This is particularly the case with the low grade Epileptic child who is not notifiable as a Mental Defective. Nearly all the Epileptic Colonies require a fairly high intelligence and a child of low standard has little chance of being admitted for training and education.

Bad home circumstances often produce Maladjustment and as more and more cases come to light, so the demand for accommodation will grow. Sometimes removal from such a home environment offers the only hope for the future of these pupils, and it is indeed sad to think that the children cannot benefit from our knowledge and experience because of lack of accommodation.

HOSPITAL SPECIAL SCHOOL—BIRKENHEAD ORTHOPÆDIC HOSPITAL, THINGWALL

The Orthopædic Hospital was transferred to the Regional Hospital Board on the 5th July, 1948, but the Special School at the Hospital is under the Birkenhead Education Committee and approved by the Ministry of Education as a Hospital Special School.

On analysing In-patient notifications received from Hospital Special Schools, 88 Birkenhead children aged 2—16 were admitted and treated during the year for the following diseases:—

Condition	Thingwall Orthopaedic Hospital	Leasowe Children's Hospital	Royal Liverpool Children's Hospital Heswall	St. Joseph's Heart Hospital, Rainhill	Robt. Jones and Agnes Hunt Orthopaedic Hospital Oswestry
Tuberculosis (All Categories) ...	29	6	2	—	1
Observation Tuberculosis ...	12	—	—	—	—
Bronchiectasis ...	—	—	1	—	—
Chronic Bronchitis ...	1	—	—	—	—
Chronic Bronchial Catarrh ...	6	—	—	—	—
Asthma ...	3	—	—	—	—
Debility ...	1	4	—	—	—
Chorea ...	—	—	1	—	—
Spastic Paralysis	1	—	—	—	—
Orthopaedic Defects ...	—	4	1	—	1
Heart Diseases ...	—	8	3	1	—
Arteriosis ...	—	—	1	—	—
Coeliac Disease ..	1	—	—	—	—

SPEECH THERAPY

Mrs. Mary Peel, Speech Therapist, reports:—

“A quiet, peaceful, sympathetic atmosphere is essential for the treatment of children suffering from defective speech. The clinic, for the year reviewed, existed in exactly the opposite environment. Speech Therapy in the Borough came almost to a standstill. From July no proper accommodation was available; as a consequence only half the patients received treatment and progress for stammerers was seriously interrupted. The general position is viewed adversely by parents and teachers.

The Speech Therapy Clinic was divided into four centres:—

Cathcart Street Primary	...	5 sessions per week
Cloughton Road Special School		1 session per week
South Health Clinic	...	2 sessions per week
North Health Clinic	...	2 sessions per week

The two Health clinics are fairly satisfactory but even here periodic transfers of rooms are necessary. Accommodation at the two School Centres is quite unsatisfactory; there are constant interruptions and on numerous occasions the rooms are used for other purposes. As a result of this the children feel unsettled and treatment has to be discontinued half way through the session. This has occurred so often in Cloughton Road that it is questionable whether it is worth giving therapy at the Special School. The Group Class for stammerers did not function, with a consequent deterioration in the condition of several cases previously accepted for treatment. It was impossible, of course, to cater for new cases of stammering.

In the circumstances treatment was concentrated on the following defects: Dyslalic, Sigmatic, Rhinolalic and a few cases of Retarded Speech. There were also suspected cases of High Frequency Deafness but the facilities for audiograms were poor so that it was impossible to diagnose several of these cases.

In July the Speech Therapy inspections were carried out with the Assistant School Medical Officers, the number of names submitted by the schools being 345. 15 sessions were required to inspect the children concerned at the various clinics. 153 cases were submitted as needing treatment urgently and a further 58 cases noted for observation. Several children did not attend for inspection but the attendances were better than for the previous year. On school visiting by the Speech Therapist a further list of names was submitted. Teachers still do not appear to be submitting a full list of children requiring treatment and a number of very small, or nil, returns were received where the neighbouring environment would suggest a larger percentage of defects. Other schools are sending in long lists of children who do not require Speech Therapy but an energetic course of Speech Training.

In spite of the difficulties referred to, the majority of children treated have responded well and this is being followed up in many

cases by practice at home. In some cases the children have been having two treatment sessions a week:—

8 patients received 2 treatments per week (1 hour each)

39 patients received 2 treatments per week (30 minutes each)

	Stammerers	Dyslalic (Idioglossia, etc.)	Sigmatic (Lateral Nasal Interdental)	Rhinolalic (Cleft Palate Rhinolalia, etc.)	Other Cases
Boys	58	27	13	1	15
Girls	13	10	11	3	5
Numbers at present receiving treatment:—					
Boys	—	13	9	1	8
Girls	—	6	5	2	3
On register receiving treatment					47
On register not receiving treatment					48
Discharged during year					62
Discharged Cases :					
Boys	18	14	5	—	6
Girls	5	4	6	1	3

The establishment of a suitable Speech Therapy Clinic in a central position is of prime importance if the children are to receive the treatment required. The proposal of a Birkenhead Centre at Beechcroft, if it transpires, should provide most of the essentials necessary for a Speech Therapy Clinic.''

MALADJUSTED CHILDREN

In the Introduction the very real and pressing need for a Child Guidance Clinic in Birkenhead has already been mentioned.

Dr. Morgan, Deputy School Medical Officer, reports:—

“ The post-war period has produced many delinquents, potential delinquents, maladjusted and even anti-social people, and, while it is our duty to punish a wrong-doer, it is every bit as much our duty to help to cure this ‘ Social Illness ’ and to prevent a repetition of offence by helping him to a happier and healthier attitude towards his life. This is infinitely easier with children than with adults, and Prevention is, from every angle, better than Cure. The histories of many criminals show us that their evil lives and unhappy ends might have been avoided, had action been taken in time. Not all people suffering from Maladjustment, of course, can be saved from delinquency or a life of crime and it is very difficult to assess the curative power of Child Guidance. Nevertheless, Child Guidance has proved beyond doubt its value in restoring these—often unfortunate victims of circumstance—to a healthier and happier citizenship. No longer is Child Guidance in its experimental infancy. The Courts, the Schools, the Children’s Homes and numerous official bodies all recognise the value of this work,

The existing arrangements in Birkenhead cannot be regarded as satisfactory, in spite of the very encouraging reports with our cases. The Psychiatrists are working at big disadvantages and the improvements which have been shown in the quarterly reports represent a creditable achievement.

Investigation starts with the Home Conditions and special School Reports, Intelligence Test and, often, valuable information from the Probation Officer or Children's Department.

Child and Parent are then invited to see the Consultant Psychiatrist who may recommend Child Guidance. The Notre Dame Clinic in Liverpool caters for our children and only when they attend there is it possible to get a full Psychiatric Investigation. Occasionally, parents will refuse to travel to Liverpool with their children—but such refusals, except in cases of frank inco-operation, would be reduced to a minimum by having our own Clinic. The establishment of such a Clinic would enable us to accommodate not only those guilty of some misdemeanour, but also those whose maladjustment shows itself in Minor Symptoms, minor misbehaviour, failure to get the best from our Educational System, difficult children and those whose complexes produce such symptoms as Asthma, Tics, Enuresis and a multitude of other symptoms.

The Local Authority now takes over parental responsibility for many more children than was hitherto the case. Such children often miss the environment of their own home and their own parents, nor can they express their need of parental love. However excellent the accommodation in the Local Authority Homes may be—and I need hardly say that the standard is very high indeed—the children sometimes feel the need of the individual and personal affection which plays so vital a part in moulding the character. This sense of loss, frustration, insecurity or even rejection, is a big factor in producing Maladjustment to every day life. Here, then, is a wide field in which Child Guidance can do incalculable good."

During the year 50 new cases were seen by the Psychiatrist, and 12 school children were re-examined.

Of this number 31 were reported as Maladjusted, and registration in accordance with Ministry Regulations was recommended. Apart from advice given at the Psychiatric interview, treatment was not thought necessary in respect of 4 children, and 4 were found to have no disability of mind. Eleven children examined were considered not Maladjusted but Educationally Subnormal.

In all cases seen, where a fairly recent Intelligence Quotient was not available, the children were initially ascertained by the Approved Medical Officers, and during the year the Intelligence Quotients of 27 boys and 13 girls were taken prior to the Psychiatrist's diagnostic interview.

The Director of Education referred	15	children	for	examination
The Children's Officer	12	"	"	"
The Assistant School Medical Officers	8	"	"	"
Parents	5	"	"	"
Children's Hospital	4	"	"	"
Probation Service	3	"	"	"
General Practitioners	2	"	"	"
Matron Paget House (Moral Welfare Shelter)	1 child	"	"	"

CHILD GUIDANCE TREATMENT

The following report has been prepared by Dr. Mary C. Lydon, who, in addition to acting as part-time Consultant Psychiatrist to the Committee, is also Psychiatrist to the Notre Dame Child Guidance Clinic:—

The Notre Dame Child Guidance Clinic, 2 Maryland Street, Liverpool, was established in 1943. It is fully staffed with trained and experienced personnel and approved by the Child Guidance Council and the National Association of Mental Health. Situated in a central and convenient position, the clinic is a spacious building with ample accommodation for the various departments designed for the treatment of children of all age groups and all types of problems. There are play rooms, furnished for play with primitive materials like sand and water, for creative outlets like woodwork, plasticene and other modelling; for sand pictures, for family play with dolls, and for the domestic activities connected with these as well as for "dressing up" and dramatic interests. There are games for the quiet type of child like draughts and brick building; toys of all sorts; a table tennis room fully equipped, and a miniature menagerie of pets much favoured by the children and situated safely in the Director's room. There is a comprehensive children's library available, from which they can borrow books to take home.

A department for the special coaching of children who are backward in school work is presided over by a member of the staff very specially qualified to carry out this skilled work. There is a department where the Educational Psychologist does the intelligence testing of each child as a routine procedure on his or her initial visit; and a Psychiatric Social Worker's department where parents are interviewed and histories taken and from where homes are visited. The Psychiatrist's room is equipped with facilities for all these kinds of play in miniature, with the exception of the tool bench and the table tennis, so that the therapist can watch the unfolding of the problem as revealed by the patient's play in any material which the child chooses, and watch, too, its gradual solution under favourable co-operation in the homes and in the schools.

The Notre Dame Clinic receives children of all religious denominations, from most of the surrounding Local Education Authorities, and from elsewhere in Wales and the North of England.

During the year 1949, 325 children attended the clinic, of whom 245 made their first attendance during that year.

Of these 26 were referred from the Birkenhead School Health Department for treatment of various problems, including functional nervous conditions, behaviour problems and maladjustment, delinquency and anti-social tendencies, and for school backwardness as distinct from educational subnormality.

A considerable percentage of these referrals were from Children's Homes, amongst whom the rate of satisfactory adjustment with treatment is not so high, as it is in a like-sized group of children coming from natural homes, where the family background gives a greater degree of security for the child. The "deprived" child is also deprived of the close co-operative liaison of the clinic staff and the institution staff, often by reason of the numerical inadequacy of the latter, but more frequently by the "floating" quality of the personnel or their unsuitability and lack of training for such work. Notwithstanding this considerable progress has been made with the maladjusted and emotionally handicapped children of Birkenhead Schools in this, their first year of Child Guidance treatment, and their number and that of the waiting list for appointments clearly indicate the need for Child Guidance facilities for the Borough School Health Service.

The following are examples of children who have made a good response to treatment. They were selected from different intelligence levels with varying social and family backgrounds and with widely different problems, rather than for the quality of their response to therapy, and will serve to illustrate the measure of successful adjustment that is achieved when co-operation from parents or guardians, and from schools, is obtained.

Case A. Boy aged 11 yrs. 6 mths. I.Q. 93. Referred for moroseness at home and long spells of sitting idly gazing into space. He was the cause of much dissension between father and stepmother because of the latter's unsympathetic attitude to him and to his problem. There was also a complaint of considerable backwardness at school. He attended the clinic for a period of six months. It was found that he was suffering from a good deal of emotional deprivation. He had witnessed his own mother's death, and he and his younger brother had then been looked after by a somewhat rigid and over-preoccupied paternal grandmother until his father remarried, after which the younger brother was legally adopted by a paternal uncle. Following this adoption there was a family quarrel resulting in the complete loss to patient of his brother and playmate. Patient was given weekly psychiatric treatment and group play, and a visit was arranged to his other relatives in the hope that a reconciliation with his brother's adoptive parents might be effected and thus contact made, but unfortunately the adoptive parents were unresponsive and the brothers were not permitted to meet. Despite this, however, patient made a very good impression on his other relatives and the visit helped considerably to adjust him to the loss of his brother. His stepmother was frequently seen by the Psychiatric Social Worker and in justice to both parents it must be said that they co-operated well in his treatment by their improved attitude to him and to each other. He became more forthright and sociable and proved to have considerable practical ability at the tool-bench, making useful presents for his stepmother and step-sisters for Christmas. He was also given weekly coaching of school

subjects and improved so much in his work that the Head Teacher gave a most satisfactory report of his progress to the Educational Psychologist on the occasion of her prior-to-closing visit to his school.

Case B. Girl aged 11 yrs. 7 mths. I.Q. 91. Was referred for emotional disturbance and depression. Patient legitimate; legally adopted in infancy on death of mother. It was a good home with well-meaning parents, but poor financially. Patient had been suddenly told by another child that she was adopted and this had given her such a shock that her problem had been violently precipitated. It was also found, on investigation, that she had a specific reading disability and could not read words of more than two letters. She, too, was given weekly psychiatric treatment and group play, and made an excellent adjustment. She was also given special coaching in reading and can now read quite well, although not yet up to the standard of her age level. Her psychiatric treatment is now discontinued but she is still being kept on for this term for further coaching.

Case C. Boy aged 6 yrs. 11 mths. I.Q. 135. He was referred for timidity, for being unable to stand up for himself, and for nocturnal enuresis. The home is good and the parents are intelligent. He was found to be very immature in emotional development, even for his age, and was over-attached to his mother. He had been sent to a Council School in the hope of "toughening" him, but this move did not have the desired effect. The individual play therapy which he was given weekly by the Psychiatrist, together with participation in a play group, enabled him to negotiate successfully this difficult transition from home to school life, and to become a glowing example of what can be achieved with the co-operation of intelligent parents. He is now full of self-confidence, has matured quite up to his age level, and has acquired normal aggression. His enuresis has also cleared up.

Case D. Girl with antisocial tendencies., aged 12 years, referred for pilfering and inability to make friends at school. She was found to have an I.Q. of 161, although her progress in school work gave no indication of this; she was in a "B" class in a grammar school and very much below par in mathematics. The child proved upon examination to be both depressed and withdrawn. Deprived, through the exaggerated caution of her mother, from any social contacts outside the home, she was found to be frittering away her gifts in violent and sadistic day dreams, having a strong sexual preoccupation. Home co-operation in this case was completely lacking; it was a broken family set up and the mother's attitude to the clinic was antagonistic.

This case is an example of what can be done by individual treatment with an adolescent of good intelligence, who can be helped to face her own problems. After a course of weekly psychiatric treatment and remedial coaching, the girl has made an excellent adjustment, taking her place happily in an "A" class, having well developed ambitions and a good relationship with her mother, her companions, and her teachers.

EDUCATIONALLY SUBNORMAL CHILDREN

In Birkenhead there are no special classes for educationally sub-normal pupils in ordinary schools, and they are taught in the lower "Streams." Children with Intelligence quotients from 50 to 75,

however, are normally recommended for special educational treatment at Cloughton Road Day Special School. Below about 50, a child is usually considered incapable of receiving education at school, and is then notified to the Local Health Authority as a Mental Defective. Parents have right of appeal to the Minister of Education against such a notification under Section 57 (3) of the Education Act (but not if the notification is under Section 57 (5)).

In many cases, notification is deferred until the child has had a trial at the Special School.

Approval by the Minister of Education is still necessary for Medical Officers assessing pupils under this Section.

Examinations of children suspected to be educationally sub-normal were held at various schools and clinics during the year by the approved medical officers, and the results of these examinations are set out below:—

	Boys	Girls	Total
Total number examined	36	18	54
Number found to be educationally sub-normal and—			
Recommended to attend Special School ...	24	8	32
Recommended Special Education within the Ordinary School	12	9	21
Recommendation deferred	—	1	—

During the year 53 children in attendance at Cloughton Road were ascertained for leave of absence, as Special School leavers and routine re-examination. The results of these ascertainments are set out below:—

	Boys	Girls	Total
Total number examined	36	17	53
Special School Leavers—			
(a) Reported to the Local Health Authority (Section 57 (5) Education Act, 1944)	3	1	4
(b) Not requiring supervision on leaving Special School	4	3	7
Leave of absence recommended	2	—	2
Leave of absence not recommended ...	3	—	3
Routine re-examination (continue Special Educational treatment)	24	13	37

MENTAL DEFICIENCY

The number of children notified by the Local Education Authority to the Local Health Authority, under Section 57 of the Education Act, 1944, was 11.

One child was de-certified in accordance with Section 8 of the Education Act, 1948.

SENIOR DENTAL OFFICER'S REPORT TO THE MEDICAL OFFICER FOR 1949

In reviewing the past year I have to report the following changes in staff.

Early in January Mr. M. D. Hely, L.D.S., who had been on the staff for only one year, left, having been attracted by the greater emoluments to be obtained in Private practice. Miss E. M. Warlow, L.D.S., commenced part-time duty in February, and Miss K. Primrose, L.D.S., also commenced part-time duty on 12th July (three sessions per week each). So that the present staff is the equivalent of nearly $2\frac{1}{2}$ full-time Dental officers; the establishment being 5. Naturally, this disruption of staff has adversely affected our ordered routine and thereby thrown greater strain on those who remain.

The Dental Clinic staff are appreciative of the assistance given by Dr. Richards, of the Medical Officer's staff, with general anæsthetic cases, (2 sessions per week), which has helped considerably in dealing with the rising tide of toothache patients.

Prior to the 1939 War, it was the routine to visit each school for a Dental inspection once a year. This was then considered inadequate—six-monthly inspections being the ultimate aim. At the present time, on account of the shortage of professional staff, the interval between inspections has lengthened to about 18 months and is still growing. This is the black side of the picture. The brighter side is the fact that the incidence of dental disease among the children appears to have become slightly less. The dental condition now seen after 18 months, seems to be only a little worse than that which used to be observed after a year's interval. The cause of this improvement is uncertain, but undoubtedly the better feeding and reduction of refined carbo-hydrates (sugar and sweets) during the last few years, and increased attention to oral hygiene, have been contributory factors.

Increasing use has been made of the Orthodontic service which is now available at this clinic. This treatment is being confined to Saturday mornings and the holiday periods so as not to interfere with the ordinary routine work of inspection and treatment. Results, in terms of figures, on an annual report, do not come quickly in orthodontic treatment. There are few cases which can be regarded as completed when active tooth movement has been satisfactorily accomplished; usually a prolonged period of retention and observation is needed to ensure that the teeth do not relapse to their former positions. Thus some cases may not be recorded as finished until the age of 15, although active treatment may have been completed much earlier. The number of finished cases in 1949 was 8.

The X-Ray unit came into use in April, 1948, and has proved of great value, not only in the planning of orthodontic treatment and treatment of "dead" teeth but also in locating buried teeth or roots requiring extraction. The number of films taken during the year was 152.

The School Dental Service is an essential part of the nation's Dental Services and this particular aspect of dental work could not be managed satisfactorily by private practitioners alone. If there was no School Dental Service there would be no inspections at the schools and many patients would not seek treatment until the inevitable "toothache" made this necessary. This would mean that teeth would have to be extracted which would otherwise have been conserved if seen earlier. It therefore appears to be a matter of urgency that the various Dental services, Private, Local authority and Hospital, etc., should be co-ordinated under some central body so that the present anomalies may be suitably adjusted. Until the School Dental Service again becomes a fully staffed, efficient working unit, the house of the Nation's teeth is being built upon the sands of decay whereas it should be founded upon the rock of sound conservative treatment during childhood and adolescence.

MINISTRY OF EDUCATION

MEDICAL INSPECTION RETURNS

YEAR ENDED 31 DECEMBER, 1949

TABLE I.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS**

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :—

Entrants	2304
Second Age Group	1816
Third Age Group	1628
Total	5748

Number of other Periodic Inspections	1840
Grand Total	7588

B.—OTHER INSPECTIONS

Number of Special Inspections	4622
Number of Re-Inspections	6093
Total	10715

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin)

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II A. (3)	Total individual pupils (4)
Entrants	6	435	427
Second Age Group	159	276	414
Third Age Group	114	191	286
Total (prescribed groups)	279	902	1127
Other Periodic Inspections	168	378	496
Grand Total	447	1280	1623

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1919.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept und observation but not requiring treatment (5)
4	Skin	61	90	471	1
5	Eyes— <i>a.</i> Vision ...	447	379	36	14
	<i>b.</i> Squint ...	66	122	8	1
	<i>c.</i> Other ...	84	46	277	2
6	Ears— <i>a.</i> Hearing ...	37	78	23	—
	<i>b.</i> Otitis Media	54	93	27	—
	<i>c.</i> Other ...	158	131	325	2
7	Nose or Throat ...	350	506	311	4
8	Speech	21	28	136	57
9	Cervical Glands ...	27	141	38	—
10	Heart & Circulation ...	51	294	47	5
11	Lungs—T. B. & N. T. B.	69	239	61	4
12	Developmental—				
	<i>a.</i> Hernia ...	14	42	—	1
	<i>b.</i> Other	11	45	5	1
13	Orthopædic—				
	<i>a.</i> Posture ...	1	1	1	—
	<i>b.</i> Flat Foot	156	238	48	—
	<i>c.</i> Other Non-Pul T. B.	75	141	48	7
14	Nervous system—				
	<i>a.</i> Epilepsy...	2	2	2	1
	<i>b.</i> Other ...	28	76	48	3
15	Psychological—				
	<i>a.</i> Development	3	12	2	1
	<i>b.</i> Stability—	4	21	3	1
16	Other	357	285	1088	8
		2076	3010	3005	113

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	2394	457	19.84	1723	74.78	124	5.38
Second Age Group ...	1816	213	11.73	1439	79.24	164	9.03
Third Age Group	1628	236	14.50	1276	78.38	116	7.12
Other Periodic Inspections	1840	265	14.40	1456	79.13	119	6.47
Total	7588	1171	15.43	5894	77.68	523	6.89

TABLE III.
TREATMENT TABLES

GROUP I.—MINOR AILMENTS

(excluding Uncleanliness, for which see Table V)

	Number of Defects treated, or under treatment during the year.
SKIN—	
Ringworm—Scalp—	
(i) X-Ray treatment. If none indicate by dash	2
(ii) Other treatment	6
Ringworm—Body	3
Scabies	58
Impetigo	57
Other skin diseases	164
Eye Disease	203
(External and other, but excluding errors of refraction, squint and cases admitted to hospital.)	
Ear defects	315
Miscellaneous	804
(e.g. minor injuries, bruises, sores, chilblains, etc.)	
Total	1612

Total number of attendances at Authority's minor ailments clinics 11228

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Eye Disease treated as Minor Ailments—Group I.)

ERRORS OF REFRACTION (including squint)	1012
Other defect or disease of the eye (excluding those recorded in Group I.)	15
Total	1027

No. of Pupils for whom spectacles were (a) Prescribed 669
(b) Obtained (Information not available)

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT

	Total number treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	272
(b) for other nose and throat conditions	6
Received other forms of treatment	171
Total	449

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS

(a) No. treated as in-patients in hospitals or hospital schools	115
(b) No. treated otherwise <i>e.g.</i> in clinics or out-patient departments	723

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY

No. of Pupils treated (a) under Child Guidance arrangements	26
(b) under Speech Therapy arrangements	109

TABLE IV.

DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers—		
(a) Periodic age groups		8117
(b) Specials		3271
(c) TOTAL (Periodic and Specials)		11388
(2) Number found to require treatment		7245
(3) Number actually treated		5562
(4) Attendances made by pupils for treatment		7628
(5) Half-days devoted to :		
(a) Inspection		94
(b) Treatment		967
(c) Clerical		84
Total (a), (b) and (c) ...		1145
(6) Fillings :		
Permanent Teeth		2728
Temporary Teeth		126
Total		2854
(7) Extractions :		
Permanent Teeth		1724
Temporary Teeth		6487
Total		8211
(8) Administration of anaesthetics for extraction—		
General		3316
*Local		719
Total		4035
(9) Other operations :		
(a) Permanent Teeth		1315
(b) Temporary Teeth		345
Total (a) and (b)		1660

*This information not requested by Ministry of Education.

TABLE V.

INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorized persons	47417
(ii) Total number of <i>individual</i> pupils found to be infested	1610
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	1
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

GROUP III - THE TREATMENT OF PATIENTS OF NON-ASA THREAT

Number of patients	Number of patients treated	Number of patients not treated
100	80	20
200	150	50
300	220	80
400	280	120
500	350	150
600	420	180
700	480	220
800	550	250
900	620	280
1000	700	300

TABLE IV

DENTAL INSPECTION AND TREATMENT

Number of patients inspected	Number of patients treated		Total
	Extraction	Other	
100	20	10	30
200	40	20	60
300	60	30	90
400	80	40	120
500	100	50	150
600	120	60	180
700	140	70	210
800	160	80	240
900	180	90	270
1000	200	100	300

TABLE V

INFESTATION WITH VERMIN

Number of patients inspected	Number of patients infested	Number of patients not infested
100	20	80
200	40	160
300	60	240
400	80	320
500	100	400
600	120	480
700	140	560
800	160	640
900	180	720
1000	200	800