

**[Report 1970] / Medical Officer of Health, Birkenhead County Borough.**

**Contributors**

Birkenhead (England). County Borough Council.

**Publication/Creation**

1970

**Persistent URL**

<https://wellcomecollection.org/works/bp9uywy7>

**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](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>



# THE HEALTH OF BIRKENHEAD

1970 ACKD. BY

R

---

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH.





A N N U A L   R E P O R T  
O F   T H E  
M E D I C A L   O F F I C E R   O F   H E A L T H

T A B L E   O F   C O N T E N T S

	<u>PAGE</u>
Health Committee	i
Staff	ii
Introduction	iii
 <u>STATISTICAL INFORMATION</u>	
Summary of Statistics	1
Vital Statistics	2
<u>HEALTH CENTRES</u>	19
<u>CARE OF MOTHERS AND YOUNG CHILDREN</u>	20
<u>MIDWIFERY</u>	31
<u>HEALTH VISITING</u>	35
<u>DISTRICT NURSING</u>	38
<u>IMMUNISATION AND VACCINATION</u>	43
<u>AMBULANCE SERVICE</u>	48
<u>HEALTH EDUCATION</u>	52
<u>CHIROPODY</u>	60
<u>DOMESTIC HELP SERVICE</u>	62
<u>MENTAL HEALTH SERVICE</u>	64
<u>EPIDEMIOLOGY</u>	69
<u>TUBERCULOSIS</u>	73
<u>PREVENTION OF ILLNESS - CARE AND AFTER-CARE</u>	73
<u>VENEREAL DISEASES</u>	77
<u>ENVIRONMENTAL HYGIENE</u>	79
Review of Work	80
Public Health Inspection	83
Housing Act 1957 - Sections 17 and 18	86



	<u>PAGE</u>
<u>ENVIRONMENTAL HYGIENE (Cont'd.)</u>	
Housing Act 1957 - Section 42	87
Rent Act 1957	89
Improvement Grants	90
Qualification Certificates	93
Offensive Trades	95
Noise Abatement Act 1960	96
Pest Control	98
Meat Inspection	101
Imported Food Regulations	106
Diseases of Animals Act 1950	108
Animal Welfare Provisions	111
Bacteriological Examination of Food and Water	112
Food Hygiene	114
Inspection of Food	118
Food Poisoning	119
Milk Supply	120
Food and Drugs Act 1955	122
Consumer Complaints	124
Offices, Shops and Railway Premises Act 1963	128
Factories Act 1961	134
Atmospheric Pollution	137
Chest Conditions and the Environment	141
<u>WATER SUPPLY</u>	143
<u>SEWERAGE</u>	145
<u>MEDICAL EXAMINATION OF EMPLOYEES</u>	146
<u>NATIONAL ASSISTANCE ACT 1948</u>	148
<u>NURSING HOMES</u>	148
<u>CREMATIONS</u>	149
<u>RE-HOUSING ON MEDICAL GROUNDS</u>	149

COUNTY BOROUGH OF BIRKENHEADHEALTH COMMITTEEChairman:

Alderman R. Pilkington

Deputy Chairman:

Councillor L.N.S. Jones

Alderman:

J. Brocklebank, M.B.E.

Councillors:

K.G. Allen

Mrs. J. Armstrong, J.P.

C. Lee

G. Lindsay

J.C. Nixon

E.J. Parnall

Mrs. G.L. Pattinson

J.P. Roberts

Mrs. P. Roberts

R. Stretch

Mrs. D.F. Welsh

P.A. Wilson, J.P.

Co-opted Members:

Mrs. F.E. James

Dr. N.E. Nathanson

Mr. W.G. Rutledge

Mrs. L. Vickers

Ex-Officio Members

Alderman J.W. Oates - His Worship The Mayor

Alderman D.A. Fletcher, J.P.

Alderman C.S. McDonald

Alderman J. Furness, J.P.

Alderman J.H. Roberts, J.P.



S T A F F

Medical Officer of Health:

P.O. NICHOLAS, M.B., Ch.B., D.C.H., D.P.H.

Deputy Medical Officer of Health:

J.T. ROBERTS, M.B., B.S., D.P.H.

Senior Medical Officer:

MARY P. HARAN, M.B., B.Ch., B.A.O., D.P.H.

School Medical Officers:

PAMELA P. GRIFFITH, L.R.C.P., L.R.C.S., L.R.F.P.S.

CAROLE STANDLEY, M.B., Ch.B.

Local Medical Practitioners who provide part-time service on a sessional basis:

OLIVIA S. CROSTHWAITE, M.B., Ch.B.

JOYCE M. OWEN, M.B., Ch.B.

PAMELA A. ROBERTON, M.B., Ch.B., D.Obst., R.C.O.G.

MAUREEN M. WETHERELL, M.B., Ch.B.

WINIFRED M. EVANS, M.R.C.S., L.R.C.P., D.P.H.

(Ceased 20th March, 1970)

SHIRLEY NICHOLAS, M.B., Ch.B., D.Obst., R.C.O.G.

Health Education Officer:

J. FERGUSON, L.M.S.S.A.

Chief Dental Officer:

W.M. SHAW, L.D.S.

Superintendent Health Visitor:

Miss A.E. GRIFFITHS, S.R.N., S.C.M., H.V.C.

Non-Medical Supervisor of Midwives and Superintendent of Home Nursing Service:

Miss M. PRINGLE, S.R.N., S.C.M., M.T.D., H.V.C.

Chief Public Health Inspector:

C.D. DARLEY, F.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector:

F. RUTTER, M.R.S.H., M.A.P.H.I.

Senior Specialist Public Health Inspector and Chief Meat Inspector:

T.K. WARD, LL.B.(Lond.), M.R.S.H., M.Inst.M.

Chief Clerk:

S. DUCKWORTH

Senior Mental Welfare Officer:

J. REID

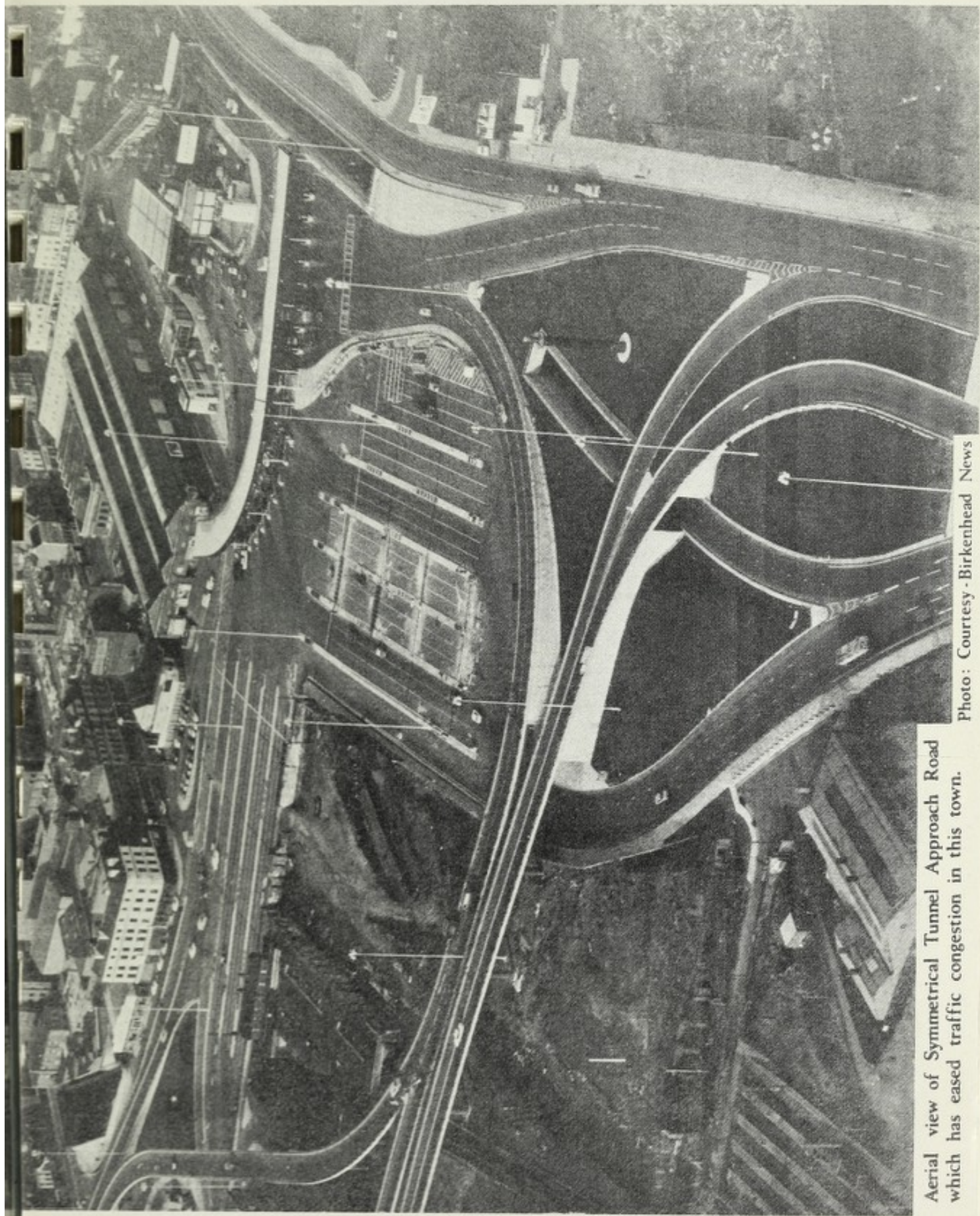
Chief Chiropodist:

G.C.H. BURNS, M.Ch.S., S.R.Ch.

Domestic Help Organiser:

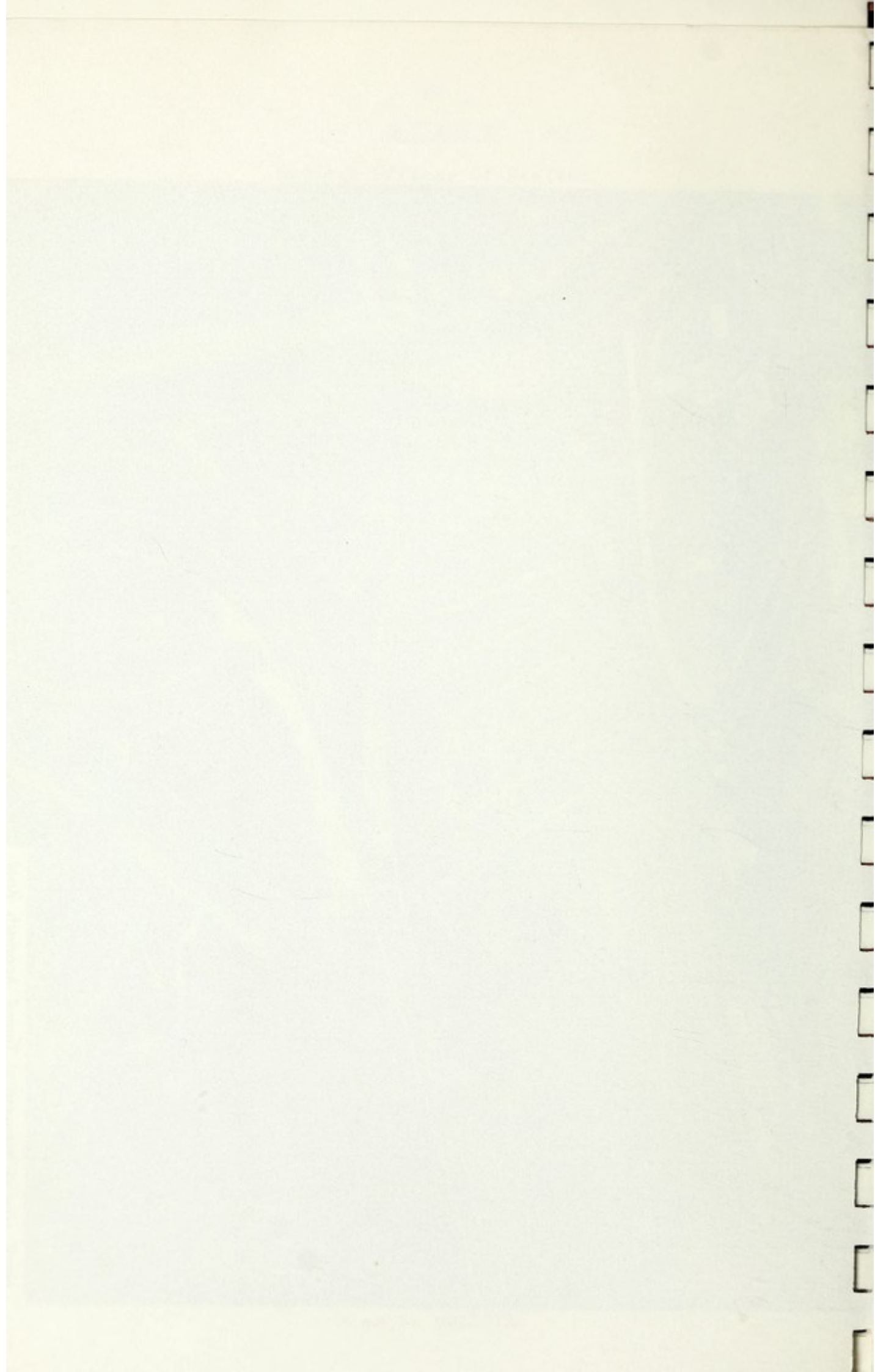
Miss L. DALZIEL





Aerial view of Symmetrical Tunnel Approach Road which has eased traffic congestion in this town.

Photo: Courtesy - Birkenhead News





I N T R O D U C T I O N

"Some men see things as they are and ask why! I dream things that never were and ask why not."

Bernard Shaw/Robert Kennedy.

Some of the dreams of 1969 began to be a reality in the year 1970. The new advances in 1970 were not so great: perhaps it was that the medical officer of health was running out of energy, though by the end of 1970 a deputy medical officer of health, Dr. J.T. Roberts, was appointed. Dr. Roberts brought new ideas from his experience in the county boroughs of Swansea and Worcester, and he is most welcome to inject some new enthusiasm into the numerous health problems of Birkenhead.

Also during the year, 1st October, 1970, we appointed another full-time doctor, Dr. Carole Standley, and thus as 1970 came to a close, with the part-time doctors assisting us, for whose help we are ever grateful, we could muster an excellent medical staff. How different this was from the position in early 1969.

The situation amongst the nursing staffs was not at times easy; Health Visitors are in short supply. Indeed, our advertisements for health visitors usually get little response and it is fortunate we have some in training at Liverpool University to offset those health visitors who leave for a variety of reasons. Midwives are keen on domiciliary work, but the number of candidates applying for vacant district nursing posts has diminished over the past two years.

The difficulties experienced in professional staff recruitment are probably linked with the uncertain future of local authority health departments in relation to recent legislative change. In April 1970, the Local Authority Social Services Act was hurried through Parliament and the Seebohm proposals were largely achieved. With the transfer of the mental health services to the new department, one is reminded of the quotation, "that the mind and the body are like the jerkin and the lining of the jerkin - ruffle the one and you ruffle the other!" It would appear that mental health in the new Social Services Department is due for a good ruffling - it is to be profoundly hoped it will not be too divorced from physical health.

By November 1970, the correct decision had been made to appoint the new Director of Social Services. The Chief Welfare Officer, Mr. Gamble, was an excellent choice and the good relations which have always existed in Birkenhead between Health and Welfare departments will increase with the setting up of the new Social Work department. We are fortunate in working together in the new Social Services building in Birkenhead. With the movement of certain sections of the Health Department to the new Social Services department and the setting up of the proposed social work teams there will be some re-appraisal of the accommodation in the Social Services Centre, but whatever the re-organisation every effort must be made to provide a better service for the people of Birkenhead.



In the following pages, I relate what has happened to the services begun in 1969 and how they were extended and added to in 1970. The principle progress in 1970 was that we took the first steps to try to provide better health and social services in the unprivileged North end of Birkenhead. It must be one of our dreams that we can uplift this and the riverside area of Birkenhead to a better standard of total health. During 1970 the Minister of State for the Department of Health and Social Security, Lord Aberdare, visited Birkenhead and took a great interest in our plans for the North End. The Ministry agreed to give priority to the building of a health clinic in the North End, near Bertha Street. This clinic had been scheduled for building in Upton in 1972/73, but the needs of the North of the town were greater. Help was forthcoming from revenue and capital grants of the Urban Aid Programme for an additional public health inspector, a housing advisory centre and capital improvements in the Cavendish Presbyterian Community Centre - here the Minister of State was most interested to see the work of the non-denominational voluntary organisation, one of the many voluntary organisations which do so much for the young and old of the town.

The only disappointment for the North End was that we did not achieve a substantial capital grant to upgrade and enlarge the twenty-five place Cavendish Day Nursery. However, a small amount of money has been forthcoming and in 1971 it will depend on the ingenuity of the architect how much improvement can be made in the Nursery with the limited money available. The running of day nurseries will soon be the responsibility of the Director of Social Services - the director will find, as I have done, the value of the day nursery provisions for hard pressed mothers in difficult areas of the town. We may have to consider other ways of financing the very necessary increased day nursery provisions.

In 1970 we took initiative in providing a better family planning service (much help was given free) for the hard pressed families. The need for the services is shown in a later article in this report. Several of the families helped in the first six months of provision of this direct family planning have 6 and 7 and eight children. At present-day prices with some of the fathers on low wages and others unemployed, if we are to raise the health and living standards of these families free help and advice for so many of their needs must be given. Our health visitors, midwives and district nurses are to be congratulated on the excellent work they do for the under-privileged families of the town.

During the year, the building of the first health centre in Whetstone Lane began and was well advanced by the end of the year. The detailed planning of Ford Health Centre continued. This Ford Health Centre is an essential health centre for the new estates which as yet are very deficient in services. To try and combat the lack of facility for immunising babies, clinics were carried out in one of the local authority houses opposite the site of the proposed Health Centre. From this house several family doctors practice, but these family doctors and local authority services need more suitable buildings if they are going to make an impact on the health of the many families from down town clearance areas who are re-housed on the Ford and Noctorum estates. Also during



1970 the family doctors favoured a health centre, formed by adding surgery accommodation to the existent local authority South Clinic. By the end of 1970, plans for this scheme were well advanced. As these health centres are developed, so we can get better links with the family doctors by further attachment of health visitors and district nurses.

During 1970 the strides made in 1969 in the Mental Health Service continued, and by the end of the year the building of the hostel for mentally handicapped children in Noctorum was almost complete and the hostel for mentally handicapped adults was also far advanced in building. It is a privilege to have been associated with the planning of these hostel buildings which will give long and short term care for the mentally retarded.

There is still much to do. Whatever changes legislation may bring - the Medical Officer of Health changes his title to "Community Physician" - he must still know that the real health of a town depends on health of the lowliest citizen within the area. It is fairly easy for the privileged to be healthy, but we need to focus our attention on those who are deprived.

Birkenhead is becoming a better town to live in. 1970 saw the completion of the tunnel fly-overs. The physical and psychological upsets occasioned during their building in 1969 are now offset by the aesthetic value of the final construction. It is not surprising that these feats of road engineering were given a design award.

1970 also showed a leap ahead in the clearance of unfit houses - some 800 houses were represented for clearance. All the officers of various departments who helped with this great effort are to be congratulated. Much remains to be done; not just to clear the unfit homes and build new ones, but to improve areas of twilight housing to prevent these homes decaying into unfitness.

I would like to thank the members of the Health Committee for all their support during 1970. In April 1970 there was a change of Chairman, and political party, from Councillor Miss D. Tomlinson, who gave so much support in the previous year, to Alderman R. Pilkington who continued that friendship and support. All political parties are resolved to strengthen the health of Birkenhead - I am grateful for the support received from Aldermen and Councillors and the citizens of the town; it is for the well-being of these citizens of Birkenhead that each member of the Health Department has worked so well in 1970.

P.O. NICHOLAS,

MEDICAL OFFICER OF HEALTH.



PROGRESS OF HEALTH SERVICES BEGUN IN 1969  
AND NEW SERVICES STARTED IN 1970

(1) Ante-Natal Services - Midwives clinics continued to be popular. Their work at hospital out-patients and ante-natal clinics continues.

(2) The first family planning clinic run by the Family Planning Association in Local Authority premises, namely North Clinic, failed because of lack of support and it closed down in August 1970. In its place was substituted a direct Local Authority clinic at the Social Services Centre. This is run on a Thursday morning and advice and treatment are given free. As a result this has been a success from the start.

(3) The examination and care of babies continues and we are beginning to spot "at risk" babies with greater certainty.

(4) Specialist Health Visitors continue their work amongst handicapped children attending the nursery and child minder situations. During 1970 the second playgroup leader and child minder course was held. Specialist Health Visitors and Midwives have been trained further in family planning and information on family planning techniques has become part of health education.

(5) Health Visitors, Midwives and District Nurses have made liaison with General Practitioners. The weekly newsletter to family doctors continues to be a success. The first health centre at Whetstone Lane is almost completed and the building will be open shortly. The Ford Health Centre building plans are well advanced. The plans for the modification of South Clinic to convert it to a health centre are almost in the detail planning stage.

(6) Two Health Visitors were sent to middle management courses in 1970. Discussions took place on the appointment of a Chief Nursing Officer.

(7) Some work was done on Cavendish Day Nursery and an endeavour was made and plans submitted to upgrade the nursery which would have cost £15,000, but this was turned down by the Ministry as the building was rather old. A certain amount of money was, however, allotted for basic improvements as it was hoped that it will become a training nursery.

(8) The improved service for handicapped continued and during 1970 child guidance services began. Also, the Partially Hearing Unit at Townfield School was opened and an extra teacher of the deaf appointed.



The first of our purpose-built vehicles for the handicapped was delivered in mid 1970 and this was promptly utilised by the Social Services because their vehicle was delayed. By the end of the year, even with the arrival of both vehicles, maximum use was being made of them. It is obvious that we have to purchase further such transport.

(9) An attempt has been made to link the Education Authority courses in personal relationships into the schools with the health education services in schools.

(10) Dental Service - One of the Senior Dental Officers resigned, but fortunately another experienced senior dentist was appointed to take his place. The newly appointed Dental Auxiliary has improved dental health education during 1970.

(11) The numbers of home helps on the establishment increased during 1970.

(12) The District Nursing Service - The sterile dressing service is now extended to all parts of Birkenhead. This gives a better service to the increasing number of patients being nursed in the district. Plans are going ahead in 1970 for the increase in the early discharge of surgical and possibly gynaecological cases from the hospitals. Thus, there is greatly increasing work on the District Nurses but, of course, this makes their services more rewarding. During 1970 an S.E.N. was appointed to work with the District Nurses and Health Visitors on this question of hygiene both with the elderly in their own homes and with children in the schools. The first phase of the development of the bathing centre at Balls Road Clinic was completed in 1970, but the second phase was delayed because of the cost of the project. New plans have now been drawn up and we hope the completed bathing centre will come into being in the not too distant future.

(13) Mental Health Service - During 1970 the plans for the new sheltered workshop/adult training centre in Duke Street and the expansion of the Industrial Therapy Organisation Unit operating in Price Street Library made further progress, and by the end of the year these plans were virtually accepted by the Ministry. This was an excellent example of Local Authority co-operation with a voluntary organisation.

(14) Public Health Inspection Services - The impetus given to these services in 1969 continued in 1970. The rodent and pest control has really begun to have an effect in the town and it is such that by the end of 1970 the sewers in the North End were free of rats. During 1970 much work was done on trying to improve some of the twilight housing situations and much discussion took place on methods to prevent some of our twilight housing, which is not actually unfit, from deteriorating still further. Both the Medical Officer of Health and the Chief Public Health Inspector



pressed home the need for the beginning of an Improvement Area in the town.

The fly-over building was completed during 1970 and the removal of noise, the dirt and the demolition which had been obvious in 1969, ensured a cleaner area and improved the health of the down town residents of Birkenhead during 1970.

A survey of toilet facilities began in 1969 and was further continued in 1970. Chemical toilets were closed and by the end of 1970 a plan for phased improvement of the public toilets had been agreed. Much work was done during 1970 on all aspects of pollution in the town. In spite of the recinding of smoke control areas during the winter due to the shortage of smokeless fuels, the Health Committee resolved to press ahead with smoke control. Other noxious smells, particularly those caused from the oil terminus at Tranmere, received persistant investigation during 1970.

(15) Re-housing on medical grounds - Work was increasing so much that by the end of the year it was becoming apparent that we needed some new form of assessment to clarify which people were in the greatest need.

(16) During 1969 a health questionnaire was developed for officers coming into superannuation service with the Corporation. This proved so successful that in 1970 it was extended to include all employees. More attention is now being given to employees who are off sick for long periods of time.

# REPORT OF STATISTICS 1961

## QUARTERLY SUMMARY OF 1961

Area of Borough (in acres) .. .. .	3,641
Population Census 1961 .. .. .	191,683
Estimated Civilian Noninstitutionalized Population .. .. .	191,410
Estimated Number of Houses .. .. .	46,366

### PART I

## STATISTICAL INFORMATION

General Data 1961-71 .. .. .	14/64
Summary of Statistics .. .. .	
Vital Statistics .. .. .	12/64
Housing .. .. .	11/64
Estimated product of a young wife .. .. .	130,000
Live Births .. .. .	2,526
Live Birth Rate per 1,000 Population (1961-1962) .. .. .	13.7
Stillbirths .. .. .	47
Stillbirth Rate per 1,000 Live and Stillbirths .. .. .	18
Total live and stillbirths .. .. .	2,573
Infant Deaths .. .. .	74
Infant mortality rate per 1,000 Live Births - 1961 .. .. .	29
Infant mortality rate per 1,000 Live Births - 1962 .. .. .	29
Infant mortality rate per 1,000 Live Births - 1963 .. .. .	21
Infant mortality rate per 1,000 Live Births - 1964 .. .. .	22
Perinatal mortality rate per 1,000 Live Births .. .. .	21
Total perinatal mortality rate per 1,000 Live Births and Stillbirths .. .. .	3
Legitimate live births per 1,000 of total live births .. .. .	10
Infant deaths including abortion .. .. .	7

in some instances, it is not possible to determine the exact date of the event.

The 1971 Census of the United States was the first to be conducted by the Bureau of Economic Analysis. It was the first to be conducted by the Bureau of Economic Analysis.

The 1971 Census of the United States was the first to be conducted by the Bureau of Economic Analysis. It was the first to be conducted by the Bureau of Economic Analysis.

## Summary of Statistics

### Final Statistics

The final statistics for the 1971 Census of the United States were released in 1972. They were the first to be released by the Bureau of Economic Analysis.

The final statistics for the 1971 Census of the United States were released in 1972. They were the first to be released by the Bureau of Economic Analysis.



SUMMARY OF STATISTICS 1970COUNTY BOROUGH OF BIRKENHEAD

Area of Borough (in acres)	..	..	..	..	..	..	8,643
Population (Census 1961) ..	..	..	..	..	..	..	141,683
" (Estimated Civilian Population 1970)	..	..	..	..	..	..	141,410
Estimated Number of Houses in the Borough	..	..	..	..	..	..	44,566
Rateable Value at 1st April, 1970	..	..	..	..	..	..	£5,192,959
General Rate 1970/71:	..	..	..	..	..	..	14/6d.
Domestic properties	..	..	..	..	..	..	12/10d.
Mixed properties	..	..	..	..	..	..	13/8d.
Estimated product of a penny rate	..	..	..	..	..	..	£20,600
Live Births	..	..	..	..	..	..	2,526
Live Birth Rate per 1,000 Population (Corrected)	..	..	..	..	..	..	17.7
Stillbirths	..	..	..	..	..	..	47
Stillbirth Rate per 1,000 live and stillbirths	..	..	..	..	..	..	18
Total live and stillbirths	..	..	..	..	..	..	2,573
Infant Deaths	..	..	..	..	..	..	74
Infant mortality rate per 1,000 live births - total	..	..	..	..	..	..	29
Infant mortality rate per 1,000 live births - legitimate	..	..	..	..	..	..	29
Infant mortality rate per 1,000 live births - illegitimate	..	..	..	..	..	..	31
Neo-Natal mortality rate per 1,000 live births	..	..	..	..	..	..	22
Early Neo-Natal mortality rate (under one week)	..	..	..	..	..	..	21
Post Neo-Natal mortality rate (over four weeks and under one year)	..	..	..	..	..	..	7
Illegitimate live births per cent of total live births	..	..	..	..	..	..	10
Maternal deaths (including abortion)	..	..	..	..	..	..	1



Maternal mortality rate per 1,000 live and stillbirths .. .. .	0.38
Perinatal mortality per 1,000 total births (live and still) .. .. .	39
Deaths .. .. .	1,732
*Death Rate (Corrected) .. .. .	13.3
*Death Rate from heart disease .. .. .	3.8
*Death Rate from cancer (Lung) .. .. .	0.806
*Death Rate from cancer (Other Sites) .. .. .	1.65
*Death Rate from diseases of the respiratory system .. .. .	14.3
*Pulmonary Tuberculosis Death Rate .. .. .	.049

#### ENGLAND AND WALES

*Birth Rate .. .. .	16.0
Stillbirth Rate (per 1,000 total births) .. .. .	13
*Death Rate .. .. .	11.7
Infant Mortality (Deaths under one year per 1,000 live births) .. .. .	18

\*Per 1,000 of Population

#### VITAL STATISTICS

##### BIRTHS

There were 2,526 births in Birkenhead in 1970, 1,179 females and 1,347 males. The live birth rate (corrected) per 1,000 of the population was 17.7.

As can be seen from the tables, the number of live births has risen by 38 compared with last year's figure. This is an interesting rise after the slow fall in the numbers of births over the previous five years. The Registrar General's estimate of population shows a further fall in the population of Birkenhead for 1970. It will be interesting to see if the accurate census returns confirm this.

Year	Registrar General's Estimate of Population	Live Births	Deaths	Excess of Births over Deaths	Live Births Rate per 1,000 Population
1966	143,580	2,718	1,633	1,085	18.7
1967	143,550	2,562	1,672	890	17.6
1968	142,480	2,499	1,711	788	17.3
1969	141,950	2,488	1,764	724	17.3
1970	141,410	2,526	1,732	794	17.7

BIRTHS WHICH OCCURRED IN THE BOROUGH

	<u>Live</u>	<u>Still</u>	<u>Total</u>
<u>In Institutions</u>			
Birkenhead Maternity Hospital	714	2	716
St. Catherine's Hospital	1,704	56	1,760
<u>Born at Home</u>	139	1	140
<u>Total Births occurring in the Borough, including transfers out:</u>	2,557	59	2,616

As will be seen from the figures, only about 5% of births occurred at home.

There were 168 premature live births.

DEATHS

1,732 deaths occurred during the year (874 males and 858 females). This represents a death rate of 13.3 per 1,000 population. The comparable death rate for England and Wales is 11.7 per 1,000 population.

Recent annual figures are as follows :-

<u>Year</u>	<u>Borough</u>	<u>England and Wales</u>
1957	12.7	11.5
1958	13.3	11.7
1959	12.9	11.6
1960	12.9	11.5
1961	14.0	12.0
1962	13.5	11.9
1963	13.8	12.2
1964	12.5	11.3
1965	12.8	11.5
1966	12.5	11.7
1967	12.8	11.2
1968	13.3	11.9
1969	13.8	11.9
1970	13.3	11.7

Once again we have an excess of births over deaths, in 1970 some 794. However, the estimated population of Birkenhead continues the slow fall of recent years. This, presumably, represents younger workers and families moving to distant parts of the country, but also the movement of population from industrial Birkenhead to re-housing in the county areas of the Wirral. With a Wirral authority proposed for the future, there will be no distinction between town and county in this area. It is to be hoped we shall all have an ever greater link with each other.















## DEATHS FROM PUERPERAL CAUSES

There was, unfortunately, one maternal death in 1970 - this was due to a ruptured ectopic early pregnancy.

## INFANT MORTALITY

There were 74 deaths of infants under one year, an infant mortality rate of 29 per 1,000 live births. The infant mortality rate for 1,000 legitimate live births was 29 and illegitimate 31. The infant mortality rate for England and Wales was 18. The primary causes of death are shown in the following table :-

### INFANT DEATHS

CAUSE OF DEATH	AGE AT DEATH									
	0-7 Days	8-14 Days	15-21 Days	22-28 Days	Total under 4 Wks	1-3 Mths	3-6 Mths	6-9 Mths	9-12 Mths	Total each Cause
Prematurity	25	-	-	-	25	-	-	-	-	25
Congenital Malformations	9	1	-	-	10	3	1	-	-	14
Pneumonia	2	-	1	-	3	3	2	1	-	9
Birth Injuries	7	-	-	-	7	-	-	-	-	7
Other Causes	10	1	-	-	11	4	-	1	1	17
Total Deaths in Each Age Group	53	2	1	-	56	10	3	2	1	72

The pattern of infant deaths was similar to the previous year. It is not always possible to accurately separate the primary from the secondary cause of infant death, e.g. several of the prematures died from intra cranial haemorrhage, which might have been classified as a birth injury.

# SUMMARY OF COMPARATIVE STATISTICS

	<u>Birkenhead</u>	<u>England and Wales</u>
Birth Rate (per 1,000 population)	17.7	16.0
Stillbirth Rate (per 1,000 total live and still births)	18	13
Death Rate (per 1,000 population)	13.3	11.7
Infant Mortality Rate (per 1,000 live births)	29	18
Neo-Natal Mortality Rate (Deaths under 4 weeks per 1,000 live births)	22	12
Early Neo-Natal Mortality Rate (Deaths under 1 week per 1,000 live births)	21	11
Perinatal Mortality Rate (Stillbirths and deaths under 1 week per 1,000 total births live and still)	39	23



## PERINATAL MORTALITY RATE

The perinatal mortality rate is the number of stillbirths added to the number of infant deaths during the first week of life expressed as a rate per thousand total births live and still. In 1970 the perinatal mortality rate for Birkenhead was 39. All the figures stillbirth rate, neo-natal rate, infant mortality rate and the perinatal mortality rate are higher than the figures for England and Wales.

	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Infant Mortality Rate	23.9	24	26	28	29
Neo-Natal Mortality Rate	16.9	18.3	16.5	20	22
Stillbirth Rate	16.6	16.5	16.9	18	18
Perinatal Mortality Rate	31.1	33.7	29.6	34	39

## GENERAL DISCUSSION - (INFANT MORTALITY - STILLBIRTHS ETC.)

We still have some way to go to achieve the lower infant and neo-natal mortality figures of southern areas of England. Our best hope is to accelerate our housing clearance and improve our twilight housing and continue to clean up the industrial atmosphere. The Birkenhead baby is entitled to clean air. It is fortunate that most babies are delivered in hospital, but some mothers return with their babies to damp, cold and sometimes overcrowded housing conditions - this is a particular problem for babies born in the winter months.

There were three deaths from pneumonia in the neo-natal period and 6 deaths from pneumonia in babies aged between 1 month and 9 months, some 9 deaths in all. This is a lower total than the 11 deaths from pneumonia in 1969 and 18 deaths from this cause in 1968.

Birkenhead can take pride in the new housing estates built in recent years - this warm housing offers the best chance of health to small babies.

We will not eliminate all deaths in babies, some of the small prematures and some with congenital malformations will die, but we must prevent such loss of life that can be avoided.

It is quite impressive from the following table how many of the small premature babies survived, though all that were under 2 lbs. 3 ozs. died in up to seven days. 2 of the 14 premature babies between 2 lbs. 3 ozs. and 3 lbs. 4 ozs. survived. We were not so successful in the number that survived in 1970 compared with 8 out of 13 of these small prematures that survived in 1969. However, the nurses once again showed their skill as is shown by the number of heavier prematures who survived.

1 9 7 0P R E M A T U R E   I N F A N T S

Weight at Birth	Total Prematures Born Alive	Prematures Dying			Total Still Births
		Within 24 hrs.	In One and Under 7 Days	7-28 Days	
2lbs 3oz or less	7	7	-	-	5
Over 2lbs 3oz up to and including 3lbs 4oz	14	6	6	-	5
Over 3lbs 4oz up to and including 4lbs 6oz	29	3	7	-	7
Over 4lbs 6oz up to and including 4lbs 15oz	34	1	3	-	3
Over 4lbs 15oz up to and including 5lbs 8oz	84	1	3	-	5
Total	168	18	19	-	25



DEATHS DUE TO CANCER OF THE LUNG

The number of deaths was 114 compared with 94 in 1969. The marked disproportion between males and females has continued - 94 males and 20 females have died from this condition.

Recent figures are as follows :-

<u>Year</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
1957	53	7	60
1958	79	11	90
1959	58	17	75
1960	64	19	83
1961	59	8	67
1962	68	8	76
1963	89	15	104
1964	92	9	101
1965	70	14	84
1966	70	13	83
1967	84	16	100
1968	92	23	115
1969	79	15	94
1970	94	20	114

The local figures represent 0.806 per 1,000 population. The national rate is 0.617.

With national shortage of solid smokeless fuels during the winter of 1970, the Council had to make the unpleasant decision to rescind smoke control orders. This was a setback to reducing the atmospheric pollution of industrial Birkenhead. The return of some of the smog made us all aware, if we needed to be made aware, of the importance of pressing ahead as soon as possible with further smokeless zones. We may have to consider other sources and types of fuel, other types of burners and new style heating methods, but we cannot afford to go back to the old days of the poisoned atmosphere. I am delighted with the support from all political parties in their desire to reduce atmospheric pollution. If they need any strengthening of their resolution on health grounds, they have only to consider the high numbers of deaths from bronchitis and lung cancer, and not only the mortality but also the morbidity of these diseases in heavy industrial areas like Birkenhead.

While we try to deal with atmospheric pollution from domestic and industrial sources and consider the pollution of the atmosphere from the exhaust of road vehicles, we must not forget the intimate pollution of our lungs by the smoking of tobacco. It is tragic to see young people in Birkenhead smoking cigarettes. Parents who smoke are to be reminded that this is an imitative addiction which the young will follow. Reduction of this addiction in our society is the only obvious way at the present time to reduce the mortality from lung cancer.

CANCER OF OTHER SITES

234 deaths occurred as a result of cancer of other sites, representing 1.65 per 1,000 population. The national rate is 1.77.

Malignant Neoplasm - Buccal Cavity etc.	3
" " - Oesophagus	9
" " - Stomach	31
" " - Intestine	49
" " - Larynx	2
" " - Breast	28
" " - Uterus	14
" " - Prostate	9
Leukaemia	10
Other Malignant Neoplasms	79
	—
	234
	—

ACCIDENTSROAD ACCIDENTS

17 deaths occurred as a result of road accidents. This is the figure taken from the Ministry Statistics and represents the number of Birkenhead residents who died from this cause; their deaths did not necessarily occur within the County Borough boundary.

I am indebted to the Chief Superintendent of Police in Birkenhead for the following report :-

ACCIDENT CAUSATION AND PREVENTIVE MEASURES

In possibly 9 cases out of 10, the fault for road accidents lies in the human element - in other words, the driver.

So much money is spent in developing roads, signs and other safety measures, and so very little on educating the driver. Endeavours are made to educate the young in road safety, but the example of the adult pedestrians in crossing roads leaves much to be desired. The education of the driver once the test has been passed is left mainly to experience, and faults in driving once developed are continued without check.

Each hazard - and every road situation: parked vehicles, bends, corners, etc. is a hazard - should be approached with correct road positioning, at the right speed and with correct gear engaged. Simple matters, but how many drivers know or even attempt to follow these principles.



Close liaison with our colleagues in the Borough Engineer and Surveyor's Department can, and does, improve road conditions. Legislation penalising traffic offences is increasing, but no amount of road improvement or legislation will reduce accidents when the driver ignores the elementary precautions or is blatantly negligent.

If every driver could see the pain, suffering and long term disabilities of accident victims, they might think again before taking that "chance" which so often results in a collision.

In co-operation with the Borough Road Safety Officer endeavours are made to educate the driver, but the majority of drivers are convinced that they are good. Until an accident occurs, in which they are involved, the lessons they once learnt and have forgotten are brought to mind - usually with regret.

The statistics of road accidents for the year 1970 are as follows :-

1. Number of injury accidents - 763
2. Number of persons injured - 1,053
3. Number of deaths - 23 (these occurred within the Borough boundary).
4. Number killed in daylight - 18
5. Number killed in darkness - 5
6. Sex, Age, Class of Road User - of the 23 fatalities :-

Killed in Daylight

<u>Sex</u>	<u>Age of Deceased</u>	<u>Class of Road User</u>
Male	44 years	Driver
Female	38 years	Driver
Male	63 years	Pedal Cyclist
Male	16 years	Pedal Cyclist
Male	13 years	Pedal Cyclist
Female	3 years	Pedestrian
Male	11 years	Pedestrian
Male	1 year	Passenger in Vehicle
Female	42 years	Passenger in Vehicle
Female	42 years	Passenger in Vehicle
Female	13 years	Passenger in Vehicle
Male	9 years	Passenger in Vehicle
Female	28 years	Passenger in Vehicle
Male	48 years	Passenger in Vehicle
Female	40 years	Passenger in Vehicle
Female	84 years	Passenger in Vehicle
Male	13 years	Passenger in Vehicle
Male	47 years	Passenger in Vehicle

Killed in Darkness

<u>Sex</u>	<u>Age of Deceased</u>	<u>Class of Road User</u>
Male	19 years	Pedal Cyclist
Male	16 years	Scooter Rider
Female	19 years	Pedestrian
Male	3 years	Pedestrian
Male	65 years	Pedestrian

ACCIDENTS IN THE HOME

25 deaths occurred as a result of other accidents - most of these were accidents in the home - 3 of these in children under the age of 1 year. These deaths in infancy and early childhood must be considered with the rising incidence of poisoning cases treated at the Birkenhead Children's Hospital during the year.

	<u>1970</u>	<u>1969</u>
<u>Total Number of Poisoning Cases Treated:</u>	<u>332</u>	<u>316</u>

Age Incidence:

Birth to 1 year	11	10
1 year to 2 years	94	95
2 years to 3 years	107	123
3 " to 4 "	46	55
4 " to 5 "	32	16
5 " to 8 "	21	14
8 " to 11 "	19	-
Over 11 years	<u>2</u>	<u>3</u>

Nature of Poisoning:

Drugs or Medicines	183	183
Domestic Items	<u>149</u>	<u>133</u>

Drugs:

Aspirin	51	61
Tranquillisers	30	33
Other types of tablets	62	54
Others	40	35

Domestic Items:

Bleach and Disinfectants	24	26
Paraffin and Turpentine	23	23
Polishes	8	9
Cosmetics	12	19
Mice, Rat and Fly Poisons	6	5
Toadstools and Berries	40	13
Other Domestic Substances	<u>36</u>	<u>38</u>



1970 1969

Means by which Poisons were obtained:

Left lying loose in house, i.e. tables, drawers, mantelpiece, shelves, cupboards, etc.	204	226
Obtained from handbags	30	28
Obtained from other persons	8	10
Found in gardens, streets and old properties	51	18
Details not known	39	34

Once again, the total number of poisoning cases treated at Birkenhead Children's Hospital during 1970 is disturbingly high - 332. This figure is the highest since the first Annual Report was submitted for 1963. The total figures for the intervening years are as follows :-

1969 - 316	1966 - 156
1968 - 240	1965 - 150
1967 - 186	1964 - 175
1963 - 138	

Of the total figure of 332 for 1970, 284 were admitted to the hospital wards, 21 were transferred to other hospitals after being seen in the Casualty Department, through shortage of accommodation at the Children's Hospital at the time in question, and 27 were treated and allowed to go home.

During the year we had several discussions on how to tackle this problem. One of the consultant paediatricians, who has done some research into poisoning in children, was anxious to persuade the Liverpool Regional Hospital Board to give a trial of safety containers for tablets dispensed at Birkenhead Children's Hospital. However, to have any hope of a real effect, all pharmacies in the town would have to use safety containers; apart from which many of the poisons do not come from chemists' shops. Although there are many dangerous tablets lying in bathroom cabinets, there are equally dangerous chemicals kept in garages and outhouses in people's homes.

The problem of the use of safety containers was still under consideration at the end of the year. The idea has advantages and experience from use in Canada suggests success in reducing poisoning in young children, but the Pharmaceutical Society has considered the use of safety containers for some time and makes the following points in their journal which are worthy of record.

(i) The use of any container for medicines that reduces the possibility of accidental poisoning is to be welcomed, subject to the container having the necessary quality to protect the contents from mechanical and physical hazards and the design of the container being such that it retains its "safety" attributes in normal use for the required period of time.



(ii) There should be no question of safety containers being used only for a limited range of dispensed medicines since this would give the impression that any product not packed in such a container carried little risk.

(iii) Great care would have to be taken over any publicity associated with the introduction of a "safety" container. Any emphasis on the "child-resistant" quality of the container might tend to lead members of the public to be less careful over storage of such containers in the home.

(iv) It should be borne in mind that even an ideal "safety" container can only be effective if the closure is replaced correctly after use. A closure which is designed to make it difficult to open the container may also be difficult to replace properly, particularly by an elderly person or a harassed mother. The difficulties encountered by elderly patients, particularly arthritic patients, in opening a "safety" container cannot be overlooked.

(v) The problem of medicines sold "over the counter" as well as those dispensed, requires careful consideration. Many "safety" containers are probably not suitable for labelling by automatic machinery in current use because of the shape of the containers and the materials used in their manufacture. Manufacturers generally could almost certainly not be expected to invest capital in any new machinery except over a relatively long period.

Any tendency for members of the public to consider that because "over the counter" medicines are not packed in "safety" containers, they are less dangerous as regards the possibility of accidental poisoning, would be a grave disadvantage.

(vi) The overriding rule must be that no matter what container is used in the packaging of medicines, every care must be taken to keep them out of the reach of children.

(vii) If there was a suggestion that "safety" containers should be introduced for general use, it would be necessary to lay down standards for "child-resistance" as well as pharmaceutical effectiveness. This would present extremely difficult problems and it would probably be necessary for some authoritative body to "approve" the design of all containers offered as "child-resistant". Even if a design were approved, it would be necessary to ensure that the materials used in the construction of the container were not changed since any change in materials could affect the safety attributes."

Whether in years to come we decide on use of safety containers or not, we still come back to the need for more health education in this problem of poisoning in young children.

(1) Destroy all unused tablets.

(2) Those tablets retained should be very high up, preferably locked up, away from children.

(3) What applies to tablets applies to all chemicals.



(4) As soon as the child is old enough to understand, explain over and over again the importance of not eating or drinking any possible poison, particularly the drink from the unlabelled "pop" bottle.

### SUICIDE

6 cases of suicide occurred during the year. The table for preceding years is shown below :-

1966	-	9
1967	-	10
1968	-	12
1969	-	15
1970	-	6

### HEART DISEASE

Heart disease accounted for 538 deaths (a decrease of 38 over the previous year). This represents 3.8 per 1,000 population.

### PNEUMONIA AND BRONCHITIS

Pneumonia claimed 142 victims, while bronchitis was the cause of death in 106 cases. Together these diseases represented 14.3% of total deaths. 132 of the deaths due to these diseases occurred in the age group 75 years and over. There were 23 deaths from influenza.

### DEATHS DUE TO TUBERCULOSIS

		<u>Rates per</u> <u>1,000 Population</u>
Respiratory	6	0.042
Non-Respiratory	1	0.007

## HEALTH SERVICES

**PROPOSED NEW HEALTH CENTRE.** In 1970 the building of this health centre began and by the end of the year the first health centre in Birkbech was well advanced. The standard of building is good, and the facilities provided at this centre will help to provide a good medical and nursing service for this area of the town.

**THE 1970 HEALTH SERVICE.** Detailed planning and setting of this service has continued throughout the year. By the end of 1970 we were considering the difficulty of obtaining Ministry costing against the very high costs of building in the North area. It is to be hoped that we can come to a decision about this and look at what we can share building with other health services, maintaining the goodwill of family doctors and other health facilities to be provided. The health centre will be provided in the North area and first health centre will be a good doctor and nursing service.

## PART II

LOCAL HEALTH SERVICES

## Health Centres

## Care of Mothers and Young Children

## Midwifery

## Home Nursing

## Immunisation and Vaccination

## Ambulance

## Prevention of Illness, Care and After-Care

## Home Help

## Mental Health





## HEALTH CENTRES

**WHETSTONE LANE HEALTH CENTRE:-** In mid 1970 the building of this health centre began and by the end of the year the first health centre in Birkenhead was well advanced. The standard of building is good, and the facilities provided at this centre will help to provide a good medical and nursing service for this area of the town.

**THE FORD HEALTH CENTRE:-** Detailed planning and costing of this centre has continued throughout the year. By the end of 1970 we were experiencing the difficulty of relating Ministry costing against the very high costs of building in the Wirral area. It is to be hoped that we can soon get an agreed cost limit and loan so that we can start building. It is a difficult task maintaining the goodwill of family doctors and for that matter the patient people who wait on the new estates for proper health facilities to be provided. There are now thousands of people re-housed in the Noctorum and Ford estates and they need a co-ordinated doctor and nursing service.

**SOUTH CLINIC HEALTH CENTRE:-** The building of an arc of surgeries for some six practices at the rear of the South Clinic has been accepted in plan by the Ministry. Two new dental surgeries are also planned, as the one existing surgery is inadequate for local authority school dental services in this southern area of the town. When the new portion of the building is complete, certain modifications will be made to the existing clinic building to develop one complete health centre. This will not be an easy task for the builder as South Clinic has to continue in use for the full range of local authority health services.

**NORTH CLINIC:-** It has been apparent for some time that there is a shortage of health facilities in the north area of the town. During 1970, the Ministry of Health officials agreed to put back the year of building of a clinic in the Upton area and to build in the North End. We would have liked a health centre in the area but only one doctor has his practice premises in the North End, and an offer has been made to him that when his present lease expires on the existing surgery, he might like to use the clinic for surgery premises. By the end of 1970 the plan of the North End Clinic in the Bertha Street/Miriam Place area had been accepted by the Ministry. The detailed planning remains but we hope that in years to come, when the building is complete, we shall have a focus for health and social service in the North End. While we are awaiting the building of the clinic, negotiations are proceeding with the trustees of St. James' Church for certain minor modifications in the provision of wash basins with hot and cold water, at the Parish Church Hall. Here we shall try to give a limited child welfare service and run a mothers' group to raise the standard of health in the North End. I am grateful for the encouragement and support we have received from The Rev. Spurry of St. James' Church, and from The Rev. Taylor who runs a non-denominational centre at the Cavendish Presbyterian Church - it is inspiring to see real service in the dock-side areas of Birkenhead - this is what real health is all about.



BALLS ROAD CLINIC:- There were some empty dental surgeries linked with the Balls Road Clinic - the school dental service has moved to the new centre in Cleveland Street. By the latter part of 1970, two doctors in separate practices were interested in closing their existent surgeries to practice from the clinic surgeries. By the end of the year, the discussions between the valuers for the Corporation and the Executive Council were well advanced. Health Visitors are centred at Balls Road Clinic and once the doctors are practicing from this centre, this gives a further opportunity of links between the local authority and family doctor services.

### CARE OF MOTHERS AND YOUNG CHILDREN

#### ANTE-NATAL CLINICS

##### Midwives' Clinics -

North Clinic	Tuesday	2.00 p.m.
Prenton Clinic	Wednesday	2.00 p.m.
South Clinic	Friday	2.00 p.m.

##### Relaxation Clinics -

North Clinic	Monday	1.30 p.m.
Prenton Clinic	Wednesday	9.00 a.m.
South Clinic	Tuesday	9.00 a.m.

#### CHILD WELFARE CENTRES

At the end of the year, Child Welfare Centres were open as follows :-

Central Clinic	Wednesday	2 - 4 p.m.
South Clinic	Monday, Tuesday and Wednesday	2 - 4 p.m.
North Clinic	Wednesday and Thursday	2 - 4 p.m.
Balls Road Clinic	Thursday and Friday	2 - 4 p.m.
Upton Clinic	Tuesday and Friday	2 - 4 p.m.
Woodchurch Clinic	Monday and Wednesday	2 - 4 p.m.
Prenton Clinic	Monday and Thursday	2 - 4 p.m.
Thingwall Clinic	Friday	2 - 4 p.m.
Bude Close (Ford Estate) Clinic - (Opened 12.10.70)	Monday	2 - 4 p.m.

Part-time doctors have helped to staff the Child Welfare Clinics; without their excellent assistance the service could not have been maintained. It is the practice to have a doctor in attendance at as many child welfare sessions as possible.

VOLUNTARY AGENCIES ASSISTED BY LOCAL AUTHORITY

St. Elizabeth's Convent Clinic was held on 51 occasions.  
Number of attendances: 102 First Visits and 1,123 Re-Visits.

WELFARE FOODS

The issue of Welfare Foods on behalf of the Ministry of Health continues from the nine distribution centres, but sales have again decreased.

Other authorities share this experience and it is evident that more children are being given proprietary milk foods and vitamin products.

DISTRIBUTION OF WELFARE FOODS - ISSUES

	<u>National Dried Milk</u>	<u>Cod Liver Oil</u>	<u>Vitamins</u>	<u>Orange Juice</u>
1966	7,927	1,454	2,091	21,737
1967	6,281	1,197	1,798	21,755
1968	4,770	1,247	1,427	20,581
1969	2,445	1,144	1,457	21,209
1970	1,791	1,257	1,829	22,884

DENTAL TREATMENT

By arrangement with the Education Committee, expectant and nursing mothers and children under five years of age can receive dental treatment by the School Dental Staff at the School Dental Clinic. During the year dental care was provided as follows :-

	Examined	Treated	Fill- ings	Extrac- tions	General Anaesthetics	Dentures provided
Expectant & Nursing Mothers	18	11	19	11	5	3
Children under 5	129	87	87	191	73	-



RECORD OF CLINIC ATTENDANCES - CHILD WELFARE CENTRES 1970

Clinic	Total Attendances		Total	No. Seen by Doctor	No. of Doctor Sessions	Year of Birth for those making first attendance this year			Total	Total No. of Sessions
	1st Visits (new cases)	Re-Visits				1970	1969	1968-66		
North	364	4222	4586	1716	97	291	293	239	823	101
South	557	5339	5896	2332	101	420	377	361	1158	150
Central	124	1669	1793	701	49	109	110	51	270	52
Balls Road	369	3699	4068	1488	99	248	250	249	747	102
Woodchurch	164	2120	2284	1032	98	135	133	109	377	98
Prenton	213	4216	4429	1077	50	183	131	114	428	97
Upton	265	3244	3509	1199	101	235	186	125	546	100
Thingwall	60	1580	1640	221	26	54	66	13	133	50
*Bude Close	50	8	58	58	11	32	15	3	50	11
Totals:	2166	26097	28263	9824	632	1707	1561	1264	4532	761

\*Opened 12th October, 1970.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT, 1967.

Family planning services over the past years have been run from one Centre in Oxton Road. In addition, a large proportion of family doctors give family planning advice, but the prescribing of a method usually means giving 'The Pill'.

The problem with the Oxton Road Family Planning Association Clinic was that in the main the service provided was to the more privileged families in Birkenhead - the difficulty was how to help the under-privileged families in the poorer dockside North End and riversides of Birkenhead.

In late 1969, the Family Planning Association opened a Thursday morning Clinic in Local Authority premises in the area nearest to the North End of the town. In spite of Health Visitor and Midwife persuasion of poorer families, whose fees the Local Authority would have offset (£4.85/patient), the response by the end of 1969 was very poor and as it had not improved by August of 1970 the Family Planning Association Clinic was closed.

It was felt that the failure was mainly due to the poorer people feeling themselves to be second class citizens compared with those who could pay the Family Planning Association fees. Thus in June of 1970 at the main Social Services Centre, the Local Authority opened a Clinic which gave free advice and treatment and only asked a few more privileged families to pay for prescriptions.

The results of the direct service have been very encouraging:

From 30th June, 1970 - 31st December, 1970:-

<u>Date</u>	<u>Attend- ances</u>	<u>New Patients</u>	<u>Free</u>	<u>Paid Prescrip- tions</u>
30th June, 1970	20	20	10	10
30th September, 1970	90	70	40	30
31st December, 1970	109	71	40	31
	<u>219</u>	<u>161</u>	<u>90</u>	<u>71</u>

Looking at the 161 new patients seen in 1970, some interesting facts emerge.

The vast majority of women attending were married and from social class 4 and 5, but even some of those on low incomes insisted on paying for their prescriptions - this was accepted.

7 or 8 children	-	3
6 "	-	4
5 "	-	8
4 "	-	22
3 "	-	37
2 "	-	44
1 child	-	36
0 children	-	4



It is obvious that many of the families with four or more children needed contraception - not family planning. In many cases this was the first advice received.

Method used

Sheath	20
Pill	73
Diaphragm	15
I.U.D.	49
Other method	2
No method advised	10

(Some patients - more than one method used)

The majority of women who wanted a very safe method of contraception opted for the pill, but the second commonest method was use of an intra uterine device. This is a passive form of contraception and requires no learning technique. Unfortunately, we had no trained staff for the method, so the women had to have a second referral to the Family Planning Association Clinic at Oxton Road. This second referral caused a number to default, and one or two were pregnant again before they could be followed up by Health Visitors.

Only seven single women attended; ages ranged from - five in the early twenties to two teenagers - the youngest, aged sixteen years, had two children. If these young mothers are to support these children it is essential that we give earlier advice than we are giving at present. More often than not, these are stable relationships and marriage to the father of the children comes later.

The number of women attending the Clinic is increasing. Up to 31st March, 1971, the number has passed 250. The cost for running the Clinic, including costs of nursing, clerical time, equipment, supplies and training of more nurses, has amounted to about £1,000. Much of the supplies are still in stock and income from sales has amounted to over £70. The service has cost roughly £800 - which is cheaper than if each patient had been paid for at the Family Planning Association Clinic at £4.85 per patient. The Corporation is committed to Scheme 6 (National Family Planning Agency Scheme) for medical cases, which includes social cases, attending the Family Planning Association Clinic at Oxton Road. During the year, approximately £450 was paid in such fees to the Family Planning Association. How much higher these fees would have been if we had sent all the medical/social cases of this social class 4/5 group to the Family Planning Association.

POSSIBLE FUTURE DEVELOPMENT IN 1971

1. We need to continue liaison with the Family Planning Association as we have neither the staff nor sufficient clinic accommodation to see all medical/social cases.
2. To help social cases more, one Doctor and three Health Visitors have been trained in I.U.C.D. techniques. During the year, we have paid for this work through the Family Planning Association and now we will do some of the procedures at the Social Services Centre Clinic.



3. To cope with the increasing numbers we will need to open an evening session, probably on Thursday evenings, to see follow-up patients. Evening is a satisfactory time for the husbands and wives from a family point of view, and it is helpful to the Authority from a staff point of view as the Nurses and Doctors are fully committed on numerous duties in the day time.
4. We must extend the training of staff of new Health Visitors (12 Health Visitors/School Nurses already trained), Midwives (3 Midwives trained), and District Nurses. If the Nurses offer to be on call for the Family Planning Association the training costs £7 to £13. The Nurses are meeting some of this training cost themselves at the present time.
5. We need more Health Education advice to people in respect of family planning. We are trying to liaise with Obstetric and Gynaecological Consultants for Nurses to visit Ante-Natal Clinics and hospital obstetric and gynaecological wards to give mothers advice. Similarly there is increasing liaison with family doctors. For the work to be done satisfactorily our Nurses need continued training in all aspects of family planning.
6. "The Government believes that the principal growth in family planning should be in giving advice in the home to those who are at present unable to take advantage of contraceptive methods. (Lancet, Parliament, Sir Keith Joseph, 6th March, 1971, Page 493.)"

Our Nurses are already giving much domiciliary advice, and as our direct Family Planning Clinic shows they are bringing in mothers, sometimes with their children, to the Social Services Centre. The Health Visitors who are few in number will continue with the work, though it is well to remember they are on a casual car user allowance of £105 per annum. As this work extends, we will have to consider drawing their car allowance up to that for District Nurses (£145 per annum) and Midwives (£170 per annum).

The idea of giving practical family planning help in the home is difficult. This is expensive of Doctor and Nursing time. In spite of some views to the contrary, there is insufficient privacy and, in some cases, insufficient hygiene in the home to consider this. Our Domiciliary system will be to bring by car the more hard pressed mothers to the Clinic; from their response it is obvious that they welcome the Nurses' assistance. We would consider practical domiciliary family planning when we have exhausted our Clinic possibilities and where all domiciliary nursing persuasion fails to bring patients to Clinics. In a small number of problem families, practical family planning in the home may be beneficial. The Nurses are to be congratulated in the efforts they are making, not just in family planning, but in so many ways, for the poorer families.



## CARE OF PREMATURE INFANTS

During the year 193 premature babies were born. 25 were stillborn and 168 born alive. 189 were born in hospital and 4 at home. 2 of the babies born at home were transferred to the Premature Baby Unit for nursing. All premature infants are the subject of particular attention by Midwives and Health Visitors and are included in the "At Risk" register.

## INCIDENCE OF CONGENITAL MALFORMATIONS

Of the 41 congenital abnormalities reported on the birth notifications, 10 concerned children whose home addresses were outside the Borough. On investigation 3 cases were discounted as not having significant malformation.

The 28 Birkenhead cases were as follows :-

Anencephalus	5	all stillborn
Hydrocephalus	1	stillborn
Spina Bifida	3	(1 stillborn (1 lived 27 days (1 lived 90 days
Talipes	5	
Deformed Hand/Foot	2	
Congenital Dislocation of Hip	1	
Achondroplasia	1	
Hare Lip	4	
Cleft Palate	3	
Mongol	1	
Multiple Abnormalities	2	
	<hr/>	
	28	
	<hr/>	

From the above figures, it can be seen that the greatest incidence of congenital abnormality was in defects of the central nervous system. During 1970 all these severely deformed children died at birth or shortly after birth. Thus the specialist health visitor had less work to do in 1970 than in previous years. This was fortunate in several ways, not the least bearing in mind that the health visitor resigned when she married during the year. Fortunately, she continues to work in a voluntary capacity for these handicapped spina bifida children. Her help is needed as several of these children survive from previous years.

Number per year surviving :-

1964 - 3	1967 - 10 + 1 died + 1 transfer
1965 - 3	1968 - 4 + 1 died
1966 - 2 + 1 transfer in	1969 - 3 + 1 died
	1970 - 4 died



There is overcrowding in our existing schools for handicapped children. During 1970 the Department of Education and Science agreed to the start of a school for physically handicapped children in Birkenhead - this is now in the planning stage. This school will take children not only from Birkenhead but also from the surrounding authorities. The spina bifida children who have survived from past years need this new school. There were no spina bifida survivors in 1970 - perhaps they were too severely deformed or did not survive the operation. No one can say how many of these handicapped children will survive in years to come - it is so difficult to plan for the future.

### "AT RISK" REGISTER

The assessment system based on Mary Sheridan tests started in 1969 was continued in 1970. Every baby born is tested at 6-8 weeks, 6-9 months, 12-18 months. Before testing begins, the health visitor asks the mother a standard series of questions which may highlight even those babies at minimal risk. The health visitors are now well acquainted with the method of testing and those babies at minimal risk are being found. Some of these minor signs clear up, but any baby who continues to cause concern is referred via the family doctor to the consultant paediatricians. The clinic doctors also keep up a supervision of these potentially at risk babies.

At the 6-9 month tests assessments of the baby's hearing are made. During 1970, the health visitors were more successful than in previous years in spotting babies with varying degrees of hearing loss.

During the year, 773 new cases were placed on the "at risk" register and 794 were removed after review; a total of 572 by the 31st December, 1970, compared with 593 at the 31st December, 1969.

Some people would argue that this is a great deal of work for little result as many of the babies turn out to be normal on review. However, it is a question of, "Seek and ye shall find". Even if the findings are small, it does enable early diagnosis of any real handicap, and early help and treatment to be given.

### CONVALESCENT TREATMENT

In 1970, 5 pre-school children were referred for convalescence.



DAY CARE OF CHILDRENNURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948, AS AMENDED BY  
THE HEALTH SERVICES AND PUBLIC HEALTH ACT, 1968.

Miss I. Asquith, the specialist Health Visitor, who supervises Nurseries, Playgroups and Child Minders, has submitted the following report :-

At the end of the year there were 4 private nurseries, 3 acting as nursery schools, 8 child minders, 26 playgroups for under fives and 7 daily minders registered under the Act. There are, in addition, 4 Mother and Children's Groups which are not registered but are visited on a "goodwill" basis.

All registered premises are the subject of periodic visits by medical staff in addition to the visits of the Health Visitors for the area.

The estimated population of children under 5 is 13,000. There is a growing need for playgroups and nursery classes. Present registered accommodation provides for only 886 places, but by having different children on different days some playgroups give the service to more children than their registrations indicate. It is likely that about 950 children attend playgroups on two or more days per week.

All the groups have been visited by me, on several occasions during the year. Standards of provision for play tend to rise - most groups using sand, water and painting which is of such value to young children. About half of the groups are run by Nursery Teachers or Nursery Nurses. Most groups find the mothers are invaluable as helpers and Committee members. In September/December, 1970, a course of ten evening classes for playgroup leaders was held in the Social Services Centre. Lectures were given as follows :-

# A COURSE FOR PRE-SCHOOL PLAYGROUP LEADERS

1. "Starting School"	- Miss Butler - Inspector of Schools, Birkenhead.
2. "Health in the Playgroup - the 2-5 year old"	- Dr. Nicholas - Medical Officer of Health, Birkenhead.
3. "Art"	- Mrs. Samuels - Headteacher, Somerville Nursery School, Wallasey.
4. "One Group"	- Mrs. Biddle - Playgroup Leader
5. "Play Activities"	- Miss Harding - Headteacher, Fender Infants' School, Birkenhead.
6. "Music for the Under Fives"	- Miss Foster - Headteacher, St. Saviour's Infants' School, Birkenhead.
7. "Fun and Games"	- Mrs. Rendle - Playgroup Leader
8. "Handicrafts"	- Mrs. Hayes - Playgroup Leader and Teacher
9. "Story Telling and Vocabulary"	- Miss Buckley - Headteacher, Dell Nursery Class
10. <u>QUESTION BOX</u>	

About 30 people attended the classes - books and pamphlets on the subject have been widely distributed.

During my visits to these groups, a number of health defects and behaviour problems have been noted and dealt with.

In October, 1970 I attended a one-day Conference in London for Playgroup Advisers, which was organised by the Pre-School Playgroup Association, and this was much appreciated.



DAY NURSERIES

As in the previous year 1969, during 1970 efforts were made to maintain a higher attendance at the day nurseries by admitting on a temporary basis children with handicaps, or from poor home conditions whom the Health Visitors recommended for admission either in the interests of the children or the parents. The attendance at Cavendish Road Nursery was much the same as in the previous year, but fortunately the attendance at Rock Ferry Nursery showed quite an improvement on the previous year's figures.

Name of Nursery	Capacity	Number on register at end of the year		Average daily attendances during the year	
		0-2	2-5	0-2	2-5
Cavendish Road	25 places	6	17	5	12
Rock Ferry	25 places	10	15	8	8

The principle difficulty in maintaining the average attendance was staff shortages. Qualified nursery nurses are in short supply - often a post in the nursery is advertised and there are no qualified applicants. Fortunately, during 1970 we were not troubled so much by outbreaks of infection in the nurseries. As the children are often being admitted from problem home situations the nursery staff have to be particularly watchful not to admit children with dysentery. By random stool samples and strict hygiene precautions, the infections in the nurseries have been kept to a minimum.

As was stated last year, it is particularly difficult to keep up the numbers in 25 place Day Nurseries; 50 place ones are much more economical to run and staff shortages can be absorbed more easily. During 1970 the Ministry wished to recognise Cavendish Road Nursery as a training centre, and with this in mind a plan was submitted under the urban aid programme to open up the existing upper floors of the Cavendish Nursery, put in extra toilets and, for a sum of £15,000, change the present 25 place nursery into a 50 place nursery. These extra places could have been allotted to under fives from the deprived North end of Birkenhead. Ministry officials felt that this was an excessive expenditure of money on an old building and the plan was rejected. Thus we are left with £5,000 to bring the nursery up to better standard, and as some £2,000 will be spent on improved fire precautions little is left for improvement of nursery standards. However, in spite of disappointments, by the end of 1970, improvements in the kitchen facilities had been carried out and redecoration of the nursery was about to commence. Of course, we are still left with a 25 place nursery, which can give little help to the children of the many working mothers of the North end of the town.



MIDWIFERYDOMICILIARY STAFF

1 Non-Medical Supervisor of Midwives  
13 Midwives

The establishment of 13 midwives was complete at the end of the year. Though one midwife retired in July, another was appointed by December of 1970.

NUMBER OF MIDWIVES

During the year, 67 Midwives gave notice of their intention to practise in the Borough :-

Municipal Midwives .. .. .	14
Midwives in Hospitals and Institutions ..	53
	<hr/>
	67
	<hr/>

SUPERVISIONInspection of Midwives

Visits to Midwives' homes .. .. .	26
Office Interviews .. .. .	432

Pupil Midwives' Training

13 pupil midwives completed their Part II training during the year 1970. Of these, 11 were successful in passing the second part Examination of the Central Midwives Board. 1 failed on two occasions, and 1 was prevented through illness from sitting the examination.

Supervision of Nursings .. .. .	32
Lecture Sessions .. .. .	34

Miscellaneous Visits

Cases requiring Medical Aid .. .. .	50
Cases of Puerperal Pyrexia .. .. .	-
Cases of Ophthalmia Neonatorum .. .. .	-
Expectant Mothers .. .. .	29
*Visits to Ante-Natal Clinics .. .. .	148
*Visits to Relaxation Clinics .. .. .	59

\*Visits paid by Assistant Non-Medical Supervisor included in the above figures.

NUMBER OF CASES ATTENDED BY DOMICILIARY MIDWIVES

The number was 135, of which 116 were attended by Midwives alone (in 1969 there were 151 cases, of which 120 were attended by Midwives alone).



Although the actual number of domiciliary births shows a decline, the overall number of births remains approximately as in 1969.

#### CASES REQUIRING MEDICAL AID

98 cases were notified by Municipal Midwives in which medical aid had been called, as compared with 96 in 1969. 18 were ante-natal, 51 post-natal and 29 for babies.

#### NOTIFICATIONS RECEIVED FROM MIDWIVES

Stillbirths	..	..	..	..	..	..	-
Liability to be a source of infection	..						-
Laying out of a dead body	..	..					-
Baby deaths	..	..	..	..	..	..	-

#### MUNICIPAL MIDWIVES

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

	<u>1969</u>	<u>1970</u>
Number of bookings	220	173
Number of births attended		
(a) Doctor present	31)	19)
(b) Doctor not present	120) 151	116) 135
Administration of gas and air analgesia	109	125
Administration of pethidine	93	101
Total visits paid to patients	25,494	26,645
Number of planned early discharge cases	1,144	1,249
Actual number of early discharge cases	2,056	2,144

#### OPHTHALMIA NEONATORUM

1 case was notified during the year.

#### ANTE-NATAL CLINICS

These Clinics are still proving to be popular with those patients who are booked to have their deliveries at home, but naturally the numbers are not showing any increase as the trend for hospital delivery still increases.

Attendances at Ante-Natal Clinics were as follows :-

North Clinic (Tuesdays, 2 - 4 p.m.)	77
Prenton Clinic (Wednesdays, 2 - 4 p.m.)	30
South Clinic (Fridays, 2 - 4 p.m.)	72
	<hr/>
Number of patients	179
	<hr/>
Number of attendances	849
	<hr/>
Number of sessions	151

#### ATTENDANCE AT FAMILY DOCTORS' ANTE-NATAL CLINICS

During the year, one additional request for a midwife to attend ante-natal sessions in a surgery was received and one General Practitioner has increased his ante-natal clinics to two sessions per week. Midwives have attended 223 sessions of ante-natal clinics in General Practitioners' surgeries; this is a service that has proved most satisfactory to both Doctors and Domiciliary Midwives. The patients who have attended these sessions have expressed their appreciation of attention given.

#### ATTENDANCES AT ST. CATHERINE'S HOSPITAL ANTE-NATAL CLINICS

These attendances have been maintained during the past twelve months, and an even closer co-operation between Hospital and Domiciliary Midwifery has resulted.

#### EARLY DISCHARGES FROM HOSPITAL

During the year the number of requests for the assessments of home conditions for early discharges has again shown an increase; 1,994 were received. Of these, 501 were refused either on social or housing grounds as being unsuitable. The actual number of patients who were discharged from hospital prior to the tenth day was 2,144; of these 1,249 were discharged within 72 hours.

#### DISTRICT MIDWIFERY TRAINING

In 1970, there were no applicants for Part II Training for the Central Midwives Board - this is most disappointing. Fortunately, we are aware that this situation will not persist into 1971 as there are already some applicants.

#### REFRESHER COURSES

Two Domiciliary Midwives attended one of the statutory Post-Graduate Courses held at Nottingham. They both derived much benefit from this course.

It is hoped that, in the very near future, these Domiciliary Midwives will attend a Family Planning Course so that up-to-date information and help can be given to those patients who seek such help.



CARE OF UNMARRIED MOTHERS

In 1970, Moral Welfare Workers referred 28 cases to the Non-Medical Supervisor of Midwives. 1 unmarried mother made her own application.

	<u>1967</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>
Total number of girls aged 16 and under who gave birth to live babies:	5	-	6	10
Ages of mothers at date of birth of their baby:-				
Age last birthday: 16 yrs.	5	-	4	10
15 yrs.	-	-	1	-
14 yrs.	-	-	1	-
	5	-	6	10

Once again, no account is taken of the number of girls who live within the Borough and who are delivered in either St. Catherine's Maternity Unit or the Maternity Hospital and subsequently keep their babies; or, in fact, the girls who for one reason or another change their minds after making application for assistance.

Close co-operation with Birkenhead and Wirral Moral Welfare Association and with the Church Authorities has been maintained. In some cases joint visiting has been arranged with mutual advantage.

HEALTH VISITINGSTAFF

On the 31st December, 1970, the staff comprised :-

- Superintendent Health Visitor
- 1 Group Adviser
- 1 Field Work Instructor
- 17 Full-time Health Visitors
- 5 Part-time Health Visitors
- 1 School Nurse - S.R.N.
- 5 Part-time School Nurses - S.R.N.  
(Engaged mornings only during  
School Term)
- 2 S.R.N.'s on Sessional Basis

Included in the above were 2 Student Health Visitors who completed their training in 1970. They were successful in passing their examination and joined the staff in September. The average case load supervised by Health Visitor was 430 families.

STUDENT HEALTH VISITORS

Two Student Health Visitors were recruited and commenced at the Liverpool School in September.

STAFF TRAINING

2 Health Visitors commenced a course in Middle Management in the latter part of 1970. 1 Health Visitor commenced a Field Work Instructor's Course; 1 S.R.N. attended a two-week course in Audiometry.

CARE OF THE PRE-SCHOOL CHILD

All children born in 1970 were included in the Phenylketonuria Testing Programme. We did not have a positive Phenylketonuria during 1970. This test is also being used to ascertain other metabolic abnormalities being investigated at Alder Hey Children's Hospital. Mary Sheridan progress tests were continued on babies at 6-8 weeks, 7-9 months and 12-18 months in the babies born in 1970.

Six babies born in 1970 failed their hearing tests. Three children were assessed and hearing aids prescribed.

One child was referred to G.P. for E.N.T. Consultant. Two children are being investigated.

AUDIOMETRY SWEEPS IN SCHOOL

Number of children tested .. .. .	4,529
Number of children referred to A.S.M.O. ..	502



AUDIOMETRY - MEDICAL OFFICER SESSIONS

Number of children seen .. .. .	737
Number of children to recall .. .. .	342
Number of children referred to E.N.T. ..	127
Number of children referred to G.P. ..	8
Number of children discharged .. .. .	268

HYGIENE IN SCHOOL

Total number of examinations .. ..	52,877
Total number of children found unsatisfactory .. .. .	1,271
Total number of children remaining unsatisfactory, December 1970 .. ..	314

The problem of hygiene in schools remains serious; it is affecting all schools. Previously the area Grammar Schools sustained a very high standard of cleanliness, but with the introduction of comprehensive education and the greater travelling of children and young people across the town all schools are equally at risk. The appointment of a part-time S.E.N. to give practical help to the most persistently unsatisfactory children has been most useful and the proposed further appointments of two more S.E.N.'s will, I hope, help to solve the problem.

PAEDIATRICS

Liaison between the Paediatric Physician and the Health Visitors continued throughout the year. Health Visitors attended the Paediatric Out-Patients' Clinics and Ward Rounds at St. Catherine's and the Children's Hospital, with close contact with the medical Social Workers on home and social problems.

BATTERED BABY SYNDROME

A confidential register was commenced for those children thought to be at risk. Six families were involved during 1970. Conferences were held with representation from all departments guided by the Consultant Paediatrician. The future supervision of the children was discussed, and a definite decision was made on management of these complex situations.

HEALTH EDUCATION

The Health Visitors have joined with Dr. Fergusson, Health Education Officer, in furthering Health Education in the schools, St. Catherine's Relaxation Clinic and three Local Authority Relaxation Clinics. They also attend the cytology clinics for the showing of the film on self-examination of the breast. Miss Asquith, who supervised the Day Nurseries and Playgroups during 1970, arranged a Course for Playgroup Leaders; this consisted of twelve classes held 5th October - 7th December, 1970.



The classes were well attended and greatly appreciated.

#### STATISTICS OF WORK CARRIED OUT BY HEALTH VISITORS

- 2,448 first visits were paid to infants under one year
- 10,059 subsequent visits were paid to infants under one year
- 16,671 routine visits were paid to infants between one and five years of age
- 745 visits were paid to expectant mothers
- 1,864 visits were paid in connection with miscellaneous matters
- 6,543 visits were paid in which no access was obtained
- 1,880 first visits were paid to aged
- 49 first visits were paid to tuberculous patients
- 498 subsequent visits were paid to tuberculous patients
- 209 Supervision of Nurseries - Child Minders
- 627 G.P. attachment visits

#### FAMILY PLANNING SERVICE

A Family Planning Clinic, run by the Local Authority, commenced at the Social Services Centre on 4th June, 1970. This has provided a real need, attendances have grown and the Health Visitors are enthusiastic in furthering this service, especially to those with social or medical problems.

#### RE-HOUSING ON MEDICAL GROUNDS

During 1970, 306 visits were made and reports submitted for re-housing on medical grounds. Housing in Birkenhead continued to present a major problem, both with those waiting to be re-housed and also with many families re-housed on the vast new estates. So often the people are there long before any facilities are provided. We wait anxiously for the completion of the Ford Health Centre; meanwhile we are using a G.P. surgery at Bude Close once weekly as a child health clinic. The rapid increase in the numbers attending the clinic has proved the necessity for the new building.

#### PROBLEM FAMILIES

Close co-operation has been maintained between the other social workers and this department, the Health Visitor and Child Care Officer visiting together where both departments were involved.



HEALTH VISITOR LIAISON/ATTACHMENT TO FAMILY DOCTORS

It is not possible, at the present time, for Health Visitors to be completely attached to G.P. practice due to the very wide geographical areas served by the individual G.P.'s, but close liaison has been maintained throughout the year.

CLINIC DUTIES AND ATTENDANCES

Infant Welfare .. .. .	2,001
Ante-Natal Relaxation .. .. .	302
Mothercraft (St. Catherine's Hospital) .. .. .	43
Hearing Screening (under 5 years) .. .. .	234
Hospital Attendances: Geriatric Clinic .. .. .	54
Paediatric Clinic .. .. .	62

DISTRICT NURSINGSTAFF

- 1 Superintendent (Also Non-Medical Supervisor of Midwives)
- 1 Assistant Superintendent
- 8 Queen's or District Trained Nursing Sisters
- 2 Queen's Trained Male Nurses
- 8 State Registered Nurses
- 1 State Enrolled Nurse

At the year end there were two vacancies on the district nursing staff. During the year there had been a considerable movement of the staff due to resignations of young married members for family reasons.

The continued rise in the number of requests for help from the district nursing staff is maintained and the type of work still reflects the modern trend of earlier discharge of patients from hospitals to their own homes. This in turn reflects on the pattern of nursing care given in the homes and the district nurse has to liaise carefully with the hospital nursing staff regarding instructions given on the hospital ward in order that the advice given to the patient, and the patient's relatives, in the home setting, may be correct.

The number of patients suffering from cancer again shows a slight increase, but the total number of visits paid to these particular patients shows a slight reduction.

PRE-PACKED STERILE DRESSING SERVICE

Following the pilot scheme commenced in 1969, it was felt that the whole town would benefit from the introduction of this service, and in January 1970 this was implemented. During the year the handicapped persons attending the Social Services Centre have given valuable assistance with the packing of the dressings.



The demand for pre-packed sterile dressings has risen rapidly during 1970, and the variety of dressing packs has increased. The more difficult dressing packs have been prepared by the district nursing staff. However, we could not do without the help we receive in packing dressing from the handicapped people, as at the present time we are using 8,500 dressing packs per annum. We envisage an increase in the number as it is hoped that in the near future a scheme of 'early surgical discharge' within 24 hrs. of surgical operation will be possible in selected cases. Just as we try to ease the strains on the hospital staff, so we are grateful to the hospital authorities in Birkenhead for the help they give in autoclaving all the pre-packed dressings. To bring about the smooth working of this early discharge of surgical cases, there have been preliminary talks with one of the consultant surgeons. It is hoped that a member of the district nursing staff will act as 'Liaison Officer' between Hospital and Domiciliary Services. We are also achieving increasing co-operation between the surgical departments of Birkenhead School of Nursing and the District Nursing Service - the nurse of the future must have a good knowledge of hospital and community nursing problems.

#### LOANS OF NURSING AIDS AND EQUIPMENT

As in the previous year the number of loans has been about the same, but the diversity of requirements is seen in the following list :-

##### LOANS BORROWED IN 1970

57	Back Rests
69	Bed Pans
40	Urinals
24	Wheelchairs
18	Enuresis Alarms
55	Commodes
10	Pairs of Elbow Crutches
7	Sets of Fracture Boards
7	Walking Sticks
4	Walking Aids
9	Tripod and Quadruped Sticks
16	Bed Cradles
2	Mattresses
46	Air Rings
4	Bed Tables
3	Bedsteads and Chain Lifts
1	Rubber Lavatory Seat
1	Free Standing Chain Lift
1	Toilet Aid
1	Sani-Chair
3	Air Beds

The number of commodes available is to be increased, as it is felt that this is one item of nursing equipment which would considerably ease the difficulties of relatives nursing patients over 65 years of age, particularly is this so where some of these sick elderly are living in houses where the toilet accommodation is outside and not as modern and convenient as in Birkenhead's newer homes.



### INCONTINENT SICK

The number of incontinent sheets and interliners supplied during the year has risen. We have found that more relatives of severely handicapped children, particularly the mentally handicapped, are aware of the service offered by the district nurses and are asking for help.

### MARIE CURIE MEMORIAL FOUNDATION WELFARE SCHEME, AND DAY AND NIGHT NURSING SCHEME

As stated in the 1969 Annual Report, this scheme was commenced, with no requests for help. However, during 1970 there have been 6 requests for nursing help, and welfare help has been given in 5 cases. The assistance given under the welfare scheme has covered the provision of extra nourishment, bed linen, specialised equipment and, in one case, assistance in heating the home.

This service has been much appreciated by the relatives of those patients suffering from cancer.

### VISITS BY STUDENT NURSES FROM BIRKENHEAD SCHOOL OF NURSING

These visits have as in past years been much appreciated. Each student nurse spends half a day with a District Nursing Sister, and thus the student gains insight into some of the problems of domiciliary nursing. This experience helps the hospital staff to assess some of the district problems and how important these are when consideration is given to early discharge of patients from hospital.

### TRAINING OF DISTRICT NURSES

Two members of staff completed District Nurse Training during the year and were successful in passing the examination of the Panel of Assessors of the Department of the Ministry of Health and Social Security. One member of the staff is in training at the end of 1970.

During the year, the Superintendent of District Nursing has given lectures to student nurses of Birkenhead School of Nursing on three occasions. An invitation was readily accepted by the Superintendent to address a meeting of Hospital Nursing Sisters on, "The Advantages of Early Discharge of Surgical Patients" and on another occasion she was invited to join a panel of speakers addressing the local family doctors on a variety of subjects related to aspects of domiciliary care.

HOME NURSING SERVICE

	New Cases put on Register during the year	Cases brought forward from previous year	No. of visits paid to all patients
Medical	1,062	629	40,633
Surgical	197	62	8,184
Infectious Diseases	2	-	26
Tuberculosis:			
Pulmonary	9	1	606
Non-Pulmonary	5	-	408
Maternal Complications	58	-	579
Others	-	-	743
TOTALS:	1,333	692	51,179

	<u>1970</u>	( <u>1969</u> )
Number of patients over 65 years	1,298	1,204
Number of visits paid to patients over 65	34,110	32,184
Number of patients under 5 at first visit	14	20
Number of visits paid to under 5's	118	168

VISITS BY SUPERINTENDENT

	<u>1970</u>	( <u>1969</u> )
Supervisory and Teaching Visits	603	595
Extra Calls	469	499
	<u>1,072</u>	<u>1,094</u>

FULL TOTAL OF VISITS PAID: 52,251



CASES ON REGISTER

Brought forward from previous year .. .. .	692
New cases added to Register during year .. .. .	1,333
Total:	<u>2,025</u>

Classification of New Cases :-

(a) Referred by Doctors .. .. .	837
(b) Referred by Patients' relatives and friends ..	154
(c) Referred by Medical Officer of Health .. ..	105
(d) Referred by Hospitals .. .. .	237
(e) Referred by Other Sources .. .. .	-
Total:	<u>1,333</u>

CASES REMOVED FROM REGISTER DURING THE YEAR

(a) Convalescent .. .. .	424
(b) Transferred to Hospitals .. .. .	316
(c) Died .. .. .	187
(d) Left the District .. .. .	33
(e) Removed for Other Causes .. .. .	175
(f) Able to Manage .. .. .	92
Total:	<u>1,227</u>

CASES REMAINING ON REGISTER AT END OF YEAR

798 Cases

PATIENTS HAVING INJECTIONS ONLY

Card Code Number	Type of Injection	Number of Patients Nursed	Visits Paid
1	Insulin	18	1,952
2	Penicillin	44	622
3	Streptomycin	19	1,025
4	Imferon, Cytamen etc.	323	5,955
5	Mersalyl	23	706
6	Durabolin	26	443
7	GT.50	-	-
13	Morphia etc.	6	125
14	Others	39	1,676
TOTALS:		498	12,504

IMMUNISATION AND VACCINATION

The following is the programme of immunisation practised in the Health Department :-

<u>Age</u>	<u>Vaccine</u>	<u>Interval</u>
6 - 8 months	Triple (Diphtheria, Tetanus, Whooping Cough) and Poliomyelitis	1st) 6 - 8 weeks 2nd)
12 months	Measles Vaccination	
13 months	Smallpox Vaccination	
14 months	Triple and Poliomyelitis	3rd
<u>SCHOOL ENTRY</u> (Parents to be approached at Medical Examination of Entrants)		
5 - 7 years	Diphtheria/Tetanus Booster and Poliomyelitis	4th
12 years	B.C.G. Vaccination	

Consent forms were again sent to parents of children reaching the age of six months and to parents of school entrants aged five years.

A good response was obtained once again from the parents of school children; the figures relating to children under five years have improved.

DIPHTHERIA IMMUNISATIONIMMUNISATION IN 1970

	<u>Primary</u>	<u>Reinforcing Injections</u>
0 - 3 years	1,607	1,019
4 - 7 years	714	2,375
8 - 15 years	25	90
	<hr/>	<hr/>
	2,346	3,484
	<hr/>	<hr/>



	<u>Medical Officers</u>	<u>General Practitioners</u>
Immunisation against Diphtheria	15	-
Reinforcing Injections against Diphtheria	40	3
Triple Antigen	1,112	608
Triple Antigen (Reinforcing Injections)	914	447
Immunisation against Diphtheria and Tetanus	601	10
Immunisation against Diphtheria and Tetanus (Reinforcing Injections)	1,836	244
	<u>4,518</u>	<u>1,312</u>

#### IMMUNISATION AGAINST WHOOPING COUGH

	<u>Infant Welfare Centres</u>	<u>General Practitioners</u>
0 - 1 year	239	64
1 - 2 years	734	353
2 - 3 years	76	123
3 - 4 years	38	27
5 - 7 years	25	39
8 - 15 years	-	2
	<u>1,112</u>	<u>608</u>

#### IMMUNISATION AGAINST TETANUS

Tetanus immunisations were continued in the Infant and Junior Schools.

	<u>Primary</u>	<u>Reinforcing Injections</u>
0 - 3 years	1,607	1,021
4 - 7 years	709	2,356
8 - 15 years	116	362
	<u>2,432</u>	<u>3,739</u>

VACCINATION AGAINST SMALLPOXBy Medical Officers at Infant Welfare  
Centres

514

By General Practitioners

428

Age at Date of Vaccination	0 - 1 year	1 - 2 years	2 - 4 years	5 - 15 years	Total
Number Vaccinated	87	265	417	79	848
Number Re-Vaccinated	-	-	13	81	94

VACCINATION AGAINST MEASLES

	<u>Health Department</u>	<u>General Practitioners</u>	<u>Total</u>
0 - 3 years	649	120	769
4 - 7 years	401	66	467
8 - 15 years	11	11	22
	<u>1,061</u>	<u>197</u>	<u>1,258</u>

VACCINATION AGAINST POLIOMYELITIS

During 1970 the following were given :-

ORAL POLIOMYELITIS VACCINE

	Health Department	General Practitioners	Total
Oral Primary Courses	1,157	581	1,738
4th Oral	1,919	474	2,393



IMMUNISATION AGAINST RUBELLA (GERMAN MEASLES)

In the Autumn Term 1970, immunisation against Rubella was offered to girls 13 years of age in Birkenhead Schools.

<u>Health Department</u>	<u>General Practitioners</u>	<u>Total</u>
637	12	649

B.C.G. VACCINATION - SCHOOL CHILDREN 1970

B.C.G. Vaccination was offered to 12 year olds during the year.

Children found to be positive following testing are sent for X-ray examination and certain cases are referred to the Chest Physician.

Parents Notified	Multiple Puncture Test			Children given B.C.G.
	Children Tested	Positive	Negative	
2,879	2,256	194	2,062	2,062

VACCINATION AND IMMUNISATION OF CHILDREN IN BIRKENHEAD

PERCENTAGES OF CHILDREN VACCINATED BY 31ST DECEMBER, 1970.

LOCAL HEALTH AUTHORITY	Children born in 1968			SMALLPOX (Children under 2)
	Whooping Cough	Diphtheria	Poliomyelitis	
Birkenhead	62	62	52	14
England and Wales	79	81	79	35

The table shows the percentages vaccinated and immunised in Birkenhead in 1968 and 1969 compared with the national figures for England and Wales.

Once again, Birkenhead is well down the list in the average figures for vaccination and immunisation. It is a great pity that the parents of young children in Birkenhead do not avail themselves of the very comprehensive facilities available for the protection of their children. Immunisation is a very simple procedure, and can be done either at the family doctor's surgery or at the Child Health Clinic. When completed it affords excellent protection, and to those people who would say that it is unnecessary it should be pointed out that in these days of rapid air travel it is possible for a person incubating a virulent disease to arrive in our community within hours of leaving an infected area.

The staff of the Health Department repeatedly impress on parents the importance of immunisation, but in the end it is the parents who decide and, I am afraid, are responsible for the low figures in Birkenhead.

Towards the end of the year, a national campaign to promote immunisation against German Measles was launched. Initially, supplies of the vaccine were limited and a start was made by offering it to girls of 13 years and over who had not already contracted the disease naturally. The response was good and next year, with increased supplies of the vaccine, it will become part of the regular immunisation schedule for girls.



AMBULANCE SERVICE

I am indebted to the Chief Fire Officer for the following report on the Ambulance Service of the Borough for the year ended 31st December, 1970.

The Ambulance Service is without doubt one of the busiest departments of the Corporation. The calls on its services increase year by year, and I am sure that many of those who are involved in various aspects of the re-organisation within Hospital Board regions do not consider the effects such changes will have on the Ambulance Service. Irrespective of the number of appointments arranged by consultants at various hospitals, invariably all within a few hours on particular mornings, the Ambulance Service is still expected to meet time schedules on an individual patient's basis. This of course would not be possible if the resources of the Service were increased ten-fold, and it is hoped that, as new medical care units involving "out patients" attendance are formed or expanded, those responsible will realise that if the Ambulance Service is to continue to be able to cope with demands made upon it, then they must be kept in the picture and be given at a very early stage of planning the opportunity to assess the increased work load likely to arise.

It is anticipated that the new Ambulance Station will be ready for occupation in the Spring of 1972. This Station, which is being constructed on the same site as the new Fire Station, has nevertheless been so designed so as to be able to operate as a completely separate unit when in the future re-organisation of Local Government takes place.

The Ambulance Service responded to 69,784 calls during the year, an increase of 1,794 over the previous year, and service vehicles covered 213,922 miles during the year.

There was again a downward trend in False Alarm Calls, the total being 100, twenty-four less than 1969. Nevertheless, a considerable amount of time is still being spent responding to these malicious calls. During the year 1,064 persons were conveyed to hospitals as a result of accidents in the home, and it is worth noting that included in this figure are 73 children under the age of five years who had accidentally taken medicines or poisons of some sort or other.

Again there were very many occasions where ambulances made journeys for which they were not required, and a summary of these cases is included in the Report.

Eight Ambulance personnel attended training courses at the approved Training School in Cheshire, and this training is becoming increasingly necessary as commitments increase and variations in staff occur owing to retirement and resignations. It is virtually impossible to organise any sort of regular training programme for the on Duty Watches, as their heavy work load often leaves little time for meals let alone training. Personnel have to be brought in during their off duty periods in order that they can be given the training necessary for them to qualify in first aid, and I am in no doubt that an extension of



this system, whereby certain off duty periods are used as training periods with personnel being paid overtime rates to attend, is the only answer to continuation and advanced training within the unit.

### ESTABLISHMENT

<u>Rank</u>	<u>Approved</u>	<u>Actual</u> <u>31.12.1970.</u>
Station Officer	1	1
Deputy Station Officer	1	1
Section Leaders	4	4
Deputy Section Leaders	3	3
Driver/Attendants	35	35
Cleaner/General Assistant	1	1
	<u>45</u>	<u>45</u>

An amended rank structure was introduced in October by the inclusion of the rank of Deputy Section Leader.

### Variations:

Resignations:	3 Driver/Attendants
Appointments:	4 Driver/Attendants

### Courses Attended

Eight members attended Ambulance Training Courses at the Cheshire County Ambulance Training School, Wrenbury Hall, Cheshire.

First Aid Courses and Examinations were held under the rules of the British Red Cross Society, and 39 members qualified in the examinations. The examinations ranged from Initial to Higher and Proficiency grades, and the knowledge and experience derived from study and practical application of this subject is invaluable when applied by members to their everyday work.

### Ambulance Proficiency Certificates

Proficiency Certificates, approved by the Secretary of State for Social Services, are awarded to personnel assessed competent over the whole range of operational duties in the Ambulance Service, including accident and emergency work and ten further members are now qualified.

### Safe Driving Competition Sponsored by the Royal Society for the Prevention of Accidents

<u>Oak Leaf to 10-year Bar</u>	<u>Bar to 5-year Medal</u>	<u>5-year Medal</u>
10	10	2
<u>Diploma</u>	Entries for 1970:	38
11	Awards granted:	33



Vehicles

	<u>Type</u>	<u>Year</u>
2	Morris Ambulances, Diesel	1965
1	Morris Ambulance, Diesel	1966
2	Morris Dual Purpose Ambulances, Diesel	1966
3	Morris Ambulances, Diesel	1967
2	Morris Ambulances, Diesel	1968
1	Morris Dual Purpose Ambulance, Diesel	1968
1	Commer Sitting Car Vehicle, Petrol Engine	1965
1	BMC Dual Purpose Ambulance, Diesel	1969
1	Ford Transit Ambulance, Diesel	1970

Replacement programme of Ambulances and Sitting Car Vehicles determined at 6 years.

CLASSIFICATION OF CALLS

		<u>Calls</u>	<u>Patients</u>	<u>Mileage</u>
<u>EMERGENCY</u>	Home Accidents	1,053	1,064	5,077
	Works Accidents	550	553	2,184
	Street Accidents	1,529	1,757	5,864
	Maternity	1,021	1,022	5,289
	Emergency Illness	2,751	2,751	12,111
<u>REMOVALS</u>	Ambulance	27,179	27,537	85,312
	Sitting Cars	33,827	33,827	91,827
<u>SPECIAL SERVICES</u>	Midwives	47	-	203
	Others	43	-	119
<u>AMBULANCES NOT REQUIRED</u>	Malicious False Alarms	100	-	336
	Others	1,684	-	5,600
		69,784	68,511	213,922

SUMMARY OF CALLSASSISTANCE TO OTHER AUTHORITIES

	<u>Calls</u>	<u>Standbys</u>
Assistance to:		
Wallasey	20	24
Cheshire	36	-
Liverpool	2	-
Others	1	-

AMBULANCES NOT REQUIRED

<u>Classification</u>		<u>Calls</u>
<u>EMERGENCY</u>	Refused conveyance	199
	Removed - passing car, etc.	62
	Transport not required	292
<u>OUT PATIENTS</u>	Too ill to travel	160
	Made own way	120
	Appointment errors	182
	Wrong address	46
	Not at home or not ready	339
	Refused conveyance	46
	Case cancelled	63
<u>IN PATIENTS</u>	Wrong address	17
	Too ill to travel	14
	Made own way	39
	Not at home or not ready	38
	Refused conveyance	32
	Case cancelled	37
		<hr/>
		1,686
		<hr/>

In conclusion I would like to pay tribute to the conscientious and loyal support I have received from all the staff of the Ambulance Service during 1970. There has been an increased awareness by staff of the depth of some of the problems facing the Service, and a willingness on their part to involve themselves in searching for answers to these problems. I have particularly enjoyed meeting the newly formed local committee of the staff's representative body. I have not been able to accede to all requests made by this Committee during the year, but all requests have been presented with logic and have been well reasoned out and well discussed.



HEALTH EDUCATION

(Dr. J. Fergusson, Health Education Officer,  
Joint Appointment with Wallasey County Borough.)

The Health Education Section of the Health Department continued the excellent work in 1970. During this year all the schools and other interested organisations were advised on the Literature and Visual Aids available. The list was as follows :-

LITERATURE AND VISUAL AIDS AVAILABLE ON LOAN

All the film strips listed below are actually owned by the department and can be obtained at short notice.

The sound films sixteen millimetres owned by the department are marked "O".

The sound films which are on free loan (sponsored) are marked "F".

The sound films which carry a hiring fee are marked "H".

(1) ACCIDENTS, PREVENTION AND TREATMENT

HOME IS A DANGEROUS PLACE	48 colour transparencies, accompanied by taped commentary "O".	
FIRST AID FOR ROAD USERS	Two film strips (Parts one and two).	Cyclostyled notes for distribution.
HOME SAFETY (POISONS)	Accompanied by teacher's notes.	
CARE OF THE FIRST BABY AT HOME		
FIRST AID AT HOME	Accompanied by teacher's notes.	
HOME SAFETY FOR BABIES	Accompanied by teacher's notes	
EVERYDAY CARE FOR YOUR BABY	Accompanied by teacher's notes.	
CHILD DEVELOPMENT	Accompanied by teacher's notes.	

(2) SMOKING AND ITS DANGERS

SMOKING AND YOU	Colour sound film 12 minutes. "O".	Suitable for both school and adults
DYING FOR A SMOKE	Colour sound film 12 minutes. "O".	Cartoon type film; better for juniors.

TO SMOKE OR NOT TO SMOKE	Film strip	Accompanied by teacher's notes, plus gramophone record.
(3) <u>IMMUNISATION AND INFECTION</u>		
VACCINATION AND YOU	Film strip	Accompanied by teacher's notes. Excellent, but some points are a little old- fashioned. Should not be used except by Doctor or Health Visitor.

(4) DIET AND NUTRITION

A CRUEL KINDNESS	Colour sound film "O".	Dangers of Obesity Faulty Diet. Good for children of all ages, and girls as future mothers.
HOW TO SLIM AND KEEP SLIM	Film strip	Accompanied by teacher's notes.
BASIS FOR BEAUTY	Film strip	Has been shown to school leavers, and appreciated.

(5) VENEREAL DISEASE

VENEREAL DISEASE	Film strip and notes.	Very clinical - No use without medical knowledge.
HOW WAS I TO KNOW	Disc and notes.	Treats with the social and moral side.
THE INNOCENT PARTY	Sound colour film 18 millimetres "H".	Clear and concise, delicate in its approach. Suffers from being American. Deals with Syphilis only.

(6) DENTAL HYGIENE

WHERE THERE'S A WILL	Sound colour film	Very suitable for school as it is acted by school children. "O".
-------------------------	-------------------	---



CARE OF OUR TEETH	Film strip and notes.	Very suitable for school as it is acted by school children. "O".
-------------------	-----------------------	--

### (7) GENERAL HEALTH

GOOD HEALTH FOR YOU	Film strip	Accompanied by teacher's notes. Stress on diet.
DO'S AND DON'TS OF TEENAGE SPOTS	Film strip	Accompanied by teacher's notes. Stress on diet. Not very good.

### (8) NARCOTICS

DRUGS IN SCHOOL	Tape recording 20 minutes. "O".	
DRUGS AND THE NERVOUS SYSTEM	Colour sound film	Has been reviewed and approved by several Head-teachers. Has to be hired and paid for.

### (9) THE HEALTH SERVICE

THE HEALTH VISITOR	Film strip	The role of the Health Visitor in the Community Health Service.
--------------------	------------	---

### (10) REPRODUCTION

LEARNING TO LIVE	Colour sound film "O".	
MENSTRUATION	Film strip and notes.	
YOUR FIRST BABY	Film strip and notes.	Concerned with preparations in the home. Does not show the birth.
POSTURE AND MOVEMENTS IN CHILDBIRTH	Film strip and notes.	Relaxation and Pre-Natal care.
NORMAL DELIVERY	Film strip and notes.	Well accepted by teachers and pupils.

DRESSING THE BABY	Film strip and notes.	Useful for school leavers.
-------------------	-----------------------	----------------------------

(11) CONTRACEPTION

ACCORDING TO PLAN	Sound colour film 25 minutes. "F".	Clear physiological, good diagrams.
FAMILY PLANNING	Sound colour film 25 minutes. "F".	Clear physiological, good diagrams, but more interesting.
PEACE OF MIND	Sound colour film 20 minutes. "F".	Straightforward, good diagrams.
FAMILY PLANNING	Film strip	Accompanied by teacher's notes.

In addition to all the visual aids listed here, the Department of Health Education has a considerable amount of posters, leaflets and other literature available for teachers. If such literature is not actually available, it will be obtained on request. There is also a comprehensive library on most subjects of health, also available for use by teachers, and, in selected cases, pupils.

The film service is growing, and it is hoped that in the near future a comprehensive film library will be available for schools but, at the moment, apart from the films at present owned by the library, any film can be either obtained by request from the Health Education Officer who will either obtain it or give advice as to how and from where it can be obtained.

Some films are known as "sponsored" films and, as these are free, there is naturally a waiting list so that the Health Education Officer should have as long a time as possible between ordering and supplying. Other films have a hire charge varying from 10/- (50p) to £3. 0. 0. per showing; there is naturally less delay in the ordering of these.

The visual aids may be requested as such with advice and notes from the Health Education Officer or, if preferred, the Health Education Officer or other specialist will personally deliver the lectures.

The idea of publishing this list was that schools should request the services so that the Health Education Section could formulate the programme, well in advance, in the hope that health education could be built into the school syllabus. Some progress was made with this idea in 1970, but it is regretted that more schools did not take up the opportunity. Perhaps when the new, large comprehensive schools have settled down, more requests will be received for lectures and discussions over the very wide field of health education.



## CAMPAIGNS AND PROJECTS

Elsewhere is mentioned the good campaign to publicise the facts about Venereal Disease. The campaign was carried out in early 1970 in close liaison with the Consultant in Venereology. With the rising incidence of this infectious disease, it is essential that we continue our health education effort.

Another important infectious disease, namely Rubella (German Measles) also received attention during 1970. A campaign was launched to persuade parents to have their daughters in the 13th year vaccinated against this infectious disease. If all girls can be protected against German measles, there will be little risk of them contracting the disease in later years in early pregnancy. Thus one well-established cause of congenital malformation of babies will have been overcome. The acceptance rate for vaccination against Rubella was fairly satisfactory during 1970, though this is only the start of the campaign and there is a long way to go before we have sufficient numbers of girls protected.

The efforts on first aid for road users continues, and the leaflet produced in 1969 is still important as road accidents do not diminish. During the year there have been several requests for teachers to be trained in first aid, and we may have to think about running such a course in 1971. It is essential to have an adequate number of people in the population who know 'First Aid'.

### B.S.E. (BREAST SELF-EXAMINATION)

This work and cancer education work continues. During 1970, lectures were given in the town in conjunction with the Merseyside Committee on Cancer Education.

Mrs. P. Hobbs, H.V.Cert., D.A.E., F.R.S.H., M.I.H.E.,  
Administrator, Merseyside Committee on Cancer Education, reports:-

### "PUBLIC EDUCATION ABOUT CANCER

#### GENERAL PROGRESS

The number of meetings arranged in the Borough by the Merseyside Cancer Education Committee showed a satisfying increase, exceeding the average 41% increase in the overall Merseyside area. Although the bulk of the work is directed at the adult population there has been an increase this year in the proportion of meetings in youth clubs and schools; for these groups the main stress in the teaching is on the cigarette smoking/lung cancer (and other diseases) link.

#### TEACHING ON BREAST SELF-EXAMINATION

The evaluation of the health visitors' teaching of breast self-examination had been started in 1969 and the final set of questionnaires was distributed early in 1970. Work on the data proceeded during the year but the statistical requirements of the study proved complicated and time-consuming. The Report will be available in 1971; it will suggest ways of improving the teaching methods and should encourage all concerned in the teaching. Quotations from two of the replies to the question, "Should all



women be taught Breast Self-Examination?" illustrate this:-

"For one thing, a woman so taught also knows that many lumps are not necessarily cancer type and she will see the doctor much earlier than a woman who suddenly finds a lump and suspects the worst and consequently is terrified to seek medical advice."

"Because it would help people overcome the mental attitudes which surround cancer and reduce fear of anything being wrong actually being cancer; it would also help them to realise that early treatment can save time and lives and ease the work of doctors. After discussion with members of my staff they appeared to be happier, and I know of one person who went to the hospital and was operated on with success, after having seen the demonstration and discussed the problem with myself and several other colleagues."

#### PANEL OF SPEAKERS

The general shortage of medical personnel in local government service has been reflected in the membership of the Panel of Speakers and much of the burden has been carried by Dr. J. Fergusson, Health Education Officer. With the increase in group as opposed to single-handed practice, giving General Practitioners more freedom to plan ahead, it is hoped that some in Birkenhead may be attracted to join the Panel, having been acquainted with the teaching methods and materials of the Merseyside Cancer Education Committee."

---

#### APPARATUS

We are slowly building up our apparatus, but this is hampered by lack of funds.

#### INDIVIDUAL REQUESTS

During 1970 we continued to get requests about various projects, particularly from school children. Young people were encouraged to visit the Health Department as were nurses and other professionals. It is interesting how many people are unaware of the many tasks and the complexity of the work of a health department. To improve knowledge, the more visitors we have the better.

#### PUBLICITY

Publicity in Health Education is improving. During 1970 some good articles on health and environmental subjects were written in the "Birkenhead News". Continued use was made of Radio Merseyside Broadcasting Station. The Laird and Wallasey Schools of Art assisted in the design of posters, and we are grateful for this help.

Health education is a complex subject; the Health Education Officer can only guide the team and call on other people from the department and elsewhere to assist the work. During 1970 it is impressive how much free time has been given up by various people



in the department: doctors, nursing superintendent, health visitors, chief public health inspectors, dental staff and others to give talks and lectures and attend discussions with many groups of people in Birkenhead. If all these evenings of work were written down, they would fill a page of this Report. So much for the 9 a.m. to 5 p.m. image of the Health Department! The work in health education has been more than worthwhile for the gratitude with which the efforts of all have been received.

#### CERVICAL CYTOLOGY, 1970

Number of women tested at cytology clinic .. ..	1,274
Number of women re-tested at cytology clinic ..	672
Number on waiting list for cytology clinic .. ..	109
Number of women tested at Family Planning Clinic..	108

Of the 2,102 tested, there were 8 women with positive smears and these were referred to their general practitioners for further investigation. 74 women were advised to consult their doctors regarding minor conditions, although their smear tests were negative.

The results of the 8 cases were as follows :-

- Case 1 - Referred to St. Catherine's Hospital for gynaecological opinion. Dilatation and curettage - no malignancy found - observe.
- Case 2 - Referred to St. Catherine's Hospital. Cone biopsy performed - prognosis good.
- Case 3 - Referred to St. Catherine's Hospital. Cone biopsy, chronic cervicitis small area of carcinoma-in-situ. Further smear after cone biopsy - no evidence of malignancy.
- Case 4 - Referred to Women's Hospital, Wallasey. Hysterectomy - biopsy showed carcinoma-in-situ.
- Case 5 - Referred to St. Catherine's Hospital - further smears - no evidence of malignancy - for further observation.
- Case 6 - Referred to Women's Hospital, Wallasey. Cone biopsy - no evidence of malignancy - further observation.
- Case 7 - Referred to hospital. Cone biopsy - carcinoma-in-situ - pregnancy - hysterectomy - no further malignancy - under supervision.
- Case 8 - Referred to Clatterbridge Hospital - Hysterectomy - malignancy - under supervision - no further problems.

Consideration of these positive smear cases shows that they were detected at a rate of 4 per 1,000 women tested. This is the sort of detection rate expected in testing women in social classes 1 to 3. If more women were tested in social classes 4 to 5 in Birkenhead, we would get higher detection rates. At the direct family planning clinic we are now seeing more women from the less



privileged groups in the population. The women found positive from this clinic had seven children, and it is a good feature that the detection of malignancy was made early.

The Registrar General's returns for 1968 show that 26 fewer women died from cervical cancer and 26 fewer from breast cancer. 52 women in England and Wales who did not die is only a small number, a drop in the ocean, but they could hold an even greater significance than at first appears for many experts believe the number of women getting these forms of cancer is rising (though unfortunately cancer not being a notifiable disease makes it hard to be exact) and if the disease is on the increase, why should the mortality rate be decreasing? There is not much that is new in the way of cures or treatment.

The only logical answer seems to be that though treatment for these types of cancer has not changed, public attitudes to the disease have. Over the past few years the whole subject has been brought out into the open, and cancer is not quite the taboo word it was twenty years ago.

The Merseyside Cancer Education Committee emphasises that cancer can be cured. We have learnt the symptoms to look out for and if we had a greater urgency in the Liverpool regional area we could have an excellent early warning system in cervical cancer screening. If we encouraged more 'well women clinics' more women would take advantage of the screening. Breast examination at these clinics helps to detect this disease in its early stages. Some surgeons comment that they do not see the big lumps that they used to. This fact could explain a great deal for survival figures show that cures are successful in direct relation to how early the disease is dealt with.

The cervical cytology clinics are :-

Central Clinic	-	Monday 2.00 p.m.
North Clinic	-	Wednesday 9.30 a.m.
South Clinic	-	Thursday 9.30 a.m.

and these are well attended. Indeed, we have a waiting list; with a publicity campaign we would have a long waiting list. It should be borne in mind that a cervical cytology programme without a proper recall and follow-up programme is probably of little value. Women should be re-tested every three to five years.



CHIROPODY

Mr. G.C.H. Burns, Chief Chiropodist, reports :-

During the past year the chiropody service has made steady progress. The demand for chiropody treatment has increased, and this will necessitate the working of additional sessions in the future.

I think that the increasing public interest in the chiropody service is because we have a particular contribution to make in maintaining mobility among the elderly.

During the past year we have provided chiropody treatment in the surgery as follows :-

- 16 sessions per week at Social Services Centre
- 4 sessions per week at South Clinic
- 3 sessions per week at North Clinic
- 1 session per week at Prenton Clinic

The chiropody surgeries in the Social Services Centre are a great asset, treatment is provided in privacy in modern, well-equipped surroundings.

The district clinics continue to be well attended. South Clinic in particular was expanded by the working of an additional weekly session.

Domiciliary chiropody treatments were carried out as before by private chiropodists working on a contractual basis. This part of the service is of great importance to handicapped and house-bound persons.

The following classes of patient remain eligible for treatment under the scheme :-

1. Persons of either sex over 65 years of age
2. Handicapped persons of all ages
3. Expectant mothers

Year	Place of Treatment				Total		Columns 2-7 Free	
	Surgery		Home of Patient					
	Cases	Treat- ments	Cases	Treat- ments	Cases	Treat- ments	Cases	Treat- ments
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1970	1081	5549	817	3072	1898	8621	1551	7017

T A B L E 1

Patients Receiving Domiciliary Treatments					Patients Receiving Surgery Treatments				Total Patients Receiving Treatments			
Year	Free	2/6 13p	5/- 25p	Total	Free	2/6 13p	5/- 25p	Total	Free	2/6 13p	5/- 25p	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1970	682	75	60	817	869	110	102	1081	1551	185	162	1898

T A B L E 2

Domiciliary Treatments					Surgery Treatments				Grand Totals			
Year	Free	2/6 13p	5/- 25p	Total	Free	2/6 13p	5/- 25p	Total	Free	2/6 13p	5/- 25p	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1970	2525	344	203	3072	4492	557	500	5549	7017	901	703	8621

T A B L E 3

Year	Aged 65 and Over	Handicapped Persons Under 65			Expectant Mothers	Total
		Blind	Other Physical Handicaps	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1970	1825	5	68	73	Nil	1898

In Birkenhead we continue to run a comprehensive Chiropody Service run by the Local Authority under a Chief Chiropodist, who is able to co-ordinate a private (domiciliary) and a direct (clinic) service. By close co-operation from all those employed in the scheme there is an efficient service for the patients.



DOMESTIC HELP SERVICESTAFF

One Domestic Help Organiser  
Two Assistant Domestic Help Organisers  
One Supervisor

Miss L. Dalziel, Domestic Help Organiser, reports :-

Statistics for year January to December, 1970 :-

	<u>Year ended</u> <u>31.12.70.</u>	<u>Year ended</u> <u>31.12.69.</u>	<u>Increase</u> <u>1970 over 1969</u>
Short Term Sickness and Maternity Cases	34	36	
Chronic sick, Aged and Infirm	1,097	1,002	
Psychiatric	8	7	
<u>Total:</u>	<u>1,139</u>	<u>1,045</u>	9% increase

Visits made by Organiser and Assistants	2,944
Visits made by Supervisor	3,452

(Visits down on 1969 due to staff sickness)

Hours worked by Home Helps	132,029½	116,006½	12% increase
Home Helps employed	170	150	14.4% increase

As the above figures show during 1970 there has been a considerable increase in the hours worked by Home Helps. This was made possible by the Committee decision during the year to increase the number of Home Helps employed. By employing more part-time Home Helps it has been possible to meet the needs of the many elderly and handicapped people requesting help in Birkenhead. Perhaps this additional help in the home has kept these isolated elderly people out of hospital and expensive residential accommodation.

Fortunately, at the present time, there are no recruitment problems for Home Helps, and a substantial waiting list for employment is kept of women who are prepared to assist in the various parts of the town.

As the number of Home Helps increases in Birkenhead, it is essential that the supervisory staff ensure that the standard of help given does not deteriorate. At the present time we have only sufficient supervisory staff for occasional spot checks to be made. More supervisory staff will be needed, particularly if we are to organise a proper training programme for newly appointed

Home Helps. During the year a new assistant organiser was appointed who holds a diploma in domestic science. This sort of expertise can be put to use in a training course if, in the coming years, we can increase the supervisory staff in the home help section. It may be argued that domestic help work is easy to learn and easy to perform, but this is not so when considering 'clean up' operations requiring two volunteer home helps. During the year on a number of occasions this type of work has been done for the modest plus rate of 6.25p per hour. The work of the home help is essential and not easy. They need encouragement in the job and some training in how to work in difficult home situations of bad housing and how to cope with the inevitable problem of trying to feed the elderly person who is living on a pension at this time of inflation with rising food costs.



MENTAL HEALTHSTAFF

One Senior Mental Welfare Officer

Four Mental Welfare Officers (Male)  
(One seconded to the Certificate in  
Social Work Course)

One Mental Welfare Assistant (Female)

The staff in the Mental Health Section of the Department remained unchanged from the previous year. The one Mental Welfare Officer seconded to the Social Work Course at Millbank College, Liverpool, continued on the full-time, two years' of study. The absence of this officer meant there was plenty of work for the remaining staff.

HOSTELS FOR THE SUBNORMAL - SHORT AND LONG STAY CARE

The two residential hostels planned in 1969 began to become a reality in 1970 as the short article in this Annual Report on the 10-place hostel for mentally handicapped shows. By the end of the year, this home was nearly completed. At the same time, the adult hostel to house twenty five mentally retarded adults was also being built. Birkenhead will soon have some provision shortly for people requiring long and short stay care.

We shall still need to keep up our good liaison and help from the Consultants at Greaves Hall, Southport. The services of the hospitals will long be needed, particularly for children awaiting long stay care. Some severely disturbed children continued to wait for long stay admission, though during the year the families have been relieved to some extent by the provision of short stay care. Nevertheless, the stress on the families and particularly on other children in these families must be very great.

TRAINING CENTRES - PRESENT AND FUTURE PLANS

The parents get some relief from the attendance of their retarded children on young people at the Training Centre at Moreton.

During 1970, the Birkenhead and Wallasey jointly sponsored Adult Training Centre continued as a hive of enthusiasm at Moreton. The success of the contract work continues to be a credit to the staff and to the industrious workers. Mr. Spence, the Chief Training Officer, also encourages the social activities and the Christmas party was once again a delight to all. During the year a small magazine was produced by the trainees at the Centre giving an account of the work and activities at the Moreton Centre. It is impressive how much these retarded adults can do. If society is prepared to give them increasing encouragement and help, they become more and more independent.

Though we are now catering for 140 men and women at the adult centre, 85 from Birkenhead and 55 from Wallasey, it is obvious



that as far as Birkenhead is concerned we need more places to accommodate others who are retarded in our community.

During 1970 the site was cleared, in the slum clearance programme, for the new sheltered workshop/training centre in Birkenhead. By the end of 1970 the rough plans were drawn and the Ministry gave us much encouragement in our proposals to link with the Industrial Therapy Unit in Price Street. It is to be hoped that this grant-aided organisation, which assists those who are recovering from mental deterioration due to mental illness, can make use of some of the facilities at the new local authority sheltered workshop. This idea is now becoming a reality. Whatever form the final pattern takes, there is no doubt that there are sufficient mentally handicapped and, indeed, some with physical handicaps as well who will need sheltered employment.

### REHABILITATION OF MENTALLY ILL

In furtherance of our rehabilitation of the mentally ill, selected cases have been accommodated at the hostels at Chapel Hey, Wallasey, and at Richmond Fellowship, Chester. Compared with the few who enter the hostels, there are many more who need rehabilitation in their homes on discharge from mental hospitals. The Mental Welfare Officers spend much time in helping families and in re-settling the recovered patient in work.

### SPECIAL CARE FACILITIES

There are some children and young people crippled in mind and body who will never train or work. Some of these are at home and some are at 43 Shrewsbury Road, where the Spastics Society have a Centre which provides care. The cost of caring for these children is increasing, and the Corporation agreed in the latter part of 1969 to give a small per capita grant for each daily attendance of a child at Shrewsbury Road Centre.

In September, 1970 the new junior training centre jointly sponsored by Birkenhead and Wallasey was opened at Moreton. Our places in the ordinary centre were rapidly taken up by the Birkenhead children who attended the old centre at Hale Road; the youngsters were delighted with their new surroundings at Moreton. The places in the special care unit could not be utilised until the end of the year because of the shortage of specialised transport. When transport became available, children with multiple handicaps were taken to the new unit which has adequate teaching and nursing staff. We shall still need the facilities at 43 Shrewsbury Road in addition to the 12 places for Birkenhead children at the special care unit, as the number of these severely crippled children survive in our community each year.



## HOSTEL FOR MENTALLY SUBNORMAL CHILDREN, NOCTORUM.

For some years it has been realised that Birkenhead has a number of families who have mentally retarded children. Indeed, the number of such children in the town is higher than any other places in the Wirral. The greater number of retarded is partly environmental and partly genetic. Just as we have a high number of mentally retarded, we have a similar higher than average number of physically handicapped children - to take just one example at the last survey of spina bifida children on the Wirral, of the 87 surviving, over 40 were in Birkenhead. This is not to say that all physically handicapped children are educationally retarded, it is just to make the point that a few are, and that in building a hostel for mentally handicapped children it is necessary to construct a building which can provide a home for children with multiple handicaps, physical as well as mental. It is, therefore, not surprising that the original plans for the 10 place hostel submitted in early 1969 were turned down by the Ministry. This first plan consisted of joining two semi-detached houses together; it was an economical proposal, but it lacked the facilities for handicapped children and for suitable staff accommodation. It is essential to make good provision for staff; for both the matron and deputy matron may be married and have families of their own, and it must always be remembered that good staff who are experienced in looking after severely retarded children are in short supply. It is hard enough to obtain these staff for teaching areas, let alone non-teaching, industrial areas.

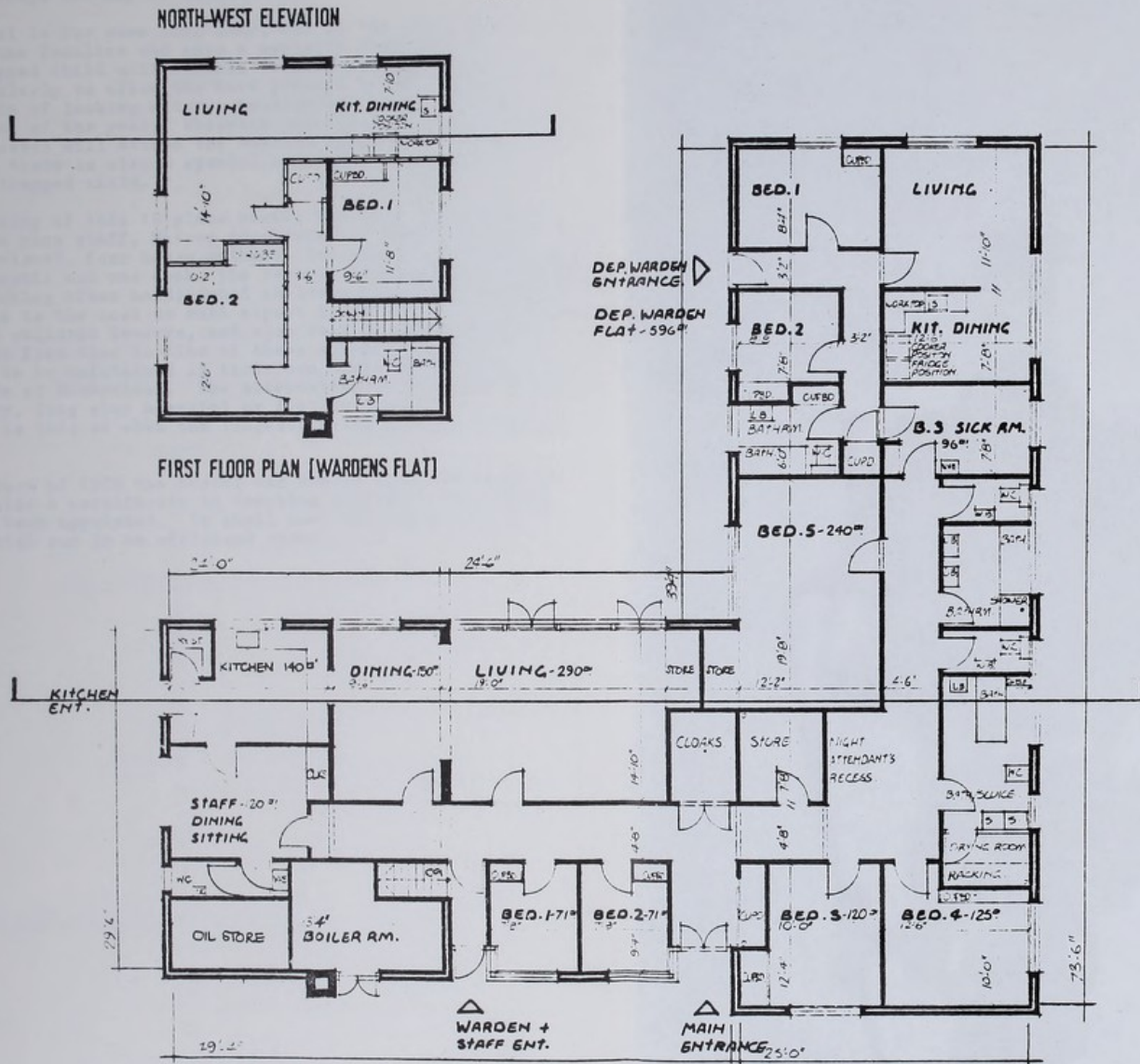
The new plan for the hostel took all these factors into account and with the help of the Mental Health Adviser from the Ministry and borough architects, I think we have constructed a home for mentally retarded and, if need be, multiply handicapped children. There is no doubt I made one or two mistakes, and as the building progressed I worried the architect to alter and try to correct these errors. It is one thing to see a paper plan, but another thing to see in the mind's eye just how the building will function on completion. To take one small example, we provided sliding doors to the rooms to give easy access to wheel-chairs, but then we are faced with inset door handles that can catch the slow-moving fingers of the handicapped child. Fortunately, this error is easily corrected by rubber door stops. Then the architect has to provide easy access for wheel-chairs, preferably with the avoidance of ramps, but to raise the outside patio requires a small trench round the house to get above the damp course. Much discussion solved the problem, and a hinged seat covering the trench removes this potential hazard from the handicapped child.

I mention these difficulties to show how important it is to have close liaison with the architect and site foreman, and we have had great help in the construction of the hostel.

The plan of the hostel is shown in Fig. 1. It provides four single bedrooms, one double bedroom, and one four bedroomed room. A lower flat for the matron contains a single-bedded sick room so that such a sick child can be nursed under her supervision. A first floor flat is provided for the deputy matron. There is a special bathroom, sluice and laundry accommodation - indeed the whole building is designed to provide a home for children with



Fig. 1







multiple handicaps who may be incontinent.

The hostel is for some long stay, but in the main, short stay cases. Thus the families who have a mentally handicapped or multi-handicapped child will be able to have a break of a few weeks, particularly to allow the hard pressed mother to recover from the strain of looking after a handicapped member in the family for most of the year. Wherever possible, the children who live at the hostel will attend the Moreton Cross (Training Centre) School, where there is also a special care unit for the more severely handicapped child.

The building of this 10 place hostel has been expensive at £40,000. With nine staff, Matron (Supervisor), Deputy Matron (Deputy Supervisor), four house mothers, two night attendants, one full-time domestic and one cook, the revenue running costs will be heavy, but looking after handicapped children will never be cheap or easy. This is the cost we must expect to provide the fullness of life these children deserve, and also rest is essential for their families from time to time if these severely retarded children are to be maintained in their own homes within the community life of Birkenhead. The alternative to this may often be unnecessary, long stay hospital or institutional care - particularly is this so when the long-suffering mother's health breaks down.

At the turn of 1970 the hostel was nearly completed and the matron who holds a certificate in teaching mentally handicapped children had been appointed. We shall need all our expertise to make this hostel run in an efficient manner.



MENTAL HEALTH SERVICESTATISTICS - 1970Cases referred to Mental Welfare Department

By General Practitioners	186
By Police (including Courts)	29
By Others (General Hospital, N.A.B., Welfare)	123
By Hospitals (on discharge)	145
By Education	17
	<hr/> 500

REHABILITATION

Richmond Fellowship, Chester.	1
Chapel Hey, Moreton.	2
	<hr/> 3

SHORT TERM CARE ADMISSIONS

To Hospitals	22
To Other Establishments	20
	<hr/> 42

WAITING LIST OF PATIENTS REQUIRING HOSPITAL CARE

Urgent	7
Less Urgent	6
	<hr/> 13

UNDER TRAINING OR HOME SUPERVISION

Attending Training Centres and Workshops	181
Awaiting entry to Training Centres	11
Attending Day Hospital	1
Under Home Supervision	261
	<hr/> 454

PLACES AVAILABLE (INCLUDING OTHER AUTHORITIES OR ORGANISATIONS)

Adult Training Centre	85
Junior Training Centre	74
Industrial Therapy Organisation	24
Spastics Society Special Unit	21
	<hr/> 204

## PART III

## CONTROL OF INFECTIOUS DISEASES

## Notifiable Infectious Diseases

## Tuberculosis

## Venereal Disease





## INFECTIOUS DISEASES

The figures for infectious diseases in Birkenhead are not quite as low as in 1969, but the town had no serious problems in 1970.

### DYSENTERY, FOOD POISONING, PARATYPHOID, TYPHOID

The numbers of cases of food poisoning were about the same as the previous year. There were no cases of paratyphoid in 1970, unlike the small outbreak due to a carrier state in food handler which occurred in 1969. Two cases of typhoid fever were, however, notified, but not confirmed by later investigation.

### MEASLES

The low figures for measles in 1969 were not continued in 1970, there being 738 cases in males and 694 in females. However, this number of cases of measles is still low compared with widespread outbreaks in past years. It is too early to say what is the precise effect of measles vaccination, but the general trend as far as the whole country is concerned is for the numbers of cases of measles to fall. Parents are to be encouraged to get their small children vaccinated against measles, a disease which in a few youngsters causes death, but in many children secondary complications of middle ear and chest disease.

### INFECTIVE JAUNDICE

The number of cases has fallen compared with the previous year. In 1969 there were 63 males and 57 females affected, compared with 29 males and 21 females with infective hepatitis in 1970. Once again, the greatest number of cases is in the age group 5 to 9 years; some teenagers were affected. Fortunately, few adults contracted the disease - in general it is a more upsetting condition in adults compared with the smaller children who usually recover quickly.

### TUBERCULOSIS

I am indebted to Miss Harvey, Medical Social Worker at the Chest Clinic, for this report :-

### NOTIFICATIONS

43 primary cases of tuberculosis were notified during 1970, as against 46 in 1969, a decrease of 3 cases during the year.

Of the 43 cases notified during the year, 1 died of the disease; in addition 1 young woman diagnosed 27th December, 1969, died 23rd January, 1970.

	<u>Primary Cases</u>	<u>Died During the Year</u>
Respiratory	36	1
Non-Respiratory	7	-



# INFECTIOUS AND OTHER NOTIFIABLE DISEASES 1970

Numbers of all cases of infectious and other notifiable diseases originally notified during the year, and of the final numbers according to sex and age after corrections subsequently made either by the Notifying Medical Practitioner or by the Medical Superintendent of the Infectious Diseases Hospital.

Numbers originally notified	Measles (excluding rubella)	Dysentery	Scarlet Fever	Diphtheria	Acute Meningitis	Acute Poliomyelitis				Other notifiable diseases. Specify Disease and Sex but not age.								
						Paralytic		Non- Paralytic										
						M	F	M	F		Original	Final						
Total (All Ages)	739	694	1	2	18	15	-	-	-	-	Smallpox		M	F	M	F		
Final numbers after correction:													-	-	-	-		
	Under 1 year	37	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	1 - "	93	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	2 - years	103	99	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	3 - "	112	114	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	4 - "	125	109	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	5 - 9	249	222	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	10 - 14	15	13	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	15 - 24	3	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	25 and over	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Age unknown	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total (All Ages)	738	694	-	2	17	15	-	-	1	-	-	-	-	-	-	-	-
	Numbers originally notified	Acute Encephalitis				Lepto- spiro- sis		Paratyphoid Fever		Typhoid Fever		Food Poisoning		Whooping Cough				
Infective		Post- Infectious																
M		F	M	F	M	F	M	F	M	F	M	F	Numbers originally notified		M	F		

Total (All Ages)	1	1	1	1	1	1	1	1	2	10	17	Total (All Ages)	35	33
Final numbers after correction:												Final numbers after correction:		
Under 5 years	-	-	-	-	-	-	-	-	-	1	3	Under 3 months	-	-
5 - 14 "	-	-	-	-	-	-	-	-	-	1	-	3 - months	3	3
15 - 44 "	1	1	-	-	-	-	-	-	-	1	5	6 - "	6	-
45 - 64 "	-	-	-	-	-	-	-	-	-	2	-	9 - "	9	-
65 and over	-	-	-	-	-	-	-	-	-	-	-	1 - year	5	3
Age unknown	-	-	-	-	-	-	-	-	-	-	-	2 - 4 years	14	11
Total (All Ages)	1	1	-	-	-	-	-	-	-	5	8	5 - 9 "	12	14
										10	-	10 - 14 "	1	2
										15	-	15 - 19 "	-	-
										20	-	20 - 24 "	-	-
										25	-	25 - 34 "	-	-
										35	-	35 - 44 "	-	-
										45	-	45 - 54 "	-	-
										55	-	55 - 64 "	-	-
										65	-	65 - 74 "	-	-
										75 and over	-	75 and over	-	-
										Age unknown	-	Age unknown	-	-
										Total (All Ages)	-	Total (All Ages)	35	33
Numbers originally notified														
Total (All Ages)	-	-	29	21	-	-	-	-	-	-	-			
Final numbers after correction:														
Under 1 year	-	-	-	-	-	-	-	-	-	-	-			
1 - "	-	-	4	2	-	-	-	-	-	-	-			
2 - 4 years	-	-	13	4	-	-	-	-	-	-	-			
5 - 9 "	-	-	3	3	-	-	-	-	-	-	-			
10 - 14 "	-	-	2	6	-	-	-	-	-	-	-			
15 - 19 "	-	-	5	5	-	-	-	-	-	-	-			
20 - 24 "	-	-	1	-	-	-	-	-	-	-	-			
25 - 34 "	-	-	-	-	-	-	-	-	-	-	-			
35 - 44 "	-	-	-	-	-	-	-	-	-	-	-			
45 - 54 "	-	-	1	1	-	-	-	-	-	-	-			
55 - 64 "	-	-	-	-	-	-	-	-	-	-	-			
65 - 74 "	-	-	-	-	-	-	-	-	-	-	-			
75 and over	-	-	-	-	-	-	-	-	-	-	-			
Age unknown	-	-	-	-	-	-	-	-	-	-	-			
Total (All Ages)	-	-	29	21	-	-	-	-	-	-	-			

Total (All Ages)



# INFECTIOUS DISEASES

72

TABLE OF NOTIFIABLE DISEASES AFTER CORRECTION OF DIAGNOSIS

	1966		1967		1968		1969		1970	
	M	F	M	F	M	F	M	F	M	F
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	15	25	4	4	24	20	41	32	-	2
Encephalitis	1	3	-	-	1	-	-	1	1	1
Meningitis	1	2	-	-	4	3	6	8	1	-
Measles	704	656	192	161	930	931	31	17	738	694
Ophthalmia Neonatorum	-	-	-	1	-	-	-	-	1	-
Paratyphoid Fever	-	-	-	-	-	-	2	13	-	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	22	28	38	38	46	32	20	12	17	15
Smallpox	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	1	-	-	-	-	-
Whooping Cough	22	34	84	111	26	35	9	9	35	33
Food Poisoning	-	1	3	6	4	8	4	4	5	8
*Infective Jaundice	?	?	?	?	28	50	63	57	29	21

\*Notifiable since 15th June, 1968.

Pneumonia not shown as it has not been notifiable since 1968.  
Certain diseases with nil return not shown.

MORTALITY

18 patients died during the year, 6 from active disease and 12 from other causes.

TUBERCULOSIS REGISTER

The Register shows a decrease of 3 during the year, 48 new names were added to the Register, 43 being primary cases of tuberculosis and 5 transfers into the Borough. 51 cases were removed from the Register, 18 through death, 26 recovered from the disease, 6 left the Borough and one was re-diagnosed as being sarcoid.

		Adults	Children (under 15 years)	Total
Respiratory	- Male	320	14	334
	- Female	254	21	275
Non-Respiratory	- Male	23	1	24
	- Female	47	6	53
Totals	- Male	343	15	358
	- Female	301	27	328
Grand Total	- 1970	644	42	686
Grand Total	- 1969	649	40	689

22 of the above cases were known to be sputum positive, 16 of this number being chronic cases of the disease.

In addition to the 686 patients whose names are on the Tuberculosis Register, 980 cases of quiescent tubercle attend the Clinics at Hamilton Square and Mill Lane, as follows :-

42 Hamilton Square	...	890
Mill Lane Hospital	...	90

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Examination of Tuberculosis contacts is carried out by Dr. Merrin, Consultant Chest Physician, at the Chest Clinic, 42 Hamilton Square.

During the year 257 adults and 490 children attended for contact examination. 1 female adult contact and one child were found to have active tuberculosis and 2 children were given preventative chemotherapy.



Of the 490 children who attended - 289 very young babies were vaccinated without heaf test, 11 were X-rayed only, 10 had been previously vaccinated and 180 were given a heaf test. Of this 180 - 15 children had a positive heaf reading, 15 refused to attend for the reading of test and 150 were heaf negative. The parents of one child refused B.C.G. and 149 children were vaccinated.

In addition 154 babies were vaccinated at birth in other hospitals.

A total of 592 children received B.C.G. Vaccination as follows :-

149 following heaf test

289 very young babies vaccinated without heaf test

154 child contacts vaccinated at birth in other hospitals

The ratio of contacts per notified case was 16.372.

In addition 11 students were given B.C.G. Vaccination.

#### SOCIAL CARE

Miss B.C. Harvey, Medical Social Worker, has her office at the Chest Clinic, 42 Hamilton Square, where during the year under review 1,484 interviews were held. 1,122 visits were made to patients at home or in hospital.

36 families were referred to the Ministry of Health and Social Security for Supplementary Benefit. Claims were made, under the provisions for compensation for industrial diseases, for 11 patients who were found to be suffering from pneumoconiosis. Financial relief for 3 families was obtained from the National Society for Cancer Relief.

Negotiations with the Ministry of Health and Social Security were successful and 2 male patients were supplied with invalid cars. Both men attend daily at the Annie Glassey Workshop; both have a severe respiratory handicap and one man also suffers from arthritis.

The John Lloyd Corkhill Trust provided free milk for 26 patients during the year. 29 patients received cash grants of varying amounts, including a grant for car repairs to a patient wishing to work as a self-employed taxi driver, the cost of home decorating for a man and his wife, both having had treatment for cancer, and the cost of installing a telephone into the home of a woman patient with a very severe respiratory condition and a husband who had suffered permanent brain damage.

20 families were referred to the Birkenhead Housing Department for more suitable housing accommodation; one patient died, 2 found their own accommodation and 8 were re-housed by the Housing Department.

Convalescence was arranged for 20 patients, of these 15 were paid for by the John Lloyd Corkhill Trust.

### OCCUPATIONAL THERAPY

12 patients attended daily at the Annie Glassey Workshop and Home Teaching continued for one session each week.

### REHABILITATION

Of the 12 patients who attended the Workshop daily - one died during the year; 2 male patients who found the journey to the Workshop from their homes impossible during the winter months, were supplied with invalid cars by the Ministry of Health and Social Security.

4 men were referred to the Ministry of Employment and Productivity for assessment and re-training.

### SHELTERED WORKSHOPS

During the year, 3 patients were employed under sheltered conditions at the Annie Glassey Workshop.



PRIMARY NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS

Age Period	Under 1	1-	2-	3-	4-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	TOTAL
Respiratory -																
Males	-	1	-	-	-	-	-	1	1	-	2	3	5	6	1	20
Females	-	-	-	-	-	-	-	-	2	5	2	2	3	2	-	16
Non-Respiratory -																
Males	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	2
Females	-	-	-	-	-	-	-	-	-	-	-	-	1	3	1	5
	-	1	-	-	-	-	-	1	3	5	5	6	9	11	2	43

Death Returns from Local Registrars ... Nil

Posthumous Notifications ... Nil

SPECIAL CLINIC

Dr. J.O. Doyle, Consultant Venereologist, St. James' Hospital, holds clinic sessions on the following days :-

Monday to Friday ... 2.00 p.m. to 6.00 p.m.  
 Wednesday ... 10.00 a.m. to 12.30 p.m.

Annual statistics are :-

<u>Year</u>	<u>Syphilis</u>	<u>Gonorrhoea</u>	<u>Others*</u>	<u>Total</u>
1966	13	160	516	689
1967	24	140	549	713
1968	8	240	666	914
1969	13	290	780	1083
1970	8	307	787	1102

\* Includes some not needing treatment at the Centre

VENEREAL DISEASE

The statistics show that over the past five years the incidence of syphilis has remained fairly static, but gonorrhoea shows an unfortunate rise, such that the number of cases has almost doubled since 1966. The column marked 'others' shows the incidence of non-venereal and non-specific urethritis has risen, but some of the increased number of patients attending the clinic came for investigation but did not require treatment.

During 1970, arrangements were made with Dr. Doyle, the Consultant Venereologist, to get a better follow-up of patients and contacts who defaulted from treatment. Dr. Doyle's staff already do a tremendous amount of work in this regard, but a health visitor also assisted with persistent defaulters.

The health education campaign was intensified. Talks were given on Radio Merseyside. The art students from Birkenhead and Wallasey Art Schools produced two excellent posters which were printed and displayed in the foyers of the municipal health departments, in hospital out-patients waiting area, in medical rooms of some factories, in Colleges of Further Education, and elsewhere. The message about venereal disease was that it was dangerous untreated, but can be cured. Leaflets giving further particulars could be obtained from a rack alongside the posters. The leaflets gave details of how the disease could be recognised, and the places and consultation times of all local clinics in the area, as far apart as St. Helens, Liverpool and Chester.

The Obscene Publications Act of 1889 forbids the exhibition of wording, drawing or other pictures in which the words "venereal disease" appear, on a highway, road or footpath, or the exhibition of such material in a position where it could be seen from a highway, road or footpath. This law, which was fortunately changed in the latter part of 1970, was in force at the time of



our campaign, though it seemed to be agreed that so long as the letter of the law was kept and that the posters were not actually placed on the highway, there was no case for legal action.

With the change in the law, perhaps we are at last showing some sense, and seeing the urgency of more health education against the rising numbers of people suffering from venereal disease - a number of cases second only to measles. It is a curious commentary on our thinking that if we had as many cases of smallpox as we have of venereal disease, there would be a national outcry. There was a better national publicity campaign with excellent posters in the last great war, compared with the pathetic efforts at this present time.

#### VENEREAL DISEASE

The statistics show that over the last five years the incidence of syphilis has remained fairly stable, but gonorrhoea shows an alarming rise, much over the number of cases now almost doubled since 1965. The column marked 'others' shows the incidence of non-venereal and non-specific infections has risen but some of the increased number of patients attending the clinic for investigation but did not require treatment.

During 1970, arrangements were made with Dr. Lewis, the Consultant Venereologist, to get a better follow-up of patients and contacts who defaulted from treatment. Dr. Lewis staff already do a tremendous amount of work in this regard but a dermatologist also assisted with persistent defaulters.

The health education campaign was inaugurated. Talks were given to Lady Maryvale. The six students from Richmond and Welling and School produced two excellent posters which were exhibited and displayed in the foyer of the Municipal Health Department, in hospital out-patients waiting area, in medical rooms of some factories, in College of Further Education, and elsewhere. The message about venereal disease was that it was dangerous, contagious, but can be cured. Ladies taking further education could be obtained from a rack alongside the posters. The ladies gave details of how the disease could be recognised and the places and communication signs of all local clinics in the area, as far apart as St. Helens, Liverpool and Chester.

The Greater London Council Act of 1969 forbade the exhibition of anything in other places in which and where 'venereal disease' might be a hindrance to the public, and the exhibition of such material in a public place is liable to be removed from a highway, road or footpath. This law, which was originally changed in the latter part of 1970, was in force at the time of

# **VD...**

***Very Dangerous***

***Very Damaging***

***Very Destructive***

***don't risk it!***

***learn about it!***

---

This poster, printed with acknowledgment, is one of the excellent posters from the local School of Art.





## PART IV

### ENVIRONMENTAL HYGIENE

#### INTRODUCTION

#### HOUSING

- Inspection
- Repair
- Legal Proceedings
- Work in default
- Individual Unfit Houses
- Slum Clearance
- Rent Act
- Improvement Grants
- Houses in Multi Occupation
- Qualification Certificates
- Common Lodging Houses

#### NUISANCES

- Offensive Trades
- Noise Abatement

#### PEST CONTROL

- Rats and Mice
- Insects
- Pigeons
- Disinfection and Disinfestation

#### MEAT INSPECTION

- Tranmere Abattoir
- Woodside Lairage
- Emergency Slaughter
- Statutory Provisions
- Diseases of Animals
- Animal Welfare



## FOOD AND DRUGS ADMINISTRATION

- Ice Cream
- Drinking Water
- Swimming Bath Water
- Food Hygiene
- Unsound Food
- Food Poisoning
- Milk Supply, Sampling and Analysis
- Food and Drugs Sampling
- Consumer Complaints

## OFFICES SHOPS AND RAILWAY PREMISES ACT 1963

- Inspections
- Registrations
- Dry Cleaning Premises
- Hoists and Lifts
- Accidents
- Ventilation and Lighting
- Contraventions

## FACTORIES ACT 1961

- Inspections
- Out Work

## ATMOSPHERIC POLLUTION

- Industrial
- Smoke Control Areas
- Chest Conditions and the Environment

ENVIRONMENTAL HYGIENE

(Report of the Chief Public Health Inspector -  
C.D. DARLEY, F.R.S.H., M.A.P.H.I.)

STAFF

Having become well-established in the new Social Services Centre by the end of 1969 there was no major upheaval which affected the day-to-day working, as a result of which the Environmental Services were able not only to consolidate the re-organisation of the previous year, but also to plan and further re-organise for the future. In a department such as the Health Department containing an Environmental Section, forward planning is most essential to ensure the betterment of conditions under which people live, work and play.

The establishment of the Section at the end of 1970 was as follows :-

- 1 Chief Public Health Inspector
- 1 Deputy Chief Public Health Inspector
- 1 Senior Specialist Public Health Inspector/  
Chief Meat Inspector
- 1 Specialist Public Health Inspector (Food and Drugs)
- 1 Specialist Public Health Inspector (Air Pollution)
- 1 Specialist Public Health Inspector (Housing)
- 8 District Public Health Inspectors
- 1 Senior Meat Inspector
- 3 Authorised Meat Inspectors (one vacancy)
- 2 Meat Detention Officers (one vacancy)
- 1 Technical Assistant (Offices, Shops and Railway Premises Act)
- 2 Technical Assistants (Air Pollution)
- 6 Technical Assistants, including one labourer (Pest Control)
- 3 Trainee Public Health Inspectors (one vacancy)
- 2 Trainee Authorised Meat Inspectors (two vacancies)
- 1 Senior Section Clerk
- 3 Assistant Section Clerks

All the above staff of Specialist and District Public Health Inspectors are statutorily qualified, as are the Senior and Authorised Meat Inspectors.

It will be noted that for the first time the Meat Inspection staff have been included in the establishment of the Environmental Section. The reason for this is that the Council agreed to the control of the Meat Inspectorate going under the day-to-day administration and supervision of the Chief Public Health Inspector. The purpose of this was to increase the overall efficiency of the section and allow a total integration of Public



Health and Meat Inspectorate services. This is a commonsense arrangement and leads to a reduction of the numbers of staff calling on individual premises together with the elimination of "boundaries of responsibilities". The Meat Inspection staff are now responsible for the inspection of meat at Tranmere Abattoir and Woodside Lairage together with the meat held in the cold stores, whilst the District Public Health Inspectorate are similarly responsible for the inspection of meat, food and food vehicles at all other premises, together with the administration of the Food Hygiene Statutory Provisions. Furthermore the Public Health Inspectorate are available to relieve on meat inspection duties if necessary and thereby maintain experience in ante and post mortem examination of animals. The District Public Health Inspectorate are also now responsible for administration of the Riding Establishment, Animal Boarding Establishment and Pet Animals Acts.

By this re-organisation, the section has also had the advantage of gaining both the expertise and experience of the senior specialist Public Health Inspector, Mr. T.K. Ward (formerly the Council's Chief Meat Inspector), and much of the credit for the smooth integration of the two sections must go to him.

The section was fortunate to retain all of the inspectors on the staff at the end of 1969 and an increase in the establishment of one Public Health Inspector in the year 1970 enabled further re-organisation to take place.

A town central district was formed giving one man sole responsibility for the whole of the town centre, which ensured more frequent visits to the shops, etc., in the town centre and enabled a common standard to be set. In a place like Birkenhead (a new town a mere century ago!) there is still an inadequate number of Public Health Inspectors to effect all the necessary improvements but, nevertheless, those members that are on the staff are working to capacity to ensure that some improvements are effected.

In the report for 1969, it was reported that the Council had agreed to a complete re-organisation of the Smoke Control and Pest Control programmes. Reference to the work of these sections in another part of the report will show the very considerable progress which has been made and this reflects considerable credit on all of the staff involved.

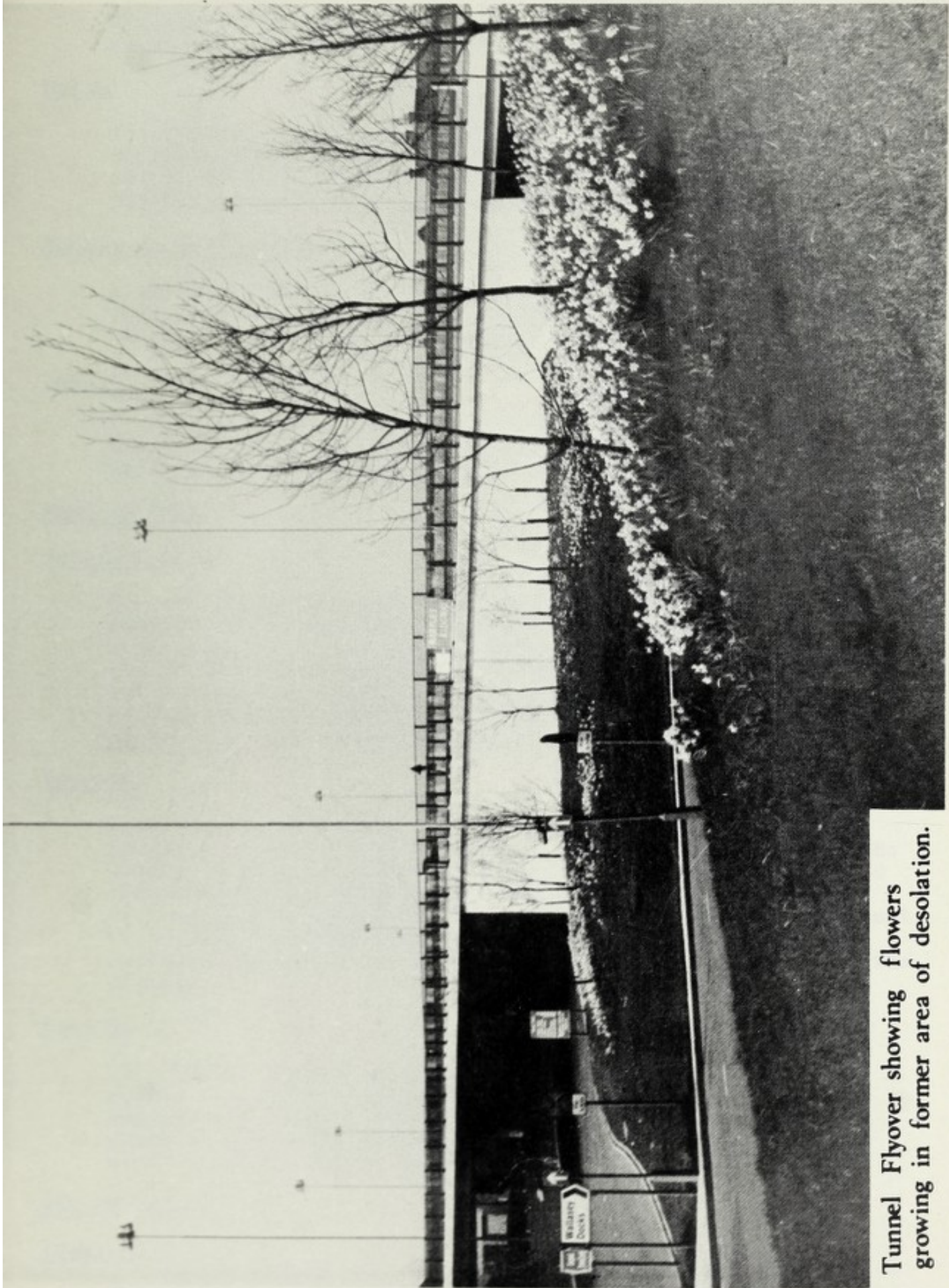
The year under review (1970) was European Conservation Year, and the establishment of this year was supported by Central Government. It was appropriate that Birkenhead County Borough Council should similarly subscribe to the National Conservation programme and in approving further re-organisations shown below the Council contributed considerably towards European Conservation Year :-

## HOUSING

### Slum Clearance etc.

The Council agreed to the acceleration of the existing Slum Clearance Programme and further approved a new comprehensive





Tunnel Flyover showing flowers growing in former area of desolation.





Clearance Programme to allow for the demolition of typical slum clearance property within a limited period of time.

### Repair

The Council agreed that house to house inspections should be carried out for the repair of all property which did not comply with the 12 point standard but which was, however, capable of being repaired at a reasonable cost.

### Houses in Multi-occupation

A survey of houses in multi-occupation was commenced with a view to the bringing up of sub-standard premises to the standard allowed by the Housing Act 1961.

### General Improvement Areas

No progress was made but by constant talks at public meetings, the public are being prepared for a concerted programme of area and house improvement.

### PEST CONTROL

#### Rats and Mice

The section of the department responsible for this work was completely re-organised and the progress made was considerable, to such an extent that the sewers in the North end of the town were cleared of rats entirely by the end of 1970. This has led to a considerable reduction in the number of surface complaints being received and furthermore, all property is now treated prior to demolition.

#### Insects

Training and deployment of staff enabled considerable progress to be made in matters of insect control so that the number of infested premises in the Borough has been reduced considerably and furthermore, the Council's services have been made more efficient, thus enabling a service, on payment, to be made to commercial undertakings. This has proved sufficiently effective to bring in considerable income to the Council.

#### Pigeons

The Council agreed to an eradication scheme to reduce the number of pigeons causing considerable nuisance in the Borough and this has proved effective. Many hundreds of pigeons were narcotised and humanely disposed of, with the approval of the R.S.P.C.A.

### AIR POLLUTION

#### Industry

A concerted effort during the year led to reduction in smoke emissions from industrial premises.



## Domestic

The Council approved a completely new Smoke Control Programme at the end of 1969 when only 27% of the Borough was subject to smoke control. As a result of the new programme, almost 70% of the Borough will be subject to smoke control by 1974 and considerable progress was made in the new programme during the year 1970, but later in the report I must refer to the unfortunate necessity to suspend all of the existing smoke control orders.

## FOOD HYGIENE

A concerted effort was made to effect considerable improvement in the hygienic standard of food preparation, distribution and sales premises during the course of the year. The Council's own town central redevelopment programme must also eventually lead to improved standards throughout the Borough.

During the course of the year I also had the honour to be invited to present a paper entitled, "Current Trends in the Manufacture, Distribution and Sale of Food" at the annual Conference of the Association of Public Health Inspectors and to open a discussion at the Clean Air Conference on papers entitled, "The Clean Air Act 1968" and "The Measurement of Grit and Dust". I had the privilege of being invited to open the discussion on a paper on "Food Hygiene" at the International Conference of the Royal Society of Health and to raise questions at the standing Conference of co-operating bodies of Warren Spring Laboratory on supplies of smokeless fuel and grants in Smoke Control Areas. The members of the Royal Society for the Promotion of Health also honoured me by electing me to membership of the Council of that Society.

The full effect of the Housing Act 1969 was felt by the Specialist Section dealing with Housing and Slum Clearance. A reference is made to that elsewhere in the report.

The purchase of analytical equipment for determining the chemical condition of milk has not only increased the efficiency of the section but also enabled monies to be devoted to sampling other more important foods and drugs.

It is unfortunate that during the course of the year under review there were shortages of solid smokeless fuel which led to the suspension of Smoke Control Orders in December 1970 and this is referred to elsewhere in the report.

An essential to the work of the Environmental Section is a good public relations policy for this is the only way that the public can be informed of their rights together with the need for Environmental improvement. The strength of the Environmental Section not only lies with the Health Committee and the Chief Public Health Inspector and his staff but also in the general public who are entitled to live in houses in a good state of repair, containing all of the amenities. Their entitlement, however, should also allow them to buy sound, hygienically prepared food and to have clean air to breathe. The premises in which they work or play should similarly be in such condition that it is not likely to affect them adversely. The more the public



are made aware of their entitlement the more demanding they will be of improved Environmental circumstances and the aim of the department has been to ensure that the public know what is being done for them and their town.

The following is a resumé of the work done within the department during the year 1970 :-

Number of inspections under the Public Health Acts	16,924
Number of re-inspections under the Public Health Acts	11,012
Number of informal notices served under the Public Health Acts	1,664
Number of statutory notices served under the Public Health Acts	767
Number of statutory notices served under the Birkenhead Corporation Act 1954, Section 52	203
Number of statutory notices served under the Birkenhead Corporation Act 1954, Section 66	Nil
Average number of notices outstanding	800
Number of notices complied with during the year	1,412
Number of defects remedied during the year	3,359

#### Summary of Improvements and Repairs effected

Roofs repaired	426
Chimney stacks repaired	50
Rainwater gutters repaired	215
Downspouts repaired	82
Walls pointed or repaired	235
Lighting improved	1
Ventilation improved	12
Windows repaired	117
Window sashcords renewed	136
Firegrates repaired	23
Hearthstones repaired	1
Floors re-laid or repaired	76
Skirting boards repaired	38
Wallplaster repaired	286
Ceiling plaster repaired	104
Doors repaired	123
Staircases repaired	11



Sinks renewed	16
Sink waste pipes trapped or repaired	46
Dampness remedied	439
Yard surfaces repaired or re-laid	36
Yards drained	7
Sufficient water supply provided	77
Drains constructed, altered or re-laid	56
Drains cleansed	335
Water closets repaired	151
Nuisance from animals abated	1
Common lodging houses cleansed	2
Common lodging houses nuisances abated	5
Verminous persons/clothing/premises treated	23
Miscellaneous	229

In most of the cases where notices have been served the defective condition of the premises has been drawn to the attention of the Department as a result of complaint by a member of the public.

With sufficient staff it should be possible for day to day (routine) inspections of the town to be carried out. The Department should not, in my view, be in existence just for the purpose of investigation of complaints. However, the fact that the public are now well aware where to complain regarding their environmental circumstances augers well for the future. When in due course the very old houses in the clearance programme are vacated and demolished, more time should be available for routine inspection of their districts by the District Public Health Inspectors. Nevertheless, it is essential that some of their working day should be devoted to routine inspections of their district before the elimination of all of the "slum" type properties. Not all of the public are prepared to complain regarding their living conditions and no doubt this was realised when the law permitted local authorities to require statutorily the repair of houses following the inspection of the district from time to time. Probably the most common complaint and defect seen in old houses is dampness either rising as a result of a non-existent or defective damp proof course or penetrating through both defective brickwork or defective roofs. Often the remedy for such defects is easily specified. Unfortunately, as a result of modern building practice condensation seems to be the scourge of the age and the remedies at times are not easy to specify and are very costly to provide. There is no point in making a tenant responsible for heating all of the house if adequate heating provisions are not made and similarly means of ventilation must be provided but designed in such a manner as to ensure that the occupiers do not sit in a draught. I take the view that dampness be it rising, penetrating or the result of condensation is to the detriment of the occupier of the premises, as a result of which, in my view, the owner should have some responsibility for repair.



## LEGAL PROCEEDINGS

Legal proceedings were instituted under Section 94 of the Public Health Act 1936 in 21 cases where owners had failed to comply with Abatement notices. Fines were imposed in three cases and totalled £20.50. Nuisance Orders were made in ten cases where the work had not been completed by the date of the hearing.

It is unfortunate that it is necessary for so many cases to be taken against the owners of property. It is the responsibility of an owner to keep his house in a proper state of repair and also to ensure that there is no nuisance to the occupants. Unfortunately, I fear that some owners are using the Department as "defect and repair specifiers". In other words, they are not prepared to investigate a tenant's complaint themselves but know that when a notice has been served by the local authority the defects genuinely exist and they are then prepared to authorise their builders to carry out works of repair.

Birkenhead, like most other towns, finds a dearth of jobbing and repair builders, as a result of which from time to time owners find great difficulty in getting notices complied with, within the statutory period stated on the notice. It appears to be much more profitable for a builder to be involved in the building of new houses and from the builders' aspect I have no doubt he is more sure of having his account paid within a reasonable period.

### Work done by Local Authority in Default of Owners

The Local Authority cleansed the drains at 96 premises where owners had failed to comply with notices served under Section 52 of the Birkenhead Corporation Act 1954.

This represents an increase of 20% over the previous year.

Obstructed drains were also cleansed at a further 88 premises at the request of the owners. This represents an increase of 83% over the previous year. There is no doubt in my mind that some of this increase results from the fact that more and more builders are finding difficulty in obtaining staff who are prepared to carry out the oft times unpleasant work of clearing obstructed drains. The Department has, for example, known of builders requesting the Authority to clear a drain rather than doing it themselves. It speaks well for the fact that they are prepared to pay the Local Authority to do the work on their behalf for often it is not cheap, but at least they know that when the obstruction has been cleared by the Authority it has been done properly.

In default of the owners, gutters and water-closets were repaired at six premises in accordance with Sections 39 and 45 of the Public Health Act 1936. The costs of all the above work are recoverable and during the year accounts rendered totalled £608.15.

The overall increase in the amount of work done in default by the Department has caused an increased amount of work to the Director of Architecture, Housing and Works, through his Works Division to such an extent that at times it has been necessary for



outside contractors to be employed on "work in default". I would like to place on record my appreciation of the co-operation received from the Works Division.

### Housing Acts 1957/1969

During the course of 1970, the responsibility for dealing with individual unfit houses and clearance areas was transferred to the Housing Committee from the Health Committee, as a result of which both the Medical Officer of Health and the Chief Public Health Inspector make representations in respect of clearance areas and individual unfit houses.

The Housing Act repair responsibility, however, quite rightly continues to lie with the Health Committee. There has been a considerable overall increase in the amount of work done within the Housing Section, as a result of the acceleration of the Council's clearance programme and the re-organisation of the Department enabling unfit and derelict houses to be dealt with more efficiently.

### Housing Act 1957, Section 17 and 18

#### Dwelling Houses unfit for human habitation

30 houses or parts of buildings used as dwellings were reported to Committee as being unfit for human habitation and not capable of being rendered so fit at reasonable expense.

During the year the Council made the following Orders :-

Demolition Orders in respect of 7 dwellings.

Closing Orders in respect of 17 houses and parts of buildings.

One undertaking as to the future use of part of a building was accepted.

One house, previously closed, was made fit and the Order determined.

#### Demolition and Closing of unfit houses

During the year 7 unfit houses, not in Clearance Areas, were demolished and following the re-housing of the occupants, 25 dwellings were closed.

19 families, comprising 71 persons, were re-housed from dwellings subject to Demolition or Closing Orders.

#### Derelict Houses

Unfortunately, there is now in the Borough far too great a number of derelict houses and the Committee have authorised me to take steps to bring about their repair and improvement or eventual demolition under the Housing Act. Some of them have become derelict as a result of long standing Closing Orders, whilst the others have become derelict as a result of recalcitrant landlords



refusing to maintain houses in a good state of repair when they have become vacant. This is unfortunate because this class of property causes the deterioration of adjoining houses and, furthermore, reduces the whole tone of housing in the neighbourhood. During the course of the year a number of these houses were dealt with in such a manner that will eventually lead to their demolition, and I hope that in successive years I will be able to report still further progress on the eradication of such houses from the town's landscape.

The provisions contained in the 1969 Housing Act in relation to the allocation of improvement grants, etc., in my view, has put a different complexion entirely on not only derelict houses but individual unfit houses as well. Previously it has been necessary to prove that a house is not fit for repair at a reasonable cost. As a result of the 1969 Housing Act, almost every house has had at least £1,000 (or in some cases £1,200) added to its value for this is the maximum amount of grant that may be awarded for the repair and improvement of the property. As a result, I hope that the number of individual unfit houses represented to the Council will be considerably reduced, but in turn this will lead to an increase in the number of full repair notices authorised by the Health Committee under the Housing Acts. In future the Local Authority may well be in a position to serve notice on the owner requiring a house to be repaired and offer the owner the prospect of a large grant towards repair and improvement.

#### Housing Act 1957. Section 42

##### Clearance Areas

Generally, the rate at which unfit houses can be cleared must be geared to the availability of alternative accommodation, although it should be made quite clear that the Local Authority are not required to offer tenants from Clearance Areas new houses. By resolution of the Council, at least 70% of the Council house lettings are to be made available for slum clearance re-housing if and when necessary.

Early in 1970, a circular from the then Ministry of Housing and Local Government requested Local Authorities to accelerate their slum clearance programmes and, as a result of discussions with the Director of Architecture, Housing and Works, and with the approval of the Health and Housing Committees, I was able to prepare a comprehensive and accelerated slum clearance programme which resulted in a considerable increase in the number of houses which were represented in clearance areas.

Details of the Clearance Areas declared by the Council are set out as follows :-



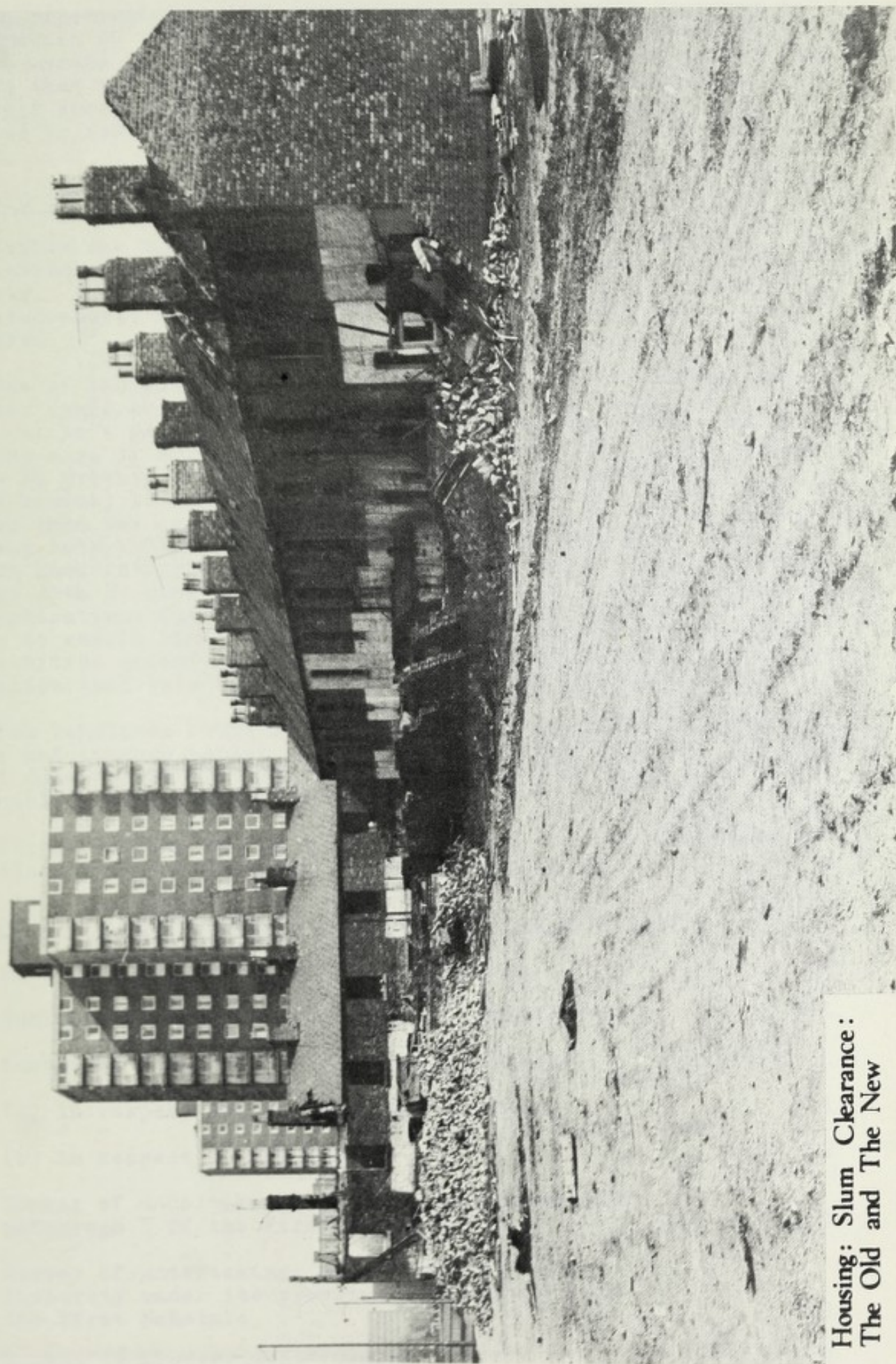
Area		No. of Dwellings	No. of Families	No. of Persons
Nelson Road	Clearance Area	31	31	73
Whitfield Street	" "	10	12	30
Oliver Street, Nos. 1-5	" "	159	149	471
Mornington Street	" "	96	95	245
Garnet Street	" "	31	29	104
Peel Street	" "	299	313	995
Standard Place	" "	5	4	6
Whetstone View	" "	4	5	13
Russell Road	" "	212	212	636
Prices Lane	" "	5	3	6
TOTALS:		852	853	2579

A comparison of this table with previous annual reports will show the considerable increase in the number of houses represented in Clearance Areas.

During the year the Minister confirmed the Pensby Street Clearance Area Compulsory Purchase Order 1970, without modification.

The large increase in the number of houses represented put considerable strain on the Legal Department who have a statutory procedure to follow once an area is represented and confirmed by the Committee. It is unfortunate that from time to time delays arise, not through any fault of the various Departments, but more often than not through owners and, very occasionally, occupiers of property failing to give information to the Council of details of ownership, etc. It is not fair that the re-housing of tenants of sub-standard houses should be held up in this unfortunate manner, and whilst no Authority likes to take proceedings simply for the sake of it, it may be necessary from time to time, if landlords fail to give the required information within a specified period of time, for proceedings to be taken. The Council, of course, in dealing with a Clearance Area have to take into consideration the needs of the citizens as a whole and not of one or two interested parties who after all have a right to object at every step taken by the Council if it conflicts with their own views. However, the Department have served a considerable number of notices on owners' property included in Clearance Areas in order to ensure that the tenants' living conditions are at least reasonable. It is not right to expect a tenant to live in a house in a gross state of disrepair for a long period of time between representation of an area and its confirmation by Central Government. As a result of the accelerated programme and increased efficiency, it is hoped that tenants will have to spend less time in these "condemned houses" in future, and it is further hoped that the period of time





Housing: Slum Clearance :  
The Old and The New





between representation and commencement of re-housing (subject to confirmation by the Department of Environment) will be not more than 14 months in future. I cannot help but praise the public for the way that they bear with me and my staff during these very difficult months, though, of course, not all are patient or prepared to see the difficulty in which the Authority may find itself.

### Rent Act 1957

Little use has again been made of this Act, and only two applications for certificates of disrepair were received during the year. A certificate was issued in each case but one was cancelled almost immediately, the repair work having been completed.

One of the purposes of the Rent Act 1957 was to ensure that an owner could obtain an increased rent from his tenant if the house was in a good state of repair. When one considers that in a town the size of Birkenhead there are approximately 12,500 rented houses in private ownership (out of a total of approximately 45,000 houses) it may be realised that the Rent Act served less purpose than was contemplated. 749 applications were made under the Rent Acts 1957/1968 between 6th July 1957 (the date on which the Act came into operation) and the 31st December 1970. However, between 25th November 1969 and 31st December 1970, no less than 718 applications for qualification certificates were made by owners to enable them to increase their rents in accordance with the permitted amount laid down in the new Act. There is further indication that this total will be doubled by the end of 1971.

Few landlords found it to be to their financial advantage to repair and improve houses under the terms of the Rent Act 1957, but it does appear that the new Housing Act will allow for a more reasonable return to the landlord.

Formal details of the applications made for the issue and cancellation of certificates are set out below :-

#### Part 1 - Application for Certificates of Disrepair

1)	Number of applications for certificates	2
2)	Number of decisions not to issue certificates	Nil
3)	Number of decisions to issue certificates	
	(a) in respect of some but not all defects	Nil
	(b) in respect of all defects	2
4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	1
5)	Number of undertakings refused by the Local Authority under the proviso to paragraph 5 of the First Schedule	Nil
6)	Number of certificates issued	1



Part 2 - Application for Cancellation of Certificates

7) Applications by landlords for cancellation of certificates of disrepair	1
8) Objections by tenants to cancellation of certificates	Nil
9) Decisions by Local Authority to cancel in spite of objection by tenant	Nil
10) Certificates cancelled by Local Authority	1

Rent Act 1965 - Part 3

The Chief Public Health Inspector and his Deputy are the Officers authorised to deal with complaints of harassment and illegal eviction and to institute, where necessary, legal proceedings.

Complaints in respect of 8 premises were received and the circumstances investigated in every case.

In two, harassment was not confirmed; the occupiers had merely been asked to vacate the properties. Information as to the correct procedure to be employed in order to obtain possession was given to the persons concerned. A third case related only to the failure of a landlord to provide a Rent Book. In a further instance the electricity supply which was alleged to have been cut off, had been restored at the time of inspection.

In three cases of threatened eviction, disputes over rent and/or payments for electricity supplies, were also involved. All the parties were interviewed, the disputes settled and the supplies restored. Assurances were obtained from the owners concerned that the tenants would be permitted to retain their accommodation.

One case of alleged unlawful eviction occurred. This concerned a student who agreed that the accommodation had been offered and taken only for a limited term. The circumstances under which the rooms were vacated, however, were unsatisfactory but it was considered that the evidence was insufficient to sustain legal proceedings. A warning was given of the serious view that is taken of complaints of this kind arising, and it is thought that such a warning will be sufficient to prevent any repetition of such an act on the part of the landlord.

House Purchase and Housing Acts 1959/1969INTRODUCTION

The Housing Act of 1969 considerably increased the total amount of grant available to owners of houses. Basically there are three types of grant available :-

The Standard Grant  
The Improvement Grant  
The Special Grant



(a) The Standard Grant

The purpose of the Standard Grant is to make available a fixed sum of money in the form of a grant to the owner of property which does not contain all of the basic amenities. The grant is slightly different from the previous type of grant in that a ventilated food store is not considered to be a necessary amenity structurally provided within a house, and this I consider to be reasonable in these days of refrigeration and improved packing of foodstuffs.

The table of standard amenities is as follows :-

Description

A fixed bath or shower	£30
A hot and cold water supply at a fixed bath or shower	£45
A wash-hand basin	£10
A sink	£15
A hot and cold water supply at a wash-hand basin	£20
A hot and cold water supply at a sink	£30
A water closet	£50

In addition to the sums of money shown above, it is allowable for the Council to contribute towards the cost of a building to house the amenities but in any standard grant the sum allowed shall not exceed £450. The life of a house should be not less than 15 years if a standard grant is to be given, although this period may be reduced in certain approved circumstances.

(b) Improvement Grant

This is a grant which may be given at the discretion of the Local Authority to the owner of a house who wishes to improve his property and ensure that it has a greater length of life. It is generally reckoned that the house should have a life of 30 years, but this is not laid down in law. It is possible for the Local Authority to give a grant for a house with considerably shorter life than 30 years, although, of course, the Authority must be satisfied that it is economically viable to improve the house. In the case of the Improvement Grant the Local Authority may give a property owner £1,000 towards house improvement and repair, although in the case of a three-storey house being converted the sum may be increased to £1,200.

(c) Special Grant

This type of grant is intended to be available to the owner of a house in multi-occupation or otherwise let for separate habitable units.



The effectiveness of a Public Relations programme may be seen when one realises that the number of applications for standard grants has increased by 52% since 1968 whilst the number of applications for the discretionary type of improvement grant has increased by 170%. Whilst I am not suggesting that all of the credit results from stressing the value of improvement grants at the many meetings of voluntary organisations that I have addressed during the year, nevertheless, I take the view that some increase must result from these talks. It is unfortunate that no applications have been received in respect of special grants, despite the possibility of there being a large number of this class of house in the Borough (see special reference to Houses in Multi-Occupation elsewhere in this report).

A further value of the Council having a comprehensive Slum Clearance programme (as was approved during the year) is that the length of future life of properties may be more readily determined and an accurate assessment given to applications for improvement grants on the life expectancy of the houses which they own.

It must also be appreciated that the more improvements given in the areas that might be likely to be included in the "Rolling Slum Clearance Programme" the less likelihood there is of the area needing to be represented but instead the greater the possibility of declaring an improvement area.

#### Standard Grants

125 applications for Standard Grants were dealt with during the year. 50 of these were in respect of tenanted houses and the remainder were from owner/occupiers. 110 of the applications were granted and 15 refused. One or two applications were withdrawn or invalid, but the majority of those that had to be refused were refused because the houses did not have a minimum future life of 15 years. The number of houses improved during the year was 75, and the following amenities were installed :-

Fixed baths in bathrooms	55
Hot and cold water supply to baths	60
Wash-hand basins	59
Hot and cold water supplies to wash hand basins	62
Sinks	6
Hot and cold water supplies to sinks	45
Water closets within the house	72
Food stores	27

As already explained, the provision of this last amenity under the grant provisions has now been discontinued. The total grant paid in respect of the 75 houses was £9,917.73, averaging £132 per house compared with £101 for the year 1969.



## Discretionary Grants

74 premises were surveyed by the Department in connection with applications for Discretionary Improvement Grants. In appropriate cases schedules of additional repair work, necessary to ensure that the properties would have a life of at least 30 years, were prepared.

## Housing Acts 1961/69

### Houses in multiple occupation

It has not been possible to determine accurately the number of houses in multi-occupation in the Borough, but examination of the list of electors shows that 3,500 houses in the Borough have more than one family (by name) living in the house, though it is realised that this is not a true indication of the number of houses in multi-occupation. In many cases, no doubt, it relates to aged parents living with sons or daughters or married daughters living with parents, etc. However, I would estimate that at least 20% of the houses in the register of electors referred to are houses in multi-occupation, as a result of which we can expect between 750 and 800 houses to be requiring inspection and provision of additional amenities and facilities for the tenants. Owing to the fact that the Specialist Housing Inspector and his District Inspector had to cope with an accelerated clearance programme, together with a very large number of applications for qualification certificates, it was unfortunate that few of the houses in multi-occupation in the Borough could be inspected. I had hoped that most would have been surveyed by now but this has not proved to be possible but some progress has been made as shown below :-

Number of houses inspected	15
" " lettings involved	60
" " persons	136
" " visits made	70
" " notices for repairs served	9 - 126 items
" " " " facilities served	7 - 37 "
" " cases of overcrowding	6

During the year, 3 houses previously in multiple occupation were demolished and one ceases to be sub-let. These four had contained a total of 13 lettings and housed 41 persons.

Of the houses that have been dealt with as being in multiple occupation, 46 remain in such use and accommodate 410 persons in 167 lettings.

## Housing Act 1969 - Section 44

### Qualification Certificates

Under the provisions of this section, controlled tenancies, i.e. those in existence before 6th July 1957, may be converted to regulated ones. The significance of this is that the Rent Officer may assess a "fair rent" in place of the previously controlled rent. Such conversions cannot be made until the Local Authority



issue a Certificate stating that the premises satisfy a laid down standard.

Briefly the conditions that must be met are that the house should have had all the standard amenities (internal water closet, bath, wash-hand basin, and sink; adequate supply of hot and cold water over the last three amenities), in August 1969 and should be in good repair, having regard to age, character and locality and should be fit for human habitation.

#### Provisional Qualification Certificate

Landlords of houses which do not comply with the requirements may apply for a Provisional Certificate at the same time stating what work they are prepared to do to bring the house up to the necessary standard. Whilst 650 applications were made for Qualification Certificates only 23 applications for Provisional Qualification Certificates were received during the year.

Each house had to be inspected in detail and, as a number of statutory documents had to be served upon the tenants and landlords, a considerable amount of extra work was thrown upon the part of the Department having special responsibilities for Housing Administration and also the clerical staff all of whom worked unstintingly to ensure that they were processed with the minimum of delay. Far too many of the premises were found not to be up to the required standards which illustrates that many of the properties were owned by people who did not carefully consider the condition of their premises, that they did not understand the statutory requirements and also regrettably that they did not know the condition of the houses they owned.

No less than 182 applications were refused outright and some 250 were held in abeyance pending the carrying out of necessary repairs. The preparation of schedules of repairs and the subsequent re-inspections added considerably to the time that had to be devoted to this work. The number of applications for Provisional Certificates in respect of houses in need of improvement was disappointing.

It is to be hoped that as the advantages to both landlord and tenant are more fully realised, greater use will be made of this part of the Act.

#### Public Health Act 1936

##### Common Lodging Houses

In the last annual report it was stated that one of the two common lodging houses in the Borough was due to close on the 31st December 1969, and I am able to report that the premises were totally vacated by the end of the first week in January 1970. It is unfortunate that the Local Authority had to refuse to register the keeper of this common lodging house owing to the poor condition in which he allowed it to be kept for there is still considerable need for accommodation of this kind, on Merseyside generally. There are, unfortunately, far too many vagrants who are unable to obtain suitable accommodation as a result of which



we find them constantly sleeping in the most unsatisfactory conditions; in houses awaiting demolition. The one remaining common lodging house in the Borough is used exclusively for men, and it is pleasing to report that the regular inspections which have been carried out have shown the premises to be in a satisfactory condition and properly supervised. It is believed that at least one voluntary organisation is involved in trying to find a suitable building for use as a common lodging house in the future when it is hoped that there will be less cause for these unfortunate people to live in the most unsatisfactory manner in which we are finding them in various parts of the town.

### Offensive Trades

No new trades were established during the year. Routine inspections of all of the existing premises were carried out and it is pleasing to report that all were operating in a most satisfactory condition.

A problem did, however, arise from the removal and transport from the dock area of offensive materials and particularly fish meal, as a result of which discussions were held with the handlers and a better type of vehicle was used for the transport. Previously, sand and gravel lorries had been used for the transport of this material but, unfortunately, it leaked out, as may be commonly seen with this class of vehicle. Nowadays, a completely water-tight vehicle is used for the transport of this offensive material and, furthermore, the vehicles are covered. The value of the action taken may be illustrated when one realises that a pathogenic organism (*salmonella agona*) was found to be present in the product handled. This organism is known to cause food poisoning symptoms in man if it contaminates human food.

The following Bye-Laws were adopted in order to prevent nuisance from the spillage of offensive materials or emission of obnoxious fumes.

### Public Health Act 1936 - Section 108

Bye-Laws for the regulation of Offensive Trades, Businesses or Manufacturers and the trade or business of Fish Frying.

### Public Health Act 1936 - Section 82

Bye-Laws as to the removal through the streets of offensive or obnoxious matter or liquid.

### Caravans

As far as I am aware, there are only two caravans situated on land within the Borough boundary and these are both on unlicensed sites. It is hoped that both will be removed subsequent to clearance area procedure in 1971.



Noise Abatement Act 1960

The Department possesses sound recording apparatus, and this is used where necessary in order to maintain a record of the amount of noise from certain sources. Until such time as Central Government lay down standards for amount of noise, the use of the noise meter is obviously restricted and it only serves as a guide, the Inspector using his own ear and commonsense to determine the nuisance. A few complaints have been received in the town in respect of the chimes from ice cream vehicles which are exempt from the provisions of the Noise Abatement Act up to 7 o'clock in the evening. The amount of noise and disturbance that these chimes cause is considerable, but generally co-operation is received from the trader if specific complaints are made.

The use of unmuffled pneumatic drills has again given rise to the greatest number of noise complaints made during the year.

Despite assurances given by all the Statutory Undertakers and a number of Civil Engineering firms engaged on public works within the Borough the position was unsatisfactory until the latter part of the year. In many instances drills were being used contrary to the firms' instructions, without the mufflers being fitted although the latter were available, often on the site itself.

Two complaints were made concerning noise from exhaust fans connected to ventilation systems in high-rise flats. The plant was overhauled after the first complaint and the noise reduced. The second complaint could not be substantiated.

Noise nuisance arose from sheet metal working at two separate factories. Late night and week-end working aggravated the position. This is always a difficult problem and cannot be avoided on occasions. With the co-operation of the firms, efforts were made to reduce this, and in addition some sound proofing was carried out, and in one factory a particularly noisy piece of machinery was moved to another part of the building further from the residential property.

The use of bulldozers and heavy plant on development sites was accentuated by the need to run diesel generating plant during the power workers' strike. Week-end working was again involved. These operations are of limited duration, and it is seldom possible to eliminate the nuisance entirely.

Complaints were again received regarding two noise nuisances of long standing. One involves the unloading of iron ore from ships in dock. This work continues day and night usually, until the ships are completely discharged. As long as this practice persists some nuisance will arise at night.

The other factory also operates regularly throughout the night. Complaints of dust and fume are coupled with the complaints of noise from the parking of employees' cars, the use of fork lift trucks and from machinery.

The problems have been fully discussed with the management and efforts made to reduce the nuisance. Internal traffic is kept to a minimum and a register kept of all vehicle movements. Only



fork lift trucks with pneumatic tyres are used at night and, as far as can be foreseen, materials and equipment are moved by day in readiness for use by the night shift.

A standard deposit gauge has been sited in the vicinity of the factory by this Department, but the Public Analyst has not found any significant traces of fibres or other materials from the factory in the samples collected.

Allegations of nuisance from dogs, poultry and late night playing of radios and records were made in respect of three private dwellings. The co-operation of the persons concerned was sought and some improvement effected.

Other complaints were received concerning noise from a launderette, a clothing factory, a garage and a fish and chip shop, but the existence of nuisance within the meaning of the Act was not established.

Altogether 84 visits, a number of them at night, were made in connection with complaints of noise.

One way of eliminating or reducing noise complaints is for new premises (those likely to create noise) to be constructed in such a manner as to eliminate the possibility of noise outside, and there is room for considerable investigation to be made into the proper silencing of some pieces of equipment together with ensuring that they are placed in such surroundings that the noise may not be accentuated. Planning Control can also help in that, if possible, industries which are likely to cause noise should not be allowed to be developed in the residential areas.

Earlier I referred to the complaint of noise which we received in respect of the operations carried on within the self-service automatic launderette. The co-operation of the occupier was obtained and the building was insulated from the flat above which was under separate ownership, but it is my view that this should have been done at the time of construction of the launderette.

#### Birkenhead Corporation Act 1881 - Section 90 - Pig-Keeping

There were no new applications for permission to keep pigs.

Three pig keepers ceased to keep pigs during the year.

There are now 7 pig-keepers in the Borough.

#### Pharmacy and Poisons Act 1933

The Department is responsible for the issue of licences to persons, other than pharmacists, who sell by retail those poisons set out in Part II of the Poisons List.

New licences issued during the year:	3
Licences renewed during the year:	90
Change of address:	1
Number of visits to shops:	100
Number of licences deleted:	10



The Rag Flock and Other Filling Materials Act 1951

In accordance with the provisions of the above Act, the undermentioned premises have been included in the Statutory Register :-

Premises licensed for the manufacture and storage of Rag Flock	Nil
Premises registered for the manufacture of new upholstery	3
No samples were taken during the year.	Nil

Birkenhead Corporation Act 1954Register of Barbers and Hairdressers

New registrations during the year	9
Number of registered premises at end of the year	191
Number of visits to hairdressers' premises	212

The fact that barbers and hairdressers must be registered with the Local Authority is of value for at least it ensures that at the time of registration the premises comply with Public Health standards and, furthermore, it enables the Local Authority to require the barbers and hairdressers to keep up at least to a reasonable standard. I feel that it is unfortunate that the regulations controlling hairdressers are so weak, and I feel that the Authority should have much stronger powers. However, I am quite certain that most of the members of this profession would be only too anxious to co-operate with the Authority in respect of the improvement of their premises, and I hope that at some time in the future a meeting with the trade will lead to a betterment of the standards within the premises.

Extermination of PestsRats and Mice

In the last annual report it was stated that the Health Committee had agreed to a re-structure of the staff in the Pest Control section and the staff appointed, having been trained, commenced work on the re-organised programme of Pest Control on the 1st January 1970.

The field of Pest Control was broadened to cover all animal, insect and bird pests, and the Council service enabled free treatment for the eradication of rats and mice and all "public health" insects.

The first thing was for a plan of infestation to be prepared and every complaint of pest infestation of premises was recorded by coloured spots on a large scale map of the town and, indeed, every complaint received was investigated prior to the commencement of treatment. The plan of infestation soon showed a pattern,



the majority of the pest complaints being received in the old area bordering the docks and the river, in which there were large numbers of houses either in the process of demolition or having been demolished. As a result of this it was decided that the work of pest control in the North end of the town should be concentrated on sewer treatment with every surface complaint also receiving regular treatments for eradication. For four to five months baiting was concentrated in the area referred to, and immediately afterwards a ring of baits was placed in the manholes of the sewers bordering this area of the town. Re-baiting was carried out about every six weeks and eventually by December 1970 I was able to report that the sewers in the North end of the town were entirely free from rat infestation - probably the first time that this situation had ever existed since the town was developed. The clearing of the sewers, together with all of the surface infestation has had a remarkable effect, for few, if any, complaints are at the time of writing being received from this area and, furthermore, there are now very few infested premises in the area. Test baiting has been carried out in the North end, and it is pleasing to report that the sewers are still free from infestation and it is hoped that they may be held in this condition from now on. Permanent baiting points will also be laid in the area in future in order to ensure extermination of any rats wandering into the area.

One constantly reads of "super rats" though in my view this is a misnomer. They refer to the rat which is resistant to warfarin anti coagulant, and I am pleased to state that there is no such resistance in rats in Birkenhead. The mice in the town are, however, obviously resistant as a result of which a number of alternative poisons are being used.

The success of the work of the Pest Control section is reflected in the number of commercial undertakings who ask the Local Authority for a service on payment of the appropriate sum, and this has formed a valuable source of income to the Department, though, of course, the Pest Control section is not and cannot be expected to be profit-making.

The staff have benefitted very considerably from official and refresher courses which have been arranged by the Ministry of Agriculture, Fisheries and Food, from whom I receive the greatest co-operation and I would like to record my appreciation of their assistance and of the assistance of the clerical staff in relation to administrative matters on pest control.

### Rats and Mice

#### (a) In Sewers

Sewer treatment was again carried out using 3% Fluoracetamide. The concentration of baiting in the North end proved to be highly successful, and there must be considerably less sewer rats in the Borough now. It is hoped that during future years the Department will meet with further success in attempts to eradicate rats from the sewers throughout the town generally.



(b) In Surface Premises

The following summary shows the number of visits paid by the Pest Control staff during the course of the year :-

Treatment of rats on complaint	770
Treatment of mice on complaint	521
Rats still under treatment	30
Mice still under treatment	53
Rats on quarterly treatment	20
Mice on quarterly treatment	105
Sewers treated with Fluoracetamide	7,372
Sewers test baited with rusks	1,554
Treatment of houses with fleas	278
Treatment of houses with bugs	93
Treatment of houses prior to demolition	330
Inspection of houses prior to vacation	64
Number of dirty houses cleaned	5
Condemned food to Bidston Moss tip	3½ tons, 44 trips
Number of premises treated for pigeons	12
Number of pigeons caught	600 approx.
Inspection of complaints for foxes	9
Complaints for foxes treated	3
Treatment of premises for insects	285
Inspection of premises for insects	301
Sewer swabs, for analyst	7
Flats and maisonettes, with communal bins and "hoppers" and shutes, sprayed	142

(c) Insect Pests

The Pest Control staff are now carrying out inspection and treatment of all houses prior to the tenants' removal from slum clearance areas and this, without doubt, has reduced the spread of infestation into the newer houses in the Borough, and whilst at the moment a fairly large number of insect complaints are received, these appear to be gradually falling off in number.

(d) Pigeon Disinfestation

The Health Committee gave authority for the work of Pigeon disinfestation to be carried out and, whilst treatment only began in May, the success attained is shown in the fact that 600 pigeons at least were narcotised and later painlessly destroyed. Whilst the Feral Pigeon may look attractive in its large numbers on open squares, one has only to see the damage that they do to buildings and realise that they may even spread food poisoning as well as other diseases, to see the need for their control.

(e) Disinfection

The contents of 12 houses and 14 bundles of clothing were disinfected.





Rodent Control: Rodent operative baits manholes to eradicate sewer rats.





MEAT INSPECTION

Reference to the statistical records of meat and offal rejected as unfit for human consumption reveals that, during 1970 for the first time since the slaughtering industry was established in Birkenhead, not one single case of tuberculosis was disclosed on post-mortem examination of livestock slaughtered at the abattoirs. Moreover, no cases of *Cysticercus Bovis* were disclosed in the routine inspection of cattle.

These two wasting diseases, the first bacterial and the latter parasitic, have in previous years caused the rejection of large quantities of meat and offal as unfit for human consumption. Available statistics for a period 20 years ago demonstrate that, in 1950, 16,442 cattle disclosed tuberculous lesions on post-mortem examination, and 901 entire carcasses of beef, together with the offals, were condemned for generalised tuberculosis. This means that 15% of the total number of cattle slaughtered in Birkenhead during that year were tuberculous. During 1950, too, 394 cattle were found to be infested with *Cysticercus Bovis*.

The total number of livestock slaughtered in Birkenhead in 1950 was 147,478, in sharp contrast to the total of 37,704 animals slaughtered during 1970. The difference is due to the fact that in the earlier year the slaughterhouses at Woodside Lairage were the scene of great activity, whereas today they are silent as they have been since the end of 1968. Nevertheless, it is interesting to compare the rejection rates of diseased meat and offal during the years under review. In 1950 one ton was rejected as unfit for human consumption by reason of tubercular infection to every 240 animals. In 1970 there was no loss of meat or offal for this disease. In 1950 one ton was rejected by reason of diseases other than tuberculosis for every 1,270 animals. This rate showed a slight increase in 1970 when the rate was one ton per 1,170 animals. These other causes of rejection include parasitic infection, sepsis, trauma, dietetic disorders, circulatory disturbances and the many and various conditions usually found during the inspection of carcasses and offals.

The principal Acts and Regulations which enable the Meat Inspection Staff to exercise its powers of inspection and to maintain supervision of meat supplies are :-

- Birkenhead Corporation Act, 1954.
- Food and Drugs Act, 1955.
- Slaughter of Animals Act, 1958.
- Slaughterhouses (Hygiene) Regulations, 1958.
- Slaughter of Animals (Prevention of Cruelty) Regulations, 1958.
- Food Hygiene (General) Regulations, 1960.
- Food Hygiene (Docks, Carriers, etc.) Regulations, 1960.
- Meat Inspection Regulations, 1963.
- Slaughterhouses (Hygiene) (Amendment) Regulations, 1966.
- Meat Inspection (Amendment) Regulations, 1966.
- Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations, 1966.
- Meat (Sterilisation) Regulations, 1969.



MEAT INSPECTION REGULATIONS, 1963

During the year a total of 37,704 animals were slaughtered within the Borough :-

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
1970	5295	1	24902	7506

All were subjected to ante-mortem and post-mortem inspection. The following represents a summary of the results of the post-mortem inspections of the various classes of livestock:-

	Cattle	Calves	Sheep and Lambs	Pigs
Number slaughtered	5295	1	24902	7506
Number inspected	5295	1	24902	7506
All diseases except Tuberculosis and Cysticerci - whole carcasses condemned	9	1	40	37
Carcasses of which some part or organ was condemned	1961	-	9462	2701
Percentage of the number inspected affected with diseases other than Tuberculosis and Cysticerci	37%	100%	38%	36%
Tuberculosis only - whole carcasses condemned	Nil	Nil	Nil	Nil
Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with Tuberculosis	Nil	Nil	Nil	Nil
Cysticercosis - Carcasses of which some part or organ was condemned	Nil	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration	Nil	Nil	Nil	Nil
Generalised and totally condemned	Nil	Nil	Nil	Nil

Weight of condemned carcasses and portions - 6 tons 9 cwt.

Weight of condemned offal and portions - 26 tons 6½ cwt.



The number of animals slaughtered at Tranmere Abattoir and Woodside Lairage respectively during the year was as follows :-

	Cattle	Calves	Sheep and Lambs	Pigs
Tranmere Abattoir	5207	1	24901	7504
Woodside Lairage	88	-	1	2
Totals:	5295	1	24902	7506

#### TRANMERE ABATTOIR

The sum of £60,000 had been spent by the Lessees (The Fat Stock Marketing Corporation) at the end of the previous year (1969) to effect considerable improvements to the Abattoir. However, it suffered an unfortunate set-back early in 1970 when, during a gale, a portion of the roof over the cooling hall and chill rooms collapsed. The incident occurred at night when nobody was employed, as a result of which, fortunately, there were no casualties. The re-construction of the roof went forward immediately with little delay and day to day slaughtering proceeded, although at times inconvenience was occasioned to those working in the building.

It is in my opinion unfortunate that the Abattoir at Tranmere cannot attract more trade being so close to the Woodside Lairage through which many thousands of animals pass during the year. An increase in trade would undoubtedly increase the commercial viability of the Abattoir to the benefit of the Lessees and indirectly the Council.

Whilst the premises are basically of poor design, the improvements effected enable a much better standard of hygiene to be maintained and the premises are operated in a very satisfactory manner by the Lessees, and a happy but formal relationship exists between the meat inspection staff and the operators. The standard of dressing is particularly good, and it is especially pleasing to note the vastly improved standard of hygiene adopted by the slaughtering staff in recent years. The wiping down of carcasses with cloths is now prohibited by law, and whilst years ago butchers would have resisted the washing down of a carcass with water from a spray they have learnt to accept this new method, though in the beginning somewhat grudgingly. The disappearance of the wiping cloth has certainly reduced the bacterial flora on the surface of the meat and the risk of cross-infection from carcass to carcass is considerably less.

Further improvement of the premises is in hand and this must, in turn, lead to improvement in the hygienic quality of the meat leaving the Abattoir.

Few casualties pass through Tranmere Abattoir as a result of



representations by the staff of the department. This is to be commended for the intention of the Abattoir is to provide a slaughtering service in respect of animals which are intended for human consumption. Casualty animals which are slaughtered "to save their lives" (viz: to retain some financial reward to the owner) are often rejected as unfit for human consumption and, consequently, these animals and their carcasses have put at risk not only other animals and meat but also equipment within the building.

The use of the steam sterilizers in the Abattoir (more of which are to be provided) also helps to prevent further risk of gross infection of equipment.

The following tables are a summary of condemnations, together with statistics of carcase meat and offal rejected as unfit for human consumption.

	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for tuberculosis	Nil	Nil	Nil	Nil
Part carcasses condemned for tuberculosis	Nil	Nil	Nil	Nil
Number of carcasses of which some organ was condemned for tuberculosis	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with tuberculosis	Nil	Nil	Nil	Nil

Total weight of carcase meat condemned for tuberculosis

Nil

Total weight of offal condemned for tuberculosis

Nil

	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for conditions other than tuberculosis	7	1	39	37
Parts of carcasses condemned for ditto	53	Nil	75	486

Total weight of carcase meat condemned for conditions other than tuberculosis

5 tons 6 cwts.

Total weight of offal condemned for ditto

23 tons 14 cwts.





Meat Inspection: At Tranmere Abattoir







Meat Inspection:  
Every carcase has to be inspected.





WOODSIDE LAIRAGE

Woodside Lairage has been of considerable value for the commercial importation of animals, particularly as a result of last year's fire in the Anglesey Railway Bridge.

Three slaughterhouses exist within the area of the lairage and all of them are used for casualty slaughtering purposes.

These are, however, exempt from the licensing provisions of the Food and Drugs Act 1955, etc., owing to the fact that they are within the complex of a Commercial Foreign Animal Importation Wharf. One of the slaughterhouses is situated at the point of disembarkation of the animals (on a floating landing stage) whilst the other two are situated within the main structure of the lairage. Most of the animals imported pass out of the area of Birkenhead for fattening and are slaughtered elsewhere.

Another part of this report refers to the fact that 151 horses and 352 asses were landed at Woodside. These animals, whilst frequently used in some countries for food purposes, are not commonly eaten in Great Britain although the law does not preclude their use. They are imported as far as I am aware for either riding or haulage purposes. The fact that the number of animals imported through the lairage has increased in the last few months undoubtedly results from the fact that the railway bridge at Anglesey is at present out of use and casualty slaughtering facilities only have existed in the lairage since commercial slaughtering ceased in November 1968.

The future life of the wharf is under consideration at the moment, and no doubt the number of animals passing through the lairage during 1971 will have some bearing on its future.

The following tables are a summary of condemnations at Woodside Lairage, together with statistics of carcase meat and offal rejected as unfit for human consumption.

	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for tuberculosis	Nil	Nil	Nil	Nil
Part carcasses condemned for tuberculosis	Nil	Nil	Nil	Nil
Number of carcasses of which some organ was condemned for tuberculosis	Nil	Nil	Nil	Nil
Percentage of the number inspected affected with tuberculosis	Nil	Nil	Nil	Nil

Total weight of carcase meat condemned for tuberculosis

Nil

Total weight of offal condemned for tuberculosis

Nil



	Cattle	Calves	Sheep and Lambs	Pigs
Whole carcasses condemned for conditions other than tuberculosis	2	Nil	1	Nil
Parts of carcasses condemned for ditto	41	Nil	Nil	1

Total weight of carcase meat condemned  
for conditions other than tuberculosis 1 ton 3 cwt.

Total weight of offal condemned for  
ditto 2 tons 12½ cwt.

#### EMERGENCY SLAUGHTER

During the year at Woodside Lairage a total of 91 animals - comprising 76 bullocks, 11 heifers, 1 cow, 1 sheep and 2 boars - were considered to be sick or injured and were the subject of casualty slaughter. The entire carcasses of 2 bullocks and 1 sheep were condemned as also were part carcasses of 38 bullocks, 2 heifers and 1 boar. In the case of the remainder, condemnations were confined to the viscera.

#### IMPORTED FOOD REGULATIONS, 1968

During the year notifications were received from various Port Health Authorities of the delivery to Birkenhead of 77 consignments of imported food comprising 4,038 quarters of beef, 548 boxes of boneless beef, 48 carcasses of lamb, 605 boxes of offal, 680 cartons of beef dripping, 1 container of potatoes and 5,480 cases of canned tomatoes. In addition, 7 consignments of animal fat were delivered to a local processing factory and 700 bales of aniseed were consigned to an industrial additive firm. All consignments were inspected and the following quantities rejected :-

720 lbs. beef  
6,230 lbs. aniseed

A number of conditions led to the rejection of the beef, most resulting from undiscovered physiological and pathological conditions at the time of original inspection, or from damage during transit.

The aniseed which was imported under licence was not actually intended for human consumption but would have gone on for use in the manufacture of dog biscuits. It was rejected, however, owing to the fact that it was very badly damaged by sea water and was capable of neither further use nor salvaging.



## WHOLESALE MEAT DEPOTS

Check inspections of meat stored for sale in Cold Stores and Wholesale Meat Depots were made. A total of 175 visits were made and as a result of inspections 2 tons 12½ cwt. of meat and other foods were rejected, comprising 1 ton 12 cwt. of carcass meat, 4 cwt. of offal, 14 tins of livers and 4 tins of cooked meat weighing 1½ cwt., 254 poultry carcasses weighing 10 cwt. and 5 cwt. of sausage.

There are three Wholesale Meat Depots in the Borough from which meat is sold to the trade. Basically standards are well maintained within the Depots, but I am not satisfied that the traders visiting the Wholesale Depots have operated in the proper manner. As a result, a number of spot inspections of the premises, together with the inspection of vehicles used for the transport of meat from the Depots have led to a number of warnings being given. It is unfortunate that the law does not specifically prohibit the transport of meat in private cars for one often finds butchers attempting to transport meat in the boots or on vacant seats in their cars. Generally one would think that the future use of the car would preclude its use for the transport of meat, for in my view there is a very serious risk of contamination of food when it is placed in the boot of a car which also usually contains a spare wheel that has more often than not been used and is contaminated with road dirt.

## SLAUGHTERHOUSES ACT, 1958

Officers of the Ministry of Agriculture, Fisheries and Food, paid a visit of inspection to Tranmere Abattoir under the supervisory powers of this Act. After detailed inspection directed to all the points enumerated in the Slaughter of Animals (Prevention of Cruelty) Regulations and the Slaughterhouses (Hygiene) Regulations, 1958, satisfaction was declared as to the general organisation and conditions obtaining at this slaughtering centre. A happy relationship exists between my staff and the Veterinary Officers of the Ministry of Agriculture, Fisheries and Food, and the general co-operation is not only greatly appreciated, but has also led to an improvement of standards within the Abattoir.

## SLAUGHTER OF ANIMALS ACT, 1958

The stunning and slaughtering of animals in a slaughterhouse is prohibited except by persons in possession of a Slaughterman's Licence granted by the Local Authority. As at 31st December, 1970, there were 10 licences in force.

## DISPOSAL OF CONDEMNED MEAT AND OFFAL

Meat and offal, which is rejected as unfit for human consumption at abattoirs, cold stores and wholesale meat depots, is removed by contractors to processing plants outside the Borough for heat treatment. By-products include animal foodstuffs, tallow and fertiliser.



EXPORT OF MEAT PRODUCTS

During the year one licence was issued to an export firm for the export of ten tierces of lamb casings to Spain.

MEAT (STERILISATION) REGULATIONS, 1969

These Regulations amend and replace the Meat (Staining and Sterilisation) Regulations, 1960. The effect is to prohibit entirely the sale of unprocessed meat as pet animal food unless it has been inspected and passed for human consumption. It is no longer legal to offer for sale stained knacker meat or other condemned meat or offal. Regular visits keep a check of the sources of pet meat and conditions of storage. There is no doubt whatever that the strict enforcement of these regulations has considerably lessened the risk of cross-infection in the house in which domestic pets (dogs and cats) are kept. Before these regulations came into operation, meat which was not fit for human consumption may have been sold unsterilised and the thoughtless housewife, in cutting up the pet's meat, possibly used the same knife or table, and consequently put at risk the foodstuff intended for use by the family and prepared on the same table with the same equipment.

BIRKENHEAD CORPORATION ACT, 1954

Section 98 of the above Act regulates the sale of animal feeding meat and provides for the registration of approved premises. During the year no applications for registration were made and four registrations were cancelled. There are now eleven registered premises within the Borough all receiving periodic visits of inspection.

DISEASES OF ANIMALS ACT, 1950

In addition to the publication of the Orders of the Ministry of Agriculture, Fisheries and Food, and the supervision of cleansing and disinfection of infected farm premises, and the licensing of the movement of livestock, it is also the duty of the Local Authority to enforce all Orders made for the protection of animals and poultry from unnecessary suffering during transit.

The principal Orders which enable the Inspectorate to exercise their powers of inspection are :-

Transit of Animals Order, 1927.

Fowl Pest Order, 1936.

Anthrax Order, 1938.

Tuberculosis (Slaughter of Reactors) Order, 1950.

Transit of Horses Order, 1951.

Diseases of Animals (Waste Foods) Order, 1957.

Regulations of Movement of Swine Order, 1959.

Movement of Animals (Records) Amendment Order, 1960.



Live Poultry (Restrictions) Order, 1963.

Swine Fever Order, 1963.

Exported Animals Protection Order, 1964.

Diseases of Animals (Seizure of Carcases) Order, 1964.

Foot-and-Mouth Disease (Amendment) Order, 1969.

Exotic Animals (Importation) Order, 1969.

#### TRANSIT OF ANIMALS ORDER, 1927

During the year a total importation of 117,633 cattle, 310 sheep and lambs, 381 pigs and 139 goats from Ireland and the Isle of Man, were landed at Woodside Lairage. This shows an increase of 21,847 animals over the importations during 1969. Check inspections are made on transport vehicles and arrangements exist for the cleansing of any vehicles which require such service. The animals while detained in the Lairages are adequately fed and watered.

#### FOWL PEST ORDER, 1936

Following a decline in the incidence of Fowl Pest during recent years the widespread outbreaks during the current year with the inevitable destruction of millions of head of poultry has been catastrophic. During the year the number of outbreaks confirmed was 3,328 compared with a total of 43 during 1969. No cases, however, were found or suspected within the Borough.

#### ANTHRAX ORDER, 1938

There were no cases of Anthrax during the year. The national incidence was halved, there having been 115 confirmed outbreaks during the year compared with 234 during 1969. The resultant deaths of 122 farm animals this year compares with a total of 259 during 1969.

#### EXPORTED ANIMALS PROTECTION ORDER, 1964.

The following animals were exported from Birkenhead Docks to Japan for breeding purposes :-

67 pedigree large-white pigs

#### BRUCELLOSIS (ACCREDITED HERDS) SCHEME

Under this Scheme, animals which show a positive reaction to the official Brucella blood test are required to be sent for slaughter under licence issued by the Ministry of Agriculture. During the year two cows were received into Tranmere Abattoir in accordance with the terms of the Scheme.

#### TUBERCULOSIS (SLAUGHTER OF REACTORS) ORDER, 1950.

Seven cattle which had reacted to the Tuberculin Test were received into Tranmere Abattoir for slaughter and inspection.



None of the cattle disclosed tuberculous lesions on post-mortem examination, and reports were sent to the Ministry of Agriculture.

#### TRANSIT OF HORSES ORDER, 1951

During the year a total of 151 horses and 352 asses were landed at Woodside Lairage. During their detention they were adequately fed and watered. Check inspections of horse-boxes and transport vehicles were made before the animals left the premises.

#### DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957

This Order prohibits the feeding of unboiled waste food to farm animals or poultry and requires that such waste food shall be boiled for at least one hour in boiler-plant licensed by the Local Authority. There are at present two licences in force and regular inspections of piggeries and boiler-plants were made to ensure that the Order was being complied with.

#### REGULATION OF MOVEMENT OF SWINE ORDER, 1959

During the year 360 store pigs and 15 breeding sows were brought into the Borough on Movement Licence. During the period of 28 days' detention the farms and piggeries concerned were visited and the pigs were examined.

#### MOVEMENT OF ANIMALS (RECORDS) ORDER, 1960

This Order requires that records be kept of the movement of animals onto and off farm premises, and that such records be retained for a specified time. There are three cattle-breeders and five pig-keepers within the town's boundaries. During the year visits to these premises were made and the record-books inspected.

#### SWINE FEVER ORDER, 1963

For the fourth successive year there were no confirmed outbreaks of Swine Fever in Great Britain. This disease is now regarded as having been eradicated from this country.

#### FOOT-AND-MOUTH DISEASE (AMENDMENT) ORDER, 1969

There was no confirmed outbreak of Foot-and-Mouth Disease anywhere in Great Britain during the year.

#### EXOTIC ANIMALS (IMPORTATION) ORDER, 1969

This Order imposes a general prohibition on the importation of certain nominated animals, and lays down conditions for the importation of certain other prescribed animals. The Quarantine Station was visited and inspected under the authority of this Order.



PET ANIMALS ACT, 1951

This Act regulates the sale of pet animals and makes it an offence to keep a pet shop except under the authority of a licence granted by the Local Authority. During the year two licences were surrendered and nine licences were renewed. These shops are visited periodically to ensure compliances with the terms of the licence.

Before the integration of the Meat Inspection Section with that of the Chief Public Health Inspector, visits were paid to registered premises by the Chief Meat Inspector and his staff for registration purposes, whilst the District Public Health Inspectorate visited for all other purposes. The result of the integration has led to one Inspector having responsibility for administration of all provisions of the Act.

RIDING ESTABLISHMENTS ACT, 1964/70

This Act provides that no person shall keep a riding establishment except under the terms of a licence granted by the Local Authority. Stables were inspected and found to be in a clean and satisfactory state and the horses and premises in good condition. Two applications for licences were received and the premises and horses were subject to veterinary inspection. Following satisfactory reports the licences were granted. Once the licence has been granted again, the Public Health Inspectorate are entirely responsible for visits to ensure compliance with the statutory requirements.

ANIMAL BOARDING ESTABLISHMENTS ACT, 1961

This Act provides for a system of licensing of premises at which a business of accommodating cats and dogs is carried on. One application for a licence and two applications for renewal of licence were received and were granted after inspection of the kennels. Periodic inspections of the premises are made and the condition of the animals observed.

Similar to visits under the Pet Animals Act, 1951 and the Riding Establishments Act, 1964/70, duplication of visits has been avoided as a result of the integration of the two sections of the Department.



BACTERIOLOGICAL EXAMINATION OF FOOD AND WATER1. ICE CREAM

Only a relatively small amount of ice cream is now manufactured in the Borough. The majority of the samples listed below were taken from the manufacturers still operating. The samples are subject to the Methylene Blue Test, which gives a guide to the satisfactory production and handling of the product.

A total of 64 samples were examined.

32	were	placed	in	Grade	I
11	"	"	"	"	II
17	"	"	"	"	III
4	"	"	"	"	IV

Nowadays, when suitable sterilising compounds are so readily available, there is no excuse whatever for ice cream to fall into Grade IV when subjected to the Methylene Blue Test and this indicates that the standard of cleanliness is not what it should be. Generally speaking, one finds that there is no difficulty whatever in maintaining Grades I and II for pre-packed ice cream, and whilst the majority of traders are able to maintain a similar high standard for loose ice cream, there are, unfortunately, occasions when the standard falls to Grade III/IV. It may be said that nowadays the only samples of ice cream likely to fail the Methylene Blue Test are those coming from soft ice cream dispensing machines or from the old-fashioned scoop method of serving. As far as the former is concerned, this class of ice cream made either from a complete cold mix or bulk liquid mix seems to be proving most popular for distribution from retail sales vans touring the Borough. No doubt when the vans leave the depot early in the morning, the sterility of the machine from which the ice cream is dispensed is not open to any doubt whatever, but with constant use throughout the day (up to 16 hours during the summer) with such an ideal medium as ice cream for bacteria to multiply upon, the bacteriological condition of the machine reaches doubtful proportions on occasions through the day. Often these machines are let out "on hire" the owner not having any responsibility for the machine or its equipment until its return to the depot, and, unfortunately, often the salesman has had no food hygiene training whatever, and indeed at times it appears that they are ice cream salesmen on a part-time basis only. In the case of ice cream served by means of a scoop, this takes place principally in restaurants. Nowadays all too many restaurateurs either do not know, or have forgotten the necessity for a suitable sterilising agent to be present in the rinse water in which the scoop stands between servings. Inspection of the bowls in which the scoop stands has often regrettably shown them to contain a mixture "almost like custard" and one can imagine the bacterial flora that may be present within the bowl. It is hoped that the constant visits and sampling of the loose ice cream will lead to a radical improvement by the retailers and their agents.



Details of premises retained on the register are as follows:-

Manufacture of Pasteurised Ice Cream	-	12
" " Cold Mix Ice Cream	-	9
" " Lolly Ices	-	6
Sale of Ice Cream and/or Lolly Ices	-	534
Number of visits to premises	-	92

## 2. LIQUID EGG

The Liquid Egg (Pasteurisation) Regulations, 1963, prescribes tests to ensure that this product is pasteurised before use as an ingredient in the preparation of food, or imported with a view to such a use.

No egg pasteurising plant is situated in Birkenhead, but samples are taken from bakeries using this product.

Fourteen samples were taken during the year. All passed the Alpha-Amylase Test.

The principal use of liquid egg exists in the baking industry and there is no doubt whatever that were the eggs not pasteurised before use, serious public health problems would arise. The trade has to be reminded, however, that pasteurisation ensures that the product that they buy is free from pathogenic organisms, but nevertheless it may become infected as a result of faulty handling in the period between opening the can and using the product.

## 3. DRINKING WATER

During the year 62 samples of water, as supplied to the consumer, were taken from various points for bacteriological examination. Those from mains taps were satisfactory, but a number of samples from drinking fountains in office premises and some from a hospital building, had a higher number of bacteria per ml. than is expected. No B. Coli or Coliform organisms were found in any sample however. Complaints are occasionally received regarding discoloured water from members of the public. These are referred to the Wirral Water Board, and flushing of the mains usually clears the trouble. Samples of this discoloured water had not shown any significant increase in the bacterial content.

In every case where a complaint has been received or a higher bacterial count has been found, suitable advice has been given to the occupier of the premises and I wish to record the appreciation of the Department for the co-operation which exists with the Officers of the Wirral Water Board.

## 4. SWIMMING BATH WATER

Samples of water from three public swimming baths and one school bath are taken at regular intervals for bacteriological examination. Eighty-one samples were taken during the year.

Four samples were reported as containing more than 300



bacteria per ml. Only one sample was reported as containing B. Coli.

The fact that only 5% of the samples taken were found to have a higher bacterial count than 300 per ml. and that only one sample (1.25%) was reported to contain B. Coli, speaks very well of the supervision given to the swimming baths by the Baths and Indoor Recreation Manager and his staff, from whom co-operation has been received at all times. We are fortunate in having this supervision for whilst from time to time cases of athlete's foot or verouka have been associated with the swimming baths there would have been a considerably higher number of cases without such attention to detail, and certainly risk of some intestinal infection if the water had not been maintained in such excellent condition. Regular checks by the staff have shown the amount of chlorine in the bath to be maintained at a satisfactory level.

### FOOD HYGIENE

During the last decade, increasing importance has attached to the subject of food hygiene and during that time its various facets and ramifications have been dealt with in three bodies of Regulations made under the authority of the Food and Drugs Act, 1955. They are :-

The Food Hygiene (General) Regulations, 1960.

The Food Hygiene (Docks, Carriers, etc.)  
Regulations, 1960.

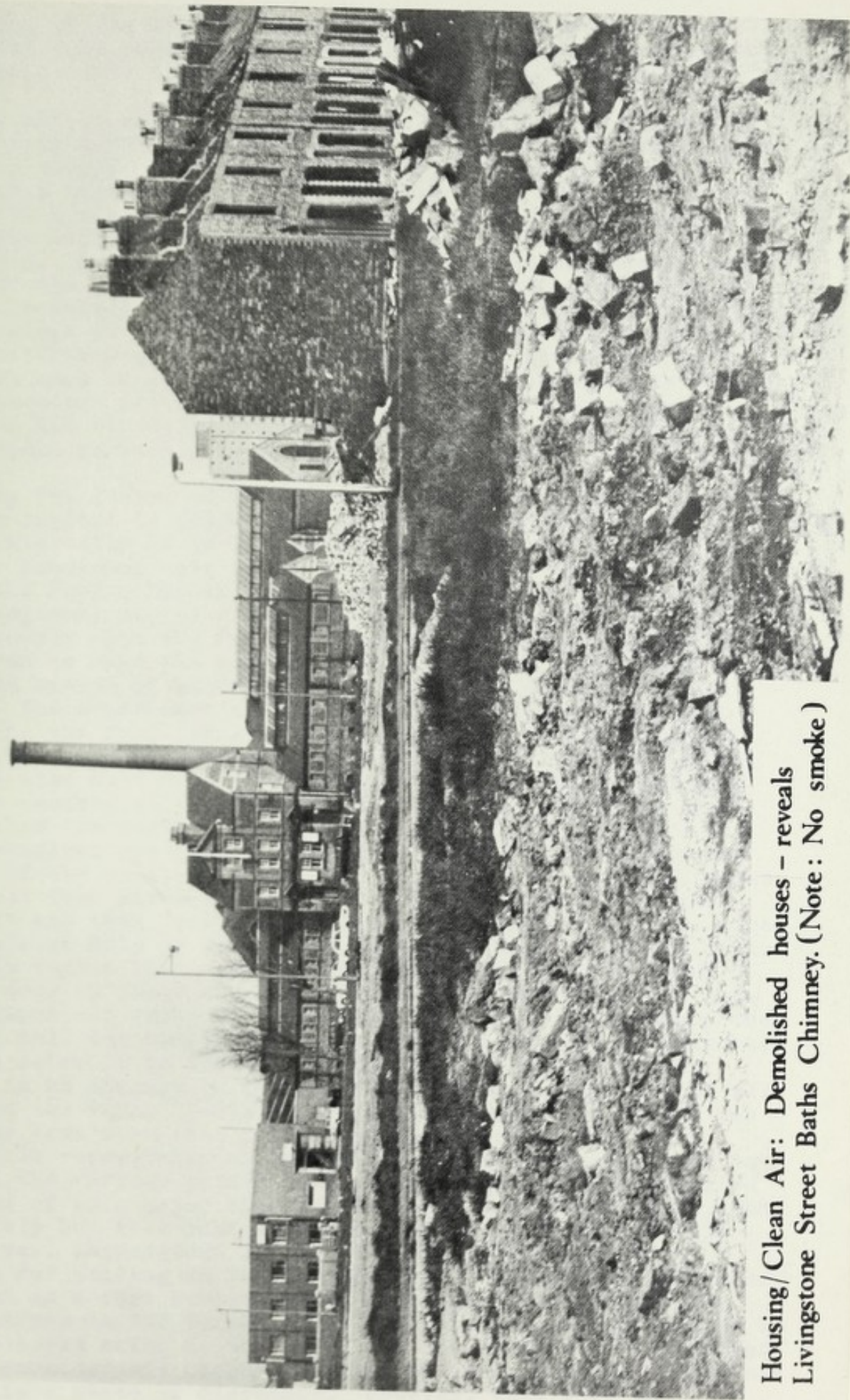
The Food Hygiene (Markets, Stalls and  
Delivery Vehicles) Regulations, 1966.

By these Regulations, local authorities are able to exercise control over all places where food is sold, prepared for sale, or stored. The legal definition of "food" is far wider than the meaning usually attributed to it and includes drink of all kinds - water excepted, and all materials used as ingredients of food such as spices and condiments, and even includes such an unlikely substance as chewing-gum.

The term "food premises" too, embraces more than the butcher, the baker, the grocer and the fruiterer. It includes canteens, public houses, clubs, schools, hospitals and, in fact, any trade or business for the purposes of which any person engages in the handling of food, whether for profit or not. Frequent inspections of all food premises are made by the District Public Health Inspectors when the attention of management is drawn to any sub-standard conditions. Advice and instruction are also rendered to food handlers on the imperative nature of personal hygiene, cleanliness of premises, proper storage and rotation of stock, prompt removal of waste materials and correct use of refrigerators.

During the year, forty offences against the Regulations were referred to the Magistrates Court and convictions were recorded in all cases. Of these - three were offences against the requirements relating to persons engaged in the handling of food, eighteen were offences against the requirements relating to food premises and nineteen were offences against the general





Housing/Clean Air: Demolished houses - reveals  
Livingstone Street Baths Chimney. (Note : No smoke )





requirements of the Regulations. In addition two persons were disqualified from engaging in a food business for a period of two years. Total fines imposed by the Court amounted to £810.

It is unfortunate that proceedings have to be instituted in order to bring about compliance with the Food Hygiene Regulations for traders should, in their own interests, maintain their premises at a high standard. The customer will always be attracted to a clean, hygienic shop and I am sure that shopkeepers, the majority of whom maintain good standards, would confirm this. However, from time to time one unfortunately hears a member of the public say, "Would you please do something about my grocer because he is so dirty?". The customers can very well help themselves in this direction for if they refused to trade at the unsatisfactory shop, the shopkeeper would either have to improve his ways or go out of business. It is unfortunate that all food premises are not constructed in such a manner that preparation and store-rooms are equally open to public viewing, for this would certainly lead to vast improvements.

During the course of the year I, together with members of the staff, was invited to address management and other courses arranged internally by local trading companies, and I think that the senior management are to be complimented for thinking of inviting the Public Health Inspectorate to address their staff. Whilst management may have responsibility to ensure that the premises comply with the Food Hygiene Regulations, no matter how much they do to make the premises comply, an act on the part of an un-informed member of staff may very well ruin the aims of his employer. The Department's staff are constantly available for lecturing to the food industry and I hope that still further opportunities will be given for lecturing directly to the staff, and I hope also that more food handlers will be encouraged to attend the courses at the Birkenhead Technical College to learn still further the necessity for hygienic handling of food. The public themselves can help by not handling food before they buy it - most of the public can see very well whether the food is the article that they particularly want without picking it up and handling it and then deciding whether or not to purchase it. The public can also help by not taking dogs into food shops and it is pleasing to report that some traders have voluntarily refused access to dogs in their shops. If any member of the public sees any unhygienic act going on in a shop, there is no reason why they should not tell the trader, or if they do not like to do this they can always refer it to the Department who will follow up any complaint in an attempt to improve the standard of hygiene at all premises in the town. Considerable progress was made during the year in the town's central redevelopment programme and the Department is represented on the Officers' Committee which meets to discuss the various points to be considered during a detailed development of such major importance. Advice has been given, and I cannot help but feel that when the area is completed it will lead to a vast improvement in the standard of hygiene and facilities for trading in the town centre. Inspections have been carried out in a vast number of food premises of different classifications in the Borough, but the total is not as high as I would have hoped owing to the fact that the Inspectorate have had to devote considerable amounts of time to investigating complaints of houses in a state of disrepair. However, this will be



corrected as time goes by and I hope that next year's report will show a considerable increase in the amount of food hygiene work carried out.

The following premises are registered under the provisions laid down in Section 16 of the Food and Drugs Act, 1955.

Fish fryers	55
Fish fryers and chicken roasters	3
Butchers manufacturing sausages	32
Butchers manufacturing sausages and cooked meats	18
Pickle manufacturers	2
Chicken roasters	6
Meat products factories	6
Grocers manufacturing cooked meats	4
	<hr/> 126 <hr/>

Premises registered under the provisions laid down in the Birkenhead Corporation Act, 1954 :-

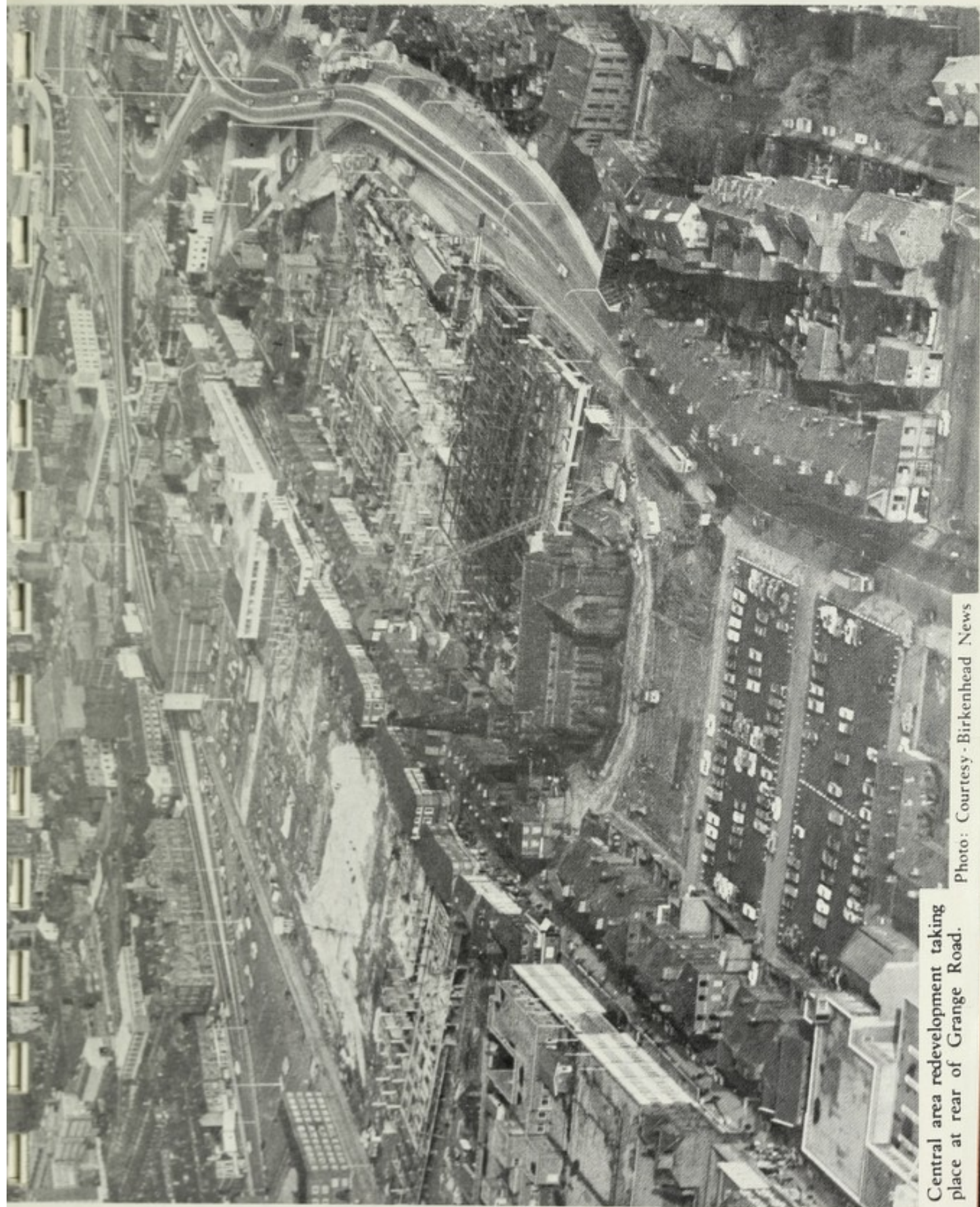
Food hawkers and their premises (Section 102)	37
Vendors of shellfish and their premises (Section 103)	22

Summary of Inspections and Defects Remedied

Food Hygiene (General) Regulations, 1960.

	Shops	Cafés	Food Preparing Premises	Licensed Premises	Mobile Shops and Stalls
Number of premises	755	92	235	197	108
Fitted to comply with Reg.16	749	91	235	194	104
Premises to which Reg.19 applies	710	91	235	195	101
Premises fitted to comply with Reg.19	708	91	235	195	101





Central area redevelopment taking place at rear of Grange Road.

Photo: Courtesy - Birkenhead News





	Shops	Cafés Canteens	Food Preparing Premises	Licensed Premises	Totals
Number of premises	755	92	235	197	1279
Number of inspections	1425	118	277	103	1923
<u>Defects and Contraventions Remedied :-</u>					
Sanitary conveniences separated from food store	-	1	1	-	2
Walls, floors, ceilings, doors, windows -					
(a) Repaired	18	3	4	8	33
(b) Cleansed	36	5	7	7	55
Food rooms ventilated	1	1	1	2	5
Accumulation of refuse removed	9	-	2	2	13
Cleanliness of persons, utensils, clothing	7	1	1	-	9
Wash-basins provided	1	1	1	-	3
Sinks provided or renewed	4	1	-	-	5
Hot and cold water supply	6	1	1	2	10
Towels, soap, etc. provided	2	1	-	-	3
Protection from contamination of food	7	2	2	1	12
Totals:	91	17	20	22	150

Poultry Inspection

There are no poultry processing premises within the Borough.



Unsound Food

The inspection of food in shops, warehouses, canteens, etc. was carried out by all the public health inspectors. All condemned food was disposed of - mainly by tipping on the Corporation tip - under supervision. The following list shows the types and quantities of food dealt with.

Canned and Bottled Goods:-

	<u>Number of Tins</u>	<u>Total Weight</u>
Meat	516	2,829 lbs.
Fruit and Vegetables	741	1,159 lbs.
Fish	31	18 lbs.
Milk	1	1 lb.
Preserves	31	118 lbs.
Puddings	41	39 lbs.
Soup	7	18 lbs.
Baby Food	18	-
Beef Trimmings	-	500 lbs.
Bread Mix	-	1,400 lbs.
Brisket	-	4 lbs.
Cake Mix	924 pkts.	-
Cheese	-	2 lbs.
Chickens	48	124 lbs.
Chocolate	54 pkts.	-
Chocolate Eclairs	-	7 lbs.
Condensed Milk	3 tins	-
Cooking Crumbs	-	12 lbs.
Cooked Sausages	-	84 lbs.
Corn	-	1 lb.
Corn Flour	-	1 lb.
Curry Powder	-	1 lb.
Dried Herbs	6 drums	-
Dried Milk Powder	-	28 lbs.
Egg Roll	-	2 lbs.
Evaporated Milk	4 tins	-
Flour	-	152 lbs.
Frozen Food	5,689 pkts.	-
Fruit	50 tins	-
Ham	-	4 lbs.
Jelly Crystals	-	28 lbs.

	<u>Number of Tins</u>	<u>Total Weight</u>
Juice	2	4 lbs.
	-	64 fl. ozs.
Meat	-	111 lbs.
Mixed Vegetables	-	18 lbs.
Mixed Peel	-	1 lb.
Potatoes	-	112 lbs.
Quaker Oats	-	56 lbs.
Quick Mix Mousse	-	35 lbs.
Raisins	-	7 lbs.
Rice	-	50 lbs.
Salad Cream	-	2 lbs.
Smoked Cod Fillet	-	3 lbs.
Soup	1,924 cans	-
Soup Powder	-	63 lbs.
Stuffing	-	12 lbs.
Sugar	-	10 lbs.
Taystee Mix	-	28 lbs.
Tea	-	34 lbs.
Tomato Purée	-	1 lb.
Tongue	-	6 lbs.
Ulster Fry	-	25 lbs.

In most of the cases when food has been "condemned", as shown above, the visit to the shop was requested by the shopkeeper and the inspector has examined the food to determine whether it was fit for human consumption, and in every case when the inspector suggested that the food was unfit the trader immediately agreed to its voluntary surrender.

#### CASES OF FOOD POISONING AND OTHER INFECTIOUS DISEASES ASSOCIATED WITH FOOD AND/OR DRINK

During the year, 144 notifications of suspected food poisoning, dysentery or enteritis were notified to the Department.

Investigations into these cases involved 341 visits to patients' homes and other premises, and the submission of 452 specimens for bacteriological examination.



The causal agent was confirmed in the following cases :-

Salmonella Panama	3
Salmonella Unnamed	1
Salmonella Derby	3
Salmonella Indiana	1
Salmonella Agona	4
Salmonella Montevideo	1
Shigella Sonnei	3

With one exception, these cases were in isolated family outbreaks and no specific food could be implicated as the source of infection.

Two of the cases of Salmonella Derby arose following an outbreak in another Authority's area which was associated with cooked meats.

A number of the notifications received during the late summer arose following visits by the patients abroad, usually on holiday, and their subsequent illness. However, only one case of Salmonella was confirmed and identified as Salmonella Montevideo.

It is interesting to note that four cases of food poisoning were attributed to the organism Salmonella Agona. This is not the most common food poisoning organism in Great Britain and whilst the Department have never been able to attribute it to the importation of fish meal from abroad through the Docks, it is ominous that four cases should arise in this area in which Salmonella Agona has been found to be present in fish meal.

The most important thing in any food poisoning outbreak is for the Department to be informed immediately after the patient becomes infected, to enable enquiries to be made at once. The purpose of this is twofold :-

- (a) It may reduce the number of people at risk from further or secondary cases, and
- (b) It is important that the patient should be interviewed early after the case arises for the elapse of a period of time leads to difficulty in obtaining information from the patient of the foods eaten and their sources, and also the obtaining of specimens.

#### MILK SUPPLY

During the year, one of the two processing dairies in the Borough ceased to pasteurise and bottle milk. This dairy is now a main storage and distribution depot and the processing is done elsewhere in Cheshire. The other dairy continues to process and bottle or carton over 16,000 gallons of milk each day, which is distributed over a wide area. Supplies of milk are also brought into Birkenhead from other processing dairies.



It has been necessary to criticise on a number of occasions the fact that milk has been transported in large vehicles, and that no protection is given to the milk from the heat of the sun. Representations and warnings given to the transporters has led to an improvement.

Samples are taken at regular intervals, and the results show that a satisfactory standard is maintained.

### I. CHEMICAL ANALYSIS

During the year the Department has acquired the necessary apparatus and equipment for carrying out the Gerber test to determine the fat and non-fat solids content of milk. The Sale of Milk Regulations, 1939, prescribe that milk containing less than 3% Fat and less than 8.5% of milk solids other than milk fat, shall be presumed, unless the contrary is proved, to be not genuine. The Channel Islands Milk Regulations, 1956, state that such milk shall contain 4% of milk fat. Samples are taken at about weekly intervals and tested by the Food and Drugs Inspector with another Public Health Inspector to ensure that these standards are maintained.

Earlier in the year, prior to the equipment being obtained, 56 samples were submitted to the Public Analyst. All were reported as satisfactory. Sixty-eight samples were tested in the Department and all found to be of the required standard. The average fat content of these samples was 3.66% and the average solids not fat content was 8.62%. For Channel Island milk the average was 4.75% fat and 8.87% solids not fat.

### II. MILK AND DAIRIES (GENERAL) REGULATIONS, 1959.

#### MILK (SPECIAL DESIGNATION) REGULATIONS, 1963/65.

The numbers of registered dairies and distributors and of licences issued under these Regulations are :-

Number of registered dairies	21
Number of registered distributors	202
Dealers licensed to sell pre-packed milk	194
Processors licences to pasteurise milk	2
Number of visits to premises	161

The Special Designation Regulations prescribe the designations by which milk may be sold, and lay down the conditions which have to be satisfied when any of these designations are used in relation to milk produced, treated and sold. As Birkenhead has been made a "Specified Area" by an Order perpetrated under Section 41 of the Food and Drugs Act, 1955, the use of these designations is obligatory.



These Regulations also prescribe the tests which have to be satisfied when these Designations are used in relation to milk. The tests are :-

- (i) The Methylene Blue Test for Untreated and Pasteurised Milk. This test is an indication of the "keeping quality" of the milk.
- (ii) The Phosphatase Test for Pasteurised Milk.
- (iii) The Turbidity Test for Sterilised Milk.
- (iv) The Colony Count Test for Ultra High Temperature Milk.

These tests are carried out by the Public Health Laboratory, Liverpool, and the results are summarised in the following table :-

	<u>Passed</u>	<u>Failed</u>	<u>Total</u>
Pasteurised Milk	167	3	170
Sterilised Milk	37	-	37
Ultra High Temperature Milk	11	-	11
Untreated Milk	19	2	21
	<hr/> 234	<hr/> 5	<hr/> 239

The failures were all in respect of the Methylene Blue Test. Advice was given to the Distributors concerned regarding stock rotation and storage methods.

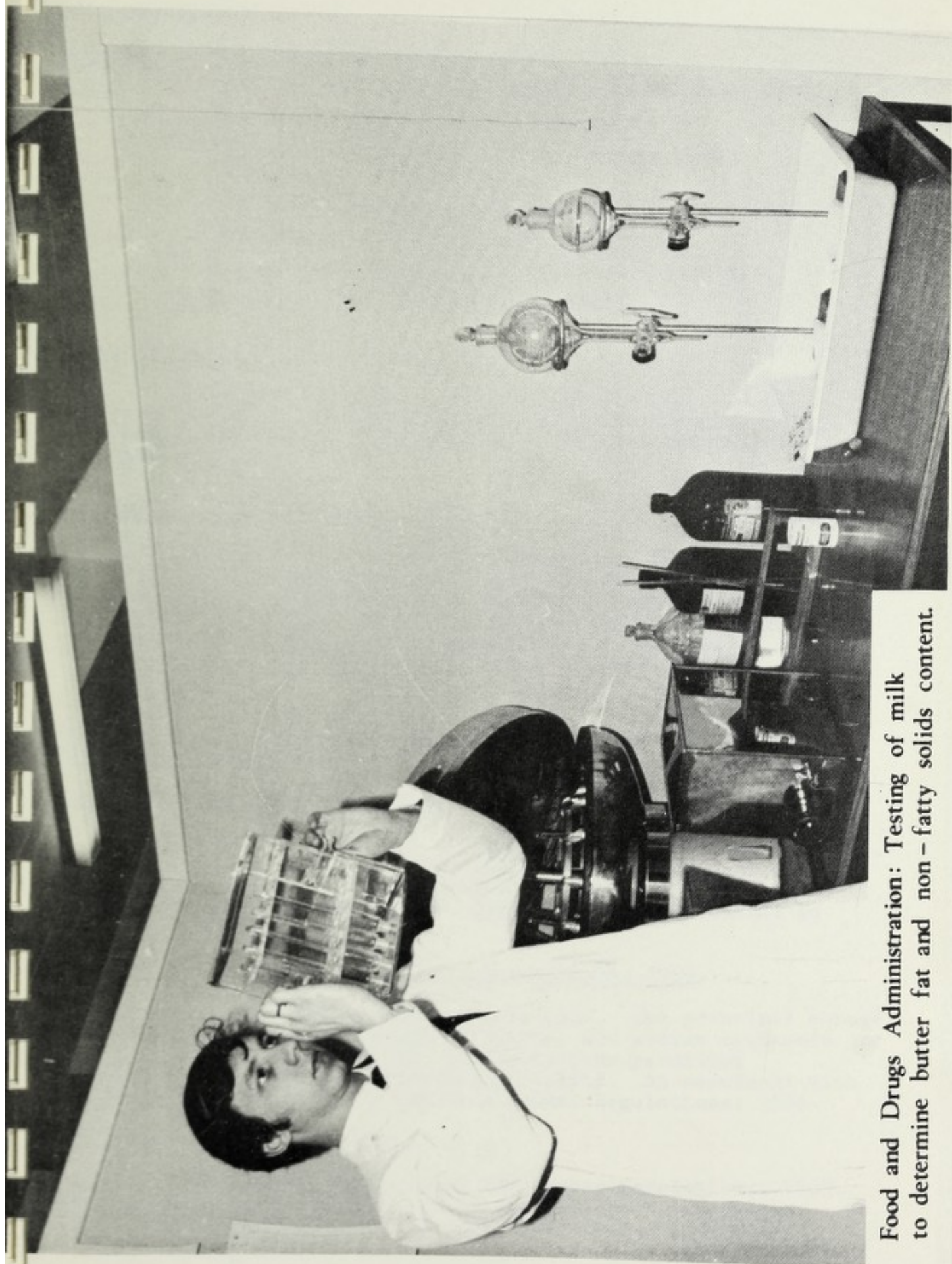
All samples of Untreated Milk are examined for the presence of Brucella Abortus. This milk is bottled on farms situated within the areas of other local authorities. In the event of a positive result, the Medical Officer of Health of the district concerned is notified. All 21 samples examined were reported as negative. Eight of these samples were also examined by guinea-pig inoculation for T.B. No evidence of T.B. was reported.

#### FOOD AND DRUGS ACT, 1955.

In a year during which it was announced that the Consumer Council was being wound up, it is worth while remembering that, for over 100 years, this Act and its predecessors have protected the public food supply. The routine sampling and examination of all types of food and drugs, backed by legal sanctions if necessary, ensure that both the purchaser and the honest trader are given protection. In earlier days the legislation which created this control was of a general nature, but in more recent years the tendency has been for specific Regulations to be made prescribing the composition, description and labelling of certain foods.

As well as the provisions of the main Act, the principal Regulations which govern the administration and enforcement of





Food and Drugs Administration: Testing of milk to determine butter fat and non - fatty solids content.





this protection are :-

- General - The Labelling of Food Order, 1953.
- Milk - The Milk and Dairies (General) Regulations, 1959.  
 The Sale of Milk Regulations, 1939.  
 The Milk and Dairies (Channel Island Milk) Regulations, 1956.  
 The Milk Special Designation Regulations, 1963.  
 The Condensed Milk Regulations, 1959.  
 The Skimmed Milk and Non-Milk Fat Regulations, 1960.  
 The Dried Milk Regulations, 1965.

Additive Regulations in respect of :-

Arsenic, Fluorine, Lead, Emulsifiers and Stabilisers, Preservatives, Mineral Hydrocarbons, Colouring Matter, Antioxidants, Artificial Sweeteners, Solvents.

Food Standard Regulations in respect of :-

Baking Powder, Butter and Margarine, Bread and Flour, Coffee Mixtures and Liquid Coffee Essences, Cream, Curry Powder, Cheese, Edible Gelatine, Fish Cakes, Ice Cream, Meat Paste, Meat Pies and Sausage Rolls, Canned Meats, Sausages and Other Meat Products, Mustard, Preserves, Self-Raising Flour, Suet, Salad Cream, Tomato Ketchup.

ADDITIONAL ACTS AND REGULATIONS WHICH CAME INTO OPERATION DURING 1970.

Food and Drugs (Milk) Act, 1970.

Authorises the treatment of Milk by the application of Steam. This is to enable such treatment to be used for the heat treatment of milk in accordance with the Milk (Special Designation) Regulations without considering the treatment an addition of water to milk.

The Artificial Sweeteners in Food Regulations, 1969.

These amended the previous Regulations. The principal change in that cyclamic acid, calcium cyclamate, and sodium cyclamate are no longer permitted artificial sweeteners, or permitted ingredients in artificial sweetening tablets. An amendment with similar effect was made to the Soft Drinks Regulations, 1964.

The Cheese Regulations, 1970.

These Regulations superseded the Cheese Regulations, 1965. They specify requirements for the composition, description, labelling of cheese, processed cheese and cheese spread.



### The Cream Regulations, 1970.

These revoke and supersede the Food Standard (Cream) Order, 1951. They provide new requirements for the description and composition of Cream. They specify permitted added ingredients and also requirements for the labelling and advertisement of cream.

### CHEMICAL ANALYSIS OF FOOD AND DRUGS

A wide variety of foods and drugs were samples during the year, special attention being paid to those which have a prescribed standard. A total of 285 samples were submitted to the Public Analyst, T. Harris, F.R.I.C., F.P.S., M.Chem.A., at Manchester, whose help and co-operation are gratefully acknowledged.

The following samples were reported as unsatisfactory :-

Fruit Drink	- wrongly described.
Baked Beans	- label unsatisfactory.
Flavoured Milk	- -do-
Cheese Spread	- deficient in fat content claimed.
Butter (3 samples)	- contained excess moisture.
Steak and Kidney Pudding	- contained excess gristle.
Canned Steak	- deficient in meat content.
Meat Pie	- -do-
Blackcurrant Drink	- deficient in fruit juice.
Canned Stewed Steak	- contained excess gristle.
Beef Sausage	- presence of preservative not disclosed.
Pork Sausage	- -do-

Legal proceedings were instituted in respect of one of the butter samples which had a greater excess moisture content. A fine of £20 was imposed. Warnings were given in respect of other unsatisfactory samples.

### CONSUMER COMPLAINTS REGARDING FOOD

Under the Food and Drugs Act, 1955, it is an offence for any persons to sell to the prejudice of the purchaser any food or drug which is not of the nature or of the substance or of the quality of the food or drug demanded, and the local authority administers this provision not only by the regular sampling of both food and drugs, but also by providing a service whereby complaints regarding the unsatisfactory condition of food may be investigated. It is important that the public should be made well aware of this service which is provided by the local authority and the many talks given to voluntary organisations (particularly to women's organisations) have served a most useful purpose in making



the public aware of the service that is provided. No doubt, partly as a result of these talks and of other publicity, there has been an increase of 51% of food complaints made to the Department during the course of the year. In actual fact, 131 complaints were received from members of the public regarding food which was considered by the individual to be unfit for consumption for one reason or another. (In the year 1969, 77 complaints were received and in 1968 only 72 complaints were received.) All complaints investigated within the Department are treated in confidence where necessary, though the public are encouraged to permit the Department to inform the supplier of their name and address in order that they may be suitably recompensed. However, where they prefer to remain anonymous the confidence is kept. As far as the public is concerned, if an article of food contains a foreign body or is "out of condition" they generally consider that the article is unfit for human consumption, though this is not always the case in law, and instead of taking action under Sections 8 and 9 of the Food and Drugs Act (which relate to unfitness of food) it is taken instead under Section 2 of the Food and Drugs Act (which relates to sales to the prejudice of the purchaser). The most important factor, however, is for the public to be aware that they are entitled to exactly the food that they ask for and that it neither be substituted nor contaminated in any way whatever and they must be encouraged to continue to bring to the attention of the Department every complaint that they wish to make. The Department are in a position where they are able to investigate complaints not only locally, but on a national, and from time to time international, basis in order to ensure that there is no likelihood whatever of the complaint recurring. The considerable increase in the number of complaints received this year is not thought to reflect a deterioration in trading standards, but is more likely to be, as I have suggested, an increased awareness by members of the public of the facilities afforded by the Department.

Some aspects in the pattern of complaints do give rise to concern, for it is often noted that any spell of warm, humid weather brings a sudden increase in the number of complaints received regarding the presence of mould in foods, and particularly in bread. In both June and September, 1970, a higher number of complaints were received than on average and the mould invariably occurred in pre-packed sliced bread. Investigations revealed a lack of proper stock rotation and control by both distributors and retailers. With increased efficiency complaints of this kind could be avoided, but I still maintain that the best method of avoiding these complaints is for an expiry date to be printed on all pre-packed foodstuffs so that both retailer and customer alike are aware that a foodstuff has exceeded its shelf life. A recent introduction by the trade of coloured wrappers to indicate the day on which the loaf was baked and delivered has shown some success and no complaints were received regarding the mouldiness of this type of pre-packed bread, but often it is suggested by the trade that it is uneconomic for the dating of pre-packed foodstuffs, but in so far as public health is concerned, economics should be secondary.



The following table gives the varieties of food affected and the conditions complained of :-

FOODSTUFF	Foreign Matter	Mould	Unsound or Sour
Milk	10	1	2
Butter	-	-	1
Cheese	2	3	-
Bread	6	20	-
Canned Meat	7	1	5
Cooked Meats	6	-	2
Meat Pies	2	5	2
Sausages	3	4	2
Fish	2	-	2
Fruit	4	-	1
Jam	2	-	-
Vegetables	6	2	2
Cereals	2	-	-
Sweets	3	-	-
Confectionery	5	7	-
Others	2	3	4
TOTALS:	62	46	23

Legal proceedings were instituted in six cases under Section 2, and in one case under Section 8 of the Food and Drugs Act, 1955. Also one case under the Milk and Dairies (General) Regulations, 1959. Fines and costs totalling £200.50 were imposed.

No complaints were received regarding the condition of frozen foods and, no doubt, this arises because of the manner in which the foods are manufactured, distributed and exhibited for sale at very low temperatures which inhibit bacterial growth. The frozen food industry are to be complimented for the manner in which they operate a quality control service, although I would like to

see the use of a coloured dye or gel in each individual packet to indicate that the foodstuff has not risen above its necessary storage temperature.

I do have fears, however, for the modern trend where the housewife freezes her own foodstuffs before placing them in a deep freeze. The ability to be able to determine the source of the foodstuffs many months later when it may be consumed is often impossible, and there is, of course, risk of infection of the foodstuffs in the home. During the year, an investigation had to be carried out into one case of a frozen foodstuff which was thought to be associated with a food poisoning case, but whilst conclusive evidence was not available, investigations pointed to the fact that the foodstuff may well have been contaminated in the home.



OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

ANNUAL REPORT OF THE LOCAL AUTHORITY ON THEIR PROCEEDINGS UNDER THE ACT

Prescribed particulars to be included in the annual report to the Minister  
of Labour by Local Authorities under Section 60

TABLE A - REGISTRATIONS AND GENERAL INSPECTIONS

Period Covered - 1st January to  
31st December 1970

(1) Class of premises	(2) Number of premises newly registered during the year	(3) Total number of registered premises at end of year	(4) Number of registered premises receiving one or more general inspections during the year
Offices	18	343	320
Retail shops	29	730	674
Wholesale shops, warehouses	7	46	44
Catering establishments open to the public, canteens	5	146	135
Fuel storage depots	-	2	-
TOTALS:	59	1267	1173

TABLE B - Number of visits of all kinds by Inspectors to registered premises

= 1753





## REGISTRATIONS

59 premises were registered during the course of the year, and in the summary of contraventions it will be seen that 44 were registered only after investigatory visits had been paid by inspectorial staff when the owners or occupiers of the premises concerned were made aware of their statutory responsibilities under the Act in so far as registration is concerned and the forms O.S.R.1 were left for completion.

107 premises were removed from the register.

Generally it is thought that the occupiers of those premises which were removed from the register ceased to carry on business as a result of expiry of lease, demolition of premises as a result of slum clearance, road widening schemes or redevelopment schemes and in a number of instances the occupiers of small businesses ceasing to employ staff. It is necessary to carry out street by street surveys in order to maintain an accurate register and the surveys are carried out during the course of general inspections of the Borough by the inspectorate.

Since the Offices, Shops and Railway Premises Act, 1963, came into operation, 2,002 premises have been registered but only 1,267 premises still remain on the register. The pending redevelopment of the town centre has led to certain premises being vacated after acquisition by the Council and these have been in some instances temporarily re-let for business use.

The present arrangements for registration under the Act require premises in which persons are employed to be registered - it might be better if the registrations were combined with a system of prior approval in order to ensure that premises come up to the required standard when the persons are actually employed in the building. Often one finds plans submitted in respect of premises but the plan submitted by a developer is merely a shell and it is impossible to determine how many people are likely to be employed when the business operates.

The Information for Employees Regulations, 1965, have proved to be of benefit both to employers and employees, who are made aware thereby of the requirements of the Act. Owing to their change in status both Post Office and Local Passenger Transport Authority premises now come under the administrative control of the Local Authority. Previously, being central or local government offices, the administrative control was vested with H.M. Factory Inspectorate and the transfer of functions has taken place very smoothly. It appears that there is a conflict between the Building Regulations and the Offices, Shops and Railway Premises Act, 1963, in so far as the siting of sanitary accommodation is concerned.

## DRY CLEANING ESTABLISHMENTS

Complaints were made by private residents in respect of two separate dry cleaning plants. The nuisance was caused by the escape of vapour arising from a proprietary dry cleaning fluid. It was considered necessary to advise the owner of one of those machines that it should be isolated until the defect allowing the



escape of vapour was repaired, and, in addition, other work was recommended.

A survey of premises at which coin operated dry cleaning machines are in use was carried out within the Borough during the year. This was done during the power workers' dispute when operators of dry cleaning plant were warned of the health hazards and dangers to which they might be exposed, if during the course of a power failure the loading door of the dry cleaning machine was opened. Coin operated dry cleaning machines are so designed that they may be operated by members of the public but generally it is found that the attendant in charge of the premises supervises both the loading, unloading and operation of the machine. A common feature of all machines, with only one exception, is a device that ensures that as long as the machine is in operation, the loading door cannot be opened but it is apparent that in the case of a power failure, the loading door may be opened at any time. In future, manufacturers of dry cleaning machines should ensure that all coin operated machines are fitted with a locking device so that the door remains closed as long as the cleaning operations are taking place. Few, if any, steps may be taken to keep the door locked in the event of a power failure other than education of the staff in the manner that was adopted.

#### MEAL FACILITIES

The fact that Section 15 of the Offices, Shops and Railway Premises Act, 1963, applies only to shop premises is unfortunate for it is not uncommon to find members of staff having to partake of packed lunches or refreshments in offices to which the public resort. It is difficult to appreciate why there should be a distinction between amenities provided for a shop and an office employee.

#### HOISTS AND LIFTS

The Hoists and Lifts Regulations, 1968, were administered and a summary of inspections carried out by the inspectorate is as follows :-

<u>Type of Lift</u>	<u>Number of Inspections</u>
Passenger only	6
Passenger/goods	12
Goods only	5
Service	10
Bullion	10
Platform	1

Examination reports of the above-mentioned lifts were presented at the time of inspection in every case except one. The condition of one of the passenger/goods lifts was such that at the time of inspection it was necessary to recommend the Company concerned to put it out of use for alterations. They co-operated fully to such an extent that the lift was not only isolated but arrangements are now in hand for the lift to be replaced.



## ACCIDENTS

44 accidents were reported during the year of which 17 required investigation.

57% of reported accidents occurred in shop premises.

43% of reported accidents occurred in commercial premises.

50% of all accidents were caused by handling of goods.

No fatal accidents were reported.

One serious accident occurred involving a young male employee, who, as a result of the accident had to have the ends of three fingers amputated. At the time of the accident the injured person was not carrying out normal duties, but was leaning on a paper baling machine whilst talking to a colleague and from enquiries made, it appears that the employee was injured as a result of a careless act on his own part. It was recommended that additional guards be provided to the baling press and that the emergency button be altered. Two accidents reported involved staff operating gravity feed food slicing machines. In both cases plastic guards were provided but were not in position and it has been necessary to warn both employers and employees of the hazards to which they expose themselves if these machines are not operated in the correct manner. Several shops employing large numbers of staff have become more conscious of accident prevention and devote one hour per week to staff instruction, including good house-keeping, safety first and fire drill.

The number of accidents reported relate to 0.45% of staff employed in sedentary work and it is felt that many accidents are still not being reported to local and central government departments.

## VENTILATION. Section 7

Difficulty is experienced in assessing accurately whether suitable and sufficient means of ventilation has been provided in licensed and catering establishments. Most routine inspections are carried out during periods when the premises are not patronised to capacity but, nevertheless, some inspections are carried out during busier periods. Modern establishments rely in the main on artificial means of heating and ventilation, natural means of ventilation being restricted to the opening and closing of doors and small louvered vents and windows. In licensed premises the modern design seems to favour a lower ceiling height in the vicinity of the bar and consequently, unless the area is adequately ventilated, a build-up of foul air occurs. Unfortunately, the public from time to time frequently complain of a draught when the fans are turned on, as a result of which ventilation is not properly maintained. Selection of discharge points from ventilation systems must be carefully made in order to avoid nuisance to occupiers of adjoining buildings. It may be said that shop windows nowadays exist purely for display purposes and contribute nothing towards light and ventilation.



LIGHTING. Section 8

Although no regulations have been made setting out definite standards of illumination, recommendations have been made to employers in accordance with the standards of the Illuminating Engineering Society and generally it has been found that employers have been most co-operative and that standards of lighting in the last few years in offices and shops has considerably improved. Unfortunately, however, the lighting standards within the sales area are rarely maintained in the storerooms.

The staff employed in the administration of the Offices, Shops and Railway Premises Act, 1963, have worked well to bring about further improvements in the condition of premises in which sedentary workers are employed and it is hoped that the list of the contraventions shown below will reduce from year to year, not as a result of any relaxation of standard on the part of the authority, but as a result of the improvement of standards adopted by employers, whose co-operation is greatly appreciated.

CONTRAVENTIONS

575 contraventions were brought to the attention of occupiers of registered premises.

Summary of Contraventions

Section	4	Cleanliness	57
"	5	Overcrowding	3
"	6	Temperature	42
"	7	Ventilation	15
"	8	Lighting	31
"	9	Sanitary Conveniences	74
"	10	Washing Facilities	43
"	12	Accommodation for Clothing	4
"	15	Eating Facilities	6
"	16	Floors, Passages and Stairs	69
"	17	Guarding of Machinery	11
"	24	First Aid	93
"	49	Notification of Employment	44
"	50	Information to Employees	77
		Hoists and Lifts Regulations 1968	6
			—
<u>Total:</u>			575
			—



# F A C T O R I E S   A C T ,   1 9 6 1

## Prescribed Particulars on the Administration of the Factories Act, 1961

### PART 1 OF THE ACT

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

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	20	4	-	-
(ii) Factories not in- cluded in (i) in which Section 7 is enforced by the Local Authority	374	12	2	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out- workers' premises)	34	8	-	-
TOTAL:	428	24	2	-

## 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	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1)	-	-	-	-	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3)	-	-	-	-	-
Inadequate ventilation (S.4)	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary Conveniences (S.7)	-	-	-	-	-
(a) Insufficient	-	-	-	1	-
(b) Unsuitable or defective	1	2	-	1	-
(c) Not separate for sexes	1	1	-	1	-
Other offences against the Act (not including offences relating to out-work)	-	-	-	-	-
TOTAL:	2	3	-	3	-



PART VIII OF THE ACT

OUTWORK

(SECTIONS 133 AND 134)

Nature of work	Section 133				Section 134		
	Number of out-workers in August list required by Section 133 (1)(c)	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply lists	Number of instances of work in unwholesome premises	Notices served	Prosecutions	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Wearing) Making Apparel) etc. Clean- ing and Wash- ing	9	-	-	-	-	-	
TOTAL:	9	-	-	-	-	-	

It is unfortunate that the Inspectors have during the year carried out less inspections of factory premises than is usual. This is because they have increased the amount of work performed in other divisions during the year under review, but it is anticipated that considerably more work will be effected during the course of future years and this will be shown in the reports concerned.

## ATMOSPHERIC POLLUTION

### INDUSTRIAL POLLUTION

It is pleasing to report that the number of factory chimneys seen to be smoking in the Borough has considerably reduced, and this not only results from the past pressures by Inspectors of the Department but is also no doubt partly due to the industrialists at long last recognising that smoke from an industrial chimney is the sign of inefficiency (gone are the days of "where there's muck there's money"). In addition, every industrialist is well aware that smoke results from bad combustion and is the result of the release to the atmosphere of carbons and hydro-carbons, together with other gaseous material from which heat may be derived. There are still a few chimneys that make smoke from time to time and these are now receiving the regular attention of the Inspectors to ensure that steps are taken to prevent the emission of smoke, all of which adds to the air pollution of Merseyside.

### SMOKE CONTROL AREAS

Early in the year 1970 it was alleged that there was a shortage of smokeless fuels and representatives from the Solid Fuel Industries suggested that the Council's Smoke Control Areas should be suspended. However, enquiries of the National Coal Board and the Solid Smokeless Fuels Federation revealed that in the early Spring there was a shortage of one class of solid smokeless fuel (viz. gas coke). Even then the shortage was not acute and the Council were able to resist pressures for the suspension of Smoke Control Areas.

In May 1970, representatives of the Health Committee and the Fuel Industry met in the Social Services Centre when I had the privilege of addressing the merchants on the necessity for domestic smoke control, and coupling with that the Council's re-arranged Smoke Control programme. During the Summer of 1970, the fuel merchants co-operated by laying down vast stocks (valued in excess of £250,000) of solid smokeless fuel - indeed they brought smokeless fuel into Birkenhead from not only all over this country, but, in fact, from various parts of the world. There is no doubt whatever that this co-operation by the merchants enabled the Corporation to resist applications for suspension of all the Smoke Control Areas until November 1970. By that date, unfortunately, the stocks had been considerably depleted, as a result of which the Council formally applied for suspension of all of the Smoke Control Areas in the Borough and the temporary



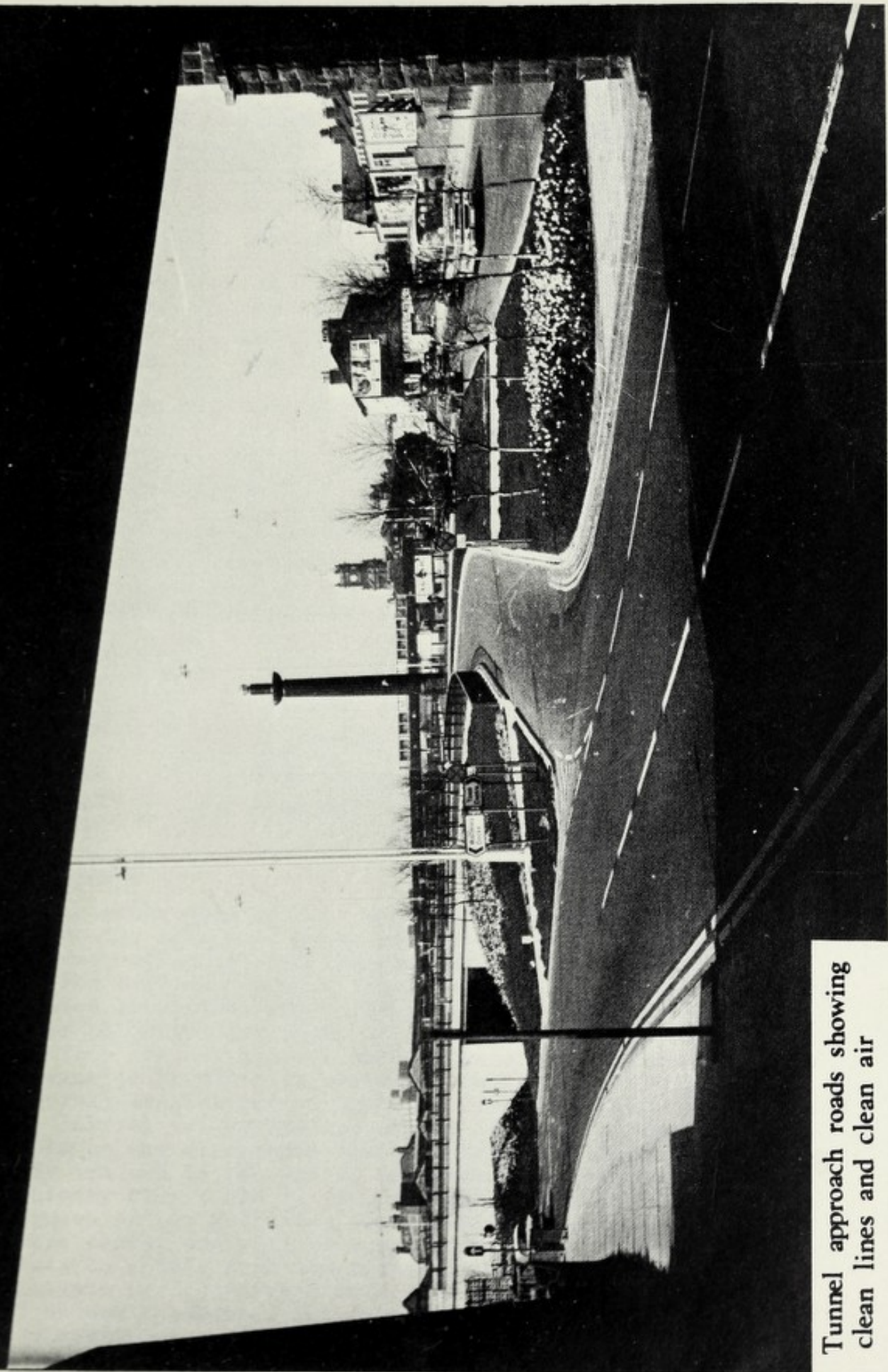
suspension was granted by the Department of the Environment for the period 3rd December, 1970, to 30th April, 1971. Whilst the period of this report does not cover the whole of the winter it was obvious that during the month of December there were marked increases in the amounts of both smoke and sulphur dioxide recorded in the No. 1 Woodchurch Area by the volumetric sampling apparatus. Furthermore, this increase in the volume was visibly noticeable in other parts of the Borough and it is disappointing that this increase arose when one considers that during the course of the last seven or eight years there had been a marked reduction in the amount of smoke and sulphur dioxide present in the atmosphere. The graph (opposite) shows the increase in the amount of smoke that took place if one compares the summer with the winter figure. The aim must be surely to drop the amount of pollution in Birkenhead eventually so that the figures are nearer to the summer readings, and it must be appreciated that the period shown on the graph did not cover the coldest winter months of 1970/71.

Despite the unfortunate set-back from suspension of Smoke Control, work continued on the remainder of the programme and it is hoped that Central Government assurances regarding the supply of solid smokeless fuel will prevent further suspension in the future. The Noctorum No. 10 Smoke Control Area came into operation on 1st July, 1970, whilst the Oxton No. 7 Order survey was virtually completed by the end of the year. A start was also made on the survey of the Saughall Massie No. 8 Smoke Control Area and it is hoped that whilst only 28% of the Borough was subject to Smoke Control in 1969, not less than 70% of the Borough will be subject to Smoke Control in 1974.

To give an example of the progress being made as a result of the construction of new buildings within the areas, the number of dwellings subject to smoke control amounts to 15,326. Therefore, as this comprises 35.4% of the total number of houses in the Borough it shows an increase of approximately 6% in the number of houses in Smoke Controlled Areas. This figure, while commendable, is not sufficient and I hope that in subsequent reports I shall be able to state that this figure has been considerably exceeded. 2,766 acres of the Borough are included in Smoke Control Areas and these represent 31.3% of the Borough, which is an increase of 3.5%. Eventually, when Smoke Control in the denser residential areas comes into effect, the increase in acreage will be low, whilst the increase in the number of dwellings will be high.

The following table gives details of the Smoke Control Areas in operation.





Tunnel approach roads showing  
clean lines and clean air





Details of Orders made are as follows :-

<u>Area</u>	<u>No. of Acres</u>	<u>No. of Buildings at Date of Order</u>	<u>No. of Premises at 31.12.70.</u>	<u>Made</u>	<u>Confirmed</u>	<u>Order Operative</u>
1. Woodchurch	394	3002	4424	8. 2.61.	13.7.61.	1. 7.62.
2. Bidston	386	719	719	23. 3.62.	31.5.62.	1. 7.62.
3. St. James	196	1907	1931	21. 2.63.	21.5.63.	1. 7.64.
13. Fender Valley	418	55	1186	11.11.64.	8.7.65.	1. 7.66.
14. Ford	174	2	1580	11.11.64.	8.7.65.	1. 7.66.
4. Claughton	277	2922	2975	21.10.65.	25.3.66.	1. 7.67.
5. Upton	281	1071	1166	25. 8.66.	6.1.67.	1.10.67.
6. Bidston Hill	269	181	211	25.10.67.	24.1.68.	1. 8.68.
10. Noctorum	371	1024	1134	15. 1.69.	10.7.69.	1. 7.70.
Totals:	2766	10883	15326			
7. Oxton	350	2196	2196	24. 2.70.	7.1.71.	1. 9.71.

Future areas in the planned programme are :-

<u>Number</u>	<u>Area</u>
8	Saughall Massie (Survey completed)
9	Thingwall
15	Birkenhead Park
16	Swan Hill

#### GENERAL COMMENTS

Routine smoke observations are made in the Borough in order to determine the source of smoke pollution and it is hoped that a further survey of industrial furnaces will take place very shortly. The British Standard Deposit Gauge is used now to record any suspected localised industrial pollution. Whenever the figures for pollution are shown to increase, then the normal investigations are carried out both to determine the cause and to enable advice to be given to prevent a recurrence. It is most important that measurement of grit and dust from factory premises should be carried out by the use of the Standard Deposit Gauge, but this in no way eliminates the necessity for the staff to be adequately trained in the proper measurement of grit and dust within chimney flues, and it is hoped that in due course all the staff engaged on air pollution control will have taken the appropriate course and will be supplied with the adequate instruments to enable such measurements to be made. Industrialists are encouraged to submit applications for prior approval of new furnaces. Few take steps to safeguard themselves in this manner, but nevertheless encouragement of industrialists has led to more applications for prior approval being received. It is also the Health Committee's statutory right to determine the



height of a chimney in order to ensure that there is no risk of air concentrates of pollution at ground level. Furthermore, the necessity for installation of grit arrestment plant is also one which warrants the full attention of the Committee, for unless one lives in close proximity to a chimney which emits grit and dust, one cannot appreciate the very considerable nuisance that it causes, as do acid smuts from incorrectly operated or improperly installed oil-fired boiler plant. No oil-fired boiler plant has been given prior approval unless the steel stack has been insulated in order to prevent the flue gases from falling below the acid dew point which would allow the formation of a condensate in the stack, only to be released at a later stage by which time it has become acidic, thereby causing burns, etc. to fabrics.

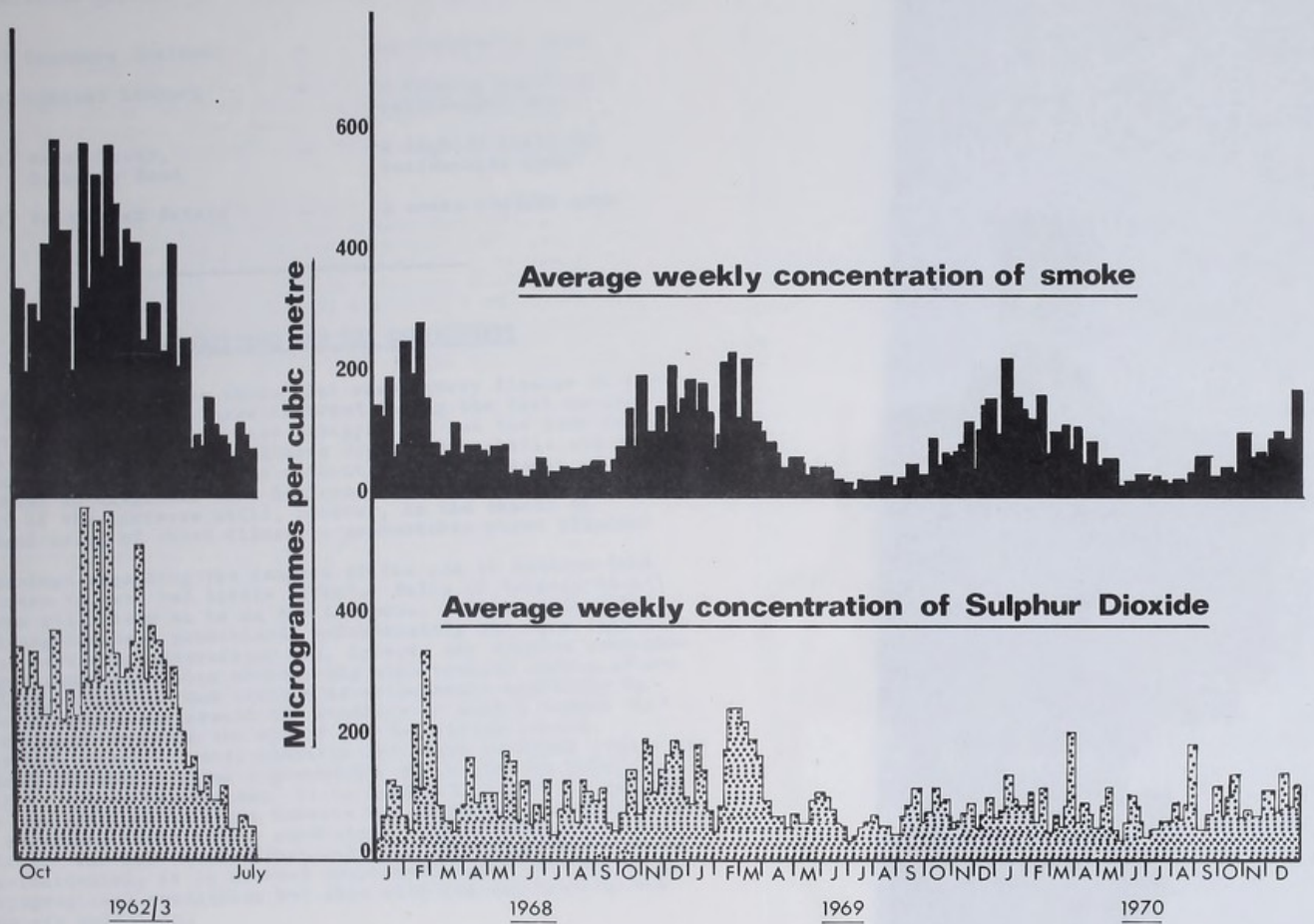
Frequently nuisance from smoke is associated with small scrapyards where the indiscriminate incineration of materials has taken place to recover metals and the control of this source of pollution rests with H.M. Alkali Inspectorate, from whom considerable assistance has been received, and in order that pollution of the area should not take place from these premises the Health Committee have authorised the Public Health Inspectorate to give evidence for and on behalf of the Alkali Inspector if any proceedings have to be taken. A further source of pollution arises from the considerable amount of demolition work which is being undertaken in the Borough as a result of the Council's Clearance programme. The law allows for the incineration of timber, etc., from dwellings prior to demolition if the premises are infested, and, invariably the Inspectors on investigating these sources of smoke are informed that this is the case. This, however, as a result of the pest control programme to which I have also referred, is not true and the demolition contractors are being encouraged to dispose of unwanted materials in a more suitable manner than burning on the site, thereby causing considerable nuisance to tenants. The following shows the number of complaints made and action taken, etc., in relation to air pollution.

#### Clean Air Acts 1956 and 1968

Number of complaints received (Secs. 1, 9 and 16)	34
Number of observations of factory chimneys	36
Number of contraventions recorded (Secs. 1, 9 and 16)	60
Number of prosecutions	-
Number of visits to factories	31

#### Clean Air Acts 1956 and 1968

Notification of installation of furnaces (Sec. 3)	18
Prior approval of new furnace installation (Sec. 3)	6
New chimney heights approved (Sec. 6)	4







## NATIONAL SURVEY OF AIR POLLUTION

The four stations have been in operation since December 1961.

The survey gives a daily record of the amount of smoke and sulphur dioxide present in the air in the vicinity of each station viz :-

- |                                  |   |                                     |
|----------------------------------|---|-------------------------------------|
| 1) Tranmere Abattoir             | - | an industrial area                  |
| 2) Central Library               | - | a densely built up residential area |
| 3) Water Tower,<br>Boundary Road | - | a lightly built up residential area |
| 4) Woodchurch Estate             | - | a smoke control area                |
- 

## CHEST CONDITIONS AND THE ENVIRONMENT

Statistical evidence shows that respiratory disease in the population has shown a change in trend during the last decade. Infective chest disease is fast disappearing but the same cannot be said of preventive chest illness such as bronchitis and cancer. Some increase in statistics is without doubt the result of improvement in diagnosis that has come about in the last decade but much of the increase still, however, is the result of additional cases of chest illness - preventable chest illness!

Warnings regarding the dangers of the use of tobacco (and snuff) seem to have had little effect. Sales of tobacco in all its forms still seem to be on the increase. Whilst television advertising has been prohibited, unfortunately the same cannot be said for newspaper advertising and, indeed, the tobacco companies still get some television advertising when various sports events take place, cigarette and tobacco advertisements appearing in conspicuous positions around the stadiums in such a manner that they are bound to catch the eye of the television camera. Furthermore, sports events, concerts and other cultural events are sponsored by tobacco firms - presumably to regain the publicity that they lost on television. It is ironical, however, that the family who continue to smoke tobacco are prepared to complain so often regarding their living conditions - damp housing or air pollution. The fact that Birkenhead is a bad bronchitic area is not co-incidental, it is without doubt associated not only with the topographical conditions but also with its bad housing and serious air pollution.

Topographically, Birkenhead is situated in the basin of the river Mersey on the Wirral peninsula and it is a low-lying town with the exception of the area around Bidston Hill. The water in close proximity to the Borough, with its Eastern aspect, tends to lend itself to the establishment of periods of temperature inversion which causes high concentration of air pollution from



time to time. The town, being low lying on a fairly heavy clay soil is cold and damp and the preponderance of very old houses without both vertical and horizontal damp proof courses leads to the number of damp living conditions being excessive for a town of this size. The dampness from these worn out houses cannot help but be transferred to bedding and clothing and it does not need a physician to imagine what the outcome will be of such bodily contact.

The congestion of the houses also prevents both the sun and the wind (of which there is no lack in Birkenhead) from their drying effects. The many houses with outside lavatories also aggravate conditions, for often enough when people go outside to these antiquated toilets, they invariably go without proper bodily protection.

When the Beaver Report was published, certain black areas of air pollution were determined and Birkenhead is in one such area on Merseyside. This report was followed by the Clean Air Act, 1956 - "an Act to prevent pollution of the atmosphere". Local Authorities in this country had the most advanced clean air legislation in the world thus enabling them to control industrial and domestic pollution. It is nowadays unusual to find smoke rising from industrial sources - the industrialists look upon smoke as a waste of money. The public health inspectorate have done very well to reduce industrial smoke in the Borough to negligible proportions. Domestic smoke, it has been claimed is responsible for 66% of all air pollution in this country. Birkenhead is no exception and with its congested houses and risk of temperature inversions, the dangers of smog conditions always exist.

One way towards their prevention is to increase the number of smoke control areas in the town, and this plan was approved by the Health Committee in 1969. This will, if implemented, and this must be the case, lead to more than 60% of the Borough becoming subject to smoke control within four years - a very different picture from the 28% when the new programme was prepared.

Programmes of housing repairs and smoke control cannot be implemented without expenditure but who can evaluate cost with health. The Public Health Inspectorate are well qualified to assess problems and ensure that steps are taken to bring about effective improvements. Such improvements as the Council approve will lead to an overall improvement in the health of the townsfolk and the condition of the town's environment.

## MAY 1971

Widdowson, Tolleray, Willington, Willington Park, Widdowson, Widdowson and Widdowson Urban Districts, are supplied by the Widdowson Water Board, which was established in 1955. This Widdowson Water Authority is a private company owned by the Widdowson Water Board. The Widdowson Water Authority receives its water from three sources: an underground reservoir at Widdowson, the Widdowson River, which flows from the River Don, and a number of boreholes drilled around Widdowson. Two of these wells at Spring Hill and Widdowson are situated within the Borough of Widdowson.

From all these sources the Widdowson Water Board is able to supply a total of about 20,000,000 gallons of water daily.

## PART V

At the Widdowson Water Board, the water is treated through a filtration process and is pumped to the Widdowson Water Board's reservoir at Widdowson Park.

## Water Supplies

## Fluoridation of Water Supplies

## Public Swimming Baths

## Sewerage

## Medical Examination of Corporation Employees

## National Assistance Act 1948 Section 47

## Work done on behalf of the Children's Committee

## Problem Families

## Nursing Homes

## Cremation

## Rehousing on Medical Grounds





### WATER SUPPLY

Birkenhead, Wallasey, Bebington, Ellesmere Port, Hoylake, Neston and Wirral Urban District are supplied by the Wirral Water Board, which was established in 1963. This Wirral Water Authority was a prelude to the now proposed Wirral Local Authority. The Water Board receives its water from three sources: an impounding reservoir at Alwen, in North Wales, water from the River Dee, and a number of boreholes dotted around Wirral - two of these wells at Spring Hill and Flaybrick are situated within the Borough of Birkenhead.

From all these sources in Wirral there is a total yield of about 43,000,000 gallons daily.

At the Alwen Reservoir, built in 1921, the water is processed through a filtration works before being pumped in the Alwen aqueducts and carried about 40 miles to the Crosshill Reservoir at Thingwall.

Water is drawn from the Dee at two points - one in Chester at Old Dee Bridge and the second at Heron Bridge. These two can provide up to 17,000,000 and 7,000,000 gallons respectively.

From Old Dee Bridge, water is lifted and pumped in large diameter pipes to the treatment works, Sutton Hall, Great Sutton.

From Heron Bridge it is pumped to the Ashgrove Works on the outskirts of Chester where it is given partial treatment.

It then travels by gravity flow to Sealand for final treatment, is passed into the Alwen aqueduct and carried to Crosshill.

Finally, there are nine boreholes. They are at Mouldsworth, Prenton, Spring Hill and Flaybrick, both in Birkenhead, Seaview Road in Wallasey, Grange and Newton in West Kirby, Hooton and Neston.

Most of the boreholes yield completely pure water but some chlorine is added. The water is pumped into on the site storage reservoirs and then straight into the supply mains.

Birkenhead receives from Crosshill Reservoir - which means Dee and Alwen Dam water and also Flaybrick, Prenton and Spring Hill boreholes.

The main water works laboratory is situated at Sutton Hall, and is operated by a full-time Chemist and Bacteriologist and four assistants who supervise the treatment process and undertake regular chemical and bacteriological examinations. During 1970, the Engineer and Manager of the Wirral Water Board, Mr. N.H. Gimson, B.Sc., F.I.C.E., M.I.W.E., reports that the water supplied to the Borough has been satisfactory both in quality and quantity. There have been no cases of contamination and all new mains are chlorinated before being brought into use. Regular bacteriological and chemical analyses are sent to the Health Department. These water samples are taken by public health inspectors of the Department. The results throughout the year have been satisfactory. The water supplied to the Borough is not plumbo



solvent. The fluoride content of the water from all sources is less than 0.1 p.p.m.

The estimated number of dwellings in the Borough is approximately 45,500. All properties are supplied direct from the distributive system.

### FLUORIDATION

During 1970, there was no further major discussion in Birkenhead Council regarding fluoridation. Some members of the Council are in favour, but the majority are against this idea of mass medication; even though it is for the benefit of the dental health of future generations of children. The opposition to fluoridation of the water supply is undoubtedly shared by some members of the public and by the National Pure Water Association.

During 1969, a resolution was passed by the Programme and Budget Committee of the World Health Assembly recommending "Member States to examine the possibility of introducing and, where practicable, to introduce fluoridation of those community water supplies where the fluoride intake from water and other sources for the given population is below optional levels, as a proven public health measure; and where fluoridation of community water supplies is not practicable, to study other methods of using fluoride for the protection of dental health".

It is curious that this resolution was sponsored by the United Kingdom and attracted no less than 37 co-sponsors out of just over 100 countries present at the time after a good and fairly prolonged debate. Some of the co-sponsor countries have a better record of fluoridation than the United Kingdom, e.g. New Zealand has 47% of the population drinking fluoridated water.

Various alternatives have been considered other than mass medication of the water supply. One method which received publicity in 1970 was fluoridation of the welfare milk. The Department of Health and Social Security were not satisfied with the safety of this procedure. Conditions in the average commercial dairy, unlike those in a water station would make it difficult to ensure adequate safety precautions.

Mention is made of these facts about fluoridation to demonstrate the care that is taken of the health of the people by leading health authorities in the country, and in the world. It is so easy to suggest alternative sources, such as fluoride tablets to children or fluoridating welfare milk, but if the needy children are to receive adequate fluoride to prevent dental caries there is only one safe and effective way and that is by adding 1 part per million of fluoride to the public water supply. It is a pity Birkenhead water supply is so deficient in fluoride - this would save so much future wrangling and debate.



SEWERAGE

The Borough is well served by public sewers and with the exception of approximately 50 properties which have cesspool or septic tank drainage, all property in the area has main drainage.

There is now only one main drainage area which is not adequately served by the existing sewerage system, namely, the North Wirral Drainage Area. Drainage facilities in this area, which also includes adjacent areas under the Wallasey, Hoylake and Wirral Local Authorities, are at present being improved under a joint scheme for the provision of a 3 mile long sea outfall sewer off Dove Point, Meols, and trunk sewers to serve the various local authority areas. It is expected that this sewerage scheme will be completed in mid 1972 by which time it should be possible to remove the ban on development in this area requiring additional connection to the sewerage system.

The only sewage treatment carried out by the Local Authority in this Borough is a temporary arrangement to enable some industrial development to take place within the North Wirral Drainage Area without infringing the ban on additional discharge to the sewers. The treated effluent goes to the Arrowe Brook. As soon as the ban is lifted the treatment plant will be removed and the outfall connected to the main drainage.

None of the sewage which discharges to the River Mersey via the Birkenhead outfalls is treated.

The recent report by the Mersey and Weaver River Authority highlights the fact that very little of the sewerage which is discharged into the Mersey is treated. The main obstacle in reducing the pollution of the Mersey is the heavy cost, but as the River Authority shows, the various local authorities who spill their waste into the Mersey are going to have to bear this cost in the coming years. We cannot afford to ruin the River Mersey which is an invaluable amenity in this area. In terms of the treatment of sewerage and trade effluents we must get rid of our attitude of resignation and make a constructive plan for the future improvement of the river.



MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

The medical questionnaire system, introduced in 1969, for all officers entering Corporation service proved very successful. Candidates with a doubtful medical history were noted for medical examination and those entering the service and superannuation schemes over the age of 45 years completed the medical questionnaire but were always medically examined. As it seemed we were finding most ill health amongst the officers during 1970, the system was extended to all people entering Corporation service.

There were 776 questionnaire forms received, and of these 196 we medically examined. The equivalent of 58 doctor sessions saved £368.

There is really no point in examining people unnecessarily - much more to the point is to examine people who have a poor work record and those who are off sick for some months who may require a change in their pattern of employment. This is not easy from department to another department, but I honestly believe the medical officers of the department gave help in a number of the more difficult health problems as they affected employment in the Corporation. Our aim is not to usurp the excellent work of the family doctors but to assist them in helping their patients back to full employment.

During 1970, there were 9 applications for driving licences in connection with the Motor Vehicles (Driving Licences) Regulations, 1970. This recent legislation represents an easing in allowing licences for certain people whose epilepsy is now well controlled on treatment. The Medical Officer of Health, after consideration of an application in writing from the patient and reports from the family doctor and, if necessary, consultant physician, has to decide on the suitability of the candidate for a driving licence. This is a difficult task and these drivers are carefully considered. We must recognise, however, that the driver who states his problem is probably a great deal safer than the one who does not and is, therefore, not subject to the regulations.

Department	Not Passed		Deferred for further examination	Passed for:					Recommended for Premature Retiral	Examination for:			Special Examinations	Totals
	Service	Superannuation		Service	Service and Superannuation	Superannuation	Teaching Appointments	Entry into Teachers' Training Colleges		Heavy Goods Vehicle Licence	Tar Cancer	Disablement		
Architect	-	-	-	9	-	10	-	-	-	-	-	-	-	19
Baths and Markets	-	-	-	9	-	6	-	-	-	-	-	-	-	15
Borough Valuer	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Children's	-	-	-	2	-	-	-	-	-	-	-	-	-	3
Cleansing	-	1	4	41	7	26	-	-	3	10	-	-	10	102
Education	-	1	1	95	-	15	21	143	-	-	-	-	7	283
Engineer and Surveyor	-	-	1	8	11	14	-	-	-	-	9	-	2	45
Fire and Ambulance	-	-	-	6	2	3	-	-	-	-	-	-	2	13
Health	-	-	-	3	4	9	-	-	-	-	-	-	-	18
Housing	-	2	4	13	2	7	-	-	2	-	-	-	1	30
Libraries	-	1	1	1	2	3	-	-	-	-	-	-	-	5
Other Authorities	-	-	-	-	3	2	-	-	-	-	-	-	-	5
Parks and Cemeteries	-	-	3	32	2	12	-	-	-	-	-	-	1	50
Probation Service	-	-	-	-	-	8	-	-	-	-	-	-	-	8
Town Clerk	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transport	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Treasurer	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Welfare	-	-	5	28	7	14	-	-	-	-	-	-	1	55
Weights and Measures	-	-	1	-	1	1	-	-	-	-	-	-	-	3
Works	-	-	8	59	9	12	-	-	-	5	-	-	8	101
TOTALS:	-	5	28	306	48	144	21	143	5	15	9	-	32	756



## NATIONAL ASSISTANCE ACT, 1948.

Duties under this Act will now be assigned to the new Social Services Committee of the Council.

There is the utmost co-operation between the staffs, and useful information about handicapped persons or aged and infirm is exchanged between social workers and the various officers of the Health Department.

During the year, no case was required to be dealt with under Section 47 of the Act. The Medical Officer of Health is sometimes asked to use this power, but persistent discussion and persuasion of the elderly infirm will nearly always encourage them to enter an old people's home or a hospital. Indeed, it is the elderly person's tenacity of spirit which keeps them going under difficult circumstances. In 1970 we discovered fewer elderly and infirm in filthy, unhygienic situations, but where we did find deprived elderly the staff of the various departments and the voluntary agencies including young volunteers worked well together to sort out these difficult situations - all are to be congratulated on their persistence. For several elderly people, this work has meant new life.

## WORK DONE ON BEHALF OF THE CHILDREN'S COMMITTEE

Throughout the year the routine medical supervision of children in the care of the Local Authority has been carried out by Medical Officers of the Health Department. Examinations were carried out at the larger group homes and in foster homes, as laid down by the Home Office Boarding-Out Regulations.

## CO-ORDINATING COMMITTEE - PROBLEM FAMILIES

At intervals in 1970, meetings were held to co-ordinate the work of the various departments of the Corporation dealing with these families in trouble.

## NURSING HOMES

There are still only two registered nursing homes in the town. The additional application of 1969 did not materialise in 1970 as the standards required were too high and the expense for private property owners can be great. Some who fail in their nursing home applications are accepted as homes for the elderly under the Social Work Department.

Difficulty is experienced by owners of Nursing Homes in finding money to bring them up to regulation standard. During 1970, there was much negotiation with one of our two existing nursing homes to improve standards and by the end of 1970 some progress had been made. Unfortunately, these improvements inevitably result in higher fees for the old and sick people - one must ask again if high costs close nursing homes or discourage others from opening homes, where will the increasing number of frail, isolated, elderly people live in their declining years? It must be emphasised that if an elderly person can afford to go into



a private home, this leaves one more place in the Local Authority home for a senior citizen who is in poorer financial circumstances.

### CREMATIONS

The Medical Officer of Health acted as Medical Referee to the Landican Crematorium during most of 1970, but when Dr. Roberts, the new Deputy Medical Officer of Health, arrived in November, 1970, he took on this work and the Senior Medical Officer and one other Medical Officer in the Department continued their work as Deputy Referees. The Medical Officer of Health will now also act as a Deputy Referee as necessary. It is necessary to have a number of Referees to cover holiday periods and other times when doctors doing this work are away from the Department. The numbers of cremations fell slightly in 1970 compared with the previous year but, as will be seen, the Landican Crematorium serves a wide area around the Wirral and into Wales - this being so even with a crematorium at Chester.

Birkenhead	..	693
Wallasey	..	664
Bebington	..	307
Hoylake Area	..	273
Neston Area	..	38
Heswall Area	..	216
Wrexham	..	3
Chester	..	66
Other Areas	..	80
<u>Total:</u>		<u>2,340</u>

### RE-HOUSING ON MEDICAL GROUNDS

During the year 1st January - 31st December, 1970, there were 266 recommendations for re-housing on grounds of ill health. These were chosen from the many cases referred for medical priority :-

*** (Top priority)	151
** (2nd priority)	91
* (3rd priority)	24

It is very difficult to satisfy the requirements of some of the handicapped people and when offers of re-housing were made they were sometimes refused.

Thus, of the total number of priority recommendations the actual numbers re-housed during the year were as follows :-



\*\*\* (Top priority) 63

\*\* (2nd priority) 30

\* (3rd priority) 7

Thus, many problem situations still remain. The following comments give some idea of some of the factors that were taken into account in determining the priority and some of the difficulties that have to be overcome.

A high priority was given to the elderly and infirm. Many of these old folk have been on the Birkenhead Housing List for twenty or more years. While their health has been good they have managed in old terraced houses which lack amenities. They have been able to cope with steps to the yard and an outside toilet. Other elderly are living in very large houses, where they have brought up their families, but now the old people are alone or as an elderly couple trying to clean too many rooms and climb too many stairs. Ill health, bronchitis, heart failure, rheumatism, or a combination of these and other ageing diseases, makes their re-housing a top priority. The Assistant Director of Housing and his helpful staff do their best to accommodate these sick, elderly folk. There is shortage of ground floor accommodation, many want a bungalow which are in even shorter supply; to be near their own area of the town; to be near their friends; to be near the shops; the local church and the local club. It is difficult to satisfy every need, and on occasions re-housing of the chronic elderly infirm is delayed because the situation of the new home is not quite satisfactory.

Another high priority group are the younger handicapped people. During 1970, those injured from various causes were re-housed in suitable accommodation. Case conferences sometimes proved necessary, with representatives from Social Services and Housing Departments, so that suitable adaptations to Corporation property could be made. The responsibility of the local authority to carry out such adaptations was emphasised by the Chronic Sick and Disabled Persons Bill which came into force in 1970. The problem with this Bill is that those local authorities who have the greatest difficulty in housing, and heavy slum clearance programmes, also have the greatest number of handicapped people needing assistance. This is certainly true in Birkenhead, but the Council have responded to the many problems and in the last few years have intensified their efforts to help the handicapped - particularly in the field of re-housing on medical grounds.

Some consideration is given to big families if there is good evidence that the health of the children is being undermined by bad housing conditions. The stopping of the slum clearance programme which was necessary in 1969 due to the many families who needed re-housing when the fly-over roads were built, caused many requests for re-housing on medical grounds. These problems have largely been solved by the decision to intensify the clearance programme.

Statutory overcrowding is itself sufficient grounds for a family to be offered re-housing without medical recommendation. Unfortunately local circumstances are such, that because of the



number of overcrowded living conditions, medical priorities must be given to the more difficult cases.

Every encouragement is now given to family planning. This will be even more necessary in the future as young people marry at younger ages. Everyone has to realise the importance of planning if we are to raise the standards in some families. Just to have numerous children is not good enough; every child has a right to fullness of life and this is a parental as well as a local authority and state responsibility. It is particularly depressing when families with several children are housed in multi-storey flats, where play facilities are cut to a minimum. During 1970 the Council reiterated the wise decision to build no more high rise flats and went further in their decision to demolish some of the worst multi-storey buildings in the next few years. What a relief it will be for us all when this demolition begins - there will certainly be fewer requests for re-housing on medical grounds from these multi-storey situations. The Medical Officer of Health and the Assistant Director of Housing have to give very careful thought to re-housing from the multi-storey flats. Leaving flats empty attracts vandalism and worsens the conditions of those people who have to remain in the high rise flats.

Mention is made of some of the problems of re-housing on medical grounds to assure people that every effort is made to be fair. The \*\*\* priority are usually people with multiple diseases or grossly handicapped - particularly the frail elderly. The \*\* priority cases are often people with chronic chest disease - the ever-present scourge of industrial Merseyside. Their need for re-housing in the smoke free areas cuts down their choice of housing. Their situation is made worse if they cannot live in houses with a centrally heated atmosphere. The \* priority are those with a less urgent need who will be re-housed in due time as opportunity arises.

During the year 1970, there has been an excellent liaison between the officials of the Housing and Health Departments. The Assistant Director of Housing and Deputy and staff are to be praised for the efforts they have made to meet the problems of those citizens needing re-housing on medical grounds. At times it is very difficult to satisfy that need, as everyone wants a detached house or bungalow in just the right street in the chosen area of Birkenhead. In spite of all difficulties, and there are many in Birkenhead, there is a justified optimism that housing in the town improves as every year passes. As housing improves, health must surely improve.





Produced and printed in the  
Borough Treasury, Birkenhead









