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Contributors

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THE HEALTH OF BIRKENHEAD

1972



ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

AND THE

ANNUAL REPORT OF THE PRINCIPAL SCHOOL MEDICAL OFFICER

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COUNTY BOROUGH OF BIRKENHEAD

HEALTH COMMITTEE

Chairman:

Councillor Miss D. Tomlinson

Deputy Chairman:

Councillor J.S. Kellett

Alderman:

R. Pilkington

Councillors:

E.C. Ainslie

Mrs. B. Bagnall

D.W. Hughes

Mrs. MacDougall

M.F.H. Noonan

R. Stretch

E.J. Parnall

Mrs. L. Pattinson

Mrs. C.J. Rimmer

Mrs. M. Ryan

W.W. Smith

P.A. Wilson, J.P.

Co-opted Members:

Dr. N.E. Nathanson

Mrs. S.E. Jones

Mr. L.N.S. Jones

Mrs. G. Twidale

Ex-Officio Members:

Alderman C.S. McDonald - His Worship the Mayor

Alderman J.H. Roberts, J.P.

Alderman D.A. Fletcher, J.P.

Alderman J.W. Oates

Councillor G.B. Porter

S T A F FMedical Officer of Health:

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

Deputy Medical Officer of Health:

J.T. ROBERTS, M.B., B.S., M.F.C.M., D.P.H. - (Resigned 31.7.72)

MARY P. HARAN, M.B., B.Ch., B.A.O., M.F.C.M., D.P.H. -
(Appointed 1.8.72)

Senior Medical Officer:

MARY P. HARAN, M.B., B.Ch., B.A.O., M.F.C.M., D.P.H. -
(Until 31.7.72)

MARGARET HOUGHTON, M.B., Ch.B., D.P.H. - (Appointed 2.10.72)

School Medical Officers:

PAMELA P. GRIFFITH, L.R.C.P., L.R.C.S., L.R.F.P.S. -
(Resigned 1.12.72)

ANN WILSON, LL.M.R.C.P., LL.M.R.C.S., M.R.C.O.G. -
(Appointed 19.6.72)

Local Medical Practitioners who provide part-time services
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. - (Ceased w.e.f. 24.3.72)

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

NORA M. ENGLISH, M.B., B.Ch. (Ophthalmic)

PHYLLIS JEAN DISLEY, M.B., B.Ch.

E.N. GOLD, M.B., Ch.B., M.R.C.G.P.

M. SNELL, L.R.C.P., L.R.C.S., L.R.F.P.S.

W.J.F. GOLLINS, M.B., Ch.B., D.P.H.

Chief Dental Officer:

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

Director of Nursing Services:

Miss J.J. McDONALD, S.R.N., S.C.M., H.V.C., N.E.B.S.S.C., Q.I.D.N.

Area Nursing Officer/Non-Medical Supervisor of Midwives:

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.

Assistant Chief Public Health Inspector:

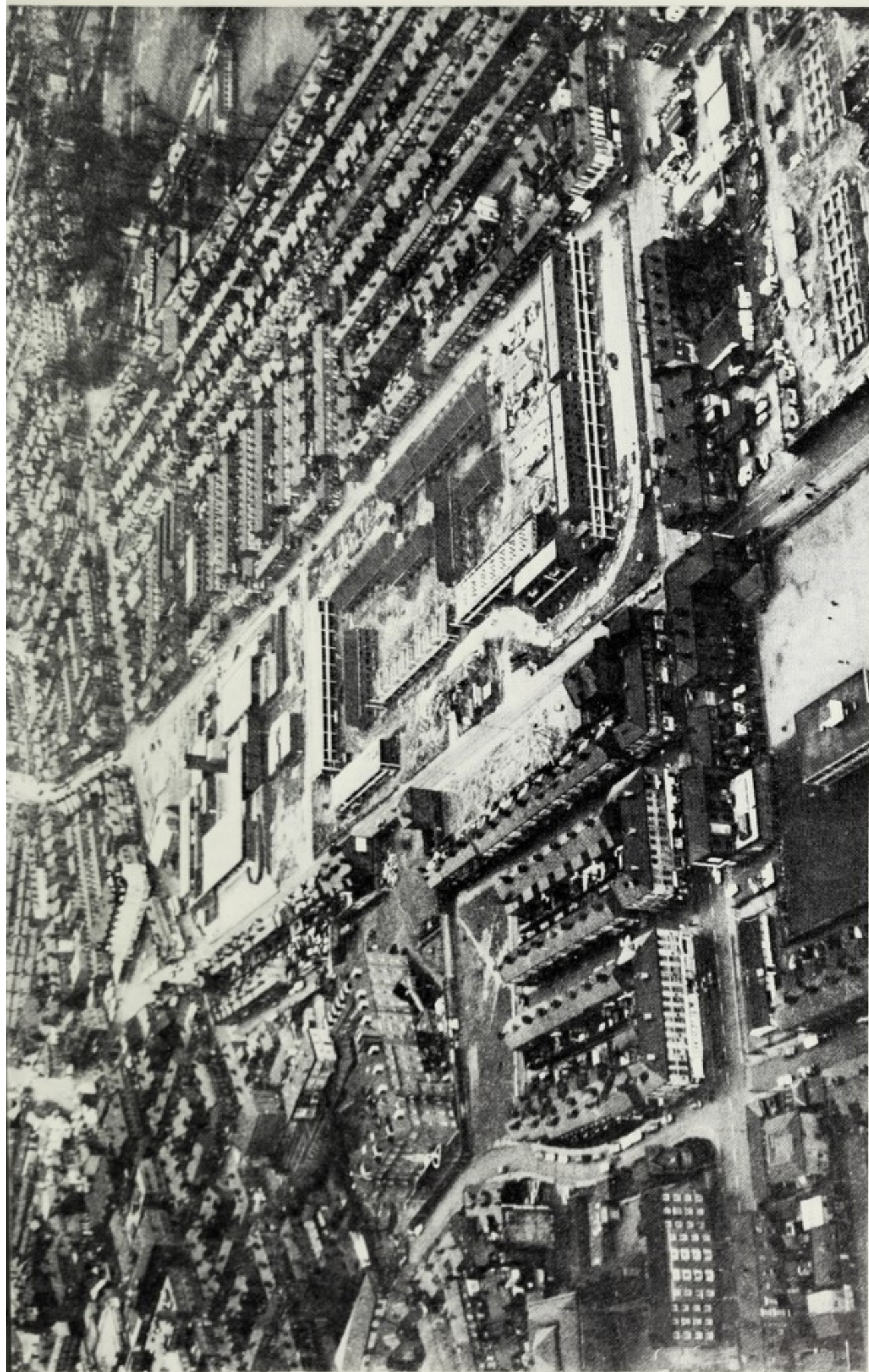
T.K. WARD, LL.B.(Lond.), M.R.S.H., M.Inst.M.

Chief Administrative Officer:

S. DUCKWORTH

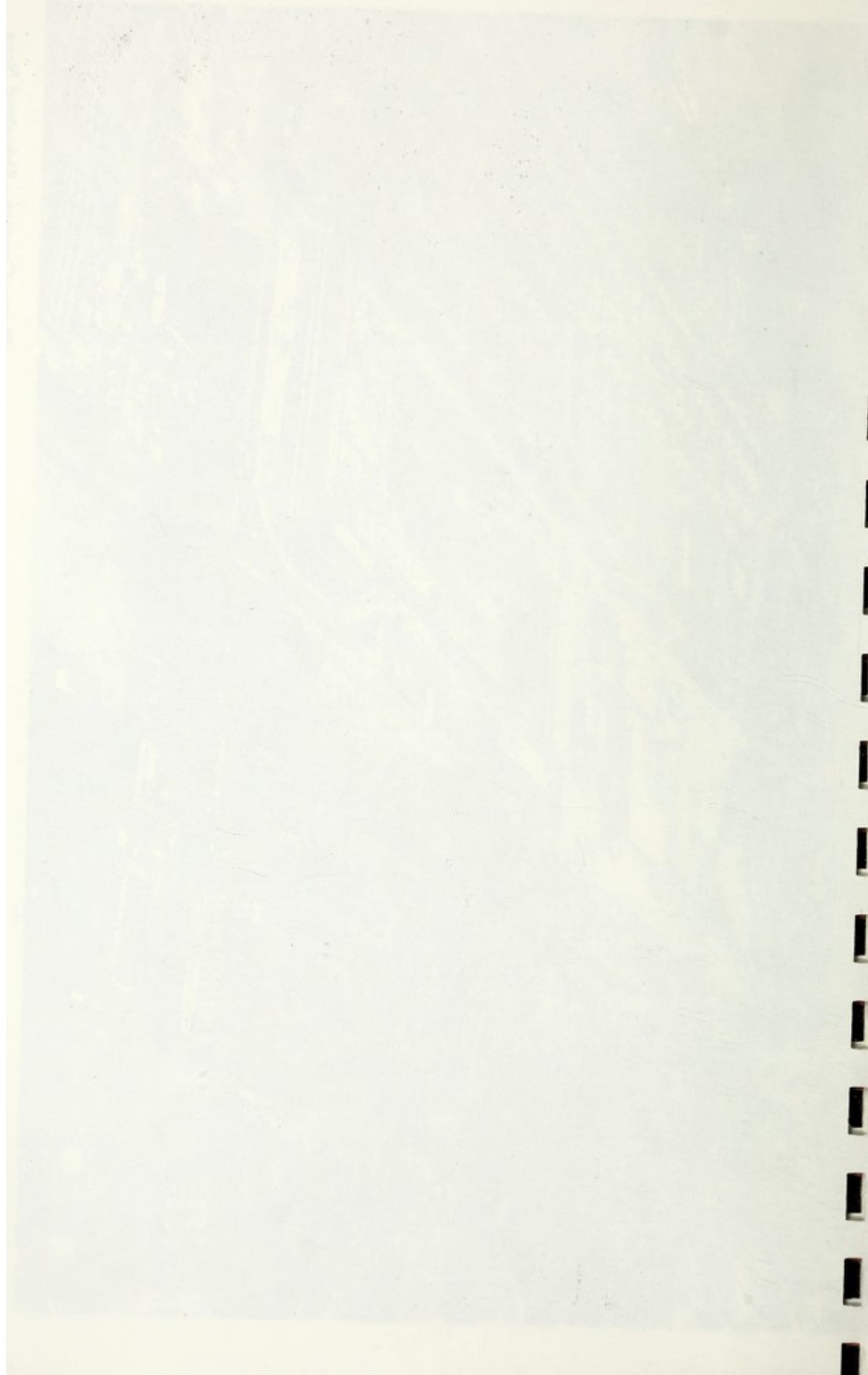
Chief Chiropodist:

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



TOWN RE-DEVELOPMENT - EXMOUTH STREET

Photo: Courtesy - Birkenhead News



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

"My love for an institution is in proportion to my desire to reform it." (John Stuart Mill)

1972 began the reforms of local government and the National Health Service, a year in which the Medical Officer of Health and members of the Health Department were faced with the problem of giving sufficient time to run and further improve the Health Services of Birkenhead, and at the same time enter into a total reorganisation which by 1974 will see Birkenhead disappear into a New Wirral Local Authority with a co-terminus Wirral Area Health Authority.

Early in 1972 the Medical Officer of Health became a member of the Management Structure Working Party considering the new management of the new Wirral Authority. As the Medical Officer of Health was no longer to work as an Officer of the new Local Authority he could take a fairly detached position and consider how the new management structure proposed should link in with the new Health Authority, for it is essential that these links are right if the public are not to receive a poorer service than they have previously had. Particularly is this co-operation necessary in the fields of Environmental Health and Housing, Education and Social Services.

By August 1972 the reorganisation of the National Health Service was beginning and the Medical Officer of Health found himself with further duties as Secretary of the Wirral Joint Liaison Committee. I could not have begun these duties without the whole-hearted support of members of the Health Department and of other departments of Birkenhead Local Authority - great assistance came too from the Hospital Administration and the Hospital consultants and from the Executive Council and the family doctors. The new Joint Liaison Committee really was representative of many opinions, and there has been an enhancement of integration which already existed in the Wirral.

During the year, to assist us in our understanding of the new structure, several of the senior members of the Health Department went on integration and management courses, and the impression of the staff was that, although they received help from the courses, they also had something to offer from their experiences in Birkenhead.

In spite of the storms of reorganisation, the maintenance and improvement of Health Services in the town continued. In 1972, the two principal improvements were in the management of Nursing Services and in Health Education.

In February 1972, the Director of Nursing Services took up her new appointment and the new Mayston Management Structure for the Community Nursing Services was born. In the months that have followed, great progress has been made, particularly in the attachment of all members of the nursing staff to the family doctors. The Committee agreed to an increase in the Health Visitor and District Nursing establishment and to the appointment of nursing auxiliary staff - this increase in establishment

was necessary to meet the increasing demands on the community nursing services. I am grateful for the way in which the nursing staff have accepted change - this augurs well for the further changes which will surely come with integration in 1974.

For sometime we had been without a Health Education Officer, but when the new Officer arrived in mid-1972, a new impetus was added to this work. The new appointment was a joint one with the County Borough of Wallasey, as the previous Health Education Officer appointment had been. Accepting that this work of Health Education was most important, it was agreed that once the Health Education Officer had settled down a further appointment of Assistant Health Education Officer should be made early in 1973. It is to be hoped that we can fill this new appointment for, as this report shows, much advance has been made in Health Education in Birkenhead, but much remains to be done.

This foreword is followed by an account of the progress made in various health fields during 1972. Considering all the work of reorganisation, the existing Health Services have been maintained at a very high degree of effectiveness.

Dr. J.T. Roberts, the Deputy Medical Officer of Health, was promoted to become Medical Officer of Health for Cambridge - in thanking him for his service we wish him well. His place was taken by Dr. Mary Haran, the Senior Medical Officer, and by the end of the year a new Senior Medical Officer was appointed and a further full-time Medical Officer, with particular interest in maternity and family planning and infant services. In the appointment of these new doctors we have been most fortunate. The continuing help of part-time doctors and family practitioners have enabled us to maintain a high level of clinical service.

In the administrative field, we have lost a few of the junior staff, but the senior administrative staff are ever ready to train new members - we should be grateful to these senior people who have given such long and devoted service to Birkenhead - they need have no worry, the new Health Service will need them as we have too few people with real expertise.

I am grateful to the support received from the other Chief Officers and members of their departments. Our Chairman in the early part of 1972 was Alderman McRonald, and when he became Mayor in May 1972, the chairmanship of the Health Committee was once again taken by Councillor Miss Tomlinson - both gave great encouragement and with members of the Health Committee showed a real concern for the progress in Health in Birkenhead.

Together we are all helping to change the face of Birkenhead. The resumption of work on the new shopping centre promises well for the future. The removal of the pre-war part of Ilchester Square by the end of 1972 raised the health of the North End of the town. The start on the building of a new Health Clinic at Miriam Place promises a centre for health where a raised standard is most needed.

I would like to express my thanks to Mr. Darley, the Chief Public Health Inspector. His enthusiasm for house improvement - particularly the exhibition he organised in early 1972 -

encouraged many people to take advantage of the generous improvement grants. The Director of Architecture, the Housing Manager and the Housing Committee added further improvements to Corporation and private housing in so many ways. To see the damp, unfit houses cleared and replaced by houses with modern amenities is encouraging, but I am a little concerned that in an endeavour to meet a certain density of people per acre that we are still building maisonettes on maisonettes. It is difficult for the family living in the top maisonette - there are many requests for rehousing on medical grounds for families with children in these second floor maisonettes and multi-storey situations. Children need somewhere to play, and mother needs some respite for her nerves. Often these simple family health requirements are not taken sufficiently into account. In corporation property, particularly where there is a high family density, there must be a high standard of management and maintenance if we are to avoid some of the problems of past years.

In spite of the problems, the year 1972 has seen much progress in health in Birkenhead. This improvement has been the result of a corporate effort - I am grateful to all who have given their support.

P.O. NICHOLAS,
MEDICAL OFFICER OF HEALTH.

PROGRESS OF HEALTH SERVICES IN 1972

(1) Nursing Services:

These were reorganised under a Mayston structure during early 1972. Following the appointment of Miss McDonald as Director of Nursing Services, Miss Pringle was appointed in the Middle management position as Area Nursing Officer, and five Nursing Officers were appointed.

(2) Attachment of Nursing Staff to Family Doctors:

Once the management structure of the nursing staff was completed, moves went ahead to extend the previous position of liaison and some attachment of nursing staff to General Practitioners so as to complete attachment of all nursing staff within the existing nursing establishment. This was to some extent hampered by a shortage of fully trained Health Visitors and District Nurses - the former are in short supply everywhere in the country - but particularly in Northern areas.

(3) Appointment of State Enrolled Nurses and Ancillary Nursing Staff:

To ease the shortage of the fully trained Health Visitors and District Nurses, the establishment of lesser trained staff was increased during 1972 to take on some of the more routine nursing duties.

(4) Training in Community Nursing:

During 1972, discussions continued with the Birkenhead Hospitals' School of Nursing to ensure that their students in training received more experience on the district - the community module was introduced into the nurses' training programme. There has been increasing links between the nursing staffs of hospital and community in prelude for complete integration in 1974. The trained district midwives are attending the hospital more - our only regret is that during 1972 it was found not possible to achieve an integrated Midwifery Training Scheme, and we are still continuing with a Part I and Part II scheme. Discussions with the Central Midwives' Board must continue in 1973. Several Community Nursing Staff attended management and other training courses in 1972.

(5) New Hospital at Arrowe Park:

The building is now beginning to show the steel super-structure. This new hospital will require some well trained nurses, and we must have adequate numbers of midwives for the new maternity unit.

(6) Family Planning Services:

It has been remarked that the new Maternity Hospital beds will not be fully used as in 1972 the birth rate has fallen to 16.9 compared with 18.5 in the previous year. 2,321 births in 1972 compared with 2,555 births in 1971. However, this is a false way of considering people's need to plan

their children. The only way a 95% hospital delivery is achieved is by rapid 48 hr. discharge, perhaps too rapid! A longer rest for the mother and less rush for the staff may be to everyone's advantage. Health Visitors and Midwives with full theoretical and practical knowledge in family planning have continued to visit the Obstetrical and Gynaecological Wards, and particular attention has been paid to giving domiciliary advice, and in a few cases, prescriptions to the families in greatest need. The urban development Grant given for five years from 1971 is being well used, if the increasing numbers attending the Direct Service Clinics is anything to go by. During 1972, a further grant of £1,500 for three years was granted by the Ministry to extend family planning work in Birkenhead.

(7) Care of Young Babies:

Assessment work and the picking out of "At Risk" babies has continued during 1972. The 'social risk' babies also have received a great deal of attention. It is pleasing to note there were only one or two battered babies - thus there were not many meetings of the Committee, but when necessary social workers, nurses, N.S.P.C.C. officers and a preventive woman police officer have joined together to give maximum help to these sad families.

(8) Specialised Health Visitors and Nurses:

The above have continued their work with handicapped children visiting Special Schools, Hospitals and classes, and seeing to the needs of these children in their home. One of the new Health Visitor Nursing Officers was put in charge of this work in 1972. The planning of the new school for physically handicapped children continued in the year - this should be a beautiful 100 place school with 20 nursery places and providing every facility that these handicapped children require.

(9) Service to children with hearing defects:

During 1972, the building of a sound-proofed room was completed - this enables audiometry to be carried out more accurately. The Special Clinic for children with partial hearing and educational difficulties continues under the guidance of the Ear, Nose and Throat Consultant. The newly-appointed Senior Medical Officer is reorganising this service in collaboration with the Teacher of the Deaf and the nurses doing audiometric work. During 1972, we were still not able to fill the post of Audiometrician. Speech therapists are also needed to make this service a success - unfortunately by the end of 1972 two full-time speech therapists had left.

(10) District Nursing Service:

Excellent use was made during 1972 of the new bathing centre. The State Enrolled Nurses who assist the District Nursing Sisters have found many young and elderly who need to use the Centre.

(11) Children's Chiropody:

This service, begun as a pilot scheme, was extended during 1972. To prevent foot defects in school children is a better approach than waiting until severe foot damage has occurred in middle or old age.

(12) Health Education:

With the appointment of a new Health Education Officer in 1972, the work in Health Education has been intensified. The link with the scheme of Education for Personal Relationships Training in the schools was maintained. Unfortunately Mrs. Curtis, the Health Visitor, who had helped to fill the gap before Mr. Nelson arrived, left, and there is obvious need to appoint an Assistant Health Education Officer next year. One of the Nursing Officers is assisting in the co-ordination of Health Education in the Nursing field. Mrs. Hobbs, the Administrator of the Merseyside Cancer Education Committee, moved to Manchester and this has weakened the links with Cancer Education.

(13) Dental Services:

The complete dental establishment of dental surgeons was maintained during 1972. Unfortunately the Dental Auxiliary left and the post must be refilled as there is now a gap in Dental Education in the schools as this member of staff was doing so well in this work in liaison with the Health Education Officer.

(14) Ambulance Service:

Dr. Burrows, the Consultant Anaesthetist, instructed Ambulancemen in the use of Entonox Analgesic.

Discussion took place about the use of an old fire service tender for conversion to an accident/emergency mobile operating theatre. This is particularly necessary now the M53 is opened to increasing traffic. This vehicle may also prove to be useful for coronary care.

(15) Health Centres:

The buildings continued during 1972 with more detailed planning of the Conway Neighbourhood Health Centre.

(16) Public Health Inspection Services:

Work was continued on all fronts but perhaps most impressive was the effect of the Improvement Exhibition organised in the Town Hall. As a result in 1972, there were numerous requests for Improvement Grants. In 1972, and the years following, Birkenhead twilight housing has and must continue to improve. In 1972 Slum Clearance continued. Half Ilchester Square was demolished by the turn of the year - this was not slum clearance but reasonably modern property, poorly planned, inadequately cared for and insufficiently supervised with consequent demolition before time.

Discussions continued during 1972 in the Committee on Vandalism.

(17) Reorganisation Work:

Many of the Senior Officers of the Health Department began this extra work early in 1972, and by the end of the year all the staff of all departments were beginning to experience the effect of the impending Local Government and National Health Service changes due to operate from April 1974.

(18) Health Lectures:

In spite of all the work mentioned it is amazing how many lectures on health were given by Doctors, Public Health Inspectors and Members of Nursing and Allied Staffs during 1972. Lectures on diverse subjects, i.e. for the Milk Marketing Board on Nutrition, to the Birkenhead and Wirral Pharmacists and the Chiropody Society on the impending reorganisation changes; talks to the nurses and midwives and to the Family Planning Association. If there has not been sufficient talk on personal health matters, the Chief Public Health Inspector is to be congratulated on his wide ranging talks and lectures on Environmental Health. If talking produces better understanding of health, Birkenhead staff can feel justly proud of the efforts they made during 1972.

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REPORT OF HEALTH FOR 1932

COUNTY OF SHELBY, MISSISSIPPI

Area of District (in Acres)	8,643
Population (Census 1922)	117,030
Estimated Home Population 30th June 1932	117,010
Estimated Number of Deaths in the District	49,329
Notable Epidemic of 1st April, 1932	189
General Data 1932/33	
Domestic Properties	8710
Business Properties	932
Estimated Product of a Farm 1932/33	432,000

PART I

STATISTICAL INFORMATION

Summary of Statistics

Vital Statistics

Births	38
Deaths	14
Infant Mortality Rate per 1,000 Live Births	2,300
Infant Mortality Rate per 1,000 Live Births -	
Legitimate	24
Illegitimate	35
Non-Infant Mortality Rate per 1,000 Live Births	17
Early Non-Infant Mortality Rate (under one week)	15
Late Non-Infant Mortality Rate (over four weeks	
and under one year)	20
Infantile Loss Rate per Cent of Total Live Births	71
Mortality Rate (legitimate, illegitimate)	111
Infant Mortality Rate per 1,000 Live Births	111
Non-Infant Mortality Rate per 1,000 Total Births	27

PART I

STATISTICAL INFORMATION

Summary of Statistics

Vital Statistics

SUMMARY OF STATISTICS 1972COUNTY BOROUGH OF BIRKENHEAD

Area of Borough (in Acres)	..	..	..	..	..	..	8,643
Population (Census 1972)	..	..	..	..	..	..	137,020
" (Estimated Home Population 30th June 1972)	..	..	..	..	..	..	137,020
Estimated Number of Houses in the Borough	..	..	..	..	..	..	45,509
Rateable Value at 1st April, 1972	..	..	..	..	..	..	98p
General Rate 1972/73:							
Domestic Properties	..	..	..	..	..	..	87½p
Mixed Properties	..	..	..	..	..	..	93p
Estimated Product of a Penny Rate 1972/73	..	..	..	..	..	..	£52,000
Live Birth Rate per 1,000 Population (Corrected)	..	..	..	..	..	..	16.9
Stillbirths	..	..	..	..	..	..	38
Stillbirth Rate per 1,000 Live and Stillbirths	..	..	..	..	..	..	12
Total Live and Stillbirths	..	..	..	..	..	..	2,350
Infant Deaths	..	..	..	..	..	..	58
Infant Mortality Rate per 1,000 Live Births - Total	..	..	..	..	..	..	25
Infant Mortality Rate per 1,000 Live Births -	..	..	..	..	..	..	
Legitimate	..	..	..	..	..	..	24
Infant Mortality Rate per 1,000 Live Births -	..	..	..	..	..	..	
Illegitimate	..	..	..	..	..	..	35
Neo-Natal Mortality Rate per 1,000 Live Births	..	..	..	..	..	..	17
Early Neo-Natal Mortality Rate (under one week)	..	..	..	..	..	..	15
Post Neo-Natal Mortality Rate (over four weeks and under one year)	..	..	..	..	..	..	20
Illegitimate Live Births per cent of Total Live Births	..	..	..	..	..	..	11
Maternal Deaths (including Abortion)	..	..	..	..	..	..	Nil
Maternal Mortality Rate per 1,000 Live and Stillbirths	..	..	..	..	..	..	Nil
Perinatal Mortality per 1,000 Total Births	..	..	..	..	..	..	27

Deaths	..	..	..	..	..	..	..	..	..	1,763
*Death Rate (Adjusted)	..	..	..	..	..	..	..	..	..	13.5
*Death Rate from all forms of Heart Disease	..	..	..	..	..	..	..	..	..	3.8
*Death Rate from Cancer (Lung)	..	..	..	..	..	..	..	..	..	0.752
*Death Rate from Cancer (Other Sites)	..	..	..	..	..	..	..	..	..	1.609
*Death Rate from Diseases of the Respiratory System	..	..	..	..	..	..	..	..	..	15.3
*Pulmonary Tuberculosis Death Rate	..	..	..	..	..	..	..	..	..	.021

ENGLAND AND WALES

*Birth Rate	..	..	..	..	..	..	..	..	..	14.8
Stillbirth Rate (per 1,000 Total Births)	..	..	..	..	..	..	..	..	..	12
*Death Rate	..	..	..	..	..	..	..	..	..	12.1
Infant Mortality (Deaths under one year per 1,000 Live Births)	..	..	..	..	..	..	..	..	..	17

*Per 1,000 of Population

VITAL STATISTICS

BIRTHS

There were 2,321 births in Birkenhead in 1972, 1,094 females and 1,227 males. The live birth rate (adjusted) per 1,000 of the population was 16.9.

As can be seen from the tables the number of live births has decreased compared with last year's figures - the smallest number of births for ten years or more. Fewer births occurred at home. Over 96% of births occurred in hospital. However, as this was still achieved by 48 hr. and 96 hr. discharge the maternity service is still overloaded. In many ways it might be better if the mothers had a longer lying in period and the Maternity staff a more restful life from this too rapid change-over of mothers. If the lower number of births is maintained in forthcoming years this may be some way of achieving this.

<u>Year</u>	<u>Registrar General's Estimate of Population</u>	<u>Live Births</u>	<u>Deaths</u>	<u>Excess of Births over Deaths</u>	<u>Live Births Rate per 1,000 Population</u>
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
1971	138,090	2,555	1,774	782	18.5
1972	137,020	2,321	1,763	558	16.9

BIRTHS WHICH OCCURRED IN THE BOROUGH

	<u>Live</u>	<u>Still</u>	<u>Total</u>
<u>In Institutions</u>			
Birkenhead Maternity Hospital	573	1	574
St. Catherine's Hospital	1,666	36	1,702
<u>Born at Home</u>	67	1	68
<u>Total Births occurring in the Borough including transfers out:</u>	2,306	38	2,344

As will be seen from the figures, only 3½% of births occurred at home.

There were 145 premature live births - 45 fewer than the previous year.

DEATHS

1,763 deaths occurred during the year (860 males and 903 females). This represents a death rate of 12.9 per 1,000 population. The comparable death rate for England and Wales is 12.1 per 1,000 population.

Recent annual figures are as follows :-

<u>Year</u>	<u>Borough</u>	<u>England and Wales</u>
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
1971	12.8	11.6
1972	12.9	12.1

Once again, we have an excess of births over deaths, in 1972 some 558. 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 country areas of the Wirral. With a Wirral authority proposed for the future, there will be no distinction between town and country in this area. It is to be hoped we shall have an ever greater link with each other.

DEATHS FROM PUERPERAL CAUSES

There were no maternal deaths in 1972.

INFANT MORTALITY

There were 58 deaths of infants under one year, an infant mortality rate of 25 per 1,000 live births. The infant mortality rate for 1,000 legitimate live births was 49 and illegitimate 9. The infant mortality rate for England and Wales was 17. 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	21	-	-	-	21	-	-	-	-	21
Congenital Malformations	4	2	1	-	7	-	-	1	-	8
Pneumonia	1	-	-	-	1	5	4	1	-	11
Birth Injuries	6	-	-	-	6	-	-	-	-	6
Other Causes	2	-	1	-	3	3	3	-	3	12
Total Deaths in Each Age Group	34	2	2	-	38	8	7	2	3	58

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. The numbers of infants who died from pneumonia was 11 in 1972 compared with 14 in 1971.

SUMMARY OF COMPARATIVE STATISTICS

	<u>Birkenhead</u>	<u>England and Wales</u>
Birth Rate (per 1,000 population)	16.9	14.8
Stillbirth Rate (per 1,000 total live and still births)	12	12
Death Rate (per 1,000 population)	12.9	12.1
Infant Mortality Rate (per 1,000 live births)	25	17
Neo-Natal Mortality Rate (Deaths under 4 weeks per 1,000 live births)	17	12
Early Neo-Natal Mortality Rate (Deaths under 1 week per 1,000 live births)	15	10
Perinatal Mortality Rate (Stillbirths and deaths under 1 week per 1,000 total births)	27	22

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 1972 the perinatal mortality rate for Birkenhead was 27, a continuing improvement on the previous year's figures of 34. Unfortunately all our figures for still birth rate, neo-natal rate, infant mortality rate and perinatal mortality rate are higher than the figures for England and Wales.

	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>	<u>1972</u>
Infant Mortality Rate	26	28	29	27	25
Neo-Natal Mortality Rate	16.5	20	22	17	17
Stillbirth	16.9	18	18	19	12
Perinatal Mortality Rate	29.6	34	39	34	27

GENERAL DISCUSSION:-

Though in 1972, we have made some improvement in a lower perinatal mortality rate, as the table of comparison with other Northern towns shows Birkenhead has too high a figure of deaths in the first week of life per 1,000 births live and still.

Seeing the fall in the numbers of births people may feel that the already building Maternity Block in the new Arrowe Hospital may be too large. However, this is hardly likely, as to achieve a 100% hospital confinement must be the eventual aim. At the present time 96% of mothers were delivered in hospital and this was achieved by rapid discharge of mothers often within 48 hrs. back to their homes. Perhaps a longer lying in period may be an advantage to the mother, even though there is no place like home, perhaps a little extra rest from home cares gives a chance for recovery, even after a normal birth. The obstetricians and senior midwives are always under pressure with any rapid discharge system. A more restful work load may offer a little more time for reflection on difficult maternity problems and more time for research into the various possible causes of the higher perinatal figures of the North Wirral. One fact is certain, although there are regular Perinatal Mortality meetings we still do not have enough time for discussions. With a doctor holding the qualification M.R.C.O.G. appointed to the Health Department staff during 1972 and now attending Perinatal and the Maternity/Paediatrie Division of the new Cogwheel system, perhaps this doctor working with the hospital staff may find the answer to this perplexing perinatal mortality problem.

There was one death from pneumonia in the neo-natal period and ten deaths from pneumonia in babies aged between 1 month and 9 months, some 11 deaths in all. This is a lower total than the 14 deaths from pneumonia in 1971.

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

CARE OF PREMATURE INFANTS

During the year 216 premature babies were born. 26 were stillborn and 180 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.

It is quite impressive from the following table how many of the premature babies (under 5½ lbs. weight) survived - 119 out of a total of 145. The very small prematures had a higher mortality than in previous years. Of the six babies under 2 lbs. 3 oz. or less, four died within 24 hrs., but the fact that two babies of this low weight survived is a credit to the skill of the hospital nursing staff. None of the ten premature babies between 2 lbs. 3 oz. and 3 lbs. 4 oz. survived, which means poorer success in 1972 compared with 1971, when seven out of seventeen babies within this range of weights survived. Over 3 lbs. 4 oz. it was rare to lose a premature baby and every credit must go to the staff of the premature baby unit - those mothers who tend to have small babies must be thankful that the nurses show such dedication to the task.

1 9 7 2

P 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	6	4	-	-	5
OVER 2lbs 3oz up to and including 3lbs 4oz	10	8	2	-	5
OVER 3lbs 4oz up to and including 4lbs 6oz	28	2	4	-	2
OVER 4lbs 6oz up to and including 4lbs 15oz	23	2	1	-	1
OVER 4lbs 15oz up to and including 5lbs 8oz	78	-	2	1	-
TOTAL	145	16	9	1	13

COMPARATIVE STATEMENT OF VITAL STATISTICS

FOR NORTHERN TOWNS

YEAR 1972

	Birth Rate	Death Rate	Infant Mortality Rate	Still Birth Rate (per 1000 Live and Still Births)	Maternal Mortality Rate per 1,000 Total Live and Still Births			
					Perinatal Mortality Rate	Maternal Causes (Excluding Abortion)	Due to Abortion	Total Maternal Mortality
Stockport	15.6	13.0	22	17	29	0.46	-	0.46
England and Wales (Provisional)	14.8	12.1	17	12	22	0.12	0.03	0.15
Birkenhead	16.9	12.9	25	12	27	-	-	-
Burnley	15.6	16.5	19.5	18.3	27.9	0.87	-	0.87
Bury	17.2	12.8	16	10	18.45	-	-	-
Halifax	15.1	15.1	23	13	22	0.71	-	0.71
Liverpool	14.5	13.6	14.8	15.4	24.9	0.23	0.12	0.35
Manchester	14.5	13.5	22.2	13.4	27	-	-	-
Oldham	15.78	15.24	27.80	17.22	27.32	-	-	-
Preston	16.2	14.2	23	17	28	-	-	-
Rochdale	16.6	13.5	23	13	28	-	-	-
Wallasey	15.1	14.3	18	14	26	-	-	-
St. Helens	18.3	13.4	20.9	16.4	26.7	0.5	-	0.5
Wigan	17.6	13.7	20	17	30	0.69	-	0.69

DEATHS DUE TO CANCER OF THE LUNG

The number of deaths was 103 compared with 120 in 1971. The marked disproportion of deaths between males and females has continued :- 86 males and 17 females died from this condition.

Recent figures are as follows :-

<u>Year</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
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
1971	101	19	120
1972	86	17	103

The local figures represent 0.752 per 1,000 population. The national ratio is 0.646.

The winter of 1971 brought the industrial troubles in the coal fields and the winter of 1972 and on into 1973 brought difficulties in the gas industry. Naturally with these problems there has been a slowing up of our endeavours to reduce the atmospheric pollution in industrial Birkenhead. The Council has wisely pressed ahead with the smoke control in the town. This cleaner atmosphere will make life in this industrial town pleasanter for everyone. There is an incentive now for public and private Corporations to clean up their stone buildings. Perhaps the greatest benefit of all from clean air is reduction in bronchitis. How much quicker the reduction of chest disease would be if people could be persuaded to give up the unpleasant habit of smoking - not only is it injurious to them, but unpleasant to those who share the room, the public hall, or cinema with them, and particularly uncomfortable at the meal table.

In 1972 we did not run further anti-smoking clinics - the truth is that, with reorganisation upon us, we did not have enough strength and time. The new Health Education Officer has rightly felt that the best effect of our limited resources is to preach the non-smoking gospel to the young people in the schools.

Ministers in Government pride themselves that money made available to the Health Education Council for smoking and health in 1972 was £380,000, but this is small money compared with several million pounds spent by the tobacco manufacturers to promote their health damaging products. The truth is that in spite of warnings in the packet and printing also the nicotine and tar concentrations in the various brands of cigarettes, more men and women are prepared to risk their health. The statistical

evidence shows that cigarette smoking increased by 6½% in 1972 and the position is worse now than when the Secretary for Social Services introduced preventive measures two years ago after the second report on the effects of smoking on health published from the Royal College of Physicians.

In Parliament recently a question was asked, "Would you give your view of those cigarette manufacturers who cash in on the public for the purpose of promoting tournaments? While professing to encourage good health they are advertising the means to speedy disease."

The reply given was as follows :-

"I think that is a bit unfair to the manufacturers. I have drawn their attention to the need of avoiding brands of cigarettes while advertising sporting activities and I think they are co-operating fully."

As I said in the report last year, who can blame the Community Physician of the future for being cynical about the anti-smoking campaigns. It is about time that all political parties realised that strong legislative action is needed.

- (1) To remove cigarette slot machines that can be used by children. What is the point of the present law that says it is an offence to sell tobacco to children and young people under 16 years, when it is so easily available from such machines?
- (2) The extension of non-smoking areas in public halls, restaurants and an endeavour made to see that the law is enforced so that the non-smoker is not pilloried and scorned if he rightly complains about the pollution.
- (3) If we are committed to all forms of tobacco advertising then how about a heavy tax on advertisement space - so that we have plenty of money for the anti-smoking advertisement campaign. It is no good fooling ourselves that £380,000 is anything but insufficient and now the organisers of the excellent A.S.H. campaign are having to go cap in hand to Local Authorities to get money to persuade people to look after their health. There are easy ways of raising money by proper legislation.

Perhaps sociologists can tell us why some members of Parliament are so equivocal about anti-smoking legislation. One thing is certain if we do not wish our children to smoke, we should give an example and not smoke ourselves - smoking is an imitative habit!

There are some causes for hope. The Hunter Committee will shortly begin work on the scientific aspects of smoking and health, including consideration of research into less dangerous smoking and of testing systems for the health effects of tobacco and tobacco substitutes.

In Birkenhead in 1972 there were only 103 deaths from lung cancer compared with 120 in 1971. I can only pray that cleaner atmosphere and anti-smoking health education will cause a further decline in 1973.

CANCER OF OTHER SITES

232 deaths occurred as a result of cancer of other sites, representing 1.609 per 1,000 population. The National rate is 1.7.

Malignant Neoplasm - Buccal Cavity, etc.	...	7
" " - Oesophagus	...	12
" " - Stomach	...	29
" " - Intestine	...	36
" " - Larynx	...	4
" " - Breast	...	28
" " - Uterus	...	9
" " - Prostate	...	11
Leukaemia	...	10
Other Malignant Neoplasm	...	86
		232

ROAD ACCIDENTS

I am indebted to Chief Superintendent Hughes of the Cheshire Constabulary, Birkenhead, for the following report :-

"Total number of injury accidents	...	650
Total number of casualties	...	805
Number of deaths	...	21

Comparison with the last year's figures shows a reduction both in accidents (713 to 650) and in casualties (962 to 805) but a considerable increase in deaths due to accidents, 15 to 21.

The main causes of accidents during 1972 were the same as 1971 :-

1. Pedestrians crossing road heedless of traffic.
2. Pedestrians crossing road from behind parked cars.
3. Drivers inattentive or attention diverted.
4. Drivers travelling at excessive speed without having regard to conditions.

In Birkenhead, there has been a marked increase in accidents involving child cyclists - 11 in 1971 to 17 in 1972. Publicity has been given to the National Cycling Proficiency Training and Test, but is this sufficient under today's traffic conditions? Is it reasonable to expect a child of between 9 and 11 years to cope with congested traffic situations after training in the sanctity of a school yard? Do the parents accept that when they allow their child to ride a pedal cycle on the roads they must also accept responsibility - not only for their initial training, but

also for continued vigilance in developing road skill?

The Royal Society for the Prevention of Accidents is considering a revision of the test for 1975 but, in the meantime, all road users must give extra consideration to the young cyclist.

Since the revision of the law providing for cars to be parked without lights during the hours of darkness, there has also been an increase in accidents involving these vehicles. Before the new legislation in 1971 there were 45 accidents involving parked vehicles, but after the legislation in 1972 this figure increased to 63 in Birkenhead."

ACCIDENTS IN THE HOME

21 deaths occurred as a result of other accidents. Most of these accidents were amongst elderly people at home.

As in previous years, once again there is a rising incidence of poisoning in children. Fortunately there were no fatalities in 1972, but were it not for the excellent attention given to these cases at the Birkenhead Children's Hospital we could have had some child deaths.

Once again we publish the poisoning cases treated during the year ended 31st December, 1972, in comparison with the year 1971.

	<u>1972</u>	<u>1971</u>
<u>Total Number of Poisoning Cases Treated:</u>	<u>406</u>	<u>347</u>

Age Incidence:

Birth to 1 year	18	17
1 year to 2 years	99	103
2 years to 3 years	146	117
3 " to 4 "	73	56
4 " to 5 "	30	20
5 " to 8 "	20	20
8 " to 11 "	15	4
Over 11 years	<u>5</u>	<u>10</u>

Nature of Poisoning:

Drugs or Medicines	243	200
Domestic Items	<u>163</u>	<u>147</u>

Drugs:

Aspirin	75	60
Tranquillisers	41	46
Other types of tablets	66	52
Others	<u>61</u>	<u>42</u>

19721971Nature of Poisoning:Domestic Items:

Bleach and Disinfectants	29	28
Paraffin and Turpentine	33	30
Polishes	5	13
Cosmetics	19	11
Mice, Rat and Fly Poisons	6	4
Toadstools and Berries	18	15
Other Domestic Substances	53	46

Means by which Poisons were obtained:

Left lying loose in house, i.e. tables, drawers, mantelpiece, shelves, cupboards, etc.	307	246
Obtained from handbags	22	28
Obtained from other persons	20	10
Found in gardens, streets and old properties	26	32
Details not known	31	31

The total figure - 406 - is again higher than the total for any previous year since the first Annual Report for 1963 was submitted. The total figures for the intervening years are as follows :-

1971 - 347	1968 - 240	1965 - 150
1970 - 332	1967 - 186	1964 - 175
1969 - 316	1966 - 156	1963 - 138

Of the total figure of 406 for 1972, after being seen in the Casualty Department 322 patients were admitted to the hospital wards, 9 patients were transferred to other hospitals, and 75 were treated and allowed to go home.

What can we do? Every year 30,000 children under five in England and Wales are poisoned seriously enough to be admitted to hospitals - small children in Birkenhead take up a generous part of the national statistics.

We have tried Health Education. Our new Health Education Officer is constantly informing the parents and we have received generous coverage on the matter in the "Birkenhead News".

I emphasised last year, and repeat :-

- (1) Destroy all unused tablets - doctors can help by not prescribing too many of the dangerous 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 - particularly domestic 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 poisons, particularly the drink from the unlabelled 'pop' bottle.

It may well be that Health Education is not enough. In the United States, however, a major education campaign failed to slow the rise in poisonings, so the Government began to require child resistant packages. Aspirin, liquid furniture polish and oil of wintergreen have required such closures for the past few months. This year narcotic drugs, amphetamine, oven cleaners and turpentine have been added to the list. Additional dangerous household products will need safety closures later this year - so writes Dr. Joseph Hanlon in a recent article in the "New Scientist". He goes on to inform us that, two years ago, the Under Secretary for Health estimated that general use of child resistant containers would cost the National Health Service £500,000 per year. "The safeguards which they could be expected to afford in actual use would be unlikely to justify the additional expenditure."

The Liverpool Regional Hospital Board considered a pilot scheme of childproof pill containers in Birkenhead in 1969. This idea was abandoned for various reasons, but perhaps the most important was that a scheme which only applied to hospital pharmacy prescriptions was not sufficient cover. If anything is to be done, then child proof containers must be used right across this country covering all dangerous products. One thought by a Member of Parliament is that "the cost of closures is a pittance compared to what we spend on curing children after they have been poisoned".

SUICIDE

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

1968	-	12
1969	-	15
1970	-	6
1971	-	5
1972	-	5

HEART DISEASES

Heart diseases accounted for 525 deaths (an increase of 40 over the previous year). This represents 3.8 per 1,000 population.

PNEUMONIA AND BRONCHITIS

Pneumonia claimed 165 victims, while bronchitis was the cause of death in 106 cases. Together these diseases represented 15.3% of total deaths. 133 of the deaths due to these diseases occurred in the age group 75 years and over. Unlike the previous year when there were no deaths, in 1972 there were 15 deaths recorded from influenza.

DEATHS DUE TO TUBERCULOSIS

				<u>Rates per</u> <u>1,000 Population</u>
Respiratory	...	3	...	.021
Non-Respiratory	...	Nil	...	-

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PART II
LOCAL HEALTH SERVICES

HEALTH CENTRES
CLINIC SERVICES

NURSING SERVICES -
(1) Management Structure.
(2) Nurse Training .

HEALTH VISITING SECTION

- (a) Report of Nursing Officer on Services for handicapped children.**
- (b) Report of Nursing Officer on School Health.**
- (c) Report of Nursing Officer on Health Education.**

REPORT ON DAY NURSERIES, PLAY GROUPS AND CHILD MINDERS

MIDWIFERY SERVICE

- (a) Report of Area Nursing Officer.**
- (b) Report of Nursing Officer on Family Planning and Cytology.**

HOME NURSING SERVICE

- (a) Report of Nursing Officer.**

IMMUNISATION AND VACCINATION

AMBULANCE

MENTAL HEALTH

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HEALTH CENTRESWHETSTONE LANE HEALTH CENTRE:

In two years of operation this Centre has been most successful. During the year, a fourth family doctor has been added to the partnership of three already using the consulting suites. All four consulting rooms, including the Health Visitor's room, are now in full use - with one of the doctors visiting on the district the Health Visitor can use any consulting room. Indeed the conference/sitting room, which tended to be under-used in the first year of operation, is now used more by the attached community nursing staff. In many ways, it was unfortunate that a bigger Health Centre was not built in the first instance - in those early days of 1969 before there were any Health Centres in Birkenhead family doctors were not enthusiastic to support a bigger building. The areas allotted by the Ministry for reception and waiting have since been increased in later Health Centre guides. All of us learn as time passes, and it is hoped that future Centres improve as ideas and standards and enthusiasm for family doctor group/integrated practice continues.

BALLS ROAD HEALTH CENTRE:

This Centre is adapted from the old dental surgeries attached to the Balls Road Child Welfare Clinic. Here too, a third doctor has joined the original two in single-handed practice. This complex of surgeries, Clinic and Bathing Centre is working satisfactorily. This is an old building being put to good use, and in many ways there is more space than in the purpose-built new Centres.

THE FORD (FENDER WAY) HEALTH CENTRE:

Throughout 1972, the building of the Centre slowly progressed. This building has been a struggle to achieve over the three years since the first ideas were born of a new Centre to serve the new housing estates and the established housing around the Ford Road. The Health Centre should have been completed in 1972, but there were industrial troubles, not the least the problems in the gas industry - fortunately there was sufficient gas pressure to maintain enough heat to dry out the new plaster. By the turn of the year the building was really taking shape - a two storey building for family doctors and personal health services on the ground floor and dental surgeries on the first floor.

The problem of more than three years from commencing ideas and planning to building and opening, means that inflation cuts into the cost limits provided for these Health Centres. It requires very careful buying of furniture and fittings to get the best buy, and we should be grateful to Mr. Robinson in the Finance Section of the Health Department, who in co-operation with the project architect seems to do wonders with the money available. The idea of buying all the furniture in early 1972,

and storing it throughout the year in the central Health Department stores, must have saved several hundred pounds in rising prices.

Everyone looks forward to the success of Fender Way Health Centre in 1973.

THE SOUTH CLINIC HEALTH CENTRE (ROCK FERRY HEALTH CENTRE):

The conversion of the South Clinic and the addition of extensions to it to form a Health Centre complex proceeded with vigour during 1972. For the first part of the year we were able to continue in the original clinic buildings to provide the many personal health services for the people at the south end of the town. Once the extension building was nearly complete, and it was necessary to break through the back wall of the Clinic, it was not long before alternative premises had to be found to maintain skeleton Clinic services. Fortunately, the Elderly People's Welfare Association came to our aid, and in their small Centre, which is not far from the Clinic, we were able to maintain Child Welfare, Chiropody and Nursing Services. It was confidently expected that we should be out of the Clinic for one month for the heating and lighting circuits to be joined, but then came the difficulties of the industrial dispute in the gas industry, and as 1973 began, the heating services to the building were out of operation. The decoration of the new building was showing slight damage from insufficient drying out. In spite of all problems, 1973 will see the completion and opening of the building which the Health Committee and family doctors agreed should be named Rock Ferry Health Centre. This is the biggest complex yet built in Birkenhead at a cost of over £60,000 to provide two dental suites, six family doctor suites, clinical and administrative nursing accommodation, large reception and waiting facilities and full clinical facilities for the wide range of personal health services.

CONWAY HEALTH CENTRE:

The detailed planning of this new Centre to be built as part of the Conway Neighbourhood Scheme proceeded with costing and tendering during 1972. This new Health Centre - part of the infrastructure programme - will be amongst new homes and near new schools. In 1972, on an adjoining site, building started on a new Hostel for Mentally Handicapped Adults, also infrastructure work to relieve the unemployment situation. The Conway Health Centre and the Hostel will be largely completed in 1973. Thus it can be seen that, in 1972, the building and planning of Health Centres has gone forward. I am grateful to Mr. Hotchkiss, Clerk to the Executive Council, to the various Committees, to the Family Doctors, to the staff of the Health and Architect's Departments, also the builders who have worked with such co-operation on these projects.

There were other tentative enquiries in 1972 from Family Doctors for Health Centre accommodation. One doctor may shortly lose his premises by road widening. Much time is spent looking around for suitable sites, though it remains to be seen how much

time we can spend in the period of forthcoming reorganisation on the detailed planning of further Health Centres.

CLINIC SERVICES

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	CLOSED	-
Perrin Hall Clinic (opened 20.4.71.)	Tuesday	2 - 4 p.m.
Whetstone Lane Clinic (opened 29.6.71.)	Tuesday	2 - 4 p.m.
Bidston Clinic (opened 15.9.72.)	Friday	2 - 4 p.m.

WELFARE FOODS

The issue of Welfare Foods on behalf of the Ministry of Health continues from the eleven distribution centres.

Sales of National Dried Milk are increasing since the introduction of free milk for low income families, or those in receipt of Supplementary Benefit.

	<u>National Dried Milk</u>	<u>A, D & C Drops</u>	<u>A, D & C Vitamin Tablets</u>	<u>Orange Juice</u>
1967	6,281	-	1,798	21,755
1968	4,770	-	1,427	20,581
1969	2,445	-	1,457	21,209
1970	1,791	-	1,829	22,884
1971	1,850	2,553	1,656	25,468
1972	3,997	6,084	1,358	855

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 Anaes- thetics	Dentures Provided
Expectant & Nursing Mothers	45	33	102	44	11	7
Children Under 5	226	134	137	189	71	-

CONVALESCENCE

In 1972, 3 pre-school children were referred for convalescence.

THE BIDSTON CLINIC

The adaptation of the ground floor flat at Halstead Close on the Ford Estate was completed in early 1972. This clinic provided a service for the estate prior to the opening of the new Fender Way Health Centre. Bearing in mind that the Ford Estate is of linear plan and stretches for over a mile, even when the Fender Way Health Centre is operative the residents at the Bidston end of the estate will still attend the clinic at Halstead Close. During 1972, Child Welfare Clinics and a Family Planning Clinic were opened. The nursing staff have used this flat as a centre from which to carry out their family visits.

MIRIAM CLINIC

This was the name chosen in 1972 by the members of the Health Committee for the North Clinic which has been rapidly building in the latter part of the year. This Clinic, which is the first Health Service building in the North of Birkenhead, is much needed. In the meantime during 1972, child welfare work was continued at Perrin Hall, and at least this provided some clinical services for the mothers and babies in the north of the town. Thanks are due to the Rev. Spurry and the members of St. James' Church for the use of Perrin Hall.

RECORD OF CLINIC ATTENDANCES - CHILD WELFARE CENTRES 1972

CLINIC	First Visits (New Cases)	Re-Visits	Total	Number seen by Doctor	Number of Doctor Sessions	Year of birth for those making first attendance this year			TOTAL	Total Number of Sessions
						1972	1971	1970-67		
North	271	3,861	4,132	1,471	92	245	235	223	703	100
South	460	4,689	5,149	1,806	100	331	371	328	1,030	150
Central	189	1,395	1,584	743	52	116	162	109	387	52
Balls Road	301	3,187	3,488	1,425	95	205	231	204	640	95
Upton	267	3,336	3,603	1,321	99	230	237	159	626	100
Prenton	309	4,835	5,144	1,746	93	279	224	107	610	99
Woodchurch	170	2,729	2,899	1,280	97	152	177	193	522	99
Thingwall	58	1,429	1,487	253	24	52	64	40	156	48
Perrin Hall	66	879	945	354	48	54	51	14	119	51
Whetstone Lane	289	2,028	2,317	783	49	153	158	97	408	50
Bude Close	144	433	577	380	42	55	132	75	262	46
Bidston*	83	176	259	116	14	53	14	16	83	14
TOTALS:	2,607	28,977	31,584	11,678	805	1,925	2,056	1,565	5,546	904

*Bidston Clinic opened 15.9.72.

ANNUAL REPORT ON THE NURSING SERVICES - 1972

"I find the great thing in this world is not so much where we stand as in what direction we are moving."

(Oliver Wendell Holmes)

A change in the nursing management structure was introduced in 1972, following discussions with the Department of Health and Social Security. The change was based on the 1969 Mayston Working Party Report on Local Authority Nursing Services. The following recommendations were submitted and approved by the Health and Establishments Committee :-

Director of Nursing Services (appointed 1st March, 1972) --
(Miss J.J. McDonald)

The function of the top manager is the co-ordination and control of the Nursing Services, reviewing and development of Nursing Services. The Director is accountable to the Medical Officer of Health.

Area Nursing Officer (appointed 1st June, 1972) --
(Miss M. Pringle) (Non-Medical Supervisor of Midwives)

The function of the middle manager is staff recruitment, arranging for training and refresher courses, programming of policy decisions, some research, and co-ordination of Nursing Officers. Responsible for overall supervision of Midwifery Service.

Nursing Officers -- 4 appointed 1st July, 1972:
1 appointed 1st October, 1972.

The 5 lower-middle managers each have 10/15 qualified staff within her own discipline. Case loads have been phased out and replaced with selected duties. On the following page is an organisation chart outlining special duties and giving a telephone extension number as a point of contact for specific enquiries.

N U R S I N G S T R U C T U R E

(TOP MANAGEMENT)

DIRECTOR OF NURSING SERVICES
POLICY

Miss J.J. McDonald - Ext: 380

(MIDDLE MANAGEMENT)

AREA NURSING OFFICER
and
NON-MEDICAL SUPERVISOR OF MIDWIVES

PROGRAMMING

Miss M. Pringle - Ext: 381

(LOWER-MIDDLE
MANAGEMENT)

HEALTH VISITING NURSING OFFICERS

E X E C U T I V E

Mrs. E.R. Kilgannon

Selected Duty
(Handicapped)

Liaison with Social
Services

Field Staff

H/V's

Ext: 383

Miss F. Butt

Selected Duty
(School Health)

Child Welfare
Clinics

Field Staff

H/V's

Ext: 383

Mrs. D.G. Riley

Selected Duty
(Health Education)

Field Staff

H/V's

Ext: 383

E X E C U T I V E

Miss P.E. Goldsmith

Selected Duty
(Hospital Liaison)

Marie Curie
Service

Field Staff

HOME NURSES

Ext: 385

MIDWIFERY NURSING OFFICER

From 1.10.1972.

Mrs. G.R. Juckes

Selected Duty
(Family Planning)

Cytology

Field Staff

MIDWIVES

Ext: 378

Post-Graduate Training

In addition to the duties involved in being Non-Medical Supervisor of Midwives, the Area Nursing Officer is responsible for arranging for staff to attend statutory Refresher Courses, Post-Graduate Training, study days and In-Service Training.

The table below indicates the number of staff who attended during the year :-

Middle Management Course	1 Nursing Officer
Lower-Middle Management Courses	2 Nursing Officers
Training for Certificates	2 Health Visitors
	4 District Nurses
Refresher Courses	1 Nursing Officer
	3 Midwives
Family Planning Appreciation Course	4 Nursing Officers
	13 Health Visitors
	4 Midwives
	4 District Nurses
	1 S.E.N.
Practical Work Instructors' Course	1 District Nurse
Home Renal Dialysis	2 District Nurses
Part II Pupil Midwives trained and successful	11
	53

5 "In Service" Training sessions arranged for total staff.

HOSPITAL AND OTHER LOCAL AUTHORITY STAFFVISITING WITH NURSING STAFF

No.	Staff	Release Period	Visited with	From
5	Ward Sisters	3 days	District Nurses	Liverpool Hospitals
17	Student Nurses	1 day	District Nurse	Birkenhead Hospital
17	Student Nurses	1 day	Health Visitor	Birkenhead Hospital
1	Technical Adviser	1 day	District Nurses and Health Visitors	Manchester
1	Hospital Sister on Administration Course	1 day	Discussion with Administration Staff	Cheshire

Other Visitors to Health Department and Clinics

250 visits were paid by representatives of voluntary organisations, nursery nurses, school children, college students and other officials.

Health Visiting Staff on 31st December, 1972 :-

3	Nursing Officers		
1	F.W. Instructor		
18	F/T Health Visitors	4	P/T Health Visitors
1	F/T S.R.N.	7	P/T S.R.N.
	S.E.N.		

"Briggs" Report on the Future of Nursing

The wind of change continues to blow, and this year has seen the publication of the "Briggs" Report. This caused some consternation amongst members of the Community Nursing Staff, and it became apparent that some reassurance would need to be given. Therefore, it was decided to arrange a Conference some time during January/March in 1973. The first choice of speaker was Professor Asa Briggs, but if he was unable to come, a member of the "Briggs" Committee with nursing qualifications and experience in hospital and community services was to be invited. Further details of the Conference will be given in the Annual Report for 1973.

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HEALTH VISITING SECTIONSERVICE FOR CHILDREN "AT RISK" AND HANDICAPPED
Report of the Nursing Officer - Mrs. E. Kilgannon

In July, 1972, as indicated on the organisation chart, a lower-middle management Nursing Officer was appointed, with special responsibility for children on the "at risk" and handicapped register. This specialty was linked with a Social Worker in this particular role. As a result, a more comprehensive co-ordinated supportive service has been developed for families with handicapped children. Liaison with Hospitals and Consultants has developed. Mr. Sandeman, Consultant Orthopaedic Surgeon, runs a regular Special Clinic for children with spina bifida, and medical or nursing representatives from the School Health Service, Physiotherapy Service and Appliance Department of the Hospital are invited to attend.

INCIDENCE OF CONGENITAL MALFORMATIONS

Of the 43 congenital abnormalities reported on the Birth Notifications, 12 concerned children residing outside the Borough.

The 31 Birkenhead cases were as follows :-

Anencephalus	2 Stillborn
Hydrocephalus	2
Talipes	6
Spina Bifida	3 Live
	1 Stillbirth
Hare Lip	3
Cleft Palate	4
Deformed Hand/Foot	2
Meningocele	2
Multiple Abnormalities	1 Stillbirth
Foetus Papyraceus	1 Stillbirth
Mongol	1
Microcephalus	1
Imperforate Anus	2
Total:	31

"AT RISK" REGISTER

The assessment system based on Mary Sheridan tests started in 1969 has been continued since that date. Every baby 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 test, assessments of the baby's hearing are made. During 1971, the health visitors were more successful than in previous years in spotting babies with varying degrees of hearing loss.

During the year, 802 new cases were placed on the "At Risk" Register, and 445 were removed after review; a total of 1,341 by the 31st December, 1972, compared with 984 at the 31st December, 1971.

It may be argued that this is a great deal of work for little result, as many babies are found to be normal on review. Even if the findings are small, it does enable early diagnosis of any real handicap, and early help and treatment to be given.

Trinity Street School - Special Care Unit

The number of children in the physically handicapped unit at Trinity Street has increased to 9. Physiotherapy sessions are held there three times weekly, and a Nurse from the Health Department attends daily to do dressings and give advice.

Various activities, such as swimming and riding, are arranged for the children by the Local Education Authority.

Shrewsbury Road School

This was originally a Centre opened by the Spastics Society and for some years help has been given to severely handicapped children. The value of this school as an educational establishment was much appreciated, and it is now recognised as a school for physically and, indeed, multiple handicapped children. In many ways it is complimentary to the Special Care Unit of the Moreton Cross School for severely subnormal children. Both situations are visited regularly and the Health and Education Departments work enthusiastically together to try to give the education appropriate to these children's needs.

Rossclare House

The service provided at Rossclare House has been welcomed by the parents of mentally handicapped children. Multiple handicapped children who are incontinent are also admitted from time to time. 7 of the 10 places are reserved for fortnights of short-stay care, thus the parents know when they can have some relief from the arduous task of caring for their handicapped youngsters. Indeed, in some cases, the excellent work of the staff of this Hostel has enabled the parents of handicapped children to have their first holiday in years. If we are to keep the parents well and thus able to keep these children in the community and not in hospital beds, we need more such Hostels as Rossclare House. This Hostel, which is under the direction of the Director of Social Services, is regularly visited by the Nursing Officer and other members of the nursing staff.

Play Group for Spina Bifida Children

Mrs. Rowlands and her voluntary helpers run this Play Group at the Y.W.C.A. in Birkenhead. She works in close liaison with the Spina Bifida and Hydrocephalus voluntary associations. The handicapped children gain enormously from attendance at this Play Centre.

These voluntary services will for many years in the future remain an essential part of the services to the handicapped. The Play Group is visited regularly by the Nursing Officer to help to establish yet one more link in this chain of care for handicapped children.

Because of the more comprehensive service for children with special handicaps, the families receive greater support than they have ever known and, in cases of particular need, case conferences are held every six to eight weeks so that all involved can discuss the progress of a particular handicapped child. Parents are given every encouragement to attend, so that their special problem can be dealt with.

Visits and Sessions during the year by Nursing Officers, Health Visitors, S.E.N's and Physiotherapists

Home Visits	157
Hospital Consultant Clinic Sessions	14
School Visits	59
Playgroup Visits	22
S.E.N. Treatment Sessions	198
Physiotherapy Sessions during School Holidays	6

SCHOOL HEALTH SERVICEReport of the Nursing Officer - Miss F. Butt

Health Visitors are responsible for health services in schools but, because of a national shortage, most of the work is delegated to State Registered Nurses engaged during school term to carry out these more routine duties.

HYGIENE INSPECTIONS

State Enrolled Nurses carry out hygiene inspections at the beginning of each term, and approximately once a month, or when requested by Head Teachers. The number of unsatisfactory heads remains a problem, although since using the "Malathion" preparation there has been some improvement.

Number examined 62,191

Unsatisfactory 3,679

BALLS ROAD CLEANSING CENTRE

Since the opening of this Centre in March 1973, the number attending here has risen remarkably. Liaison with Head Teachers, School Attendance Officers, Health Visitors and Social Services has been of prime importance.

A very encouraging factor has been the willingness of mothers to bring their children and they appear so grateful for the service. The State Enrolled Nurse assigned for this responsibility deserves commendation and support, as the success of the service can mostly be attributed to her, and any shame or distress which is felt in this direction by the parents is very quickly allayed.

The Bathing Centre continues to be used, not only by parents and children from poorer housing in the town where the facilities are inadequate, but by elderly and infirm who require such assistance.

HAIR CARE

With the written consent from the parents children with infected heads are treated.

The use of "Malathion" appears to be the most reliable treatment at the present time. The persistence of Pediculosis Capitis is still a major concern and Health Visitors have helped to educate children in school by showing films on the care of hair. Our hope is that these young people who will be parents of the future know more about the care of the hair, and we shall find that their children do not suffer the head infestations which are so common at the present time. If the future generations are to continue with long hair styles they will also have to give much better attention to hair grooming and good hygiene.

BALLS ROAD CLINIC ATTENDANCE

Excluded from schools)	737
Voluntary attendance) Pediculi nits	647
Referred by General Practitioners and Health Visitors	222
Treated for scabies	24
Treated for impetigo	27
Attended for baths or showers	313
Advice only	96
	2,066

The main problem now is the transporting of patients. The Social Services do help, but their own Ambulances are already over-committed. However, at the turn of the year, two new Social Service vehicles for handicapped people have been added to the transport available, and we are hopeful that in 1973 some of these difficulties will be resolved. A greater difficulty is what will happen in 1974 when Social Services remains with the Local Authority, the Area Health Authority are left with little transport of their own, and the Ambulance Service is run by the Regional Health Authority.

It would appear that, although we talk of integration of Family Doctors, Hospitals and Personal Health Services, other divisions become apparent in the new structure. There will have to be a good increase in terms of transport if we are not to offer a poorer service after April 1974.

AUDIOMETRY

School Nurses are responsible for screening the hearing of school children and for referring test failures to the Principal School Medical Officer.

Number of children tested	.. .. .	4,688
Number referred to S.M.O.	.. .. .	136
Number referred for further investigation	..	87

MEDICAL OFFICER'S SESSIONS

Number of children sent for	.. .. .	253
Number attended	.. .. .	108
Number referred to E.N.T. Consultant	.. ..	20
Number discharged	.. .. .	6

EYE TESTING - Including children under 5 years referred by
Health Visitors:

Number sent for	..	..	..	1,368
Number attended	..	..	..	859

During the year, all schools were visited by Nursing Officers to assess facilities for School Medical examinations, and most of the rooms inspected were satisfactory for this purpose.

HEALTH EDUCATIONReport of the Nursing Officer - Mrs. D. Riley

The role of the Health Visitor is largely involved in the prevention of ill health and most of her time is spent in Health teaching. One Nursing Officer, together with representatives from the Health Visiting and Midwifery Staff work in close liaison with the Health Education Officer who was appointed in April 1973.

HIGH SCHOOLS

With the object of promotion of Health Education, schools in the Borough are visited and a wide range of subjects covered, such as mothercraft, availability of Health and Social Services, personal relationships, sex education, drugs, diet, human development, and arrangements are made for pupils to visit Clinics and Health Centres.

This type of education will provide a firm basis for family health when the young people become parents themselves.

PRIMARY AND MIDDLE SCHOOLS

Talks have been given on dental care, personal hygiene with emphasis on the care of hair, human development and relationships and Health Services.

LOCAL AUTHORITY CLINICS

Health Education on a more personal basis is run at the Child Health Clinics and at Development Screening sessions.

The Community Nurses run the Relaxation and Mothercraft Classes, which continue to be well supported both in Clinics and in Hospitals. At these classes, mothers are taught breast self-examination. Our endeavour is to help the mother to detect breast disease at the earliest possible stage, though while we are concerned that she should maintain her good health, every endeavour is made not to make her over-anxious. Fortunately, during 1972, no breast disease or abnormalities were detected which required specialist investigation.

The increased emphasis on Health Education given by nursing staff is reflected in the annual statistics requested by the Department of Health and Social Security - the following table illustrates the importance attached to Health Education.

Place	Subjects	Sessions
Schools	Parentcraft General Health topics, including the need for Immunology	178
Local Authority Clinics	Immunology Relaxation Classes Breast self-examination	239 78
Local Authority Residential Homes	Diet and Health	9
Organisations - Youth and Adult	General Health topics	19
	Total:	523

The Nursing Staff, who are engaged in Group Health Education, are to be commended on the amount of time and effort which they give to this aspect of preventive medicine, when one considers the increasing demands on their time and skills.

HOME VISITS

Community nurses may visit many homes during the year, and sometimes we tend to forget that this most personal discussion can be the best form of health education, as it is a time when people will reveal their most worrying problems. The letters which the Department receives about the nursing services in a year invariably speak very highly of the appreciation which the individual patient has felt for the care given.

CARE OF THE PRE-SCHOOL CHILD

Health Visitors are the main health advisers in the homes, clinics and Health Centres. With current trends and the increasing demand on their time, one becomes a little concerned about the reduction of the hours left for home visits, especially during the foundation years.

IMMUNISATION CAMPAIGN

Great concern was shown when the statistics of the Department of Health and Social Security reflected that the area has one of the lowest immunisation rates in the country. With the support of the Health Education Officer it was decided to advertise and emphasise the need for immunisation. Several avenues were explored to stimulate parent interest, but, sad to say, with very little effect as is illustrated in immunisation figures for 1972. It is hoped that, in 1973, permission will be granted for Health Visitors and School Nurses to carry out immunisation procedures.

STATISTICS OF WORK CARRIED OUT BY HEALTH VISITORS

Children born 1972	..	..	..	..	..	..	..	3,128
First visits to children under 1 year	..	..	..	..	..	..	..	2,186
Subsequent visits to children under 1 year	..	..	..	..	..	..	..	7,946
Visits to children 1 - 5 years	..	..	..	..	..	..	..	13,444
Visits to expectant mothers	..	..	..	..	..	..	..	558
Visits re. miscellaneous matters	..	..	..	..	..	..	..	3,058
Visits with no access	..	..	..	..	..	..	..	5,918
Visits to Senior Citizens	..	..	..	..	..	..	..	1,504
First visits to T.B. cases	..	..	..	..	..	..	..	311
General Practitioner attachment Visits	..	..	..	..	..	..	..	297

CLINIC ATTENDANCES

Infant Welfare	..	..	..	..	..	..	..	2,140
Relaxation - Mothercraft	..	..	..	..	..	..	..	279
Relaxation - Mothercraft, St. Catherine's	..	..	..	..	..	..	..	49

HOSPITAL ATTENDANCES

Geriatric Clinic	..	..	..	..	..	..	..	59
Paediatric Clinic	..	..	..	..	..	..	..	88

OTHER COMMUNITY NURSING DUTIES

Battered Baby Syndrome

The names of the children who are unfortunate enough to be involved are recorded in a register in the Department.

Conferences were held on several occasions involving representatives of the Child Care Team led by the Consultant Paediatrician. Members of the team included an Officer of the N.S.P.C.C., a Social Worker, members of the Community Nursing Service, a Family Doctor, Social Worker, a member of the Women Police, who attends in a preventive - rather than a punitive - capacity, and other professional people involved in the particular case whenever it is felt they can assist. These Conferences have helped in the planning of future co-ordination and management of such cases. It is essential that the parents receive support and the particular child does not fall through the net of supervision and care.

	<u>1972</u>	<u>1971</u>
Number of Cases referred	2	7

Members of the Community Nursing Staff very much regret the passing of Dr. A.C. Kirby, who was always most helpful in advising us on the management of these difficult cases. We can only trust that whoever succeeds him as Consultant in Child Care, will give the same support to these unfortunate children.

General Practitioner Attachment

As surgery premises are inadequate in many cases at present, it was not possible to attach nurses to practices, although this is the ultimate aim for the future. Instead of practice attachment, we have introduced what might be termed Family Doctor Allocation. The total number of Family Doctors has been divided into five groups and patients from their lists have been allocated to teams of community nurses. Family Doctors were visited by Nursing Officers in order that the scheme could be explained and each was given a leaflet on Community Nursing Services, Job Descriptions of each discipline, and a memorandum with the name, qualifications and telephone number of staff allocated to their particular practice. The Nursing Officers stated that they were well received.

Generally, the nursing staff feel that the allocation system involves much more travelling, but consider that the involvement will lead to personal consultation with General Practitioners which will improve understanding of each other's role and will encourage unity of decision, especially in preventive medicine. When the allocation system was first commenced it caused a great

upheaval amongst the nursing staff, as many felt that in losing geographical areas they would be less likely to pick up newcomers to the town, more especially if they were families with a problem. Most of the nursing staff are now having regular consultations with the Family Doctors, and as the service develops the staff agree that, although the work increases in this setting, there is more job satisfaction and unity of care and advice to patients.

Rehousing on Medical Grounds

Health Visitors continue to investigate numerous requests for rehousing on medical grounds. 460 visits were made in 1972.

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REPORT ON DAY NURSERIES, PLAYGROUPS AND CHILD MINDERS

There are at present :-

- 2 Corporation nurseries
- 3 Private day nurseries
- 3 Groups run as nursery schools
- 31 Pre-school playgroups

During the year two playgroups have closed, and one new one has opened.

Miss Asquith, Health Visitor, has made regular visits to all these nurseries and playgroups giving advice on health matters, play equipment and general management - immunisation and safety posters have been distributed.

As the playgroups have 20-30 attendances per day, and most children attend twice a week, there are about 1,200 children receiving some organised play experience. One third of the leaders are trained teachers, nurses, or nursery nurses.

Twenty-seven staff have had chest x-rays as arranged by the Health Department.

During a three months period, 40 children have been referred to Miss Asquith as needing individual advice or investigation.

The position regarding daily minders is quite unsatisfactory at present. The regulations are not the same as for foster mothers, though some women are acting as both. There is a need to have better arrangements with the administrative staff regarding the whole question of registration of nurseries and child minders, as it can so easily happen that regulations are not being adhered to.

Courses: In May-December 1972, Miss Asquith held two courses for play leaders (eight classes each) run on practical lines, including demonstrations and discussion, as advised by the Pre-School Playgroups Association, and these classes are being continued.

MIDWIFERY SERVICEReport by the Area Nursing Officer - Miss M. PringleDomiciliary Staff

- 1 Non-Medical Supervisor of Midwives (Area Nursing Officer)
- 1 Nursing Officer (Mrs. G.R. Jukes)
- 11 Midwives

There have during the year been a considerable number of staff changes in a usually static staff.

Earlier in the year, Mrs. Taylor left the domiciliary service to return to hospital with a view to taking further training in either management or teaching. In May, Mrs. M.E. Evans, who had been Assistant Non-Medical Supervisor of Midwives since 1961, retired, and in August, Mrs. Oliver transferred to be a Student Health Visitor.

In June 1972, Mrs. G.M. Jones joined the staff having completed Part II Midwifery in March 1972.

Mrs. Jukes, Nursing Officer, transferred from the District Nursing Staff to Midwifery as the Nursing Officer with specialised responsibility for Family Planning.

During the year, 84 Midwives gave notice of their intention to practise in the Borough :-

Municipal Midwives, including Non-Medical Supervisor	..	16
Midwives in Hospitals and Institutions	.. .. .	68

Pupil Midwives Training

10 Pupil Midwives completed their training during the year, all were successful in passing the Second Part Examination of the Central Midwives Board. The pattern of training remained the same as in 1971, but with fewer domiciliary deliveries it has been necessary to further reduce the number of deliveries available to students in training. However, it has now been arranged with St. Catherine's that both domiciliary Midwife and Pupil Midwife attending any domiciliary-booked patient who for any reason requires hospital admission during labour, can be delivered in the hospital by domiciliary staff.

The Community Care programme engenders much constructive thought during the period of training.

The subjects selected as projects to be completed during this period of Pupil Midwife Training have again shown considerable variation, and these completed projects are now being built into a library.

Supervision of Nursings	.. .. .	60
Lecture sessions to Pupil Midwives	.. ..	41

Miscellaneous Visits

Cases requiring Medical Aid	..	..	32
Visits to expectant mothers	..	..	20
*Visits to Ante-Natal Clinics	..	..	130
*Visits to Relaxation Clinics	..	..	51

*These include all visits by
Assistant Non-Medical Supervisor and the Nursing Officer

Number of cases attended by Domiciliary Midwives	..	58
Cases requiring Medical Aid	.. .. .	78

EARLY DISCHARGE FROM HOSPITAL

The number of requests for assessment of home conditions has remained static, but the number unsuitable due to poor housing conditions and social grounds has shown a decline.

CARE OF UNMARRIED MOTHERS

The number of unmarried girls referred from Moral Welfare Workers has shown a dramatic drop.

There have during 1972 only been 7 girls referred, but this certainly does not represent the number of unmarried girls who, having been delivered, keep their babies.

Domiciliary Midwives

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

	<u>1971</u>	<u>1972</u>
Number of bookings	120	82
Number of births attended	93	58
(a) Doctors present	20	17
(b) Doctors not present	73	41
Administration of Gas and Air (Entonox)	81	55
Administration of Pethilorfan	101	52
Total visits to patients	27,123	26,592
Number of planned Early Discharges	1,352	965
Actual Number of Early Discharges	2,323	2,089

Ante-Natal Clinics

The number of mothers attending the Midwives' Ante-Natal Clinics during 1972 continues as in previous years to be relatively few, due to the fact that fewer mothers are being delivered at home. On the other hand, the percentage of hospital deliveries continues to increase.

Attendances at Ante-Natal Clinics were as follows :-

North Clinic	..	Tuesday	..	86
Prenton Clinic	..	Wednesday, 2 - 4 p.m.	..	60
South Clinic	..	Friday, 2 - 4 p.m.	..	56
Total Number of Patients:				<u>202</u>

Number of Attendances 1,282

Number of Sessions 150

Family Doctors' Ante-Natal Clinics

The liaison arrangements that have existed for many years continue to give great satisfaction to all concerned. The Midwives still attend at 10 surgeries and at the Health Centre, Whetstone Lane; a total of 479 attendances have been made to surgeries. It is envisaged that when the Health Centre on Ford Estate opens more visits to Family Doctors' Ante-Natal Clinics will be carried out.

St. Catherine's Hospital Ante-Natal Clinics

The arrangements are being maintained and the results of such close liaison between Hospital and Community Staff are providing a more complete patient care. As a result of this much closer co-operation, Domiciliary Midwives and their pupils are welcomed in the Delivery Suites when they accompany any patient admitted to hospital during labour.

FAMILY PLANNING AND CERVICAL CYTOLOGYReport of the Nursing Officer - Mrs. G.R. Juckes

As reported in 1971, Health Visiting and Midwifery Staff trained in Family Planning attend Ante-Natal Clinics and Post-Natal Wards at St. Catherine's Hospital to give family planning advice. It is most gratifying to report that this scheme has now been extended to cover the Maternity Hospital, Grange Mount, and the community staff now hold two sessions a day, seven days a week.

The following are the numbers of patients who requested family planning advice from community nursing staff visiting the hospital wards and ante-natal clinics :-

334	Married patients
23	Single "
18	Divorced "
4	Pre-marital "
379	

Requests for information on the following methods of family planning were received :-

196	Pill
103	I.U.C.D.
80	Other methods

In conjunction with the Family Planning Association, a two-day Appreciation Course in Family Planning was held on 2nd and 3rd November; numbers attending were limited to 40, and included Hospital and Community Staff from Birkenhead, Wallasey and Bebington, and the Wirral area. This was a most successful venture and requests to make this an annual event were put forward. We are greatly disappointed that at present no further Training Courses in Family Planning for nursing staff are being held locally. This is due to the fact that the practical training is difficult to arrange and the Family Planning Association have deemed it wise to clear the backlog of staff awaiting such training before undertaking further tutorial training. An approach has been made to the Family Planning Association to consider the approval of the Family Planning Clinic held in Birkenhead, and we await their decision regarding possible investigation and subsequent approval as a Practical Training Centre.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT 1967

The Family Planning services in Birkenhead were further improved in 1972. Medically supervised family planning is provided from four sources.

(1) A large proportion of family doctors give family planning advice, but the prescribing of a method usually means give "The Pill".

(2) The Family Planning Association Clinic continues to operate at Oxton Road Centre and is open on five days of the week. The numbers of those attending continued at a slow increase and during 1972 the local authority gave £1,038 in financial support paying for social cases (which includes medical reason).

(3) The hospital consultants in their clinic give advice, but the implementation of that family planning advice is carried out elsewhere. The great difficulty in running family planning clinics in the hospital is the shortage of outpatient space.

(4) The direct local authority service at Cleveland Street Health Department was expanded in 1972. In order to provide help to the under-privileged families we were very fortunate to get a grant under the Urban Aid Scheme. How successful the direct scheme has been is borne out by the increasing numbers of women attending - occasionally husbands attend, and the men are most welcome as planning of children should be a joint responsibility. In 1971, 379 new cases were seen at the clinic in Cleveland Street, and a full year of operating during 1972 gave help to a further 657 new applicants.

Methods used by these 657 :-

307 - on oral contraceptives

179 - I.U.D's inserted at Oxton Road Clinic

182 - I.U.D's inserted at Cleveland Street Clinic

168 - used diaphragm, sheath, other methods

The vast majority of women who attended were married, namely 604 of the 657 - thus leaving 53 who were single, divorced or separated. The idea that is occasionally put forward that the Clinic would attract many young teenagers has not been so; one or two sixteen year olds attended, more in the late teens, but many in the twenties and thirties and a small number forty years of age. The distribution of the numbers of children shows the extent of the help required.

10 children	..	..	2
9 "	..	..	0
8 "	..	..	2
7 "	..	..	2
6 "	..	..	2
5 "	..	..	34
4 "	..	..	64
3 "	..	..	125
2 "	..	..	192
1 child	..	..	199
0 "	..	..	35

657

FAMILY PLANNING

The efforts of the nursing staff and doctors in promoting family planning services over the past few years seems to be producing several desired ends. Firstly, enabling parents to plan the birth of their children and, secondly, lowering the number of births in Birkenhead - this has been particularly necessary in some of the already over-crowded family situations. For some of the families who already have the children they can care for, contraception rather than family planning has been the parental aim. The nursing staff have carried this contraceptive advice and help into the houses, and, where necessary, have brought parents and children to the Clinics for help.

During 1972, we were further encouraged in our proposed efforts for 1973 by the award of a further £1,500 for the opening of a new Family Planning Clinic or the new Miriam Clinic when this is operational. Certainly, with the increasing number of people attending at the Central Clinic who come from all parts of Birkenhead to take advantage of the direct service which was free for many, it has proved necessary in 1972 to employ extra doctors and nurses at new sessions. To try to develop a family planning service for the Ford Estate families during 1972, a session was opening at the new Bidston/Halstead Close clinic. This clinic provided all help with family planning, including fitting of I.U.C.D. and counselling on family problems. The numbers attending by the end of 1972 at the new clinic session were increasing, and it is hoped the numbers will build up in 1972 to relieve the pressures on the Central Clinic sessions.

Family Planning Clinics: Direct Service -Social Services Centre, Cleveland Street:

9.30 a.m. - 12.30 p.m. .. Thursday

2.00 p.m. - 4.30 p.m. .. Thursday

Family Planning Association -Oxton Road Clinic:

Tuesday afternoon .. By Appointment only

Wednesday .. 7.00 p.m. to 8.00 p.m.

Thursday .. 2.00 p.m. to 3.00 p.m.

Thursday evening .. By Appointment only

Supplies .. Monday to Friday, 9.30 a.m. - 11.30 a.m.

CERVICAL CYTOLOGY, 1972

Number of women tested at Cytology Clinic 823

Number of women re-tested at Cytology Clinic 973

Number of women re-tested at Family Planning Clinic:

First time .. 188

Re-tested .. 84

Total Number Re-tested .. 2,068

Number on waiting list for cytology clinic 52

Birkenhead women tested in other than Birkenhead
Clinics: 673

Of the 2,068 women receiving cervical smear tests, 8 showed a positive result suggesting pre-malignant changes of the cervix. This represents a detection rate of 3.8 per 1,000 - the sort of detection rate expected in testing women in social class 1 to 3. The more privileged seem more aware of the importance of early diagnosis of any form of cancer and are much more prepared to come forward for testing. If more women could be persuaded to come forward from the less privileged families in Birkenhead, we could get higher detection rates.

115 were referred to their General Practitioners for treatment for infections and, when re-tested, proved negative. Breast examination is also made at the request of the patient when attending for the smear test. We are trying to run a good service of well-women clinics; however, we must see the women who have the greatest need.

A three year recall system for cervical smear testing is still operating in Birkenhead, although we have entered into the national recall scheme which is for a five year period. Many of the women attending the family planning clinics, particularly those taking oral contraceptives, have a repeat smear test every twelve months.

The results of the 8 positive cases were as follows :-

- Case No. 1 - Referred to St. Catherine's Hospital.
Carcinoma confirmed clinically - for hysterectomy.
- Case No. 2 - Referred to St. Catherine's Hospital.
Carcinoma in situ confirmed - cone biopsy of cervix.
- Case No. 3 - Referred to St. Catherine's Hospital.
Carcinoma in situ confirmed - cone biopsy of cervix.
- Case No. 4 - Referred to St. Catherine's Hospital.
Carcinoma in situ - under supervision.
- Case No. 5 - Referred to Radiotherapy Centre, Clatterbridge Hospital.
Under supervision - no signs of local or secondary spread.
- Case No. 6 - Referred to St. Catherine's Hospital.
Carcinoma in situ - cone biopsy of cervix.
- Case No. 7 - Referred to St. Catherine's Hospital.
Carcinoma in situ - hysterectomy performed.
- Case No. 8 - Referred to Women's Hospital, Liverpool.
Carcinoma in situ not confirmed on histology.

A few positive cases, most of them early cancer, but early cancer with a good chance of successful treatment.

Perhaps the women of Birkenhead will note that the clinics for cervical cytology are :-

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

They are not just cytology clinics. They should be looked upon as well-women clinics. Numerous other smaller problems are detected, some of which undermine the health of women. These problems are referred to the home doctor for treatment.

It should be borne in mind that a cervical cytology programme without a proper recall system and follow-up programme is probably of little value. In Birkenhead Health Department, we have always had a three-year recall system. Now, to increase efficiency, we are going into the National scheme for computer recall. This will only give the women an appointment every five years. Is this often enough? - only the future experience will provide the answer.

HOME NURSING

Report of the Nursing Officer - Miss P.E. Goldsmith

STAFF situation ending December, 1972:

- 1 Nursing Officer
- 14 Queen's or District Nurse trained
- 2 Queen's trained Male Nurses
- 5 State Registered Nurses
- 3 State Enrolled Nurses
- 2 Auxiliary Nurses

There were two auxiliary vacancies at the end of the year.

NURSING AUXILIARIES

This was a new service introduced during the year. In February 1972 (Circular 13/72) the Secretary of State recommended the use of the above-mentioned staff to enable nursing staff to be deployed more effectively.

A work study was undertaken in conjunction with the O. & M. Department. It was agreed that there was a need for ancillary staff to undertake miscellaneous non-nursing duties in patients' homes, clinics and schools. The report of the work study, together with a request to engage four Nursing Auxiliaries in 1973, was submitted to the appropriate Committees and approval was granted. Following a brief in-service training the staff appointed have given invaluable service and their introduction has strengthened the morale of the nursing staff. As the nursing staff are now involved in General Practitioner attachment, the use of ancillary staff has given them more time to devote to the more clinical aspects of nursing.

HEALTH CENTRE

There is excellent liaison between General Practitioners and nursing staff at Whetstone Lane Health Centre. The District Nursing Sister holds a clinic there five days per week; its popularity is shown by the increase in the number of patients receiving treatment.

It is hoped that when the other Health Centres are opened in the coming year that the same amicable relationship will exist.

HOSPITAL LIAISON

The selected duty of the Home Nursing Officer is Hospital Liaison. Representatives from each discipline form the group and have been delegated areas of regular visitation to Hospital Wards and Out-Patient Departments to give advice on home conditions and social problems to hospital personnel, with the object of effecting improvements in medico-social care in the community.

MARIE CURIE SERVICE

This service is operated on an agency basis.

6 Patients were given help "in kind".

18 Patients were nursed by three Marie Curie Nurses employed by the Marie Curie Foundation Scheme, London.

RENAL DIALYSIS

Two Home Nurses are qualified to give nursing support to patients on home dialysis. One patient in Birkenhead is visited three times weekly and the relatives are taught how to cope during holidays or staff shortage.

Place where first treatment during year by the Home Nurses took place	Number of persons treated during year - Ages			
	0-5	5-64	Over 65	TOTAL
Patients' Homes	14	741	1,337	2,092
Health Centres	-	97	87	184
G.P.'s premises, excluding those in Health Centres	-	-	-	-
Central Clinic	-	29	3	32
Residential Homes	-	-	40	40
TOTAL:	14	867	1,467	2,348

Patients carried forward	869
New patients during year	1,353
	<u>2,222</u>

New patients referred by :-

Family Doctor	780
Hospitals	323
Health Department	46
Social Services Department	55
Direct application	135
Other sources	14
TOTAL:	<u>1,353</u>

Result of discontinued cases

Convalescent	490
Hospital	317
Died	225
Other causes	271
Still on books	919
	<u>2,222</u>
Total number of injections given to patients having no other treatment	<u>11,488</u>
Total number of nursing visits paid	58,964
Total number of supervisory and teaching visits	920
	<u>59,884</u>
Number of Clinic attendances	<u>924</u>

LOANS SERVICE

There is an ever pressing need for the provision of commodes and many other articles of nursing equipment.

The following were issued in 1972 :-

<u>Number Issued</u>	<u>Description</u>
61	Back rests
87	Bed pans
41	Urinals
32	Wheel chairs
20	Enuresis alarms
76	Commodes
2 pairs	Elbow crutches
9 sets	Fracture boards
-	Walking sticks
17	Tripod and Quadruped sticks
1	Hoists
23	Bed cradles
4	Mattresses
52	Air rings
3	Bed tables
4	Beds with chain lifts
1	Sani chairs
24	Pulpit-type walking aids
3	Free standing chain lift
1	Toilet aid
3	Ripple beds
2	Raised toilet seat

INCONTINENT SICK

The supply of disposable sheets and protective garments for both adults and children have been readily available to those in need.

RE-ORGANISATION OF THE HEALTH SERVICES

The major contribution made by the total staff in this year of change to comply with current trends leading to a more comprehensive service has been very encouraging and reassuring, as plans are being made for the fast-approaching integration of the Health Services.

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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) 2nd) 6 - 8 weeks
12 months	Measles 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	
12 years	Rubella Immunisation (Selective Groups: GIRLS only)	

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 improved this year.

IMMUNISATION IN 1972

	<u>Medical Officers</u>	<u>General Practitioners</u>
Immunisation against Diphtheria	-	-
Reinforcing injections against Diphtheria	2	-
Triple Antigen	1,379	418
Triple Antigen (Reinforcing injections)	1,256	258
Immunisation against Diphtheria/Tetanus	356	30
Immunisation against Diphtheria/Tetanus (Reinforcing injection)	1,252	138

IMMUNISATION AGAINST DIPHTHERIA

	<u>Primary</u>	<u>Reinforcing Injections</u>
0 - 3 years	1,766	1,359
4 - 7 years	366	1,466
8 - 15 years	51	81
	<u>2,183</u>	<u>2,906</u>

IMMUNISATION AGAINST WHOOPING COUGH

	<u>Infant Welfare Centres</u>	<u>General Practitioners</u>
0 - 1 year	296	33
1 - 2 years	930	240
2 - 3 years	83	87
3 - 4 years	38	23
5 - 7 years	30	31
8 - 15 years	2	4
	<u>1,379</u>	<u>418</u>

IMMUNISATION AGAINST TETANUS

	<u>Primary</u>	<u>Reinforcing Injections</u>
0 - 3 years	1,766	1,362
4 - 7 years	373	1,473
8 - 15 years	56	103
	<u>2,195</u>	<u>2,938</u>

VACCINATION AGAINST MEASLES

	<u>Health Department</u>	<u>General Practitioners</u>	<u>Total</u>
0 - 3 years	857	120	977
4 - 7 years	183	21	204
8 - 15 years	10	-	10
	<u>1,050</u>	<u>141</u>	<u>1,191</u>

VACCINATION AGAINST POLIOMYELITISORAL POLIOMYELITIS VACCINE

	<u>Health Department</u>	<u>General Practitioners</u>	<u>Total</u>
Oral Primary Courses	1,524	420	1,944
4th Oral	797	453	1,250

IMMUNISATION AGAINST RUBELLA (GERMAN MEASLES)

During 1972 immunisation against Rubella was offered to girls 12 years of age in Birkenhead schools.

<u>Health Department</u>	<u>General Practitioners</u>	<u>Total</u>
460	3	463

B.C.G. VACCINATION - SCHOOL CHILDREN

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.

	Multiple Puncture Test			
Parents Notified	Children Tested	Positive	Negative	Children given B.C.G.
1,219	1,001	56	854	854

The percentage of children vaccinated and immunised in Birkenhead during 1972 showed a slight improvement on previous years, but we are still well below the figures for England as a whole.

Percentage of Children Born in 1969
and Vaccinated by 31.12.71.

	Whooping Cough	Diphtheria	Poliomyelitis
Birkenhead	64	65	56
England	78	80	80

Percentage of Children Born in 1970
and Vaccinated by 31.12.72.

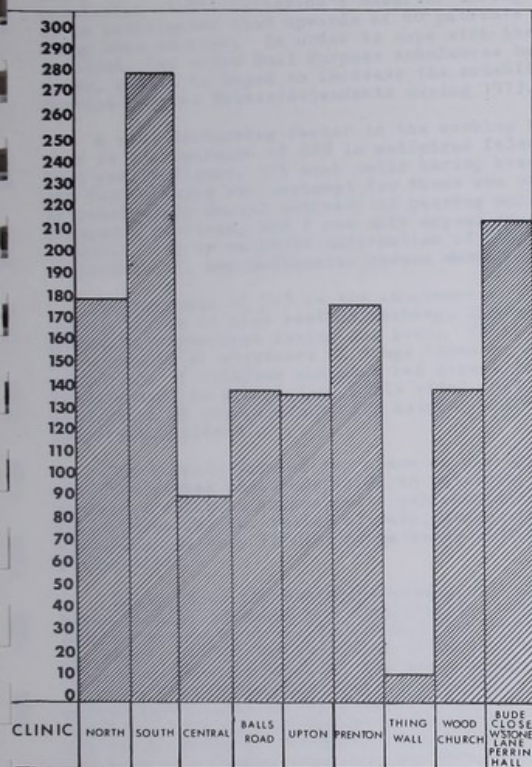
	Whooping Cough	Diphtheria	Poliomyelitis
Birkenhead	68	70	61
England	79	81	80

It is difficult to understand why this low percentage of children protected against polio persists, one can only remind parents that the vaccine is given by mouth in a small amount of sugar solution. The vaccine causes no upset. Do we have to wait for the return of cases of infantile paralysis and handicapped small children before parents realise their responsibility to get their small children protected?

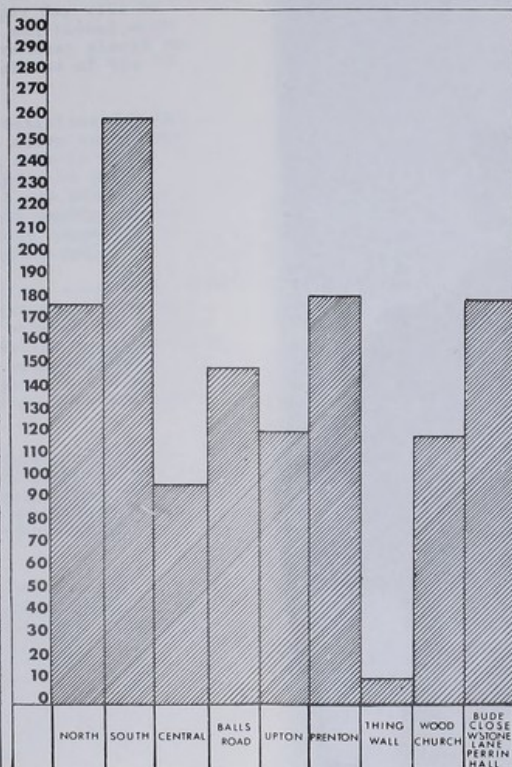
The Health Education Officer intensified his efforts in 1970 to make excellent posters for the clinics to persuade parents to get their babies and young people protected against all the common diseases. Every child protected against Whooping Cough, Diphtheria, Tetanus, Measles, German Measles and Poliomyelitis means that much less possibility of these diseases appearing in our population.

VACCINATIONS/IMMUNISATION PRIMARY COURSES
GIVEN AT INFANT WELFARE CLINICS DURING 1972.

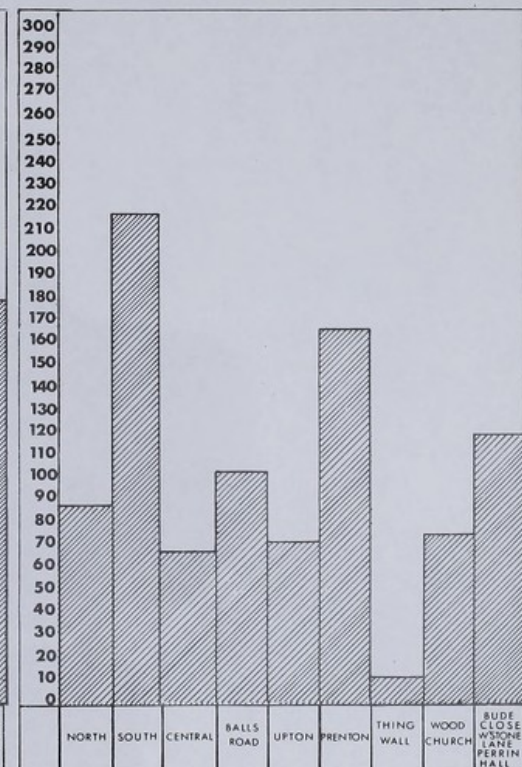
TRIPLE ANTIGEN



ORAL POLIOMYELITIS VACCINATIONS



MEASLES VACCINATION



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, 1972 :-

"The Ambulance Service continues to work to the limits of its capabilities, 66,627 patients having been conveyed during the year entailing a total mileage of 227,252. In June 1972, after many years of doing so, the Ambulance Service ceased to convey spastic children to the unit in Shrewsbury Road, this function having been accepted by the Education Department. Conversely, the Service has assumed responsibility for the conveyance of geriatric patients to and from Mill Lane Hospital, Wallasey, at the rate of 12 patients daily on average. When the new Geriatric Unit is fully in commission at St. Catherine's Hospital during the summer of 1973, it is anticipated that upwards of 60 patients per day will be using this service. In order to cope with the additional work involved, two extra Dual Purpose Ambulances have been placed on order, and it is hoped to increase the establishment of the Service by five Driver/Attendants during 1973.

A most disturbing factor in the working statistics for the year is the increase of 42% in malicious false alarm calls over last year's figure, 175 such calls having been made in 1972. I can feel nothing but contempt for those who engage in this extremely anti-social activity of passing malicious alarms to emergency services, and I can only appeal to all members of our community not to withhold information if they are aware of, or suspicious of, any particular person making such a call.

An increase of 21% in the incidence of poison cases over last year's figure is also most disturbing, 288 cases of this nature having been conveyed during the year. Whilst some of the cases are a result of overdoses of drugs taken by adults, a considerable number are of children who have had access to medicines and tablets and, in my opinion, it is vital that parents should be made aware of the necessity for keeping all drugs and medicines away from children.

The introduction of two items of new equipment during the year has proved most beneficial to patients, notably entonox equipment which is an analgesic self-administered under supervision for the relief of pain, and scoop stretchers which allow for the easy lifting of patients with a minimum of disturbance.

Emphasis is increasingly being placed on training of all types, basic, advanced and specialised, and arrangements have now been completed with the Birkenhead Hospital Management Committee for Ambulance Service personnel to be seconded in crews of two to Birkenhead General Hospital for periods of one week. It is intended that during this period they will cover to a limited extent most facets of the work of a general hospital, i.e. theatres, clinics, out-patients and midwifery, and my thanks are due to the Hospital Management Committee for their co-operation and help in allowing this very worthwhile scheme to be put into operation.

The new Ambulance Station is nearing completion and is likely to be operational from 4th March, 1973. The new station provides first-class facilities for both personnel and vehicles, and although included in the same complex as the Fire Station it has, nevertheless, been so designed as to be capable of operation as a completely separate unit when the re-organisation of Local Government takes place in 1974.

ESTABLISHMENT

<u>Rank</u>	<u>Approved</u>	<u>Actual</u> <u>31.12.1972</u>
Station Officer	1	1
Deputy Station Officer	1	1
Section Leaders	4	4
Deputy Section Leaders	3	3
Driver/Attendants	37	37
Cleaner/General Assistant	1	1
	<u>47</u>	<u>47</u>

Variations:

Died in service:	1 Section Leader
Retirement:	1 Section Leader
Resignation:	3 Driver/Attendants
Appointments:	8 Driver/Attendants

Courses Attended

8 members were trained as Instructors in the use of Entonox and all personnel have received training in the use of this equipment.

3 members attended a 6-week Course at Cheshire County Training School, Wrenbury.

3 members attended a 6-week Course at Liverpool Ambulance Service Training School.

40 members attended First Aid Courses and qualified.

Ambulance Proficiency Certificate

5 Certificates awarded.

Institute of Certified Ambulance Personnel

2 qualified as Member and Fellow.

Safe Driving Competition sponsored by the Royal Society for the Prevention of Accidents

<u>Special Bar</u>	<u>Oak Leaf to 10-year Bar</u>	<u>10-year Medal</u>
4	5	1
<u>Bar to 5-year Medal</u>	<u>5-year Medal</u>	<u>Diploma</u>
13	2	10

Entries for 1972: 43

Awards Granted: 35

Vehicles

<u>Type</u>	<u>Year</u>
1 Commer Sitting Car Vehicle, Diesel	1965
1 Morris Dual Purpose Ambulance, Diesel	1966
1 Morris Ambulance, Diesel	1966
1 Morris Dual Purpose Ambulance, Diesel	1966
2 Morris Ambulances, Diesel	1967
2 Morris Ambulances, Diesel	1968
1 Morris Dual Purpose Ambulance, Diesel	1968
1 B.M.C. Dual Purpose Ambulance, Diesel	1969
1 Ford Transit Ambulance, Diesel	1970
2 Ford Transit Ambulances, Diesel	1972
1 Bedford Ambulance, Diesel	1972

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	1,244	1,256	5,685
	Works Accidents	454	464	1,728
	Street Accidents	1,454	1,571	6,395
	Maternity	975	975	5,215
	Emergency Illness	3,250	3,251	15,257
<u>REMOVALS</u>	Ambulance	22,675	23,867	93,996
	Sitting Cases	35,231	35,243	92,614
<u>SPECIAL SERVICES</u>	Midwives	2	-	1
	Others	37	-	185
<u>AMBULANCES NOT REQUIRED</u>	Malicious False Alarms	175	-	1,056
	Others	1,769	-	5,120
		67,266	66,627	227,252

SUMMARY OF CALLSASSISTANCE TO OTHER AUTHORITIES

	<u>Calls</u>	<u>Standbys</u>
Assistance to:		
Wallasey	10	10
Cheshire	34	-
Liverpool	5	-
Others	1	-

AMBULANCES NOT REQUIRED

<u>Classification</u>	<u>Type</u>	<u>Calls</u>
<u>EMERGENCY</u>	Refused conveyance	259
	Removed - passing car, etc.	76
	Transport not required	210
<u>OUT-PATIENTS</u>	Too ill to travel	209
	Made own way	116
	Appointment errors	205
	Wrong address	58
	Not at home or not ready	381
	Refused conveyance	44
	Case cancelled	56
<u>IN-PATIENTS</u>	Wrong address	16
	Too ill to travel	13
	Made own way	31
	Not at home or not ready	26
	Refused conveyance	25
	Case cancelled	44
		1,769

FACTORS RELATING TO HOME ACCIDENTS

Falls	537
Poison	288
Glass	57
Domestic	51
Burns	81
Eyes, Mouth, Nose	22
Doors and Windows	28
Dog Bites	8
Gas	16
Sharp Objects	61
Needles and Nails	12
Wrenches and Knocks	24
Objects falling	16
Zip Fasteners	1
Strains and Sprains	12
Asphyxiation	14
Domestic Appliances	19
Electric Shock	3
Toys	6
	1,256

USE OF SPECIAL EQUIPMENT AND MEDICAL TEAMS

Neil Robinson, Paragon and Scoop Stretchers ..	21 occasions
Aspirator	29 "
Minuteman Resuscitator	371 "
Obstetric Flying Squad	24 "
Paediatric Flying Squad	14 "
Roehampton Burn Dressings	9 "
Entonox (introduced in July 1972)	42 "

5 babies were delivered by the ambulancemen during the course of the year, either in the ambulance or at home before medical assistance was available.

In conclusion, I would like to pay particular tribute to the conscientious, loyal and willing support I received from all ranks of the Ambulance Service during the year 1972. My thanks are also due to the Medical Officer of Health for his willing co-operation at all times and for his good advice when this was requested.

To you, Madam Chairman, and all members of the Health Committee, I would express my appreciation for the support and encouragement you have given me during 1972."

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MENTAL HEALTH

During 1972, the after care of the mentally sick and retarded was largely under the control of the Director of Social Services. However, total mental health services are divided in so many ways, between the hospital psychiatric services on the one hand with Social Services, Education Services, School Health Services and Personal Health Services all taking part, not forgetting in addition the Voluntary Mental Health agencies, which can make for several more divisions.

During the year, there were several co-ordination meetings concerning the future development of Mental Health Services in the Wirral area. At the present time much of the hospital in-patient care for the severely mentally subnormal is at Greaves Hall, Southport. Future plans intend to provide adequate beds in the speciality in the Wirral area. This will undoubtedly be to the benefit of retarded children and men and women of the Wirral. With the hostel provision which is improving at least in Birkenhead a continuity of care can be provided for those families who have a mentally retarded relative, and even the most unfortunate who do have to spend a period of time in a subnormality hospital will be sufficiently near home to maintain contact with their family and with their community. Work facilities and training facilities are improving in our town and, during 1972, the new Adult Training Centre/Sheltered Workshop began to take shape on Duke Street. In these recent years Birkenhead has had the vision to provide for retarded and handicapped people to give them not just life, but a real fullness of life.

Our discussions on services for the mentally ill took several forms. The Director of Social Services and the Medical Officer of Health were pleased that, during 1972, the Geriatric Liaison Committee under the leadership of the Consultant Geriatrician really proved its worth. Geriatrics and psychiatry very much blend together in the problem of psychogeriatrics. For some years we have been plagued with the fact that all the psychogeriatric treatment was far away, in Deva Hospital, near Chester. With great help from Dr. Wharton, recently appointed by the Liverpool Regional Board to advise on geriatric and psychiatric treatment facilities, a much better co-ordination has been developed between Geriatricians and Psychiatrists in North Wirral. The idea of a small number of assessment beds in St. Catherine's Hospital with backing beds in Deva Hospital has been at least a help in providing better assistance for the family doctors who have, in the past, found admission of some of their elderly disturbed patients difficult. Whether the psychiatrist should admit, or whether the Geriatrician admit the patient, co-ordination is essential by bringing the two Consultants, the Social Workers and the Hospital and Community nursing staffs together - another link in the chain of co-ordination has been forged for the future workings of the re-organised National Health and Local Government Services.

However, there is a long way to go to get a service for the mentally sick autonomous for Wirral. We need more homes and houses for rehabilitation of those recovering from illness after treatment in the wards of the new district General Hospitals. The Government ideas oft expressed in 1972 that in 10 years or so the

big Mental Hospitals will all close and the treatment of the mentally sick will all take place in District General Hospitals, has several fallacies. Firstly, some of the mentally ill are too disturbed to attend Out-Patient departments in busy General Hospitals. The patient, let alone the other members of the public, feel they need a Sanctuary situation, where there is peace and rest for the delusions of the mind. In our discussions with the Liverpool Regional Board representatives, an appeal was made to provide small Sanctuary situations on the Wirral. The second factor which we stressed, is that as the big Mental Hospitals are run down and these declining centres tend to take the chronic, mentally sick patients, the nursing and allied staffs may become disillusioned. The recent Public Enquiries into the conditions in long stay Mental Hospitals may make us feel a little more comfortable but they are not enough. What is needed is that vital resource - men and women, well trained and dedicated to serve. We have pointed out in our discussions on the future of the service for the mentally sick in Wirral that every effort must be made in what we plan to ease the disillusionment of staff and provide enthusiastic staff, who alone can ensure adequate treatment and after care of the mentally ill.

HEALTH EDUCATION - ANNUAL REPORT 1972

Recently the expert committee on research in Health Education offered the following definition on the aims of Health Education, "Health Education concerns all those experiences of an individual, group, or community that influence beliefs, attitudes, behaviour with respect to health".

C.J. Nelson, M.R.I.P.H.H., M.I.H.E.
Health Education Officer.

Schools

I am pleased to report that there has been an increase in health education activity in schools in the form of lectures and illustrated talks during the year by the Health Education Officer and the acting Health Education Officer and other members of the department.

Mr. C.J. Nelson, the Health Education Officer, visited all comprehensive schools in the Borough and discussed with the head teachers and senior staff the services provided by the Health Education Unit. A suggested programme of health education was left with each school for further discussion with staff who were likely to be involved. The suggested programme was as follows :-

1. Personal Health
2. Environmental Health (general)
3. Dental Health
4. Care of the Feet
5. Diet
6. Smoking and Health
7. Misuse of Drugs
8. Sex Education - Learning to Live
9. - Birth of a Baby
10. - Personal Relationships
11. - Population Problems
12. - Budgeting and Family Problems
13. - Sexually-Transmitted Diseases
14. Emergency Resuscitation
15. Initial First Aid Part 1
16. " " " " 2
17. Accidents in the Home
18. Environmental Health (specialist subjects)

Parentcraft - A series of illustrated talks and practical demonstrations by a Health Visitor.

Children usually respond better than do older people to health education. It is more difficult to change the ways of adults most of which are already fixed. Therefore, the earlier a person is taught and learns the principles of healthy living, the more likely it is that they will be applied.

The more health education received before an individual reaches adulthood, the easier it will be for official and voluntary health agencies to carry on from there, since they will be dealing with a more informed and sympathetic adult. It is expected that some health education will be taken home to the parents by children receiving health education in schools.

Complete programmes of health education have been undertaken in some schools whilst lectures on particular topics are given in others. It is to be hoped that in the future all schools will see the advantages of having some form of health education programme in school.

There is an increasing number of Parentcraft classes being held in more schools. These classes which are undertaken by members of the Health Visiting staff have emphasis on all aspects of child care, especially of babies and toddlers, and includes the parent-child relationship and the need for interpreting the behaviour of the child in terms of its development. Most classes include instruction on menstruation, pregnancy, and how a baby is born.

The following is a typical Parentcraft/Health Education course programme :-

Parentcraft Programme

1. Parents and the Home
2. Growth of the Foetus
3. Baby things - layette
- prams, cots, etc.
4. Birth of the Baby
5. Nutrition
6. Feeding the Baby
7. Bathing the Baby
8. Child Development
9. Immunisation
10. Safety first for Baby
11. Services provided for the mother and child.

I am indebted to the Health Visitors who are involved in running these Parentcraft courses so successfully. Involvement entails extra effort on their part and makes further inroads on their valuable time. Fortunately a considerable amount of "job satisfaction" is to be found in group health education.

In the future it is intended to expand the Health Education activities taking place in Primary and some Middle schools and to introduce it in others. This will, of course, mean more staff involvement and an increase in the very limited budget. Fortunately, more authorities are realising the advantages of Health Education in preventive medicine, in that it is better to provide money to help a child lead a healthful life rather than to provide a relatively expensive treatment and after care service.

Colleges of Further Education

Lectures have been given at Kirklands Annexe, and members of the staff have co-operated in a project on Smoking and Health. As part of the project a smoking machine was devised by the staff, and used to demonstrate the amount of tar produced in smoking cigarettes. This type of active participation by the teaching staff is very effective.

It is planned to introduce health education programmes into the College of Technology, and initial talks have already taken place between the Health Education Officer and the staff concerned. This will again entail further Health Education Staff involvement.

Accidents in the Home - Child Poisonings

As part of the continuing campaign against accidents in the home, the Health Education Officer had the co-operation of the "Birkenhead News" who produced the following feature :-

"An alarming growth in Birkenhead of child poisoning cases has led the town's health authority to mount an emergency campaign.

Statistics of youngsters taking poisons show that in nine years since records in the borough began, the figures have climbed steadily from 138 cases in 1963 to 406 last year.

Leaflets

All these were cases dealt with in hospitals and there could be many more not reported. Three-quarters of the children had to be detained in the wards for some time and the rest were discharged after treatment.

Printed leaflets were sent out from the health department to doctors' surgeries, clinics and libraries warning parents of the dangers of leaving drugs and poisonous household substances in the reach of children.

"It is a long-term scheme", said Mr. Nelson, the Health Education Officer. "We do not expect any fantastic changes overnight, but it is a process of educating people. We are also warning children in schools."

Breaking down the figures, 243 children were treated at Birkenhead Children's Hospital after taking drugs and medicines. Of these, 75 had eaten aspirins, 41 tranquillisers and the

remainder were made up of various types of pills and other forms of drugs.

Domestic items were responsible for 163 admissions. Thirty-three youngsters had drunk paraffin or turpentine, 29 bleach and disinfectants, 19 cosmetics, and the rest had sampled mice, rat and fly poisons, toadstools or berries.

The most marked number of cases treated involved children between two and three years old, where 146 cases had been recorded. Toddlers between one and two years old also run a high risk, as 99 were treated in hospital.

The other cases were: 73 between the ages of three to four, 30 from four to five, 20 between five and eight, 15 at eight to eleven and five recorded cases concerning over 11s. Eighteen infants under one were also treated.

Precise Record

Because Birkenhead has such a precise record of the amount and type of cases of child poisonings, the statistics will be used as a basis for the campaign.

"We are fortunate in this town that we have proof that these things happen", said Mr. Nelson. "We know we have a problem, and we have to do something about it."

The increase is so worrying Liverpool Regional Hospital Board that they have written to the Department of Health and Social Security suggesting a national campaign should be launched. This is in addition to a working party which has already been set up by the department to study the problem.

'Keep killer drugs out of reach' warning

From this week, parents and youngsters in Birkenhead will be made more aware of the perils lurking in the home as the campaign to reduce the number of child poisonings gets under way.

For, as the figures recorded by the health department indicate, unless some action is taken soon the casualties will increase in number and fatalities will occur.

The advice given by the authorities is sound logic - keep any poisons well out of the reach of inquisitive children.

Do not leave pills in drawers which toddlers can get into and swallow them innocently thinking they are sweets.

So many tablets these days look exactly the same as sweets, and parents are being encouraged to explain the difference to their children.

"Never tell a child that the drug he is being given when he is ill is a sweet", said one of the organisers of the campaign. "The two must never be confused."

"It is very difficult to tell the difference, so how can a child who is not even able to read?"

One place that many parents may never think of keeping locked up is under the kitchen sink. But there the hazards from bleaches, detergents and household chemicals can be seen in a gloomy collection.

Here again, the advice is poisonous substances must be kept out of reach of youngsters. And never use lemonade, orange or milk bottles for keeping undrinkable liquids in.

The pictures here show how easy it is for children to get hold of pills, medicines and household poisons.

It is interesting to note that even as the pictures were being taken, the toddlers were being warned not to eat anything. We had quite a job to keep the coloured tablets and mixtures out of their mouths."







Posters and Leaflets

Leaflets covering a wide range of health matters were purchased from various sources and distributed through Health Centres, Clinics, General Practitioners' surgeries, Schools, Health Visitors, Midwives and other members of the department. A steady stream of requests for this type of literature came from students, teachers and school children. A comprehensive range of leaflets has now been built up in the leaflet bank in the Health Education Unit.

Posters have been obtained and displayed in Health Centres, Clinics, doctors' surgeries, schools and, occasionally, on public hoardings. Unfortunately, the cost of displaying poster material on public hoardings in the area is very costly and, because of this, this method of displaying Health Education material is not often used.

New posters were designed and printed to remind parents the importance of following an immunisation programme for their children. It is appreciated that it is rather difficult for parents to remember the complete immunisation programme, and this type of poster which gives the complete immunisation time-table will serve as a constant reminder to mothers when they visit clinics and other health establishments. It is hoped that this poster will help in the constant endeavours of the nursing staff and General Practitioners to improve the level of immunisation in Birkenhead and Wallasey.

Displays

During the year, the Health Education display window in Cleveland Street has been used to effectively mount displays on various health topics. Portable displays have been mounted in the Central Clinic. One particular display on the subject of 'Smoking and Health' was photographed and appeared in the "Birkenhead News".

It is hoped to develop this form of Health Education publicity in the future, but this will entail the purchase of further display equipment and the provision of workshop space, the latter being rather difficult in view of the shortage of space that is available in the Health Department in the Social Services Centre. When eventually more space is made available for workshop accommodation and storage, portable displays can be made up and sent round schools and clinics and other types of exhibitions can be mounted for the general public to see.

Equipment

Photographic equipment has been purchased to enable the Health Education Officer to prepare lecture slides on such topics as, the Services provided by the Local Health Authority, Environmental Health, Chiropody, and the Health of the School Leaver. The equipment will be used to provide photographs for display purposes.

Other equipment which has been purchased includes such items of visual aid equipment as an Overhead Projector and transparency-making materials, a dual purpose Film Loop Projector, prepared slides on a variety of topics and a comprehensive range of film-strips. Because of the increase in lectures being given to schools, colleges, etc., further equipment will have to be provided, such as an additional Film Projector, Screens, automatic slide projectors, films, etc., and this will necessitate an increase in the amount of money made available for the purchase of equipment if the service is to be efficient.

Lectures to Organisations

Lectures have been given to adult organisations, youth clubs, parents' meetings, nursing staff in hospitals, and pre-retirement courses, etc. It will be appreciated that most of this type of work is done in the evenings.

In Service Training

Meetings have been arranged for Health Department staff to see the latest types of visual aids available on various subjects. It is intended that a complete programme of In Service Training should be undertaken for the Nursing Staff of the department in the future.

First Aid Course for Teachers

In conjunction with the Birkenhead branch of the St. John's Ambulance Association, a very successful first aid course for teachers was organised in the department. Over sixty teachers enrolled on the course which took place in their off-duty hours. It is encouraging to have this form of response from the teaching staffs of schools. Another First Aid course is to be organised for technicians at colleges and schools. Because of the success of the First Aid course, plans have been made for a course for the general public to participate in, and investigation is being made to the feasibility of having first aid courses at night schools. The St. John's Ambulance Association are to be complimented on their co-operation and enthusiasm.

Staffing

At the moment, the Health Education Officer has no assistant, as difficulty has been experienced in obtaining an Assistant Health Education Officer because of the comparatively low salary grading offered for the post.

One of the nursing officers in the department has Health Education as one of her responsibilities, and acts as an excellent liaison officer between the Nursing Staff and the Health Education Officer, and the day to day running of health education activities in which the nursing staff are involved, e.g. Parentcraft, is the responsibility of this nursing officer. The co-operation of the Health Department Staff in health education is excellent.

In matters pertaining to Health Education, the co-operation of the Health Departments of Birkenhead and Wallasey is good. Plans are in hand for a combined In Service Training programme.

The Future

In this area we are fortunate in the fact that the activities of the Health Education Unit are not confined to one borough, but two local authorities (Birkenhead and Wallasey). If in the future re-organisation of the National Health Service, the co-operation that exists between these two local authorities can be extended to the other areas that make up the new Wirral Health Area, Health Education should progress most satisfactorily.

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CHIROPODY

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

I am pleased to report that there was a general expansion throughout each facet of the Chiropody Service during the past year.

I was very pleased to welcome Miss S.K. Wood to the establishment as a full-time chiropodist in May 1972. Following her appointment, I was able to re-organise our clinic-based service to provide additional sessions at South Clinic and North Clinic, thus offsetting the heavy demands being made on the service in those areas.

Persons at present eligible for treatment are divided into the following categories :-

- A. Persons aged 65 years and over.
- B. Handicapped persons.
- C. Expectant mothers.
- D. School children.

The number of sessions held weekly are as follows :-

- 15 Sessions at Central Clinic.
- 10 Sessions at South Clinic.
- 5 Sessions at North Clinic.
- 1 Session at Prenton Clinic.
- 4 Sessions for children held at Central Clinic.

The number of aged and handicapped persons who attended clinics increased considerably, and we established a record number of clinic treatments during the year.

Total numbers of treatments given at Clinics in 1972 were 8,212 as against 6,947 in 1971, an increase of 18%.

Total number of persons who attended clinics in 1972 was 1,438 as against 1,225 in 1971, an increase of 17%.

This represents an increase in clinic service of 18%.

Domiciliary Service

The domiciliary chiropody service has also shown steady expansion.

Total number of patients treated in 1972 was 993 as against 960 in 1971.

Total number of treatments given in 1972 was 4,344 as against 4,003 in 1971.

This represents an increase in domiciliary service of 8%.

The domiciliary service was carried out, as before, by private practitioners working on a contract basis. Once again this system has proved very satisfactory. We maintained a close liaison with the District Nursing Service and chiropody treatments were provided on their recommendations for housebound and disabled persons.

Disabled persons were also referred to us for treatment by the Social Services Department and, by arrangement with Wallasey Corporation, we held one session at Moreton Adult Training Centre every six weeks for the benefit of handicapped young people who are Birkenhead residents.

A review of income levels, governing persons' eligibility to receive treatment was made during the year, bringing the scale of allowances and charges into line with increased state pensions and the rising cost of living. The new scale was presented to Council and passed during November, 1972, and patients were assessed accordingly.

OLD SCALE

SINGLE	MARRIED	CHARGE
Receiving supplementary benefit. Or, other income not over £7.	Receiving supplementary benefit. Or, other income not over £11.	FREE
Income over £7 and not over £12.	Income over £11 and not over £15.	13p
Income over £12 and not over £15.	Income over £15 and not over £18.	25p
Income over £15.	Income over £18.	Not eligible

NEW SCALE

SINGLE	MARRIED	CHARGE
Receiving supplementary benefit. Or, other income not over £8.	Receiving supplementary benefit. Or, other income not over £13.	FREE
Income over £8 and not over £13.	Income over £13 and not over £17.	13p
Income over £13 and not over £16.	Income over £17 and not over £20.	25p
Income over £16.	Income over £20.	Not eligible

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)
1972	1438	8212	993	4344	2431	12556	1901	9923

TABLE 1

Year	Aged 65 and Over	Handicapped Persons Under 65			Expectant Mothers	Total
		Blind	Other Physical Handicaps	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1972	2289	6	136	142	Nil	2431

TABLE 2

	Patients Receiving Domiciliary Treatments				Patients Receiving Surgery Treatments				Total Patients Receiving Treatments			
	Free	13p	25p	Total	Free	13p	25p	Total	Free	13p	25p	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1972	816	141	36	993	1085	256	97	1438	1901	397	133	2431

TABLE 3

	Domiciliary Treatments				Surgery Treatments				Grand Totals			
	Free	13p	25p	Total	Free	13p	25p	Total	Free	13p	25p	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1972	3538	652	154	4344	6385	1401	426	8212	9923	2053	580	12556

During the last few years, there has been a general move towards Community Health Services, based on special purpose-built premises stationed in the neighbourhoods which they are to serve. We, in the chiropody service, look forward to taking our place in the teams of staff who will man the new centres. The opportunities for Medical, Nursing and para-medical staff to discuss cases and to exchange opinions will be unique. There can be no doubt of the advantages to both patients and staff.

In Birkenhead, we are well under way with our arrangements to have chiropody sessions in the new centres, particularly at Fender Way and Miriam Place.

SCHOOL CHILDREN'S SERVICE

I am now able to submit a report on the first full year's operation of the School Chiropody Service. Demand for treatment has been high, the scheme has proved very popular with parents and teachers alike. Cases were also referred to us by General Practitioners, several of whom have shown great interest in the Service. As a measure of the general demand for treatment, we need only look at the increase in the number of weekly treatments.

Last January, we were providing on average 10 treatments per week, and we are currently providing 50 treatments per week.

I am very pleased to say that the schools themselves have been extremely helpful to us in this venture. Through their co-operation, we have been able to carry out a series of foot inspections which produced the following results :-

	<u>Number of</u> <u>Infectious Conditions</u>
Park High School (Lower School) ..	14
Birkenhead Institute ..	22
Arrowe Hill (Middle School) ..	11

These conditions were notably Verruca Pedis and would, in most cases, have gone undetected were it not for the provision of this service.

The total number of children who attended Clinic in 1972 was 303, and the total number of treatments given was 1,396.

From the results of our programme of school foot inspections, I am convinced that there are very many undetected infectious foot conditions among the children in the town. In my opinion, we should seek to expand this service, and I earnestly hope that funds for extra sessions will be made available.

Prevention rather than cure is the keynote in any children's service, and to improve foot health is surely a worthwhile project - once children pass school age it is too late, the opportunity has gone for ever.

PART III

CONTROL OF INFECTIOUS DISEASES

Notifiable Infectious Diseases

Tuberculosis

Venereal Disease

I N F E C T I O U S D I S E A S E S
TABLE OF NOTIFIABLE DISEASES AFTER CORRECTION OF DIAGNOSIS

	1968		1969		1970		1971		1972	
	M	F	M	F	M	F	M	F	M	F
Diphtheria	-	-	-	-	-	-	-	-	-	-
Dysentery	24	20	41	32	-	2	12	10	25	29
Encephalitis	1	-	-	1	1	1	-	1	-	-
Meningitis	4	33	66	8	1	-	7	2	-	-
Measles	930	931	31	17	738	694	32	41	253	240
Ophthalmia Neonatorum	-	-	-	-	1	-	-	-	-	-
Paratyphoid Fever	-	-	2	13	-	-	-	1	1	-
Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	46	32	20	12	17	15	11	15	6	6
Smallpox	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	1	-	-	-	-	-	-	-	-	-
Whooping Cough	26	35	9	9	35	33	11	10	-	2
Food Poisoning	4	8	4	4	5	8	7	11	16	17
*Infective Jaundice	28	50	63	57	29	21	32	30	37	25

*Notifiable since 15th June, 1968.

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

INFECTIOUS DISEASES

The figures show that, during 1972, Birkenhead experienced only isolated and small numbers of people with infectious disease. The control of infectious disease has been a team effort between doctors, nurses and Public Health Inspectors working in the community. Mr. Dick, the senior Public Health Inspector, is to be congratulated on linking the various people together, and keeping in constant touch with the bacteriologists and technicians in the various laboratories who, during 1972, have given us so much help.

DYSENTERY, FOOD POISONING, TYPHOID, PARATYPHOID

The numbers of cases of food poisoning were slightly raised in 1972, as were the numbers of cases of dysentery. These two conditions are very much associated with each other. The salmonellae can cause either vomiting or diarrhoea or as on occasions in 1972 the carrier state, which causes no symptoms, but in the food handler so afflicted, may cause illness in others.

There was one small outbreak of E.coli infection amongst children and small babies in a hospital. Good co-operation between the hospital, nursing and community nursing staff enabled the babies to be discharged home quickly so that the ward could be emptied and cleaned and disinfected. This was fortunately a mild infection which caused no serious ill health, but a number of children were carriers. It is often found that the carrier state clears alone without the injudicious use of antibiotics.

Good hygiene, good handling, good tracing and supervision of contacts is essential to control small outbursts of the food poisoning and dysentery. Fortunately, in 1972, there were no really unpleasant cases such as typhoid and paratyphoid - though with modern travel and the busy commercial port of Birkenhead, the staff are always on the look out for more dangerous infections.

SMALLPOX

No cases in 1972.

MEASLES

There was an increase in the number of notifications in 1972 compared with the previous year (there being 253 males and 240 females) compared with 32 males and 41 females in 1971. The measles vaccination may be keeping down the numbers of cases for as the table shows the biennial number of cases has been much higher, say in 1970 and 1968.

INFECTIVE JAUNDICE

The numbers of cases continues at about the same level as the previous year - 37 males and 25 females. Once again the greatest number of cases is in the age group 5 to 9 years.

I am much indebted to Miss Harvey, Medical Social Worker at the Chest Clinic, for another excellent report.

TUBERCULOSIS

Notifications

26 primary cases of tuberculosis were notified during 1972, a marked decrease of 12 cases during the year.

Of the 26 cases notified, 2 were posthumous notifications, and one male patient died 2 months after diagnosis.

		<u>Primary Cases</u>	<u>Died during year</u>
Respiratory	..	22	3
Non-Respiratory	..	4	-

Mortality

A total of 15 patients died in 1972, 5 from active tuberculosis and 10 from other causes.

Tuberculosis Register

The Register shows a decrease of 42 during the year; 26 new cases were added to the Register and 68 were removed for the following reasons :-

Through death	..	15
Recovery	..	45
Left the Borough	..	8

		Adults	Children (under 15 years)	Total
Respiratory	- Male	232	13	245
	- Female	206	22	228
Non-Respiratory	- Male	23	1	24
	- Female	45	5	50
Grand Total	- 1972	506	41	547
Grand Total	- 1971	549	40	589

12 of the above cases were known to be sputum positive, 4 of this number being new cases of tubercle and 8 being chronic cases of the disease.

In addition to the 547 patients who are on the active Register, 966 cases of quiescent tuberculosis attend the Chest Clinics at Hamilton Square and Mill Lane, as follows :-

42, Hamilton Square	..	879
Mill Lane	..	87

Social Care

Miss B.C. Harvey, Medical Social Worker, has her office at the Chest Clinic, 42, Hamilton Square, Birkenhead, where, during the year, 1,338 interviews were held; 942 visits were made to patients at home or in hospital.

35 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 8 patients who were found to be suffering from such a disease; 3 of these patients have died through the year.

Financial relief for 3 patients was obtained from the National Society for Cancer Relief. One patient was helped through the Mayor's War Fund and 4 through a local Benevolent Fund.

The John Lloyd Corkhill Trust supplied free milk to 14 patients during the year under review and cash grants were made to 28 patients for clothing, arrears of rent, gas and electricity bills and other emergencies. Food parcels and toys were supplied to more than 100 families at Christmas.

Convalescence was arranged for 16 patients, of these the cost of maintenance for 15 patients was met by the John Lloyd Corkhill Trust.

We are grateful to the John Lloyd Corkhill Trust for the generous and considerable financial help given during the year, to the Social Services Department which again provided transport to and from Southport for a number of patients, and to the Girling Charity Fund which gave £100 to be distributed at Christmas to patients who had received treatment for cancer in Cleaver Hospital.

17 applications were made for re-housing; 10 to the Birkenhead Housing Department and 5 to Voluntary Housing Societies; of these, 3 families were housed by the Birkenhead Housing Department, 2 patients were housed by the Liverpool Improved Housing Society and 2 families were housed by the Birkenhead (Methodist) Housing Aid Society. This Society also assisted an elderly couple to purchase their home.

Occupational Therapy

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

Rehabilitation

7 men were referred to the Ministry of Employment and Productivity as disabled and requiring suitable light employment. One long-standing case of tuberculosis, a man who had been in employment but who needed a period of rehabilitation, attended the Annie Glassey Workshop for three months and then returned to outside industry.

Sheltered Workshops

2 patients continued their employment at the Annie Glassey Workshop.

PREVENTION OF ILLNESS - CARE AND AFTER-CARE

Dr. Merrin, Consultant Chest Physician, continues to carry out the examination of tuberculosis contacts at the Chest Clinic at 42, Hamilton Square.

During the year under review, 106 adults and 437 children attended for contact examination. One child contact was found to require chemotherapy.

Of the 437 children who attended, 312 very young babies were vaccinated without a skin test: 125 were given a heaf test, of these 84 were negative, 21 had a positive reaction and 20 children failed to attend for the reading. Of the 21 children who had a positive reaction 12 had received B.C.G. vaccination in earlier childhood.

The 84 children who had a negative heaf test were given B.C.G. vaccination and in addition to this number, 20 students were vaccinated following heaf test.

89 child contacts were vaccinated at other hospitals.

A total of 505 children and students received B.C.G. vaccination as follows :-

At the Chest Clinic:	..	84 following heaf test.
		312 babies vaccinated without skin test.
		20 students following skin test.
At other hospitals:	..	89 babies at birth.

The ratio of contacts per notified case was 12.3.

PRIMARY NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS

84

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	1	4	5	15
Females	-	-	-	-	-	-	1	-	-	-	3	1	-	2	-	7
Non-Respiratory -																
Males	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	2
Females	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	2
	-	-	1	-	-	-	1	1	2	1	3	3	3	6	5	26

Posthumous Notifications ... 2 Males aged 72 and 79 years.

(Included in Primary Notifications shown above.)

SPECIAL CLINIC

Dr. F. Lanceley, Consultant Venereologist, and the staff held Clinic sessions at St. James' Hospital 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

<u>Year</u>	<u>Syphilis</u>	<u>Gonorrhoea</u>	<u>Others</u>	<u>Total</u>
1968	8	240	666	914
1969	13	290	780	1,083
1970	8	307	787	1,102
1971	9	298	1,068	1,375
1972	15	263	1,134	1,422

The Health Education campaign against venereal disease continued in 1972. It is a gratifying fact that at the St. James' Clinic during 1972 there were fewer cases of Gonorrhoea. However, there is no need for complacency as not all cases from this area are seen at St. James' Hospital, some attend the Seamen's Hospital in Liverpool or go to Chester in the same way that as the table shows patients from distant areas of Lancashire and Cheshire attend in Birkenhead. Thus it is difficult to say how many people in Birkenhead suffered from venereal diseases in 1972. In allowing patients to travel widely and in enabling them to maintain anonymity it has helped them to get proper treatment so much the better.

During 1972 a Health Visitor helped the Consultant Venereologist and the nurses at the Clinic by following up contacts to persuade them to attend for treatment. This is particularly important in women as they may be carriers of venereal infection without suffering any symptoms - a situation which harms them and is a risk to any promiscuous men.

If only we could get away from the name Venereal disease or Special Clinics - and use the wording "Genito Urinary Clinic" this would create a better image.

As the statistics show, many other conditions are found and treated - conditions which have nothing to do with venereal disease, but cause much anxiety and discomfort. The staff at the Clinic would like to impress on men and women to attend early for treatment. Early treatment means certain cure - delay may mean misery, but most of all, as is taught in education for personal relationships in our schools, to avoid promiscuity is to avoid venereal disease.

SEXUALLY TRANSMITTED DISEASES
YEAR ENDING 31ST DECEMBER, 1972

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Local Health Authority area of residence of Patient	Number of new Cases in the year												Other Conditions (D1 to D3)					
	Totals: All Conditions				Syphilis				Gonorrhoea (B1 to B3)		Other Genital Infections (C1 to C12)							
	Primary and Secondary (A1 & A2)		Other (A3 to A8)		M		F		M	F	M	F	M	F				
Birkenhead	M	F	M	F	M	F	2	1	-	2	1	65	36	113	54	170	F	83
Wallasey and New Brighton	279	157	2	3	-	2	-	62	30	114	49	101	73					
Cheshire	200	94	1	1	2	-	26	16	83	23	88	54						
Lancashire	63	18	-	-	-	11	5	19	8	35	5							
Others including Foreign Countries	79	7	-	-	-	12	-	20	2	47	5							
TOTALS:	971	451	5	5	2	3	176	87	349	136	439	220						

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
House Improvement Exhibition

NUISANCES

Offensive Trades
Caravans

BIRKENHEAD CORPORATION ACTS

Barbers and Hairdressers
Pig Keepers

OTHER ACTS

Rag Flock and Other Filling Materials Act 1951
Pharmacy and Poisons Act 1933

PEST CONTROL

Rats and Mice
Insects
Pest Free Zone
Pigeons
Foxes
The Dog Warden Scheme

MEAT INSPECTION

Tranmere Abattoir
Meat Inspection Regulations
Emergency Slaughter
Statutory Provisions
Diseases of Animals Act
Animal Welfare

FOOD AND DRUGS ADMINISTRATION

Ice Cream

Cream

Swimming Bath Water

Drinking Water

Milk Supply, Sampling and Analysis

Other Food and Drugs

Consumer Complaints

Food Poisoning

Food Hygiene

Unsound Food

OFFICES SHOPS AND RAILWAY PREMISES ACT 1963

Inspections

Registrations

Lighting

Ventilation

Petrol Filling Stations and Battery Shops

Coin Operated Dry Cleaning Plants

Mechanical Handling of Goods

Accidents

Hoists and Lifts

FACTORIES ACT 1961

Inspections

Out Work

DEPOSIT OF POISONOUS WASTE ACT 1972

ATMOSPHERIC POLLUTION

Industrial Smoke Control

Smoke Control Areas

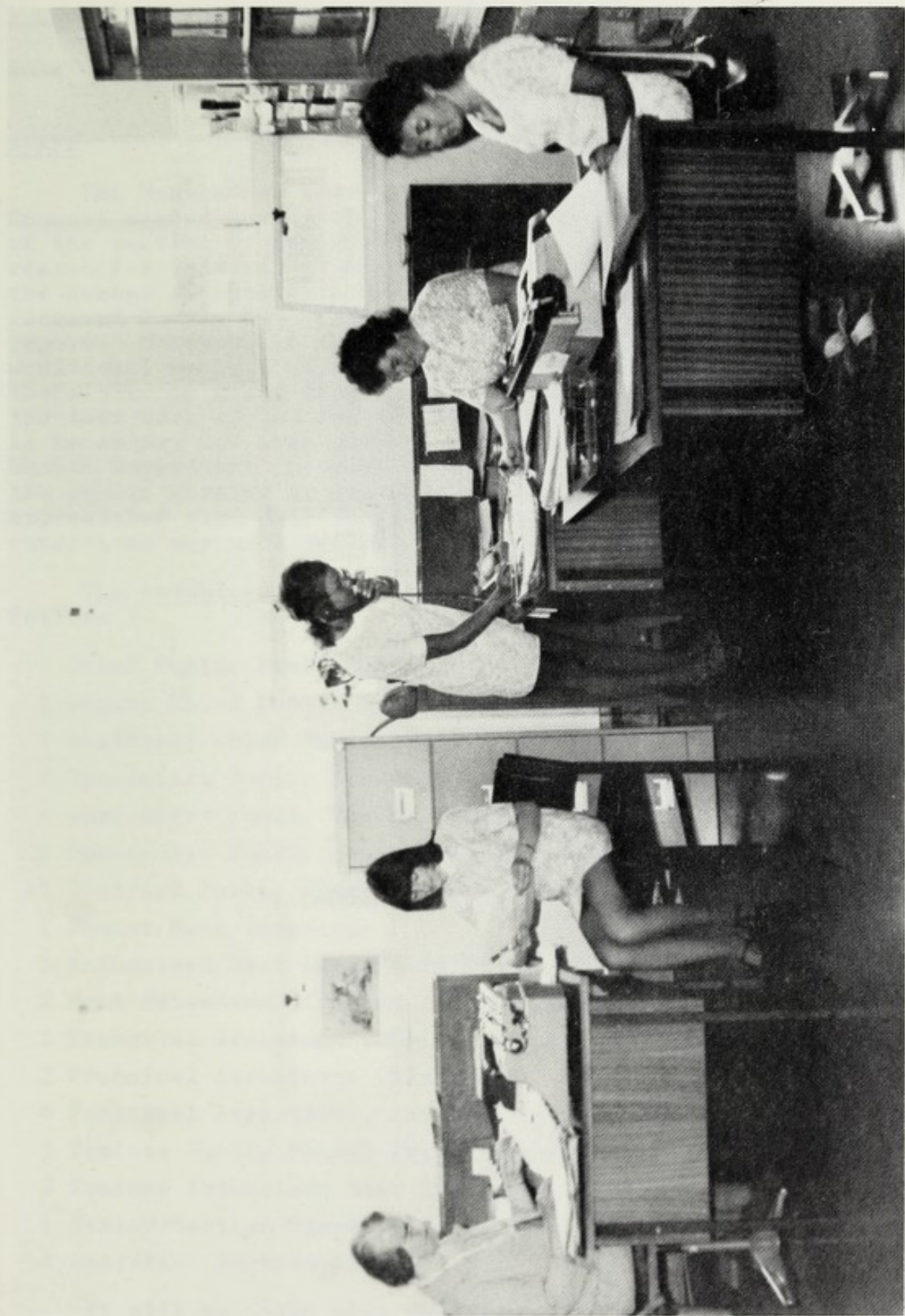
National Survey of Air Pollution

NOISE ABATEMENT

RE-ORGANISATION OF LOCAL GOVERNMENT

TRAINING COURSES

**PAPER: GRIT AND DUST FROM NON-COMBUSTIVE
PROCESSES**



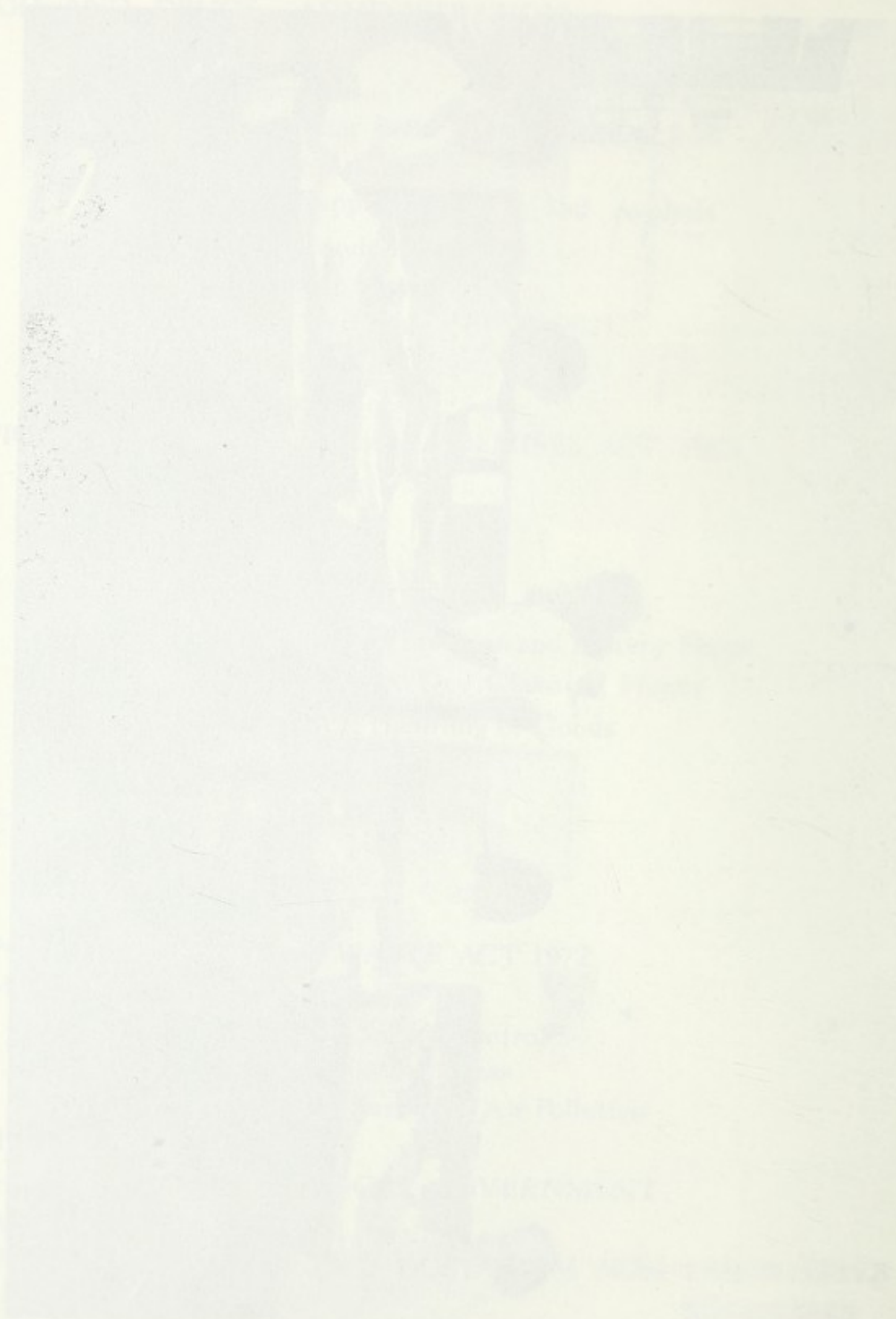
OFFICE STAFF - the hub of the department.

FOOD

OFF

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ENVIRONMENTAL HYGIENEREPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR -C.D. DARLEY, F.R.S.H., M.A.P.H.I.STAFF

The Management Services and Establishment Committee of the Council agreed during the year to an increase in the establishment of the section by one Public Health Inspector and one clerk. The reason for this was principally related to the vast increase in the number of applications for Improvement Grants which were received during the year and this is referred to elsewhere in the report. However, it should be pointed out that both of these additional members of staff have been engaged only for most of their time on house improvement matters and have contributed to the team work of the section in a number of other directions. It is necessary for team work to be developed in an Environmental Health Department in order to protect the long term interests of the public working or residing in the Borough, and it must be appreciated also that the improvement in their circumstances and conditions may well reflect on matters outside the Borough.

The establishment of the section at the end of 1972 was as follows :-

- 1 Chief Public Health Inspector
- 1 Deputy Chief Public Health Inspector
- 1 Assistant Chief Public Health Inspector
- 1 Specialist Public Health Inspector (Food and Drugs)
- 1 Specialist Public Health Inspector (Air Pollution)
- 1 Specialist Public Health Inspector (Housing)
- 11 District Public Health Inspectors
 - 1 Senior Meat Inspector
 - 3 Authorised Meat Inspectors (one vacancy)
 - 2 Meat Detention Officers (two vacancies)
 - 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
 - 4 Assistant Section Clerks

It will be noted that the only vacancies on the staff at the end of the year related to Meat Inspection (one Authorised Meat Inspector and two Meat Detention Officers). I am quite satisfied, however, that the present staff ratio is adequate to cope with the demands for meat inspection at the present time as a result of

which I have not attempted to fill the posts. One of the vacancies of Meat Detention arose as a result of the retirement of Mr. J.H. Lenton, who had been employed in the department for almost 18 years, during which time he had given very valuable service. He first joined the department in the very hectic days of meat inspection soon after it was freed from control.

As a result of importation of meat "on the hook" instead of "on the hoof" there is regrettably a continued reduction in the numbers of animals slaughtered in the Borough.

The Trainee vacancy is very disappointing but it was through no fault of the department that this arose. A theoretically well qualified young man accepted the post only to hand in his resignation almost as soon as he started working in the department as he wished to return to the academic field into which he first entered when leaving school.

There have been changes among the Public Health Inspectorate but it is pleasing to report that there is now the basis of not only a very well qualified group of young inspectors but men of rare enthusiasm and ability, and I hope that it will be possible to retain them on the staff of the department for a long time to come. One of the ways in which this can be achieved is to produce good career prospects and this is a matter which is constantly under my review.

The Specialist Public Health Inspectors have themselves now taken not only a practical but a managerial role and are employed in the capacity which suits their status and salary and I am indebted to them for the way in which they fitted into this new role. Had it not been for the help which I have received from them, many of the accelerated programmes relating to the fields of food and consumer protection, air pollution control and housing could not possibly have been maintained.

HOUSING

Slum Clearance

The accelerated programme of slum clearance approved by the Council in 1970 is continuing under the day to day supervision of Mr. D.J.A. Dorrity, the Specialist Inspector.

Repair

Elsewhere in the report is a table which indicates the considerable amount of work done by the Inspectorate in order to keep houses in the Borough in a good state of repair.

I have encouraged the Inspectorate to be more radical in their outlook and not to await complaints from the public. Their duty is to inspect the district "from time to time" and if they notice houses in a state of disrepair, to take the necessary action. This work has met with considerable success though it is very difficult to achieve as much success as one would wish in the town with so much ageing property.

Houses in Multiple Occupation

The Assistant Chief Public Health Inspector has taken responsibility among other things for following up a programme of inspection of houses in multiple occupation and a large number of notices have been served on the property owners for this category of house. There is no reason whatever, with the generous Improvement Grant provisions, for any person to leave houses in multi-occupation in a poor state of repair lacking in amenities.

Improvement Grants

The Council, in 1971, agreed to a publicity campaign in respect of Improvement Grants and this culminated the first week in February 1972 with an Improvement Exhibition, to which I have referred elsewhere in the report. The success of the Exhibition is reflected in the increase in the number of Improvement Grant applications which have been received (73% over the previous year).

The value of Improvement Grants in a town like Birkenhead cannot be over-estimated and it is imperative for the Council and private owners alike to effect as much improvement as is possible in the older houses in order to raise standards and increase the life of the property.

General Improvement Area

Considerable work took place in the area of Tranmere around Whitfield Street, which is the Council's pilot General Improvement Area. The meetings of officers from various departments of the Corporation have contributed considerably to a good corporate management approach to the problem, which in my view is the only way to deal with Improvement Areas. By the end of the year considerable information was available and the Council was able to declare the Mill Street General Improvement Area. This is the first project of this kind affecting the private sector housing in the Borough and it obviously must not be the last and I hope when we have learned more about the administration of such areas, that other areas will be declared at regular intervals.

PEST CONTROL

Pest Free Zone

The most notable feature of pest control during the year was the declaration by the Council of a Pest Free Zone.

Whilst there is no statutory power to declare such areas, this is a new project upon which I am working for I am convinced that it is possible to eradicate all pests from one part of the Borough and keep this area entirely free from pests. The word "pest" is not defined purposely and is treated under the broadest possible concept to enable my staff to eradicate any pest which is either of public health or aesthetic significance. The public's co-operation is referred to elsewhere in the report.

Rats and Mice

Continued progress takes place in the eradication of rats in the Borough and by the end of 1972 almost half the sewers in the Borough were entirely free of rat infestation.

Mice are Warfarin resistant as a result of which they are difficult to eradicate but, nevertheless, with the use of alternative poisons we are achieving considerable success.

Insects

The use of modern insecticides including one very recent proprietary type of insecticide has been shown to be effective in the whole field of insect control. There are considerably less infested premises in the Borough than there were when the pest control division was reorganised some three years ago.

Birds

The department continues to reduce infestations of premises by birds though unfortunately a minority of the public is somewhat vociferous in its opposition.

GENERAL

I have to pay the highest compliment I can to Mr. J.E. Glover, the Senior Technical Assistant (Pest Control) for the manner in which he carries out his work. He is a man of considerable practical ability and in his way shows managerial ability in the supervision of his staff. Much of the credit for the advances of pest control in the Borough must reflect on him and his willingness and enthusiasm to "tackle anything".

AIR POLLUTION CONTROL

Industry

During the course of the year Mr. F.J. Graham, the Specialist Air Pollution Control Inspector and his staff carried out a number of observations of industrial chimneys but it is pleasing to report that it was not necessary to institute proceedings against industrialists on any occasion.

Mr. Graham reports that the industrialists are most anxious to co-operate with him at all times and I believe the role of the Inspectorate should continue to be in an advisory capacity rather than a punitive capacity.

There is nothing more pleasing to me however, than to get to a high vantage point in the town (e.g. the Municipal Offices) and to look across the Borough and find no smoke whatever issuing from industrial chimneys.

Domestic

The acceleration of the Smoke Control programme continued, though during the year, as a result of the objection of one property/landowner, a Public Enquiry had to be held into the

proposal to declare the whole of Thingwall a Smoke Control Area. At the end of the year the result of the Public Enquiry was still awaited and I think it is most unfortunate that such a delay arose. Regrettably, delays of this kind affect the public living in the area and tend to create a bad image as far as the Authority is concerned, when indeed this is a matter outside the hands of the Local Authority.

There is no doubt whatever that the continuance of smoke control in the Borough has led to a vast improvement in atmospheric conditions and in turn it must lead to better health for the populace.

There has been no shortage of any classes of smokeless fuel during the year.

In the Spring of 1972 I was invited by the National Society for Clean Air to present a paper on "Grit and Dust from Non Combustive Processes" at a Seminar to be held in Manchester. A copy of that paper is printed at the end of this report.

FOOD

Mr. K. Dick enthusiastically follows every complaint of the presence of foreign bodies in food and also regularly samples food, milk and water to make sure that it is not likely to cause ill-health. In addition to this, he has taken much responsibility for food hygiene in the Borough and also now controls the day to day duties of the Technical Assistant (Offices, Shops and Railway Premises Act). Mr. Dick, who is the senior of the specialists has proved to be a valuable member of the senior staff.

In just over three years since I took up office it has been very pleasing to gain the loyalty of the staff employed in the Section and to develop what I think is now a very capable team. There are occasions when the Inspectorate are under considerable stress because of the amount of work in which the department is involved but a Public Health Inspector's training fortunately enables him to cope with situations such as these. My duty as the Chief Public Health Inspector is to ensure that the department is properly managed and to keep the Council informed of any matters that are likely to be prejudicial to health or cause any form of environmental pollution. This I have attempted to do by regular reporting to the Committee on the work that is being undertaken in the department.

It is my privilege at this time to inform the Committee that as a result of the determination and efforts of all the staff and the support which I constantly receive from the specialists, from Mr. T.K. Ward, who is now designated as Assistant Chief Public Health Inspector, and from Mr. F. Rutter, my Deputy, there is already an improvement in the environmental circumstances of the town. It is possible for this improvement to continue and in this direction I would like to place on record my appreciation of the support given to me by Dr. P.O. Nicholas, the Medical Officer of Health for the Borough, and Mr. Ian G. Holt, the Town Clerk and his other Chief Officers. Furthermore, without the support of the Chairman of the Health Committee (Miss D. Tomlinson) none of this work would have been achieved. This report will indicate some of

the work which has been undertaken during the course of 1972.

GENERAL INSPECTION OF THE DISTRICT

The following is a resumé of the general Public Health work carried out within the Borough in 1972.

Number of inspections under the Public Health Acts:	14,723
Number of re-inspections under the Public Health Acts:	9,972
Number of informal notices served under the Public Health Acts:	1,575
Number of statutory notices served under the Public Health Acts:	691
Number of statutory notices served under the Birkenhead Corporation Act 1954, Section 52:	148
Number of statutory notices served under the Housing Acts 1957/69:	97
Average number of notices outstanding:	750
Number of notices complied with during the year:	1,317
Number of defects remedied during the year:	4,609

Summary of Improvements and Repairs effected

Roofs repaired	372
Chimney stacks repaired	111
Rainwater gutters repaired	241
Walls pointed or repaired	257
Lighting improved	5
Ventilation improved	26
Windows repaired	190
Window sashcords renewed	219
Firegrates repaired	24
Hearthstones repaired	3
Floors re-laid or repaired	100
Skirting boards repaired	87
Wallplaster repaired	327
Ceiling plaster repaired	130
Walls and ceilings cleansed	16
Doors repaired	87
Staircases repaired	26
Sinks renewed	31
Sink waste pipes trapped or repaired	97
Dampness remedied	455
Yard surfaces repaired or relaid	58
Yards drained	27
Sufficient water supply provided	79
Drains constructed, altered or relaid	87
Drains cleansed	407
Water closets repaired	191
Nuisance from animals abated	12
Verminous persons/clothing/premises treated	21
Miscellaneous	583

It is always difficult to make comparisons in a table of this size, but I feel quite certain that the above-mentioned summary will indicate that there has been a further increase in the amount of repair works required of private property owners during the course of the year.

I have encouraged the District Inspectors to develop a pride in their own particular districts and to try to act before complaints are made to the department. The way that they have been able to do this is by regularly inspecting their districts and looking for defective or insanitary conditions. The newest Inspector having qualified is quite able to recognise signs of dereliction in houses and consequently when such observations are made they frequently visit and serve notice on the owners requiring repairs to be effected before often the complaint of nuisance is received.

With the advent of new legislation regarding rentals of houses it is likely that owners of rented property will be able to receive additional income and it is hoped that the income which they receive will be re-invested in the property thus providing private homes in a good state of repair for the tenants who occupy them.

One of the problems that affects some parts of the Borough relates to the development of twilight zones after houses have been included in Clearance Areas. From the time of representation to the time of confirmation of the Clearance Order there seems to be a natural tendency for occupiers of some houses to drift away to some other part of the Borough and those houses then remain vacant and unoccupied until the area is demolished. Furthermore, it is difficult to rehouse all of the tenants in a clearance area rapidly owing to the fact that many of them demand to be rehoused in a particular area. I am very concerned when I see people's living circumstances deteriorating as a result of the environmental conditions but many of them could be avoided if the public would accept rehousing in any part of the Borough rather than being specific in their requirements. Generally indications are, however, that the public are very demanding on being rehoused close to the area in which they have spent most of their life and, of course, everything is done by the Housing Department to try to meet their needs. Furthermore, my own staff try to ensure that the occupiers of houses in represented and confirmed clearance areas have accommodation at least in reasonable condition but I cannot help but wonder very often where all the rubbish comes from that is dumped into vacated houses and their surrounds.

LEGAL PROCEEDINGS

Legal proceedings under section 94 of the Public Health Act 1936 were taken in respect of nuisances at eight premises because the owners had failed to comply with the abatement notices served upon them.

In one case, although the necessary repairs had been carried out by the date of the Court hearing, a fine of £5 was imposed and costs of £5 allowed.

The owner of one house could not be traced and the Court addressed the Nuisance Order to the Local Authority to enable the work to be done in default.

In the remaining six cases Nuisance Orders were made against the owners for the carrying out of the necessary repairs but in only three of these were penalties imposed. These totalled £12 in fines and £10.50 in costs.

The need to have recourse to legal proceedings was less than in 1971. To some extent this may have been due to changes in rents of those houses granted Qualification Certificates; a prerequisite of which was that the property had been put into a state of "good repair". In many other cases, however, the more advantageous conditions relating to the approval of improvement grants has led to a considerable increase in the scope and extent of repair work carried out in rented houses. Owners who have had notices served upon them for fairly extensive repairs decide, in many cases, to prepare comprehensive improvement schemes for the re-conditioning and modernisation of their property. These proposals include a significant amount of associated repairs and replacements.

WORK DONE BY THE LOCAL AUTHORITY IN DEFAULT OF OWNERS

Obstructed drains were cleansed at 63 premises following the failure of the Owners to comply within 48 hours with notices served upon them under Section 52 of the Birkenhead Corporation Act 1954.

At the request of the owners a similar service was given at 45 other properties. This represents a slight decrease compared with 1971 but Owner/Occupiers, especially, continue to find difficulty in getting private Contractors to carry out this kind of work.

In straight-forward stoppages the plunging of the drains is carried out by the Technical Assistants of this Department but in more difficult cases, involving excavations and in certain instances incidental repair or re-instatement work the cleansing is carried out by the Sewers Section of the Borough Engineer and Surveyor's Department and their continued help and co-operation is acknowledged.

Repairs of a general nature were also carried out, upon the request of the owners, at two houses. The defects remedied included defective plasterwork, rotted floors and un-secured vacant premises.

Under the provisions of Section 39 of the Public Health Act 1936 broken and leaking rain water pipes and eaves gutters were renewed at a number of other premises.

The cost of all this work is, of course, recoverable from the owners. During the year accounts totalling £1,196.37 were rendered.

This is comparable with the amount for the previous year and so maintains the considerable increase which occurred in 1971.

HOUSING ACT 1957, Sections 17 and 18

Dwellings unfit for human habitation and NOT in Clearance Areas

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

During the year the Council made the following Orders :-

Demolition Orders in respect of 13 houses.

Closing Orders in respect of 7 houses or parts of buildings used as dwellings.

One undertaking not to use a basement again for human habitation was accepted.

One dwelling house previously subject to a Closing Order was made fit by the owner and the Council determined the Order.

Demolition and Closing of Unfit Dwellings

Following the rehousing of the occupants, 5 dwellings not in Clearance Areas, were demolished and 21 dwellings or parts of buildings formerly used for human habitation were closed.

25 families comprising a total of 94 persons were re-housed from premises made subject to either Demolition or Closing Orders.

Derelict Houses

Vandalism of vacant property continues to present a problem in many parts of the town.

Whilst on the one hand, the demolition of Clearance Areas, after rehousing has been completed, reduces the number of such houses, others arise for a temporary period in confirmed areas, prior to the completion of rehousing. Every effort is made to have all houses bricked up immediately they are vacated, but despite this problems arise which seriously affect the remaining tenants still awaiting suitable alternative accommodation.

As reported last year the improved availability of grant aid has encouraged a number of owners to re-condition previously derelict houses not in potential Clearance Areas.

Unfortunately, the position is not static and in all too many cases, no sooner does a house become vacant than extensive and senseless destruction is created. Both private and Local Authority owned properties are affected and in not a few instances works of repair and re-instatement are similarly interfered with before the Contractors have actually finished the job.

HOUSING ACT 1957, SECTION 42

CLEARANCE AREAS

During 1972, the Slum Clearance Programme proceeded as planned. Five Clearance Areas were represented to the Council as against ten in 1971. The total numbers of houses, families and persons affected were all higher than for 1971 when the areas were generally smaller. Such fluctuations are bound to occur. The older areas of the Town do not fall into decay in regular units of size and shape. Thus the drawing up of a slum clearance programme and its implementation must always be subject to the conditions in which people live. The worst areas must always be dealt with first. This guiding rule, a truism to those concerned with environmental health, is often not realised by those not intimately concerned with the work of the Department.

When clearance areas are dealt with the resultant cleared land, if subject to a compulsory purchase order, is of considerable value to the Council. Its size, shape and location is quite often fortuitous. The intention is clearly enunciated in the Housing Act under which it is represented that "the dwelling houses are unfit for human habitation and the most satisfactory way of dealing with the conditions of the area is the demolition of all the buildings". Slum clearance is an end in itself, not a means towards some other end, however worthy that other end may be. The occupiers of sub-standard houses cannot be told that they must endure living conditions simply because the area in which they live is too small or in the wrong place. Equally it would be unjust to bring forward for clearance property simply because it is situated, with others, in an area which would be useful for re-development. The only criterion is that the worst areas of the Town must be cleared first, and this has always been the policy in Birkenhead. Sometimes it results in land of no immediate use and consequent outcries from the ill-informed about wanted land. Such critics should bear in mind that these open spaces represent often appalling living conditions which have gone for ever. How their sites are used in future is the concern of others though even then the Public Health Inspector has his part to play.

Name of the Clearance Area	Dwellings	Families	Persons
Stanley Street	113	110	313
Bentinck Street Nos. 1, 2 & 3	261	269	701
Wesley Terrace	4	4	14
TOTAL:	378	383	1,028

From these totals the following averages emerge :-

One family per house (actually 1.013)

2.72 persons per house

2.68 persons per family

These figures for 1972 are interesting in themselves, but become more so when compared with those for 1956, the year when slum clearance recommenced in Birkenhead. In that year seven clearance areas were represented. These contained 193 houses occupied by 239 families and a total of 876 persons. These figures give the following averages :-

1.24 families per house

4.54 persons per house

3.25 persons per family

I forebear to draw any conclusions from these figures. Probably a great deal more would need to be done in the way of collecting statistics over all the years before conclusions as to trends in population and home occupancy could be assessed. In any case the day to day pressures of work make such detailed research out of the question. I cannot resist quoting one other set of figures for these two years. In 1956, of the total number of persons in the clearance areas 25.57% were children under the age of ten, in 1972 the percentage was 23.73. Are families becoming smaller? Has life expectancy altered the balance so much in 16 years? It would be rash to rush to any conclusion on so little evidence. These figures are included merely to show that the evidence is available. Manpower, time and equipment are needed to put the information to use in forward planning.

In 1972, the Secretary of State for the Environment confirmed Orders made in respect of the following areas :-

Peel Street	299	ten properties upgraded
Russell Road Nos. 1, 2 & 3	212	one property upgraded
Devonshire Road	4	
Greenway Road	3	
Windsor Street	98	
Connaught Street Nos. 1 & 2	96	one property upgraded
Sefton Road Nos. 1 & 2	10	
Derby Street	73	
Whetstone Lane	8	

This is a total of 803 houses, distributed throughout the Borough and emphasises the problems of re-development which have already been discussed.

Of the 803 houses in these areas, 202 (25%) were considered by the Department of the Environment as meriting well maintained payments. This form of compensation is based on the rateable value and was formerly four times the rateable value in the case

of a wholly well maintained house. Recent legislation has doubled the multiplier to eight. This arbitrary form of compensation not only increases considerably the cost of acquiring unfit property, it also imposes a heavy burden on the Department. The procedure to apportion the payment between the owner and the occupier is cumbersome, lengthy and unrewarding. Furthermore, it involves the work of members of the staffs of the Town Clerk's Borough Treasurer's and Borough Valuer's Departments. The hidden cost in time and effort is considerable and involves, in the case of the Public Health Inspectors, the devotion of experienced and highly qualified staff in the minutiae and tedium of dealing with claims which are often sketchy and sometimes absurd.

Rent Act 1965, Part III

Harassment and illegal eviction

The Chief Public Health Inspector, his Deputy and the Assistant Chief Public Health Inspector are the officers authorised to deal with matters arising from the above.

During the year complaints concerning 14 premises were received and all of them were fully investigated.

It would appear that the publicity given to this subject from many sources, both locally and nationally, has had an encouraging effect. Many more people are now aware that the rights and obligations of both Landlords and Tenants are strictly and precisely defined, and that the responsibility for ensuring that those matters, which come within Part III of the Act are observed, rests with the authorised officers of this department.

As a result, many enquiries are received for information and guidance from both landlords and tenants. There can be little doubt that these opportunities to advise the parties concerned helped to prevent infringements that otherwise might have been committed through ignorance of the provisions of the Rent Acts.

I would again like to acknowledge the help and co-operation of the local division of the Police Authority in these matters.

Four of the complaints investigated during the year involved the cutting off of either the gas or electricity supply. In one case abuse of the supplies by unauthorised sub-tenants was alleged by the owner; in others defects existed in the service pipes or mains, and in two cases the Statutory Undertakers and not the Landlords had actually cut off the supplies. The latter, of course, was done because of the non-payment of the accounts.

As a result of the action taken by this Department and with the co-operation of the Statutory Undertakers, all the necessary repairs were carried out and the supplies restored with the minimum of delay.

Allegations that the Landlords were attempting to gain possession improperly, by the locking of doors or withholding of keys, were made in two instances. In both cases there had been friction over other matters. The parties concerned were interviewed, the differences resolved and assurances obtained from

the Landlords that the tenants would be allowed to continue in occupation without interference.

One case of illegal eviction occurred. It also involved the removal of the tenants personal effects from furnished accommodation. Allegations against the conduct of the tenant were made by the Landlady. The Officers investigating the case obtained immediate agreement from the owner to re-admit the tenant and as a result of their efforts the differences between the two sides were composed to a considerable extent.

THE HOUSING ACTS 1969/71

The far-reaching and sweeping changes put into effect by these Acts made themselves felt during the course of the year. This was particularly evident in the case of grants for the improvement of older houses. Publicity, both national and local, made property owners aware of the 75% grant available for works to improve their premises. What began as a trickle in 1971 became a torrent in 1972. The effect was to increase enormously the number of applications for Improvement (discretionary) Grants and to reduce the number of applications for Standard Grants.

STANDARD GRANTS

Only 29 applications for Standard Grants were dealt with during the year. Owners rightly considered it wiser to improve the whole home rather than just provide the standard amenities. The number of houses which had work of this kind completed during the year was 67 and the following amenities were installed :-

Fixed baths in bathrooms	..	47
Hot and cold water supply to baths	..	49
Wash-hand basins	..	50
Hot and cold water supply to wash-hand basins	..	52
Sinks	..	Nil
Hot and cold water supply to sinks	..	43
Water closets within the houses	..	67
Food stores	..	Nil

Whenever an application for a Standard Grant is received nowadays, the staff attempt to persuade the owner to withdraw the application and submit one for the total improvement of the house. This thereby affects the total improvement of the house and not just the provision of amenities.

IMPROVEMENT GRANTS

2,043 applications for Improvement Grants passed through the Chief Public Health Inspector's Department during the year, compared with 244 in 1971. This was an increase of 737 per cent. Or, put another way, over eight times as many applications were dealt with. Of course, this was only achieved by the re-deployment of staff but, nevertheless, great credit is due to those members of the housing section of the Department who dealt with this extra work, and also devoted considerable time and patience to giving advice not only to the public but also to professional applicants.

From time to time voices are raised in protest against the abuse of Improvement Grants by "speculators". It is possible that in certain areas of the country vast profits can be made by modernising houses in districts which are becoming popular. This has not been found to be the case in Birkenhead. Be that as it may, applications by speculators for Improvement Grants formed only a small proportion of the whole. Most applicants were owner occupiers desirous of bringing their homes up to a standard no higher than that laid down for Corporation-owned dwellings.

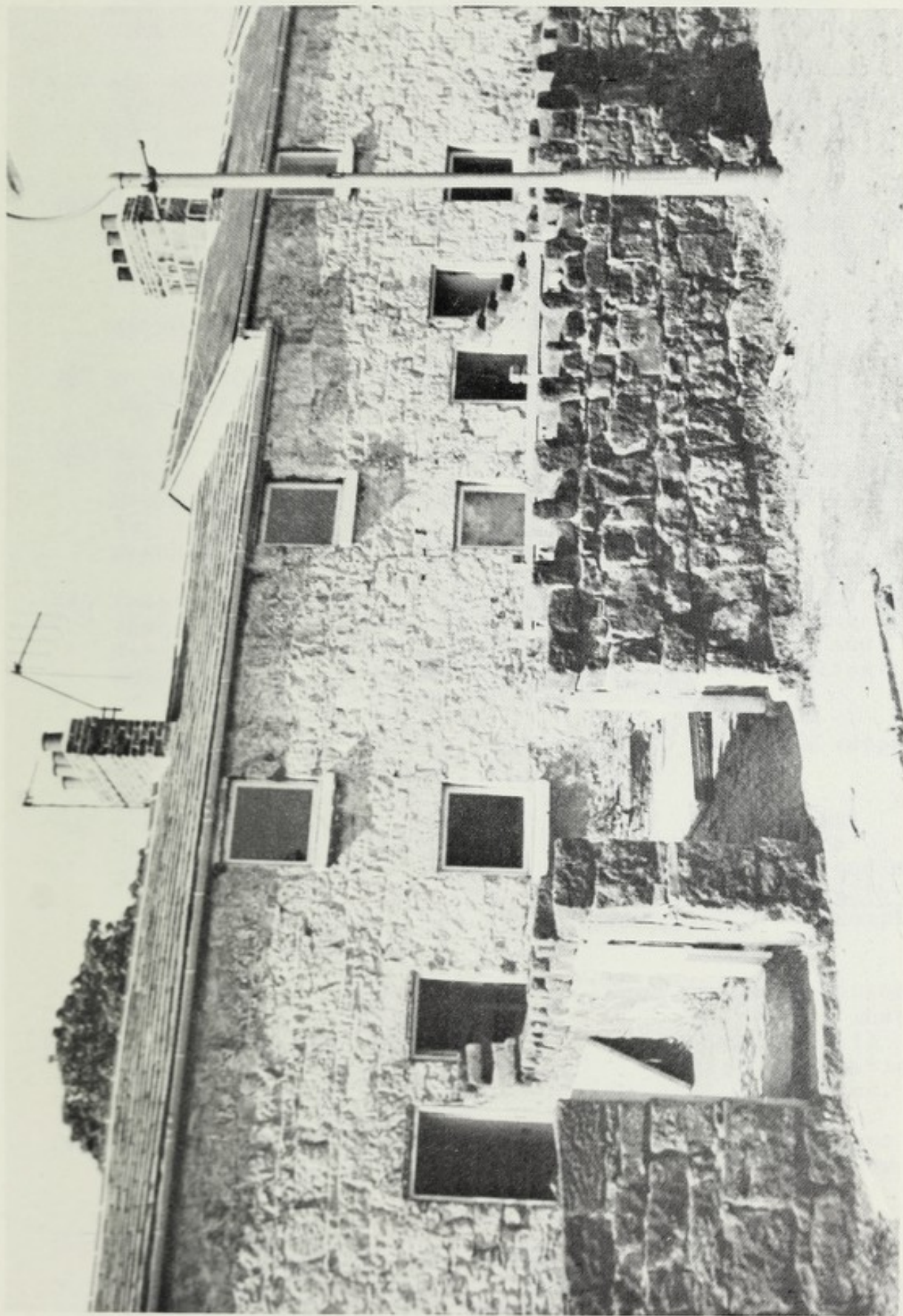
Some concern was felt with regard to the conversion of large old houses into flats with the aid of grants. It was decided to set up a special sub-committee to consider such applications and a total of 23 criteria were laid down to cover conversions of this type. Despite a suspicion, initially, that this was an attempt to thwart such applications, this system has worked extremely well and is ensuring that a high standard of self-contained flat is produced with the aid of grants. This matter has involved very successful and harmonious co-operation with other departments, in particular with that of the Director of Architecture, Housing and Works. The Criteria is shown under the heading "Special Grants" later in this report.

COMPULSORY IMPROVEMENT NOTICES

Under the Housing Act 1969 a Local Authority has the power to require the owner of a rented house to instal those standard amenities which are lacking. The approach has to be made by the tenant and only after applying without success to the owner. During the year 55 such applications were dealt with. As the compulsory improvement notice can refer only to standard amenities it was decided as a matter of policy to serve notices requiring repairs under Section 9 of the Housing Act so as to ensure complete overhaul of such dwellings. The intention is to encourage owners to apply for Improvement Grants and the indications are that this action is having the desired effect.

SPECIAL GRANTS

These grants are for the provision of standard amenities in houses sub-let into multiple occupation. The criteria set by the Council to achieve a higher standard of development is as follows :-



IMPROVEMENT GRANTS - even the oldest property can be brought
up-to-date.

- (1) The Council reserve the right to approve or disapprove of any application for an Improvement Grant in accordance with its discretion laid down in the Housing Acts 1969/71.
- (2) Any application for Improvement Grant must first be discussed with the Chief Public Health Inspector, who will report on the application to the meeting of the Improvement Grant Sub-Committee.
- (3) Applicants must be prepared to finance their own development. Bridging loans will NOT be given and payment will be made only upon satisfactory completion of the work and submission of the contractor's accounts.

INTERIM PAYMENTS WILL NOT BE MADE.

- (4) In the case of property already occupied, the rights of existing tenants must be protected by the applicant.
- (5) In the event of units of accommodation provided (following conversion with the aid of an Improvement Grant) being let, the Rent Officer should be contacted by the owner to assess a rent commensurate with the accommodation provided.
- (6) Town Planning consent and Building Regulations approval (including the provision of means of escape in case of fire to the satisfaction of the Borough Engineer and Surveyor) must have been obtained before any application for Improvement Grant will be considered.
- (7) Any application for Improvement Grant must be in respect of the whole building (if all residential).
- (8) The Council must be satisfied, before approving an Improvement Grant, that the units of accommodation provided will have a minimum of 30 years of life and must be satisfied that the provisions of the Public Health and Housing Acts and Regulations made thereunder are complied with.
- (9) Conversion must result in self-contained accommodation. That is to say, each unit of living accommodation must have its own private entrance door and access to all parts of the dwelling (including the standard amenities) must be from within the unit of living accommodation.
- (10) In each conversion, the number of one bedroomed units must not exceed the total number of units with two or more bedrooms.
- (11) Grants will not normally be given in respect of self-contained "bedsitters". The exception to this may be made when the Council are satisfied that the application is from a charitable organisation or a non-profit making housing society and then, only when housing is provided for certain categories.

- (12) Each dwelling unit must contain all of the standard amenities (fixed bath or shower in a bathroom, wash-hand basin and sink, a hot and cold water supply to these amenities and a water closet). The water supplies to each unit of accommodation must be under the complete control of the tenant.
- (13) All accommodation relating to one flat shall be on one floor level except in the case of a property being converted into one or more maisonettes.
- (14) Applications for conversions to flats will not normally be considered where the existing house is of a size to be suitable for use as a one family dwelling without conversion.
- (15) Each dwelling unit shall conform to the Parker Morris standards for total areas of flats - e.g.

1 person	1 bedroom	348 sq. ft. including storage
2 persons	1 "	510 " " " "
3 "	2 bedrooms	642 " " " "
4 "	2/3 "	785 " " " "
5 "	3 "	885 " " " "

Each dwelling unit must, moreover, contain at least one bedroom not less than 110 sq. ft. in area.

- (16) Parker Morris standards shall apply with regard to kitchen fittings and room layouts. The internal arrangement of each dwelling unit must be such that all of the rooms provided are of suitable proportion and size and inter-communication between rooms must be reduced to a minimum.
- (17) The main services (gas and electricity) must conform to the North Western Gas Board and M.A.N.W.E.B. standards respectively. They must be separately metered and the meter and main switches must be entirely under the control of each tenant of the units of living accommodation.
- (18) Water services must conform to the standards laid down by the Wirral Water Board, who will ensure that their requirements are complied with.
- (19) Sufficient means of space heating, complying with the Clean Air Acts shall be provided.

Where applicable separate lock-up fuel stores shall be provided for each unit of living accommodation.

- (20) All kitchens, living rooms and bedrooms must have adequate natural light and ventilation through separate window frames and sashes. For this purpose sky-lights are not considered suitable and dormer windows must be of adequate size and provide sufficient headroom.

- (21) Bathrooms and water closet compartments without separate windows opening directly to the external air must be provided with adequate electric light and mechanical ventilation connected with the light switch.
- (22) Satisfactory means for the disposal of refuse shall be provided. If dust bins are used, there will be one provided for each letting and they shall be provided with a lid and sited in a properly constructed and convenient external position. Refuse chutes are not acceptable. Large container bins may be used subject to the approval of the Chief Public Health Inspector and the Borough Engineer and Surveyor.
- (23) The owner of the premises will be held responsible for making satisfactory arrangements for the following :-

(a) Internal - entrance porches, halls, passages and staircases used in common.

- (i) Adequate artificial lighting at each floor level is required; permanent illumination is preferred but in the absence of this, switches of the time delay or two-way type must be provided, convenient to the private entrance doors.

External staircases shall be illuminated at all times.

- (ii) The meter for illumination of parts of buildings used in common shall be under the control and be the responsibility of the owner.
- (iii) All staircases and landings shall be provided with adequate handrails and balustrades.
- (iv) The maintenance and repair of the whole of the property.
- (v) Adequate routine cleansing.
- (vi) Re-decoration whenever necessary.

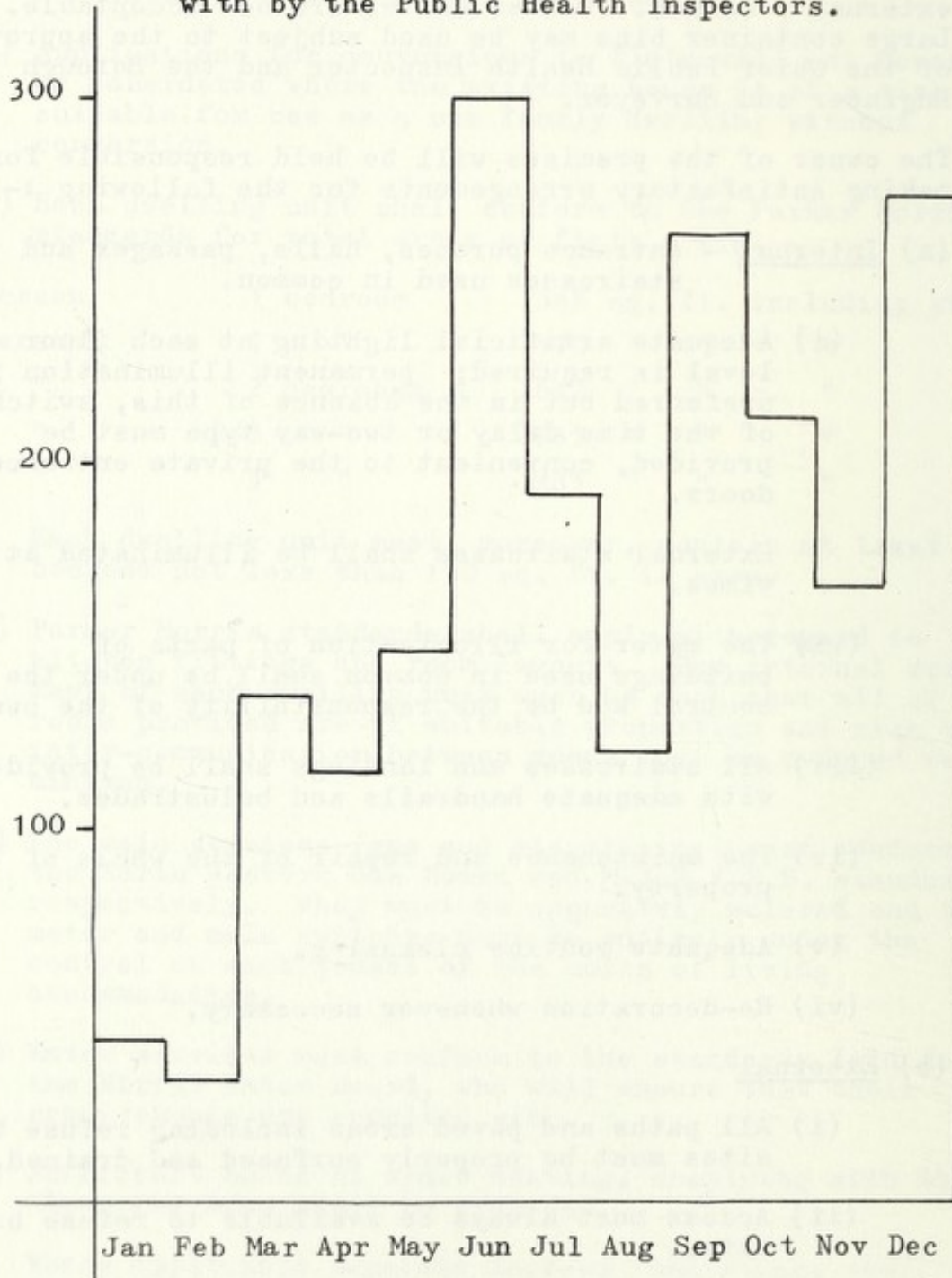
(b) External

- (i) All paths and paved areas including refuse bin sites must be properly surfaced and drained.
- (ii) Access must always be available to refuse bin sites.
- (iii) All boundary walls, fences and gates must be adequately maintained.
- (iv) All other unpaved land within the curtilage must be kept tidy, maintained and free from nuisance.

It will quickly be seen that these standards are very demanding, but it is a fact that the Corporation give grants at their discretion, and obviously it is in the Council's interest to see that the highest possible development standards are achieved.

T A B L E 1

1972 - Number of grant applications per month dealt with by the Public Health Inspectors.



In addition the following information is gained from applicants in respect of grants exceeding £2,000, in order that the Council and its officers can protect the rights of sitting and future tenants.

(i.e. Conversions of existing buildings to create two or more separate dwellings)

Address..... Ref. No.....

1. Name and address of Applicant

.....

2. Name and address of Agent

.....

3. Name and address of Owner

.....

4. Number of self-contained dwelling units to be provided -

One-bedroomed flats..... Two-bedroomed flats.....

Three or more bedroomed flats.....

Other (give details).....

5. Are the premises occupied at present?.....

6. If occupied, give details of existing tenancies -

Number of self-contained flats..... Bedsitters.....

Units with shared amenities.....

Details of present occupants :-

Name of head of family	No. of adults	No. of children (under 10 yrs.)	Rent per week, mth.	Person responsible for rates
.....				
.....				
.....				
.....				

7. Will existing tenants be offered accommodation in new units
after conversion? YES/NO

If answer to preceding question is "No", what arrangements
will be made regarding present tenants?

8. Do you intend to ask the Rent Officer to fix fair rents for the new flats? YES/NO
- What rents do you consider would be reasonable for the various units?
9. Who will be responsible for the payment of rates?
10. Will the new tenancies be - Weekly/Monthly/Quarterly/On Lease/For Sale.
11. Is accommodation being let furnished? YES/NO
12. What arrangements are to be made for maintaining the surrounding areas and the internal parts of the building used in common?
-
13. Name and address of person in control of building
-
14. Have you previously been given an Improvement Grant in respect of this or any other property in Birkenhead?
- If so, supply address -
-
-
-
-
-
-
-
-
-
-
-
15. Date..... Signature of applicant :-
-

When the above information is supplied, the Special Improvement Grant Sub-Committee consider the application.

It is the Department's policy to discourage the use of Special Grant provisions and aim for multi-occupied houses to be converted into self-contained flats. Nevertheless, 8 applications were dealt with and in each case conversion of the premises was not feasible and the standard of accommodation was as high as possible in the circumstances.

Qualification Certificates - Housing Acts 1969/Housing Finance Act 1972

In August that part of the Housing Act 1969 which was concerned with the issue of Qualification Certificates was transferred to the Housing Finance Act 1972. The initial effect was only in matters of detail but from 1973 onwards as properties are progressively de-controlled the necessity for Qualification Certificates to enable owners to apply to the Rent Officer will disappear.

Applications received during 1972:

Housing Act 1969 Sec. 44 (1)	)	88 (includes 4 second applications)
Housing Finance Act 1972 Sec. 28 (1)	)	
Housing Act 1969 Sec. 44 (2)	)	52
Housing Finance Act 1972 Sec. 29 (1)	)	
Total:		140

Certificates issued during 1972:

Housing Act 1969 Sec. 45 (2)	)	159 (Full Certificates)
Housing Finance Act 1972 Sec. 28 (5)	)	
Housing Act 1969 Sec. 46 (1)	)	36 (Provisional Certs.)
Housing Finance Act 1972 Sec. 29 (3)	)	
Housing Act 1969 Sec. 46 (3) (4)	)	15 (Full Certificate after provision of amenities)
Housing Finance Act 1972 Sec. 28 (5)	)	

No applications were withdrawn during the year.

Number of certificates refused during 1972:

Repair only:	3	)				
Repairs and amenities:	2	)	..	..	..	5

Number of certificates still withheld pending "minor repairs" being carried out, on 31.12.72: 458

Number of applications under consideration on 31.12.72: .. 65

It will be noticed that whilst the number of applications is, as anticipated, less than for 1971, applications for Provisional Certificates show a marked increase. This is explained by a large number of Improvement Grant applications for houses subject to rent control.

The Housing Act 1969 came into operation in August of that year. From that date up to the end of December 1972, the following applications were dealt with :-

Total number of applications received:

Housing Act 1969 Sec. 44 (1)	)	1435	(includes 32 second applications)
Housing Finance Act 1972 Sec. 28 (1)	)		
Housing Act 1969 Sec. 44 (2)	)	97	
Housing Finance Act 1972 Sec. 29 (1)	)		
Total:		1532	

No. up to qualification standard on first inspection:	254	(17.4%)
No. refused disrepair:	195	(13.3%)
disrepair and lack of amenities:	94	(6.4%)
No. requiring minor repairs:	827	(56.3%)
No. found to be already regulated or otherwise void:	97	(6.6%)

Total number of certificates issued:

Housing Act 1969 Sec. 45 (2)	)	558
Housing Finance Act 1972 Sec. 28 (5)	)	
Housing Act 1969 Sec. 46 (1)	)	65
Housing Finance Act 1972 Sec. 29 (3)	)	
Housing Act 1969 Sec. 46 (3)/(4)	)	23
Housing Finance Act 1972 Sec. 28 (5)	)	

Total number of certificates issued (all types): 646

Total number of objections by tenants:	353	(13.3%)
Total number of houses inspected:	1467	

No figure is available for the total number of non local authority rented houses in the Borough, but an estimate in 1971 gave a figure of 12,000. Inspections related to Qualification Certificates have, therefore, dealt with a not inconsiderable proportion (12.5%) and the effect on the standard of repair of private rented properties has been marked.

Rent Act 1957

No applications under this Act were dealt with during the year. To a large extent this legislation was superseded by the Housing Act 1969 and the effect of the Housing Finance Act 1972 will be to phase it out completely by the end of 1974.

HOUSING ACTS 1961/1969HOUSES IN MULTIPLE OCCUPATION

A house in multiple occupation is legally defined as a house which is occupied by persons who do not form a single household. The most common example of this is found in the older parts of the town where there are large houses in which the rooms have been allocated in ones, twos or threes to separate tenants who use a common entrance, use common hallways, passages and staircases and who share bathroom and water-closet facilities. In the worst examples of these houses the parts used in common tend to become dirty and neglected in that no one person accepts the responsibility of maintaining it in a clean condition. The neglect often overflows to front and rear gardens which develop into rubbish-strewn wildernesses, to the dustbin area which becomes untidy and unsightly and to the boundary walls which gradually disintegrate. One house like this can start off the decay of a road and eventually of a whole neighbourhood. The population of such a house tends to change frequently and occasionally cases of overcrowding may be found.

The required standard of lighting, ventilation, water supply, washing facilities, water-closet accommodation, storage, preparation and cooking of food, and space-heating may not be met, with consequent inconvenience and discomfort to the residents.

Inspections of such houses have continued and some progress has been made as shown below :-

Number of houses inspected	..	114
" " lettings involved	..	410
" " persons involved	..	1,115
" " visits made	..	157
" " notices for repairs served	..	98
" " " facilities served	..	42
" " cases of overcrowding	..	3

In addition many other houses in multiple occupation have been the subject of applications for improvement grants and advice has been widely rendered on the standard of facilities necessary.

THE HOUSE IMPROVEMENT EXHIBITION7th - 12th FEBRUARY, 1972.INTRODUCTION

On the 23rd March, 1971, the Minister for Housing and Construction wrote to the Mayor inviting the Council to hold a House Improvement Exhibition, and promising the support of the Department of the Environment, should such an Exhibition be held.

This was reported to the Health Committee who resolved that an Exhibition be held in the week commencing Monday, 7th February, 1972.

THE AIM

The aim was to publicise the improvement grant provisions of the Housing Act 1969 (later amended in 1971). It was felt by the Committee that the availability of grant aid in respect of improvement, modernisation and repair should help the older areas of the town. It would not only give owners and occupiers the opportunity of having improved amenities and houses in better repair and more modern internally, but it was also agreed that such a revitalisation of the older houses would in the long term, prevent the necessity for long programmes of slum clearance and also enable people to live in areas in which they had lived all of their lives without moving to out-lying Council estates. This in turn would aid the economy of the older areas of the town and in the long term would give a healthier environment to the people living in private sector housing.

THE PLANNING

I then contacted a number of commercial organisations whom we thought would assist the Council in providing exhibition material. Other organisations, hearing of the Exhibition asked to take part. From September 1971 the exhibitors met every three or four weeks, planning and discussing the more detailed arrangements. Throughout the planning stage all exhibitors contributed to the eventual success of the Exhibition by open discussion.

THE SITE SELECTED

Having considered where the Exhibition might create the greatest impact, I suggested that it might be a two fold Exhibition :-

- (1) Mobile Units being placed in Hamilton Square on the footpath in front of (but not obstructing) the Cenotaph, and
- (2) A static Exhibition in the Assembly Room of the Town Hall, forming a "back-cloth" to the public meeting hall where films, talks and discussions were to take place.

The outside Exhibition would thereby be "linked" with the local authority being close to the Town Hall, and this would also attract the public who might then go into the Town Hall Assembly Room.

PUBLICITY

Reports to the Health Committee and a number of Press Conferences before the Exhibition contributed considerably towards its eventual success. Furthermore, immediately before the Exhibition and during the period of its operation, a Press Supplement was planned to which the Department of the Environment contributed considerably.

In addition some 12,500 houses in the Borough were circularised through a distribution agency. The envelope, suitably printed with details of grant facilities available, contained no less than nine documents, all of which bore relationship to the subject of house improvement. Letters were also sent to local estate agents, property owners, surveyors, architects, builders, inviting them to visit the Exhibition (two days being especially aimed at these classes) and also the local clergy were asked to inform their parishioners.

OFFICIAL OPENING

The Exhibition was formally opened at 12 noon on Monday, 7th February, 1972, by the Rt. Hon. R. Graham Page, M.P., Minister for Local Government and Development in the Department of the Environment, in the presence of His Worship the Mayor, the leader of the Council and the Chairman of the Health Committee. The Minister was reminded of the Council's wish that the two year period during which 75% grant is available (to 23rd June, 1973) should be extended. The Minister replied that he thought this would be considered in the light of progress made. After the official opening, the Chief Public Health Inspector accompanied by two officers of the Department of the Environment, gave a press conference.

THE EXHIBITION WEEK

The stands in Hamilton Square remained open all the week between the hours of 10.0 a.m. and 6.0 p.m. whilst the Assembly Room in the Town Hall was open from 12 noon until the last enquirers left the premises (usually at approximately 10.0 p.m.). Films were shown at 12 noon, 1.0 p.m., 5.0 p.m., and 6.0 p.m. in the hope of attracting the casual shoppers and visitors. The main purpose of the Assembly Room was however to attract the public to attend film shows and discussions at set performances at 2.30 p.m. and 7.30 p.m. daily.

Attendances were as follows :-

<u>Day</u>	<u>2.30 p.m.</u>	<u>7.30 p.m.</u>
Monday	205	250
Tuesday	190	201
Wednesday	200	171
Thursday	200	205
Friday	200	150
Saturday (10.30 a.m. & 2.30 p.m.)	102	63
	1,097	1,040

Furthermore the exhibitors estimated the following numbers of visitors to their stands :-

HAMILTON SQUARE (EXTERNAL MOBILES)

	<u>Visitors</u>	<u>Enquiries</u>
North Western Gas Board	1,000	400
Mercian	400	40
Merseyside & North Wales Electricity Board	430	10
Department of the Environment	863	863
Graham Gratrix	-	-
Solid Smokeless Fuels Federation	590	58
Grovewood Products	-	-
Everest Double Glazing	600	140
<u>Total:</u>	<u>3,883</u>	<u>1,511</u>

ASSEMBLY ROOM (INTERNAL STANDS)

	<u>Visitors</u>	<u>Enquiries</u>
Chief Public Health Inspector's Department	1,500	1,200
Mercian	-	-
Grovewood Products	-	-
Graham Gratrix	2,600	750
Department of the Environment (not manned)	-	-
Shell Mex & B.P.	200	50
North Western Gas Board	2,000	400
Rentokil	700	200
Merseyside & North Wales Electricity Board	480	35
National Coal Board	100	20
William Bernard	300	40
British Gypsum	500	60
<u>Total:</u>	<u>8,380</u>	<u>2,755</u>

In addition to the above-mentioned totals, many requests to visit owners of houses to advise on the availability of improvement grants were made.

CONCLUSION

In my view the above-mentioned figures are an indication of the success of the Exhibition. My thanks are due to the Chairman and members of the Committee for their support and to my staff who gave of their time so freely outside office hours to be available to answer questions raised by the public.

The Department of the Environment, the exhibitors and their staffs, together with the local newspapers also showed a high degree of co-operation without which much of the impetus of the Exhibition would have been missing.

In no small measure must the public in the Borough be thanked for their interest in effecting improvements in the condition of the private sector housing in the Borough, remembering that more than two thirds of the housing is in private ownership.

Finally, I should point out that whilst the Exhibition was a success it is imperative that in future all enquiries must be answered without delay and the processing of Improvement Grants must be carried out with the least possible delay. My aim would be that all applications for Improvement Grants be processed within a matter of six weeks and that enquiries be answered within seven days. It is only in this way that the public will be encouraged to continue to submit applications for Improvement Grants which in turn will lead to a considerable up-grading of older housing in the town.

Offensive Trades

No applications for the establishment of new offensive trades were received during the year. The existing premises continued to be operated in a satisfactory manner. Investigation of complaints did not disclose any serious nuisances and routine inspections showed that the managements were complying with the necessary conditions.

The Bye-laws governing the removal through the streets of offensive or obnoxious material have been generally observed and no nuisance from this source has been reported.

Caravans

There are no licensed sites within the Borough and only one caravan is known to be permanently used and occupied on unlicensed land.

Occasionally, however, groups of itinerant tinkers or gypsies do move on to vacant sites in the town for comparatively short periods.

During the past year sites in Price Street and the Priory Street area were occupied by a number of such caravans.

Public health problems almost invariably arose in these circumstances. There is an absence of a suitable and sufficient water supply, sanitary accommodation is primitive or non-existent and facilities for the storage of refuse quite inadequate. Attempts are made, with the co-operation of the Cleansing and other Departments, to mitigate the unsatisfactory conditions and an effort is made to persuade the travellers to help themselves by providing more suitable sanitary and refuse facilities, by availing themselves of the assistance offered and by maintaining a better standard of hygiene on the site.

Although some improvement was noticed on more recent occasions, the response is not always encouraging, and when the sites are vacated it is often necessary for fairly extensive cleaning up operations to be carried out.

A number of these persons deal in scrap metals from derelict vehicles. Having cannibalised the cars and lorries of the salvageable materials the unwanted parts are abandoned on the site.

BIRKENHEAD CORPORATION ACT 1954

Register of Barbers and Hairdressers

New Registrations during the year..	..	..	7
Total number of registered premises on 31.12.1972.	..	..	199
Number of visits and inspections of hairdressing premises..	..	..	40

Whilst the number of registered premises shows no significant change there is a moderate turn-over of staff and change of ownership of such premises.

Opportunity is taken during the routine visits by the Inspector, to stress the importance of adequate hygiene precautions and the provision and maintenance of adequate sterilising equipment and laundering facilities. I am still not satisfied that either the trade or the public really appreciate the need for higher standards to be maintained.

THE RAG FLOCK AND OTHER FILLING MATERIALS ACT 1951

No premises are licensed for the manufacture of Rag Flock or other filling materials. One new factory was registered for the manufacture of new upholstery, bringing the number of these premises up to four.

Nine samples of the materials used in registered premises were taken and submitted to a prescribed Analyst.

The materials tested were Rag Flock (3 samples); Cotton Linters (2 samples); Coir Fibre; Black Fibre; Cotton Wadding; Feathers.

All samples passed the tests prescribed in the Regulations.

BIRKENHEAD CORPORATION ACT 1881

Section 90 - Pig Keeping

The small area of farm land on the perimeter of the town continues to be eroded by urban development and there remain only three farms within the boundaries of the Borough. Of the three registered pig-keepers only one actually kept pigs during the year under review.

PHARMACY AND POISONS ACT 1933

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

New Licences issued during the year	..	..	11
Licences renewed during the year	..	..	75
Number of inspections of shops	..	..	89
Number of Licences deleted	..	..	7

The following is a copy of my report to the Ministry showing the considerable progress that has been made in this field.

YEAR ENDED 31ST DECEMBER 1972

72

Local Authority **BIRKENHEAD COUNTY BOROUGH**

County **CHESHIRE**

READ NOTES CAREFULLY BEFORE COMPLETING THIS FORM

PLEASE DETACH

PROPERTIES OTHER THAN SEWERS

1. Number of properties in district
2. a Total number of properties (including nearby premises) inspected following notification
- b Number infested by (i) Rats
- (ii) Mice
3. a Total number of properties inspected for rats and/or mice for reasons other than notification
- b Number infested by (i) Rats
- (ii) Mice

TYPE OF PROPERTY	
NON- AGRICULTURAL	AGRICULTURAL
53,089	8
1,526	
441	2
708	-
317	6
70	2
167	-

SEWERS

4. Were any sewers infested by rats during the year? (Tick as appropriate)

YES	NO
1	0

The continued use of fluoracetamide in the sewers has proved to be most successful and by the end of the year more than $\frac{1}{3}$ rd of the sewers in the borough had been entirely cleared of rat infestation. As each area of sewers was cleared it was entirely surrounded by a "ring" of poison bait, which meant that should there be any rat movement in the sewers they would have to pass at least five baiting points before reaching the cleared sewers. The result of clearing part of the sewers could be seen from the considerably lesser number of surface infestations that arose within the area. Continued treatment of the sewers will lead to more than half the sewers being cleared of infestation entirely by the end of the coming year. This will not only be to the public benefit but will also indicate the achievement that can be made by forward planning in rodent control.

It will be noted from the figure 2 (b) that there has been during the year 1972 a greater number of premises infested by both rats and mice. This has led me to carry out investigations as to the reason for the increase and these figures are not as ominous as at first was feared. The increase in relation to both classes of rodents is the result of further treatment of premises found to be infested in 1971 (treatment continued from that year into 1972) and also to the fact that visits were paid to every property in the borough which was about to be demolished and in which bait was laid to prevent migration during the process of demolition. A further cause of increase was related to a special pest control project which is referred to in a subsequent paragraph and also is partly the result of increased routine "quarterly" visits to certain business premises.

The special pest control project to which I refer is my Council's plan towards the total eradication of the major pest infestations in the borough. A part of the borough known in the past to have had a bad "pest history" was delineated on a map and declared to be a "pest free zone". Every householder and occupier of business premises was circulated by me by letter and asked to report any type of pest infestation which caused them concern - be it animal, insect or bird. The response to this was not as adequate as I would have hoped, as a result of which a detailed inspection of every premises in the area was carried out (there are approximately 1,000 premises of various kinds in the area). It is pleasing to report that this survey revealed only four rat infestations though there were something approaching 25% of the properties affected by mice. A concerted effort was made by the staff to eradicate the infestations and by the end of the year considerable progress had been made in eradicating all rodent infestations. A survey and action of this kind has proved not only successful but has developed a good public relations image for the pest control division - a very necessary image if pest control progress is to be continued.

The quarterly visits to which I refer relate to standing orders from occupiers of business premises for regular routine visits to be carried out. This had led to the clearance of infestations and avoidance of re-infestation and has also provided a valuable source of revenue to the Local Authority to help offset some of the costs of the pest control service. Fixed charges have been made in respect of business premises and this has resulted in reduced administrative charges, working out the costs on the old

time and material basis.

During the course of the year in addition to the Wirral Pest Liaison Committee meetings (which are themselves very valuable) it has been my aim to gain co-operation of adjoining local authorities, nationalised industries and statutory undertakers. Meetings have been called at my office to discuss the best method of dealing with pest control in areas adjoining each other and where there appears to have been some joint responsibility. These meetings have similarly produced a high degree of co-operation and shown considerable common interests.

As far as poisons are concerned all of the various classes of poison are used for the purpose of rodent control and are kept carefully under control and observation of the staff. On completion of treatment any disused poisons are removed and disposed of. Much of the credit for the progress made in pest control must reflect on my Senior Technical Assistant (Mr. J. Glover) and his staff and it is pleasing to record that there is no apparent problem of resistance in the rat population to "Warfarin" though this is not the situation for mice. Mice can, however, be kept under adequate control by using alternative poisons. The control methods adopted have also prevented infestation of the borough by black rats from the dock area.

An efficient pest control team cannot operate alone and it is imperative that it is adequately supported by the administrative and clerical staff. This support has again been available through the year and detailed records of every premises where treatment has been carried out have been kept. Credit for this must fall principally to Mrs. K. Hibbs without whose assistance this report could not have been properly compiled.

It is also of interest to report that during the course of the year a representative of the Local Government Training Board spent a period of time in the office for the compilation of a report on the proper management of a pest control team. The report was confidential to his Board but the officer seemed to be of the opinion that the management systems adopted for controlling the pest control team were both adequate and satisfactory. I feel it is important for Local Authority departments to co-operate with such bodies as this, as they have the opportunity of gaining information which may be of value to other departments and equally the host department may very well gain something from such visits. The continued help and encouragement of both the Divisional and Regional pest control staff of the Ministry of Agriculture, Fisheries and Food is appreciated. Furthermore, the training courses arranged by that Department contribute to the success achieved.

CONTROL OF INSECT PESTS

As a result of the use of modern insecticides there has been a considerable reduction in the amount of insect infestation in the Borough from a public health aspect, for example the number of premises treated for flea infestation has reduced by 50% by comparison with last year whilst the number of premises treated for bugs has reduced by more than 30%. This of course does not necessarily mean that there has been a reduction of the amount of infestation in the Borough but I believe that it is really indicative that this is the case. Before 1970 a member of the public who wished disinfection to be carried out for public health insects (i.e. fleas, bugs, lice) had to pay for the treatment but after that date the Council agreed that treatment for such insects should be free of charge. This resulted in the first year in a massive increase in the number of premises treated and I am quite certain that now that this service is free and the public are aware of the diplomacy and tact with which such infestations are dealt, there are few if any occupiers who will tolerate infestations of insects without referring them to the department.

The common wasp presented problems during the course of the year and whilst the members of the Pest Control staff are provided with proper protective clothing for eradication purposes, nevertheless the Senior Technical Assistant on one occasion during the year was badly stung. It is important that the Council provide a service for the eradication of wasps and I am satisfied that it is both efficient and reasonably priced and in the event of the persons being Old Aged Pensioners or infirm, treatments are carried out free of charge.

Other insects dealt with during the year included ants, earwigs, golden spider beetles and clover mites but by far the greatest proportion of one class of insect which required eradication was the cockroach of which there are considerable numbers in parts of the Borough.

The following summary indicates the numbers of disinfections carried out during the course of the year :-

Fleas	...	118
Bugs	...	78
Cockroaches	...	164
Wasps	...	80
Other insects	...	212

PEST FREE ZONE

In order to encourage the public still further to co-operate with the department I recommended to the Health Committee during the course of the year that a part of the Borough should be declared a Pest Free Zone.

There is no statutory power for such an area to be declared but on the other hand I know of no Local Authority anywhere who has attempted such an exercise and I felt that it would be of considerable interest if such a project were undertaken.

The Health Committee agreed to the suggestion and it was decided that the first Pest Free Zone should be in that part of the Borough which suffered the greatest problems from pests as a result of the age and class of the buildings and industry in the area. There were some misgivings as to what was meant by the word "pest" but it was agreed that the broadest possible concept should be attached to the definition and for a pest to include any animal, insect or bird which was likely to be of public health or aesthetic significance.

As soon as the area was declared I wrote to all of the residents of the 900 houses and approximately 100 commercial premises enquiring whether they had suffered any problem from pests but regrettably only 2 replies to my enquiries were received both relating to cockroaches. Being aware that the area suffered the problem of insect infestation particularly, I arranged for a member of my staff to survey every property in the area. The result of that survey indicated that the following infestations existed :-

Cockroaches	...	75
Fleas	...	4
Bugs	...	8
Other insects	...	9
Rats	...	6
Mice	...	31
Pigeons	...	In excess of 1,000

Following the survey all of the infested premises were treated, using "Ficam" in respect of the cockroaches and most other insects together with various poisons and narcotics for use against rats and birds. The Company manufacturing this product gave valuable service to the Council and one might describe the whole exercise as being one of benefit to both parties.

The Corporation were anxious to eradicate all of the insect infestations whilst the Company concerned were equally anxious to try their relatively new insecticide in the field.

By the end of the year the full results of the experiment were not to hand as it was obviously going to be necessary to survey the area twelve months after the first survey in order to determine what success had been achieved. However, professional opinion indicates that the concept of the Pest Free Zone is an attractive idea and at the time of writing this report I am able to say that there appears to have been little re-infestation of the premises to date.

PIGEON DISINFESTATION

Birkenhead, being in an area with considerable milling interests, it necessarily follows that the area proves attractive to a large number of feral pigeons. The amount of damage that the pigeons cause in the town cannot be properly estimated for they cause public health hazards as a result of their infesting roof spaces and window ledges and attracting insects and rodents to their breeding areas. They cause obstruction to eaves gutters and seem to pick out the mortar from their roosting areas as part of the grit needed in their diet.



PEST FREE ZONE - some of the commercial, industrial and domestic property included in this area.

Many infestations of "other insects" referred to above relate to insects which have been attracted to the filth left in pigeon roosting and nesting areas. For these reasons apart from any direct public health significance, it was necessary to carry out an intensive pigeon eradication campaign, and from the many public meetings which I addressed during the year it was obvious that the scheme received the support of the majority of the public. Unfortunately, however, there is a vociferous minority who constantly cry against the Council's action. Nevertheless I am satisfied that pigeon eradication is very necessary and is carried out in accordance with the controls laid down by the Ministry of Agriculture, Fisheries and Food and the Protection of Birds Act 1954. The Local Authority is entitled under the Public Health Act 1961 to carry out such treatments and whenever operations take place representatives of the Ministry of Agriculture, Fisheries and Food, the R.S.P.C.A., and the Cheshire County Police are invited to attend.

FOXES

The fox is rapidly becoming urbanised and they have been seen as far into the town as Claughton Village and Birkenhead Park. No doubt as a result of the decrease in the number of rabbits following myxomatosis, the fox has learned to feed from waste bins and allotment areas. Indeed on one of the allotments in the town the constant incursion of foxes cost the allotment holders a large number of chickens, ducks and pigeons. It was consequently necessary for eradication work to be carried out here and on every occasion I am satisfied that no cruelty whatever took place and that the animals that were destroyed were done so in the most humane method possible and similarly in accordance with the advice of the Ministry of Agriculture, Fisheries and Food.

Following successful treatments, three lairs were destroyed and were not opened up again.

The Dog Warden Scheme

During the year, Mr. J.E. Glover continued in his capacity as acting temporary dog warden, and I have nothing but praise for him in the way that he carried out those duties. It is not an easy job to patrol the seven designated roads in the Borough single-handed and seize dogs when they are wandering out of control. Whilst most of the public seem to appreciate the work that he does in that particular field, nevertheless there are occasions when he is subjected to considerable abuse by people who seem to have a misconception of the work of dog control which the Local Authority is attempting.

My own opinion is that Central Government might themselves assist Local Authorities in their attempts to reduce the amount of nuisance from straying dogs. I would have thought the time has come when there should be a considerable increase in the annual licence fees and perhaps it might be appropriate to suggest that £10.00 would be a reasonable figure. The existing fee has been in operation for many years and not only is the sum so small as to be ludicrous but furthermore there seems to be little rigorous application of the law in this direction. I realise that many dog

owners are Old Age Pensioners but there could be provision to reduce the licence fee for the aged and in respect of "working dogs".

During the course of the year the Council considered my report regarding the operation of the Dog Warden Scheme and were satisfied to the extent that a resolution was passed enabling the whole of the Borough to become subject to an Order under the Road Traffic Act requiring that dogs be kept under control on all roads. Regrettably the enforcement of such an Order takes a considerable period of time but I hope it will be in operation, subject to the approval of the Ministry, by the end of the year.

There is no doubt whatever that this will prevent the risk of road casualties which uncontrolled dogs often cause and furthermore it will reduce the fouling of the footpaths which, apart from aesthetic considerations in my opinion, presents serious Public Health risk in some parts of the Borough.

Central Government is not prepared to extend the Council's Bye-Laws, to cover the grass verge as well as the paved footpath. This, in my opinion, is a retrograde step on their part and lacks appreciation of the problems which beset Local Authorities from time to time.

One of the problems of uncontrolled dogs is that from time to time - particularly on Council Estates, packs of dogs, up to 12 in number, cause considerable problems and unfortunately many seem to follow the children to School where they create further difficulties and harass the teaching staff in the playgrounds.

Mr. Glover is to be complimented on the way he has dealt with this matter as he has seized a number of dogs from the School Playgrounds and given both verbal and written warnings to offending owners.

For those people who doubt his intent, I would assure them that Mr. Glover is not only a dog owner and animal lover himself, but is also a member of one of the Animal Voluntary Aid Associations.

As a result of the experience that the Council have gained in this particular field we have been able to give advice to a large number of Authorities in various parts of the country when they have been considering adopting a scheme similar to the one that has now been operating in Birkenhead for more than two years.

MEAT INSPECTION

The number of animals slaughtered for human consumption in the Borough has again diminished, in sharp contrast to the figures of 20 years ago. It should be pointed out that at the present time there is only one active Abattoir whereas there were quite a number in 1950 which were operating daily. The standard of animal health, however, as seen in the Abattoir has considerably improved and the ratio of sound to unsound meat has widened still further as one would always wish. To me, however, it seems unfortunate that with an Abattoir so close to the largest Lairage in the United Kingdom that more trade does not find its way into that Abattoir. It certainly does not operate to capacity but perhaps there will be further improvements in the through-put in the years that lie ahead. An inspection of the Abattoir unfortunately reveals, however, that it does not comply with the Export Slaughtering requirements of the E.E.C. As a result animals may be slaughtered for home consumption only.

There has, however, been a very considerable improvement in the way that the premises have been run and this, no doubt, is the result of the occupiers' improved management, together with the staffs demand for higher standards.

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
 Meat Inspection Regulations 1963
 Meat Inspection (Amendment) Regulations 1966
 Slaughterhouses (Hygiene) (Amendment) Regulations 1966
 Food Hygiene (Markets, Stalls and Delivery Vehicles)
 Regulations 1966

MEAT INSPECTION REGULATIONS 1963

During the year a total of 31,925 animals were slaughtered within the Borough :-

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep and Lambs</u>	<u>Pigs</u>
1972:	4272	1	18,605	9047

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:	4,272	1	18,605	9,047
Number inspected:	4,272	1	18,605	9,047
All diseases except Tuberculosis and Cysticerci - whole carcasses condemned:	6	-	39	46
Carcasses of which some part or organ was condemned:	1,420	-	5,769	3,525
Percentage of the number inspected affected with diseases other than Tuberculosis and Cysticerci:	33%	-	31%	39%
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:	5	Nil	Nil	Nil
Carcasses submitted to treatment by refrigeration:	5	Nil	Nil	Nil
Generalised and totally condemned:	Nil	Nil	Nil	Nil

Weight of condemned carcasses and portions - 6 tons 3 cwt.

Weight of condemned offal and portions - 15 tons 18 cwt.

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

	Cattle	Calves	Sheep and Lambs	Pigs
Tranmere Abattoir	4,272	1	18,605	9,047

TRANMERE ABATTOIR

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:	6	-	39	46
Parts of carcasses condemned for conditions other than tuberculosis:	67	-	62	936

Total weight of carcase meat condemned for conditions other than tuberculosis: 6 tons 3 cwt.

Total weight of offal condemned for conditions other than tuberculosis: 15 tons 18 cwt.

EMERGENCY SLAUGHTER

During the year at Woodside Lairage a total of 21 animals - comprising 14 bullocks, 4 heifers and 3 cows - were considered to be sick or injured and were the subject of immediate slaughter. The carcasses were not eviscerated and were despatched direct to a processing plant outside the Borough.

IMPORTED FOOD REGULATIONS 1968

During the year notifications were received from various Port Health Authorities of the delivery to Birkenhead of 24 consignments of imported food comprising 412 quarters of beef, 1,076 boxes of boneless beef, 60 boxes of offal, 752 bags of peanuts and 8,885 cases of canned tomatoes. In addition, 6 consignments of animal fat were delivered to a local processing factory. All consignments were inspected and were found to be in good condition.

WHOLESALE MEAT DEPOTS

Check inspections of meat stored for sale in Cold Stores and Wholesale Meat Depots were made. A total of 164 visits were made and as a result of inspections 12½ cwts. of meat and other foods were rejected, comprising 8 cwts. of carcass meat, ½ cwt. of offal, 15 tins of cooked meat weighing 1 cwt., 70 poultry carcasses weighing 2½ cwts. and 1 cwt. of bacon.

SLAUGHTERHOUSES ACT 1958

Officers of the Ministry of Agriculture, Fisheries and Food paid periodic visits of inspection to Tranmere Abattoir under the supervisory powers of this Act. After detailed inspections 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.

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, 1972, there were 16 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 three licences were issued to an export firm for the export of 12 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.

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 three applications for transfer of registration were made and there are now ten 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
- Regulation 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 Carcasses) Order 1964
- Foot-and-Mouth Disease (Amendment) Order 1969
- The Rabies (Importation of Mammals) Order 1971
- Swine Vesicular Disease Order 1972

TRANSIT OF ANIMALS ORDER 1927

During the year a total importation of 182,631 cattle, 1,631 sheep and lambs, 597 pigs and 179 goats - from Ireland and the Isle of Man - were landed at Woodside Lairage. This shows an increase of 15,108 animals over the importations during 1971. 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 Lairage are adequately fed and watered.

FOWL PEST ORDER 1936

This year's total outbreaks nationally numbered 400, a decrease of 3,817 confirmed outbreaks compared with 1971.

No outbreaks occurred within the Borough.

ANTHRAX ORDER 1938

There were no cases of Anthrax locally during the year. The national incidence was 82 confirmed outbreaks during the year compared with 64 during 1971. The resultant deaths of 88 farm animals compares with a total of 85 last year.

EXPORTED ANIMALS PROTECTION ORDER 1964

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

(200 boars
(200 gilts

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 64 cows and 2 heifers were received into Tranmere Abattoir in accordance with the terms of the Scheme.

TUBERCULOSIS (SLAUGHTER OF REACTORS) ORDER 1950

During the year no reactor cattle were received at Tranmere Abattoir.

TRANSIT OF HORSES ORDER 1951

During the year a total of 805 horses and 811 asses were landed at Woodside Lairage, an increase of 668 and 231 respectively over the importations during 1971. During their detention they were adequately fed and watered and 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. At present one licence is in force and regular inspections of the boiler-plant and piggeries were made to ensure that the Order was being complied with.

REGULATION OF MOVEMENT OF SWINE ORDER 1959

During the year no store pigs were brought into the Borough.

THE RABIES (IMPORTATION OF MAMMALS) ORDER 1971

This Order revokes and replaces the Exotic Animals (Importation) Order 1969. Its effect is to impose a general prohibition on the importation (otherwise from Ireland, Isle of Man, or Channel Islands) of certain nominated categories of mammals, except in accordance with the terms and conditions of a licence. It also prescribes certain ports and airports at which such animals may be landed.

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 three 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

No outbreaks of Swine Fever were confirmed in England during the year.

FOOT-AND-MOUTH DISEASE (AMENDMENT) ORDER 1969

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

SWINE VESICULAR DISEASE ORDER 1972

Thirteen outbreaks of this disease, with the resultant deaths of 3,922 animals, occurred in the Midlands. The Borough remains within the prescribed "Controlled Area" and movement of pigs has been restricted in accordance with the provisions of the 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 one licence was surrendered, two applications for a licence were granted and eight licences were renewed. These shops are visited periodically to ensure compliance with the terms of the licence.

RIDING ESTABLISHMENTS ACT 1964/70

The two licences in force at 31st December 1971 were terminated during the year.

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. Two licences were terminated and one application for renewal of licence was granted after inspection of the kennels. Periodic inspections of the premises are made and the condition of the animals observed.

BACTERIOLOGICAL EXAMINATION OF FOOD AND WATER1. Ice Cream

There is now only one manufacturer of ice cream in Birkenhead, the major amount sold in shops being pre-packed by one or another of the National producers. However, there is a considerable trade in soft frozen ice cream, mainly retailed from mobile vans. This soft freezing is considered to be part of the manufacturing process, and therefore sampling has been concentrated on these vans and the one manufacturer previously mentioned. The vans are "mobile" in every sense of the word and a considerable amount of time and car mileage has to be expended in order to obtain the samples. The operators of these vehicles are only registered as hawkers of food under the Birkenhead Corporation Act, and in view of the widespread popularity of this method of selling ice cream, it is felt that provision should be made (by amendment of the Food and Drugs Act 1955), requiring registration of operators and their vehicles. I also consider that the present advisory standard of assessing the hygienic quality of Ice Cream should be made mandatory in order to retain the suggested registration.

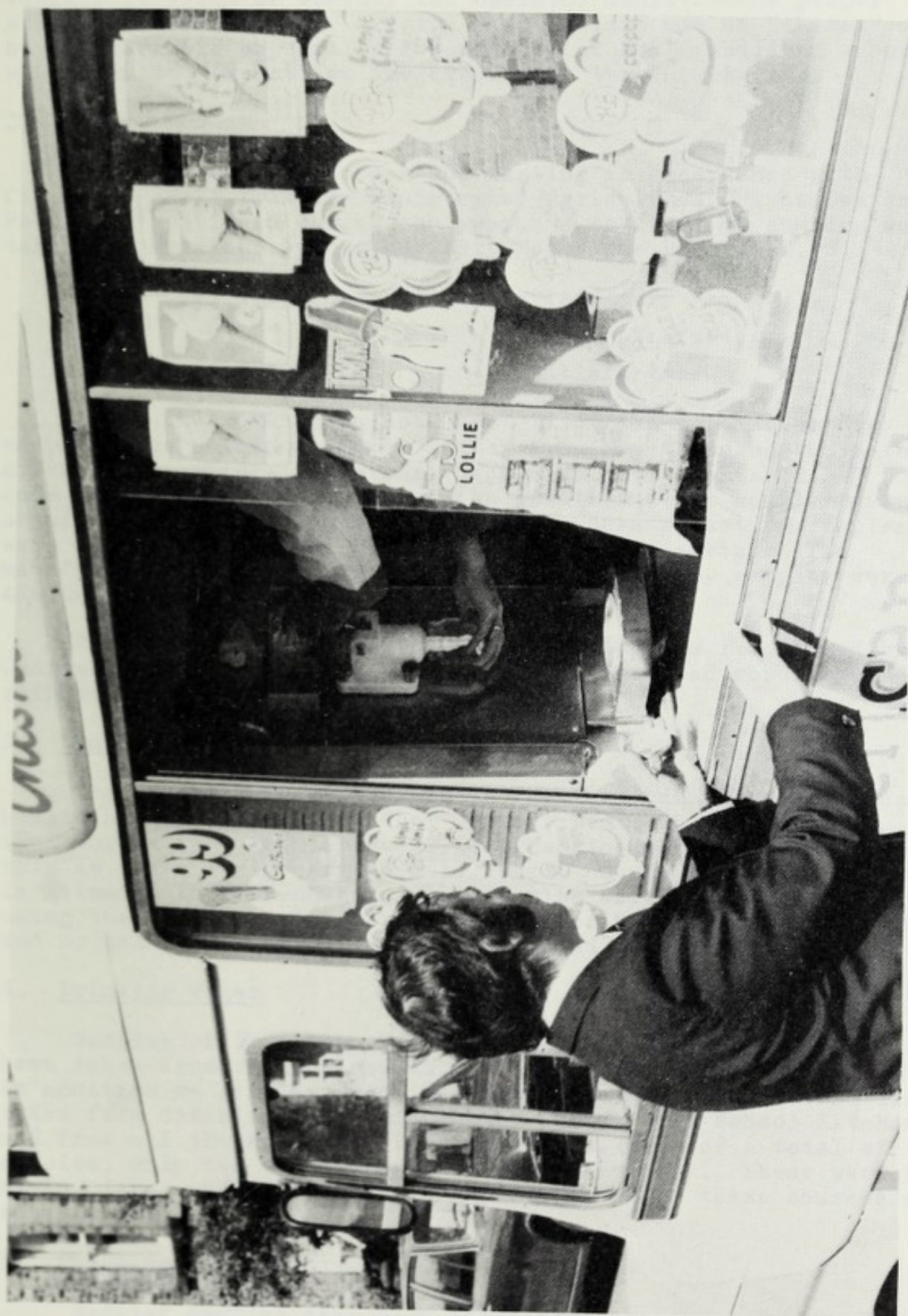
A total of eighty samples were obtained during the year and examined by the "advisory" Methylene Blue Test.

59	were	placed	in	Grade	I
13	"	"	"	Grade	II
2	"	"	"	Grade	III
6	"	"	"	Grade	IV

The Grade IV samples were all obtained from mobile vans, selling soft freeze ice cream. This result is an indication that the operator had not cleaned and sterilised his equipment in a satisfactory manner, and the necessary warning and advice was given in each case although no penal sanction can be imposed on this advisory standard.

A further difficulty in relation to mobile vehicles relates to the trading hours of the operators. It necessarily follows that the greatest business opportunities arise on large housing estates at weekends and in the evening when "all the family" are at home. This has meant that the inspectors have had to carry out work outside normal office hours. The end of the day is the time when the vans are at their lowest standard of hygiene and it was such an occasion that led to magistrates imposing a £67 penalty on one such operator. The following offences were found and penalties imposed :-

Not Registered as a hawker of food	..	£2
Not wearing protective over clothing	..	£10
Unclean clothing	..	£10
Unclean hands	..	£10
A nail brush and clean towel were not provided	..	£10
The interior surfaces of the van were dirty	..	£10
The soft ice cream freezer was unclean	..	£10
Using a loudspeaker outside permitted hours	..	£5



ICE CREAM - obtaining a bacteriological sample of ice cream from the soft freeze machine of a mobile trader.

The public should be more discerning, demanding higher standards of their ice cream salesmen. They too can see whether a vehicle is clean or whether the operator achieves the proper standard. The nuisance arising from illicit use of "chimes" must be considerable especially for parents of small children - some of whom seem to "expect" an ice cream when the chimes ring.

2. Cream

Sampling of fresh cream and testing in accordance with Circular FSH/71 from the Ministry of Agriculture, Fisheries and Food, has continued during the year. A total of 44 samples were taken and examined by the advisory Methylene Blue Test.

23			- Satisfactory
6	"	"	- Fairly satisfactory
15	"	"	- Unsatisfactory

It is interesting to note that 11 of the unsatisfactory samples were obtained in the months from May to August when the average temperature is warmer. Where an advisory "sell by" code was on the carton, six of the unsatisfactory samples were obtained before that date. Four of the unsatisfactory samples were obtained after the "sell by" date on the carton. The manufacturers and retailers of the unsatisfactory samples were advised of the result in each case.

The statutory need for open date coding was recognised by Central Government during the year, and these bad results reinforce the need for strict control.

3. Liquid Egg

The use of this product in the baking industry could cause health hazards, if it were not pasteurised. The Liquid Egg (Pasteurisation) Regulations 1963 prescribe tests to ensure that this is effectively carried out. While no egg pasteurising plant is situated in Birkenhead, eight samples were taken from bakeries using the product. All passed the prescribed Alpha-Amylase test, and no salmonella organisms were isolated from the samples.

4. Drinking Water

Samples of drinking water as supplied to the consumer have been taken from various points for bacteriological examination. In addition to samples from individual houses, samples were also taken from drinking fountains in the Parks, from School Kitchens and from all the Hospitals in the Borough. Out of a total of 111 samples, only two were in any way unsatisfactory. These were from mixing taps, and further follow-up samples from these sources were satisfactory.

5. Swimming Bath Water

Regular samples have been taken from the three Public Baths and the one School Bath in the Borough. The frequency of sampling was increased during the summer months when greater numbers of people use the baths. In addition checks are made to ensure that

the level of chlorine in the water is maintained at a satisfactory level. A total of 138 samples were taken, and only 2 were reported as containing coliform organisms and a further 2 found to contain more than 300 bacteria per ml. of water. These results are very good and show that the necessary supervision has been carried out by the Officer responsible.

FOOD AND DRUGS ADMINISTRATION

Milk Supply

The main source of supply in the Borough continues to be a dairy which pasteurises, bottles and cartons over 15,000 gallons a day, though there are other dairies which distribute milk which has been pasteurised and bottled elsewhere in Cheshire. The only untreated milk sold in Birkenhead is from three vending machines.

Samples are regularly taken from the processing dairy and distributors and from retail shops and the vending machines to ensure that the prescribed standards are achieved. Whilst the following results show that the majority are satisfactory, some difficulties have been experienced with milk from the vending machines. I refer to this situation in greater detail in the paragraph dealing with *Brucella Abortus*.

1) Chemical Analysis

In 1972, 256 samples of milk were examined in the Department by the Gerber Test to determine the fat and non-fat solids content. The Sale of Milk Regulations 1939 prescribe a presumptive standard of 3% Fat and 8.5% of non-fat solids, and the Channel Island Milk Regulations 1956 state that this milk shall contain 4% of fat. The average fat content of the samples was 3.6%, and the average non-fat solids content was 8.67%. For Channel Island milk the average was 4.7%, and 8.82% non-fat solids. Of the 256 samples tested, none was found to be deficient of fat and nine naturally deficient of non-fat solids. Subsequent samples from these producers were satisfactory.

2) The Milk & Dairies (General) Regulations 1959

The Milk & Dairies (Special Designation) Regulations 1963

The number of registered dairies and distributors licences issued under these Regulations are as follows :-

Registered Dairies	...	9
Registered Distributors	...	213
Dealers licensed to sell pre-packed milk	...	209
Producers licensed to pasteurise milk	...	1

A total of 283 visits were made to premises and 259 samples of milk taken to ensure that the various requirements of these Regulations were complied with. The samples were examined by the Public Health Laboratory, Liverpool, and the results were summarised in the following table :-



MILK AND DAIRIES REGULATIONS - checking the operating temperature
of a milk pasteurising plant.

	<u>Passed</u>	<u>Failed</u>
Pasteurised Milk	155	-
Sterilised Milk	66	-
Ultra High Temperature Milk	17	-
Untreated Milk (Subject to Pasteurisation Order)	21	5

The completely satisfactory results of the samples taken of milk processed at licensed treatment plants, is to be commended. However, the producer of Untreated Milk, subject to a Pasteurisation Order, attempted to pasteurise milk in apparatus of his own design, with unsatisfactory results. In the following paragraph, I give more details of these events.

3) Brucella Abortus

All samples of Untreated Milk are examined for the presence of this organism, which can cause illness known as Undulant Fever in consumers of infected milk. The only Untreated Milk sold in Birkenhead is from vending machines. In September 1971, a sample from one of the machines was found to contain *Brucella Abortus*. The Medical Officer of Health of Bebington M.B. was informed as the milk was from a farm situated in his District. He accordingly made an Order requiring that no milk should be sold unless treated in such a way as to secure its safety, indicating that suitable arrangements for efficient pasteurisation would be acceptable for that purpose. The normal procedure by a milk producer in this situation, is for all milk from the herd to be sent to a processing dairy for pasteurisation and an equivalent bottled or cartoned supply of pasteurised milk received in return, until such time as the herd has been examined by a veterinary surgeon and further milk samples indicate that the herd is free from infection. However, in the case to which I refer, the producers attempted to pasteurise the milk from their herd on the farm premises in improvised apparatus. Not surprisingly, as referred to earlier in this Report, some samples taken from the vending machines were found not to be properly pasteurised. Legal proceedings were instituted in Birkenhead Magistrates Court for non-compliance with the Order issued by the M.O.H., Bebington, and the partners in the Company concerned were fined a total of £90 with £55 costs. However, the Company continued to process milk on their premises and while samples have been found (with two exceptions) to be efficiently pasteurised, the position has been further complicated by the sale of some heat treated milk in cartons labelled "Untreated". This offence is against that part of the Regulations administered by the Ministry of Agriculture, Fisheries and Food, who made a proposal to suspend the producer's licence to use the designation "Untreated" for a period of three months. The Company appealed to a Tribunal against that proposal, and the decision of the Tribunal has not been made known by the end of the year.

4) Public Health Laboratory Service

It is now many years since the inception of the scheme to provide bacteriological examination and report facilities for medical and Local Authorities. This service has now been extensively developed, and a high degree of co-operation exists between the Director of the Liverpool Laboratory (Dr. G.C. Turner) and my staff.

Many hundreds of specimens are examined annually for the Department, the results giving an indication of the bacteriological (and in some cases biological) quality of foodstuffs and various water sources. Furthermore, without the service existing there would be far more cases of food poisoning and less possibility of containing outbreaks by exclusion of affected persons.

I greatly appreciate the help and support of the Director and his staff at Fazakerley Hospital, and hope that the liaison continues after re-organisation of local government and the National Health Service.

Incidentally, the laboratory discovered a "new" type of salmonella organism and in view of the fact the patient lived on the Overchurch Estate (though he may have become infected abroad) the organism will be known as Salmonella Overchurch - there is already a Salmonella Birkenhead!

OTHER FOOD AND DRUGS

Sampling of a wide variety of foods and drugs has continued, with particular attention being paid to products manufactured locally. A total of 311 samples were submitted to the Public Analyst, Mr. T. Harris, F.R.I.C., F.P.S., M.Chem.A., at Manchester, whose help and co-operation is gratefully acknowledged.

It was noticed that a number of fish and chip friers were making their own fish cakes, and thirteen samples were taken from these shops. Ten of these samples were found to contain less than the 35% of fish prescribed by the Fish Cakes Order. Warnings were given to the makers, who were ignorant of the required standard. Further samples were taken, and legal proceedings taken in two cases where the fish cakes were below standard. Fines totalling £60 with £22.50 costs were imposed.

Other unsatisfactory samples during the year included two samples of steak and kidney pie found to be deficient of kidney; three samples of pork sausages deficient of meat; double cream, lolly ices and biscuits found to be incorrectly labelled; and cod liver oil in a clear glass bottle which would cause the contents to deteriorate rapidly. All these unsatisfactory samples were investigated with the manufacturers. As the deficiencies were not serious, and the advice given was acted upon, warnings were given in all these cases.

Eight samples were taken in conjunction with the National survey of pesticidal residue in foods. None were found to contain any residue above the presumed limits.



FOOD & DRUGS ACT - checking the coding on a packet of perishable food to ensure its freshness. These codes are being increasingly superseded by open date marking.

Samples of foods and drugs are also examined by the Public Analyst for excessive metallic content in appropriate cases. However, five samples were specifically taken for analysis in respect of any heavy metal content, including two samples of locally caught fish. In no case was the metallic content considered to be excessive.

Consumer Complaints regarding Food and Drugs

The number of complaints from members of the public concerning unsatisfactory food has continued to increase. While the increase has meant a strain on the staff resources it is welcomed as the thorough investigation of any unsatisfactory sale of food is a very worthwhile part of the work of the Department.

Proposals were issued during the year by the Food Standards Committee for legislation concerning the "open date" marking of food. It is proposed that these recommendations shall come into effect in about three years' time. However, an increasing number of large manufacturers are adopting this system with perishable foods. With stringent stock control, there does not seem to be any of the anticipated resistance or difficulties which many opponents of "open-date" coding said would occur. Moreover, the changes are welcomed not only by the consumer, but also by the efficient shopkeepers.

During the year 202 complaints were received. A detailed investigation with the retailer, wholesaler and manufacturer, as appropriate, was made in every case. As each complaint is a possible contravention of the Food and Drugs Act, the question of future proceedings under the appropriate Section of the Act is always considered. This fact is not always appreciated by the person making the complaint. Enquiries show that justifiable complaints, made to shopkeepers have not always received adequate attention. Regrettably many have not been reported to my office. Members of the public are asked to support the work of the Department by giving information about the sale of any food which is out of condition or contains a foreign body as soon as possible after the event. Not only will each complaint receive confidential investigation but a true picture will be built up of the manner in which all food is handled and sold.

The following table gives a summary of the varieties of food involved and the type of condition found :-

<u>FOOD</u>	<u>FOREIGN MATERIAL</u>	<u>MOULD</u>	<u>UNSOUND OR SOUR</u>
Milk	11	-	-
Butter	1	1	2
Cheese	2	10	-
Bread	18	9	-
Canned Meats	9	1	5
Cooked Meats	3	1	10
Meat Pies	4	5	3
Sausages	3	2	-

<u>FOOD</u>	<u>FOREIGN MATERIAL</u>	<u>MOULD</u>	<u>UNSOOUND OR SOUR</u>
Fish (including canned fish)	5	1	5
Fruit (including canned fruit)	6	2	-
Jam	1	-	-
Vegetables (including canned varieties)	10	-	2
Cereals	6	3	-
Sweets	6	-	-
Confectionery	5	9	-
Meat and Poultry	2	-	22
Others	8	2	7
	<u>100</u>	<u>46</u>	<u>56</u>

The pattern of complaints broadly follows that of previous years, with the exception that cheese now leads the mould "league". These complaints regarding cheese have all concerned mould in pre-packed cheese, which is now widely sold in a box type plastic carton with a lid heat sealed to the top lip of the carton. Any failure in this seal or in the corners of the plastic box results in the entrance of air and the rapid growth of mould. While some varieties of cheese sold naturally contain mould growth, no one expects to buy Cheshire or Double Gloucester cheese in this condition. Investigations into these complaints with the manufacturers show that they are actively pursuing improved methods of sealing this type of pack.

Legal proceedings were instituted in the following twelve cases :-

	<u>FINE</u>	<u>COSTS</u>
Rodent excreta in Bread	£15	£6
Mouldy Meat Pie	£5	-
Mouldy Cottage Cheese	£50	-
Safety Pin in a Milk Bottle	£20	£10
Bread containing dead insects	£30	£17
Selling an unfit frozen Chicken	£30	£15
Maggots in Bacon	£25	£10
A meal of Chipped Potatoes containing a fly	£25	£11
Fruit tart containing a piece of wire	£25	£15
Selling sour Sausages	£50	£5
Mouldy soft drink for freezing	£50	£12
A meal of chipped potatoes containing a cockroach	£15	£12

In the case of the maggots found in bacon, conditions found at the shop were such that a charge of exposing food for sale without adequate protection against contamination was proved and a further fine of £25 imposed.

Food Poisoning and Other Infectious Disease associated with Food

During the year 190 notifications of suspected food poisoning, dysentery or enteritis were notified to the Department. Investigations into all these cases involved 498 visits to patient's homes and other premises, and the submission of 690 specimens for bacteriological examination. Salmonella organisms were isolated in the following 33 cases :-

Salmonella Paratyphoid B	..	..	1
" Typhimurium	..	..	7
" Saint Paul	..	..	7
" Heidelberg	..	..	5
" Agona	..	..	4
" Enteritidis	..	..	3
" Muenster	..	..	2
" Takoradi	..	..	1
" Unnamed	..	..	3

In addition shigella sonnei was isolated in 38 dysentery cases. All these cases were in isolated family outbreaks and no specific food could be implicated or any connection established with other families who had suffered from a similar infection.

In my report last year, I referred to the fact that certain persons returning from a declared cholera infected area abroad had been investigated and that four cases of Salmonella infection were thus revealed. There has not been any such means of checking on holidaymakers returning from abroad this year. It is very probable that a number of persons have suffered from an enteric illness while on holiday abroad, which has in fact been a salmonella infection. Although they may have recovered quickly from this illness and possibly may not have thought it necessary to consult their Doctor on return, experience with salmonella infections shows that infected persons may continue to carry the organism for some time after the symptoms of illness have subsided. If they are occupied in a food business, there is a grave possibility of passing on the infection in this period.

Swabs are placed in sewers at intervals during the year and examined for salmonella organisms. Positive results were obtained on five occasions when no known patient in the area was suffering from a similar infection. It was not possible to trace back the source of the infection, but these results obviously indicate that there are a number of persons who are capable of passing on a Salmonella infection who are unknown to the Health Authority. They may themselves be ignorant of the fact. Therefore, I must stress the necessity of consulting a doctor on return from holiday abroad after suffering any enteric illness, no matter how slight this may have been.

FOOD HYGIENE

A Local Authority has a duty to exercise control over all places from which food is sold or in which it is prepared or stocked. It is enabled to do this by virtue of the following Regulations :-

1. The Food Hygiene (General) Regulations 1970.
2. The Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1966.
3. The Food Hygiene (Docks, Carriers etc.) Regulations 1960.

The legal definition of the term "Food Premises" covers more than normal food shops. It includes Canteens, Clubs, Schools, Hospitals, Public Houses and any trade or business for the purpose of, or any person engaged in, the handling of food, whether for profit or not.

The District Public Health Inspectors have carried out inspections of all classes of food premises but regrettably it has not been possible to expand the services to the level which I would wish. This is due to the other commitments on the District Inspectors' time. The exception to this arises in the central area of the town which comprises one district mainly consisting of shops, business premises, and the Market Hall.

The appointment of Mr. D.G. Jones as District Public Health Inspector concentrating in this area of the town has had a salutary effect and some improvement in the condition of premises is already apparent. Until such time, however, as the central Shopping Precinct and the new Market Hall is completed there will continue to be difficulties in some of the shops in the area.

Considerable improvements have been made particularly in the food preparation and storage rooms which are generally out of sight to the public. This also applies to a number of Public Houses where Breweries have generally been most co-operative in respect of my requirements.

Regrettably, however, it is often found that the smart, bright, and clean appearance of the retail area of some shops in the Borough is not always reflected in the rear preparation and storage rooms. Some of these poor conditions really relate to bad Management. Often bulk buying leads to Storerooms being so congested with boxes and cartons that regular cleaning cannot possibly be undertaken. In other cases the staff have been virtually wholly engaged on retail sales or shelf-filling in Super-Markets, as a result of which there has been inadequate time devoted to rear storage rooms.

In that part of my Report which deals with consumer complaints, I referred to the fact that a company was convicted and fined for exposing food for sale which was not protected from contamination. This case arose as a result of insect eggs being found to be present in sliced bacon during a period of warm weather.

An inspection of the shop revealed that trays of bacon and other cooked meats were exposed for sale on an open counter, protected only by a glass screen.

Whilst the regulations do not specifically forbid the exposure of food in this manner it was commendable that my Inspector investigating the complaint observed a blow-fly descend onto a piece of cooked meat in the display area during the course of his investigation.

In my opinion, the only way that foodstuffs such as sliced meat may be displayed hygienically is for it to be placed in refrigerated display counters and I would hope that when the regulations are re-written there will be a requirement that items such as cooked meats, cream cakes, etc. are subject to proper temperature control, when displayed for sale.

During the course of the year it was necessary to institute proceedings in respect of a number of contraventions of the regulations and in 16 cases convictions were obtained in the Magistrates Courts. Five of the convictions related to food handlers smoking whilst they were handling food, and a penalty of £10 was imposed in each case. Six of the offences related to the unsatisfactory condition of the "Hot Dog" stall and in respect of this a penalty of £2 was imposed for each offence. The remaining offence comprised a contravention relating to the cleanliness of equipment and fittings and the absence of notices requiring food handlers to wash their hands, and the absence of necessary soap and nail brushes. The total penalties imposed amounted to £90.

When one considers that on conviction the maximum penalty is £100 and three months imprisonment for most of the offences, I cannot help but reiterate that the penalties imposed are small by comparison.

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

Fish fryers	..	61
Fish fryers and chicken roasters	..	6
Butchers manufacturing sausages	..	38
Butchers manufacturing sausages and cooked meats	..	21
Chicken roasters	..	9
Meat products factories	..	5
Grocers manufacturing cooked meats	..	6
		146

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

Food hawkers and their premises (Section 102)	..	47
Vendors of shellfish and their premises (Section 103)	..	24

Summary of Inspections and Defects RemediedFood Hygiene (General) Regulations 1970

	Shops	Cafés	Food Preparing Premises	Licensed Premises	Mobile Shops and Stalls
Number of premises	853	89	236	195	106
Fitted to comply with Reg. 18	774	89	233	195	106
Premises to which Reg. 21 applies	802	89	225	195	85
Premises fitted to comply with Reg. 21	793	89	223	195	85

	Shops	Cafés Canteens	Food Preparing Premises	Licensed Premises	Stalls	Totals
Number of premises	853	89	236	195	106	1,459
Number of inspections	1,056	185	678	199	164	2,282
<u>Defects and Contraventions Remedied :-</u>						
Sanitary conveniences separated from food store	4	3	2	1	-	10
Walls, floors, ceilings, doors, windows -						
(a) Repaired	97	30	53	46	11	237
(b) Cleansed	202	33	68	81	27	411
Food rooms cut off from sleeping place	2	1	-	-	-	3
Food rooms ventilated	14	8	-	10	-	32
Accumulation of refuse removed	40	8	19	8	1	76
Cleanliness of persons, utensils, clothing	39	15	47	19	8	128
Wash-basins provided	17	2	2	7	4	32
Sinks provided or renewed	18	9	5	-	1	33
Hot and cold water supply	20	3	3	3	3	32
Towels, soap, etc. provided	44	13	11	4	6	78
Protection from contamination of food	32	27	6	3	4	72
Contravention of local bye-laws	6	1	-	-	1	8
Miscellaneous	53	2	4	9	-	68
Totals:	588	155	220	191	66	1,220

POULTRY INSPECTION:

There are no poultry processing premises within the Borough.

FOOD CONDEMNATIONS

The following foodstuffs were found to be unfit and were voluntarily surrendered to the staff during the year :-

	<u>lbs.</u>
Bacon	1,608
Beverages	60
Biscuits	216
Cake	73
Cheese	60
Cream	20
Crisps	710
Fish	1,282
Frozen Foods	1,797
Fruit (Tinned)	3,156
Fruit (Fresh)	190
Fruit Juice	250
Flour	403
Ice Cream	200
Meat (Tinned)	2,621
Meat (Fresh)	3,759
Milk	55
Poultry	1,765
Preserves	140
Puddings	247
Salt	16
Soup	228
Sweets	117
Tea	10
Vegetables (Tinned)	3,967
Vegetables (Fresh)	424
<u>TOTAL:</u>	<u>23,374</u>

DEPARTMENT OF EMPLOYMENT

OSR14

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT 1963

Annual report under section 60 to the Secretary of State for the year ended 31st December 1972

Name of Local Authority..... COUNTY BOROUGH OF BIRKENHEAD

TABLE A

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises (1)	Number of premises newly registered during the year (2)	Total number of registered premises at end of year (3)	Number of registered premises receiving one or more general inspections during the year (4)
Offices	22	332	320
Retail shops	52	709	700
Wholesale shops, warehouses	8	54	52
Catering establishments open to the public, canteens	9	148	154
Fuel storage depots	-	-	-
TOTALS	91	1243	1226

TABLE B

NUMBER OF VISITS OF ALL KINDS (INCLUDING GENERAL
INSPECTIONS) TO REGISTERED PREMISES

2006

FOR DEPARTMENT OF EMPLOYMENT USE

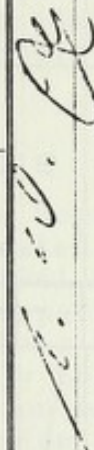
Divisional Office stamp	Code number

TABLE C

ANALYSIS BY WORKPLACE OF PERSONS EMPLOYED IN
REGISTERED PREMISES AT END OF YEAR

Class of workplace (1)	Number of persons employed (2)
Offices	3563
Retail shops	3912
Wholesale departments, warehouses	416
Catering establishments open to the public	1576
Canteens	107
Fuel storage depots	-
Total	9574
Total: Males	3143
Total: Females	6431

Signature



Position held

CHIEF PUBLIC HEALTH INSPECTOR

Date

22nd June, 1973

TABLE D—EXEMPTIONS

M/c. Line No.	Class of premises (1)	No. of exemptions current at end of year (2)	No. of exemptions			During the year		Appeals to Court against refusal to grant or extend an exemption or against the withdrawal of an exemption		M/c. Line No.
			newly granted (3)	extended (4)	expired or withdrawn (5)	No. of applications refused (6)	opposed by employees (7)	No. made (8)	No. allowed (9)	
Part I—Space (sec. 5(2))										
1	Offices									1
2	Retail shops									2
3	Wholesale shops, warehouses									3
4	Catering establishments open to public, canteens				NIL					4
5	Fuel storage depots									5
Part II—Temperature (sec. 6)										
11	Offices									11
12	Retail shops									12
13	Wholesale shops, warehouses				NIL					13
14	Catering establishments open to public, canteens									14
15	Fuel storage depots									15
Part III—Sanitary Conveniences (sec. 9)										
21	Offices	2	1	-	-	-	-	-	-	21
22	Retail shops	1	1	-	-	-	-	-	-	22
23	Wholesale shops, warehouses									23
24	Catering establishments open to public, canteens									24
25	Fuel storage depots									25
Part IV—Washing Facilities (sec. 10(1))										
31	Offices	2	1	-	-	-	-	-	-	31
32	Retail shops									32
33	Wholesale shops, warehouses									33
34	Catering establishments open to public, canteens									34
35	Fuel storage depots									35

TABLE E—PROSECUTIONS

Prosecutions instituted of which the hearing was completed in the year			
Section of Act or title of Regulations or Order (1)	No. of informations laid (2)	No. of informations leading to a conviction (3)	
10	1	1	
13	1	1	
15	1	1	
17	1	1	
19	2	1	
24	1	1	
48	1	1	
50	1	1	
No. of persons or companies prosecuted		3	
No. of complaints (or summary applications) made under section 22		NIL	
No. of interim orders granted		NIL	

TABLE F—STAFF

No. of inspectors appointed under
section 62 (1) or (6) of the Act ... 17

(only one inspector is employed
full time on this work)

No. of other staff employed for
most of their time on work in
connection with the Act ... NIL

REGISTRATIONS

During the year 91 premises were registered, but in 49 of these cases, employers only registered after being reminded of their responsibilities. Redevelopment, slum clearance and major road works have continued to cause many changes and 67 premises have been deleted from the register. It continues to be necessary for one of the members of the staff responsible for administration of the Act to make planned surveys in order to maintain an up-to-date register.

GENERAL COMMENTS

It is pleasing to note that my comments in the Report for 1971, relating to the duplication and confusion created by visits to the same premises subject to the Factories Act 1961 and the Offices, Shops and Railway Premises Act 1963, by Inspectors of both the Local Authority and Central Government; have been echoed in the Robens Report (Para. 246). I can only hope that Central Government will quickly implement legislation making H.M. Factories Inspectorate responsible for all legislation relating to the Health, Safety and Welfare of persons employed in factory premises and allow all "non-factory" premises to be the responsibility of the Local Authority.

However, a recommendation in the Robens Report suggests that Area Managers of Central Government should have more direct powers of supervision over the enforcement work of Local Authorities, seems to prejudice the statutory independence of these Authorities. Paragraph 242 agrees that the present co-operative arrangement between central Advisory Inspectors and Local Authorities works well, but is critical of the fact that Local Authorities do not always accept or follow the advice given by the Central Advisory Inspectors. Could not this be due to the fact that officers of Local Authorities have a closer knowledge of local problems and circumstances than officers of Central Government? In other fields of enforcement affecting the health of the community, such as the Food Hygiene Regulations, no such close supervision has been suggested, or considered necessary, for uniform standard of enforcement. In my opinion, the effects of Local Government re-organisation which reduces the number of Authorities to less than 400, should be carefully studied over a period of time, before any serious consideration is given to the recommendations outlined in Paragraph 243 of the Robens Report.

I welcome the recommendation in the Report that Crown premises of non-industrial employment should be within the purview of Local Authorities, and also that recommendation dealing with the "self inspection" of Local Authority offices and shops. Experience has shown that where the Local Authority is the owner of premises let to private undertakings, any contraventions which are the responsibility of the Authority are remedied quickly as a result of inter-departmental liaison and good corporate management.

After Local Government re-organisation, the enlarged Authorities will have sufficient staff, with the necessary expertise, to deal with any of the hazards likely to be encountered in Hospitals. Many warehouses and large office

establishments have equally complicated hazards which the Local Authority are deemed competent to deal with, so that I cannot agree with the recommendation that Hospitals should be the responsibility of the Central Inspectorate. This is supported by the additional fact that administration of the Offices, Shops and Railway Premises Act is undertaken within Environmental Health Departments and their advice might extend to cover other matters like food hygiene, pest control, and air pollution control. Statutory liaison is expected to be a feature of the National Health Service Act and it therefore seems appropriate that the Local Authority should have responsibility for administration of the Act in respect of Hospitals, Nursing Homes etc.

LIGHTING

Although only recommended standards of illumination are laid down, the standard of lighting continues to improve. Employers realise that good light improves efficiency, aids security and encourages the public to purchase goods from well illuminated displays. With the window serving only for display and advertising purposes, artificial electric light, mainly in the form of fluorescent tubes, is being used throughout the day for general illuminations. In order to avoid glare, it is essential that these tubes should be fitted with diffusers and on occasion it has been necessary to give advice on these fittings.

One exception to the generally high level of illumination generally found is in shops selling clothing, mainly to young people. These shops "Boutiques" have no natural light as the windows are usually blacked out, general background artificial light not being provided. The only illumination is by spotlights focussed on the goods displayed. Moreover, the decoration of this type of establishment absorbs the already subdued lighting. The effect on the staff employed in this type of premises is difficult to assess, but a general background level of illumination, sufficient to ensure safety of movement of purchasers, in the black spots and the general comfort of the staff is considered to be necessary.

VENTILATION

It has been noted that in many new or modernised licensed premises, false ceilings have been placed at a lower level at or behind the bars than in the public part of the rooms. Consequently, unless the ventilation system is carefully designed or altered to suit the new decor, the bar area becomes a trap for foul air and smoke. Staff are usually employed to work for a period of about four hours in these conditions, whereas members of the public are free to come and go as they please. The Code of Practice issued on behalf of the British Standards Institution recommends minimum air changes; and in premises where members of the public congregate, especially at peak business periods, the volume of air changes should be adjusted to meet the needs of this standard.

PETROL FILLING STATIONS AND BATTERY SHOPS

There are a number of Motor Service Stations which do not carry out vehicle repairs and are not "factories". Most of these

Stations have an "Air Service Point" for the inflation of tyres. While provision is made regarding "Air receivers and Compressors" under Section 36 of the Factories Act 1961, there is no Regulation for the Local Authority to deal with this equipment in these filling stations.

Many of these stations and also retail battery shops are provided with battery charging equipment. Particularly in battery shops, there may be a considerable number of batteries on charge at the same time. In view of the gas given off by batteries while being charged, particular attention should be given to the ventilation of rooms used for this purpose. Mechanical ventilation should be used if necessary. "No smoking" signs should be displayed in these rooms and persons handling batteries should wear suitable gauntlet gloves, not only as a protection against acid spillage but also to prevent any metal rings or watch straps causing a short circuit.

COIN OPERATED DRY CLEANING PLANTS

All such premises within the Borough are at all times supervised by an attendant. However, the operation of the plant requires that "stills" shall be cleaned or "cartridge filters" have to be replaced. When this operation is in progress a second person should always be in attendance in case of emergency.

Although the solvents used are non-inflammable, they are decomposed by red hot surfaces into dangerous compounds. One owner of an establishment had provided an electric fire for the comfort of his customers, and the possible danger had to be brought to his attention.

While many suppliers of solvents show little interest to the installation and efficiency of the plant provided their product is sold, one Company has been most helpful and co-operative. It is the policy of this company to provide a customer with advice on the layout of plant, siting of boilers and ensuring that adequate ventilation is provided to discharge vapours to the outside atmosphere with safety. The effluent discharged to the atmosphere should contain only a minute amount of solvent vapour, which can be almost entirely eliminated by the installation of a "solvent carbon" recovery unit which reclaims the solvent into a container for re-use.

Several notices have been served and also informal advice has been given to owners in respect of these establishments. Display cards featuring "Do's and Don'ts" and also adhesive labels for fixing to machines giving advice to customers on the treatment of bulky articles after cleaning, have been delivered for display when visits were made to this type of premises.

Many establishments were not originally designed for use as coin operated launderettes, but have been converted for this purpose. Careful consideration should be given to the effect on neighbouring property or living accommodation above these premises, when applications are received for conversion or change of use, as many problems due to noise and vibration are difficult to resolve when the plant is in operation.

MECHANICAL HANDLING OF GOODS

The handling of goods by various mechanical means has now become commonplace in all large establishments. These methods are more economical and efficient and should result in fewer minor accidents being caused than by man-handling and lifting. However, untrained staff, and the mis-use of vehicles and conveyances can result in more serious accidents.

Deliveries to warehouses are often made with the goods already stacked on pallets. Difficulties are experienced when "slave" pallets have to be used. Their use is necessary when consignments are received on non-returnable "Disposal" pallets. Some of these pallets cannot be transported by the pedestrian trucks used in many warehouses. Uniformity in the standard of pallets would reduce the risk of accidents and prove more economical in the long term.

Cage trolleys have become widely used for the delivery of goods from warehouses to shops. Each carries 10 cwts. and they are loaded on to a road vehicle by means of a hydraulic lift tail board. Three trolleys can be carried across the width of a vehicle and each line is secured by an expanding strap. Provided the cage trolleys are loaded and discharged individually, the operation is considered satisfactory. However, attempts to load or discharge more than one cage at a time could result in accidents occurring. The metal side frames of these cages are secured by straps. In time, perhaps due to rough handling or overloading, these straps break and are often replaced by string. This is obviously less secure. Accidents could also be caused by these trolleys being overloaded or loaded to a height above that of the side frames, used on uneven floor surfaces or propelled by the handler with one foot on the trolley.

PREMISES USED FOR RADIO-CONTROLLED TAXIS

Difficulties have been experienced in dealing with premises used by self-employed part-time taxi drivers as a base for their operations. The proprietor makes a charge only for the use of the radio equipment installed at the base and in the taxis. Most businesses of this type operate a twenty-four hour service. Meals are often eaten on the premises and in most cases, sanitary accommodation is provided. However, complaints have been received that drivers have used back passages and waste land, where sanitary conveniences have not been provided.

As self-employed persons occupying premises are not required to register, their establishments do not come within the scope of the Act. However, where full-time taxi drivers are employed, the premises are dealt with in accordance with Regulations.

ACCIDENTS

40 accidents were reported of which 11 received special investigation.

Three persons employed on licensed premises sustained injuries caused by attacks of customers.

Only one accident was caused by machinery, a slicing machine, which resulted in legal proceedings being taken. The company concerned were fined £30.00.

One accident occurred whilst an employee was breaking fluorescent tubes for disposal. The tubes are sealed at sub-atmospheric pressure and provided they are not broken violently, very little powder or glass will be dispersed into the atmosphere. Each tube contains a small amount of Mercury which will volatilise on breakage. Advice on the procedure to be adopted was forwarded to the company concerned.

No fatal accidents were reported.

The number of reported accidents has been reduced by 11 on last year's figure, although I am not convinced that all accidents are reported. Where accident books are required to be maintained, they are scrutinised each time a general inspection is made of the premises.

The distribution of SHW 14 (The safe use of food slicing machines) to all food preparation premises in the Borough has proved to be most helpful and has made employers and machine operators more aware of the hazards and the correct manner of operation of this type of dangerous machine.

The awareness of accident prevention and good housekeeping practised by multiple companies, regular inspections and advice given by Inspectors, have contributed to the reduction in accidents.

Accidents - analyses

Accidents occurring in offices	...	15%
Accidents occurring in shops	...	32½%
Accidents occurring in warehouses	...	20%
Accidents occurring in catering establishments	...	20%
Accidents occurring in canteens	...	12½%

SUMMARY OF INSPECTIONS OF HOISTS AND LIFTS

<u>Type of Lifts</u>	<u>Number of Inspections</u>
Passenger (only)	12
Passenger/Goods	16
Goods (only)	20
Service	14
Bullion	10
Platform	2

One report of examination received from the lift company in respect of a "Platform Lift" stated defects that did not in fact exist. The company was informed accordingly, which resulted in a further examination being carried out by a senior engineer, who confirmed that the lift was in good working order.

Engineer/Surveyor's reports have been received in respect of defects in three Fork Lift Trucks. Although no provision within the Act requires they be submitted, the defects have been remedied.

A further report of defects was also received in respect of a mechanical conveyor.

EXEMPTIONS

Three certificates of exemption, in accordance with the provisions of Section 46 of the Act are in operation in the Borough. The exemption has been granted in respect of one shop premises under Section 9.

The two exemptions in force in respect of office premises under Sections 9 and 10 of the Act relate to accommodation on privately owned Car Parks.

In view of the correspondence received from National Car Parks Limited, it is considered that the legal position regarding registration should be clarified. It is claimed by the Company that of the 500 car parks situated in this country, Birkenhead is the only Authority having requested registration of this type of premises.

FACTORIES' ACT 1961

The following statistics show that more than half the factories in the Borough were inspected during the year. More premises would have been visited and inspected but for the pressure of other work in the department.

Prescribed Particulars on the Administration of the Factories Act 1961

PART I 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		
		Inspections (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†	15	6	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	356	174	56	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority‡ (excluding out-workers' premises)	48	52	—	—
Total	419	232	60	—

Cases in which DEFECTS were found

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more 'cases'.)

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To HM Inspector (4)	By HM Inspector (5)	
Want of cleanliness (S.1) ..	-	-			
Overcrowding (S.2)	-	-			
Unreasonable temperature (S.3)	-	-			
Inadequate ventilation (S.4) ..	-	-			
Ineffective drainage of floors (S.6)	-	-			
Sanitary Conveniences (S.7)					
(a) Insufficient	-	-			
(b) Unsuitable or defective ..	71	48	-	2	-
(c) Not separate for sexes ..					
Other offences against the Act (not including offences relating to Outwork)	-	-			
Total ..	71	48	-	2	-

PART VIII OF THE ACT

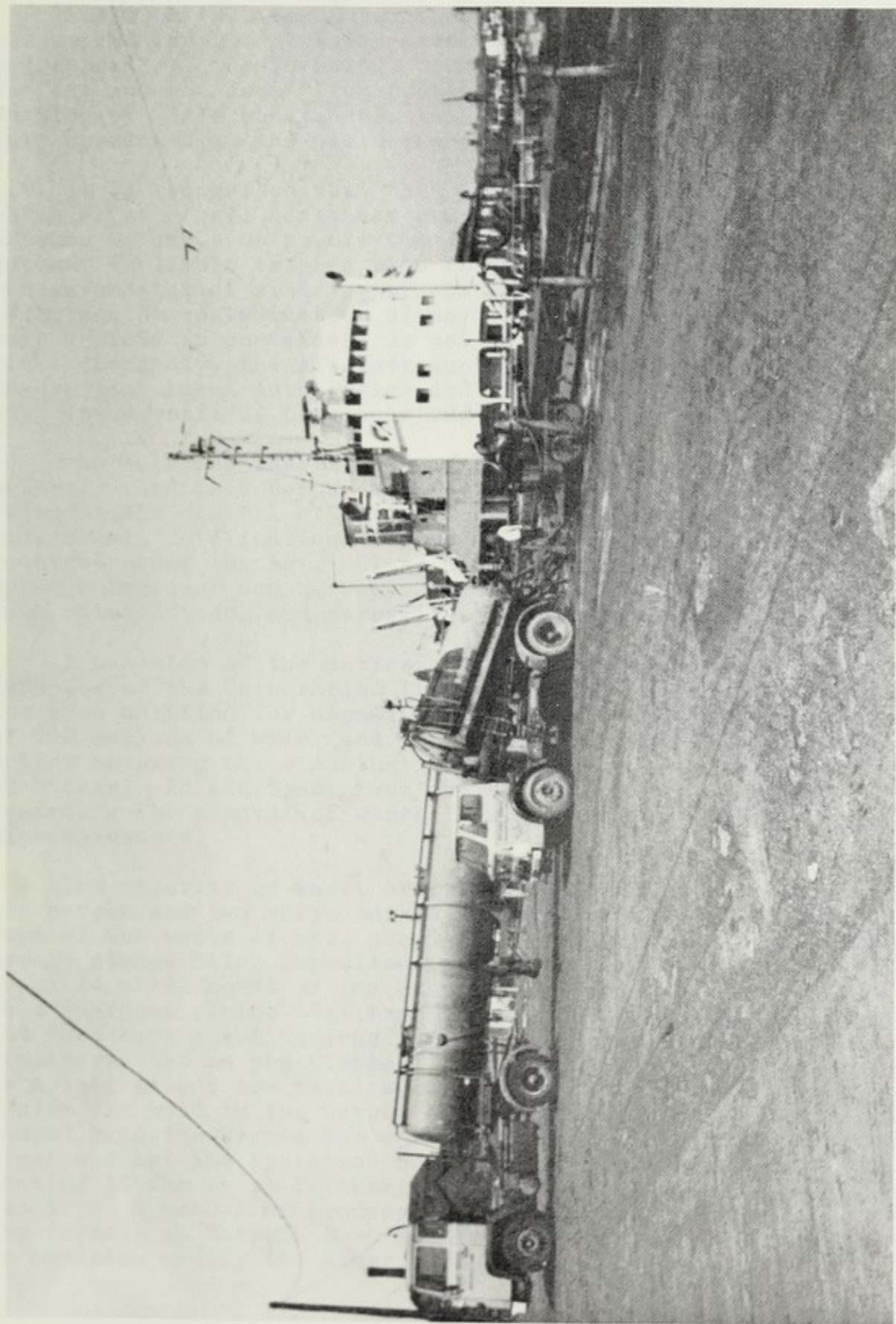
Outwork

(Sections 133 and 134)

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing } Making etc. .. apparel } Cleaning and .. } Washing ..	2	-	-	-	-	-
Household Linen	-					
Lace, lace curtains and nets	-					
Curtains and furniture hangings	-					
Furniture and upholstery ..	-					
Electro-plate	-					
File making	-					
Brass and brass articles ..	-					
Fur pulling	-					
Iron and steel cables and chains	-					
Iron and Steel and grapnels	-					
Cart gear	-					
Locks, latches and keys ..	-					
Umbrellas, etc	-					
Artificial flowers	-					
Nets, other than wire nets	-					
Tents	-					
Sacks	-					
Racquet and tennis balls ..	-					
Paper bags	-					
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	-					
Brush making	-					
Pea picking	-					
Feather sorting	-					
Carding, etc. of buttons etc.	-					

PART VIII OF THE ACT (Contd.)**Outwork****(Sections 133 and 134)**

Nature of Work (1)	Section 133			Section 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Stuffed toys	—					
Basket making	—					
Chocolates and sweetmeats	—					
Cosaques, Christmas stockings, etc	—					
Textile weaving	—					
Lampshades	—					
Total	2	—	—	—	—	—



DEPOSIT OF POISONOUS WASTE ACT - Waste being deposited into a ship at Birkenhead Docks prior to disposal at sea.

THE DEPOSIT OF POISONOUS WASTE ACT 1972

In March 1972 the Royal Commission on Environment published its second report. Arising from one of its recommendations, from the reports of the Technical Committee on the Disposal of Solid Wastes, and not least from public alarm about the unauthorised dumping of waste substances, this Act was quickly drafted and came into operation at the beginning of August 1972.

It is recognised that this Act was an emergency measure, which first of all contained penal clauses. These made it an offence to cause or permit the deposit of poisonous waste if the deposit is liable to give rise to an environmental hazard which causes a material risk to persons or animals or the threat of pollution or contamination of any water supply. Merely to deposit such a waste in containers is not to be taken to exclude such a risk. Secondly, the Act introduced a notification procedure to ensure that Local Authorities and River Authorities have control over the deposit of poisonous waste on tips in their areas.

The Act concerns Birkenhead Corporation as a Public Health Authority and as a Refuse Disposal Authority. The latter function is under the control of the Borough Engineer and Surveyor, while I receive all notifications regarding removal and deposit of waste required under the Act. Close liaison is maintained with the Borough Engineer and Surveyor through the Cleansing Superintendent with notifications and deposits at the Corporation Tip.

A minority of the notices have been received regarding deposits at the Corporation Tip. In fact, only one type of waste has been notified for deposit there. This is a weekly consignment of 460 gallons of water and wax emulsion, and a "season ticket" notice covering three months' deposit has been agreed with the producers. In addition, four notifications were received regarding the removal of waste from premises in the Borough to tips elsewhere.

The majority of waste arriving in Birkenhead is deposited in two barges and two ships moored in Morpeth Dock. The ships dispose of the waste at sea, about 1,500 tons a week of waste and sewage sludge being deposited in an area near the North West light about 14 miles north of the Great Orme headland. The owner of this business claims that the Ministry of Agriculture, Fisheries and Food have given various consents to these deposits at sea, and considers that as the disposal of the effluents is directly to sea no notifications are required under the Act. However, as some wastes are held in the barges while the ships are at sea or even pumped into the barges for onward pumping to the ships, it is not clear whether the operation constitutes disposal within the meaning of the Act. Further enquiries are proceeding. In the meantime, a number of producers of wastes being disposed of into the vessels at Morpeth Dock submit the required notifications and in addition notify the River Authority.

ATMOSPHERIC POLLUTION

Industrial Pollution

The introduction of modern boiler plant continues in new buildings, and older plant is being renewed as modernisation and extra boiler capacity takes place.

Some new installations now use natural gas and it is hoped (from an air pollution control aspect) that this trend will continue. This fuel is free from sulphur dioxide and its use is now being considered more by Industrialists. This is especially so on the new industrial estates being developed in the west of the Borough (away from the old traditional areas of industry and ship building).

Strict control in the erection of new chimneys ensures that they are built to an adequate height in order to disperse the products of combustion.

In co-operation with the Warren Spring Laboratory deposit gauge sampling is being undertaken in the newer industrial area to ensure that there is no increase in airborne contamination from these processes.

New industries also bring their problems in addition to pollution from ordinary combustible processes.

These are associated with pollution from gaseous effluents and odours and from contamination by heavy metals.

Survey work in connection with heavy metal deposits is now being undertaken by the Department, but results can only be determined over a long period of time. Preliminary studies suggest these deposits to be high, although not alarming, and it is hoped that further work in conjunction with Liverpool University will determine the causes and sources of this contamination.

Smoke Control Areas

Progress towards the achievement of 100% of the Borough continues and 1972 brought the total number of houses in operational areas to 19,593 (43%) and the number of acres to 3,995 (47%).

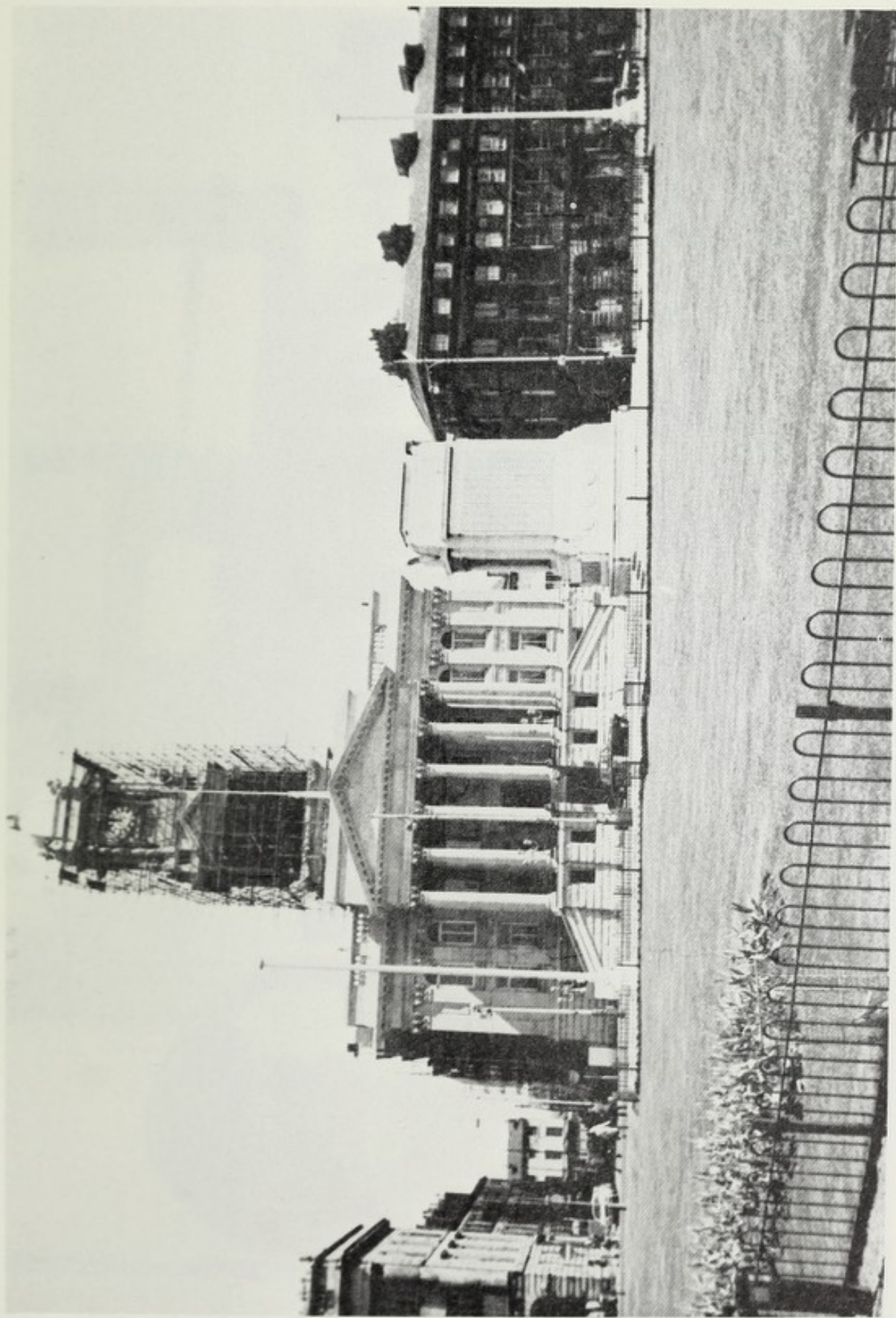
A further 5,810 premises (11%) were submitted to the Department of the Environment for confirmation and this will also add another 1,726 acres (20%) to the above totals.

The supplies of solid smokeless fuels are now adequate and no difficulty is experienced in obtaining stocks. This is due to the massive investment in new plant by the solid smokeless fuels producers mainly Coalite Limited and the National Coal Board.

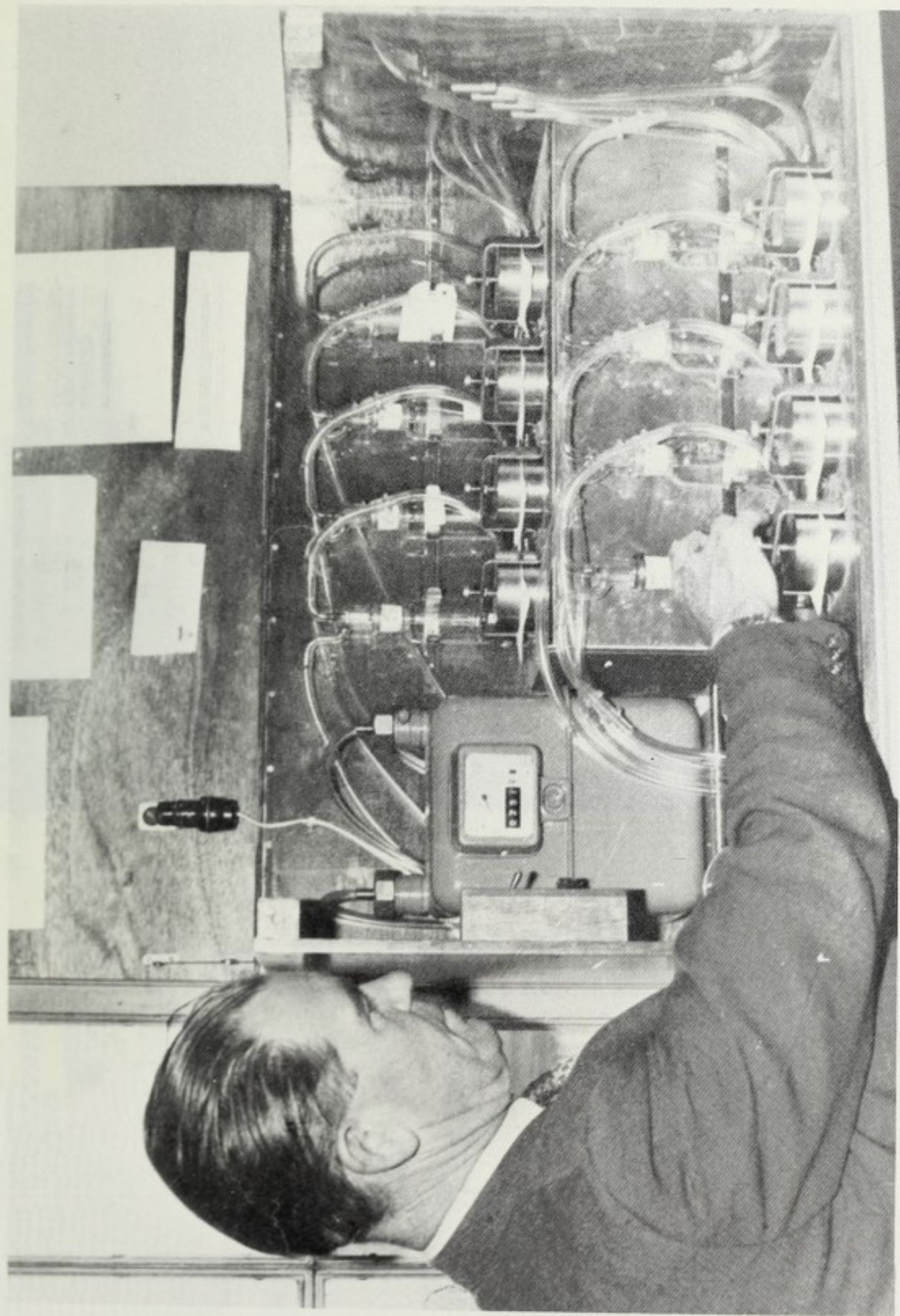
The No. 9 Thingwall Smoke Control Area was subject to an objection by a property owner, and a public enquiry was held. The area included 981 acres of the Borough - half of which is in the Landican area and is agricultural land.

The result of the Public Enquiry was regrettably still not announced by the end of the year. Delays of this kind are most unfortunate and bring frustrations to the public, the fuel suppliers and the Department. It is most important that smoke control produces a good "public image" and delays of this kind can spoil the good image which has been developed over recent years.

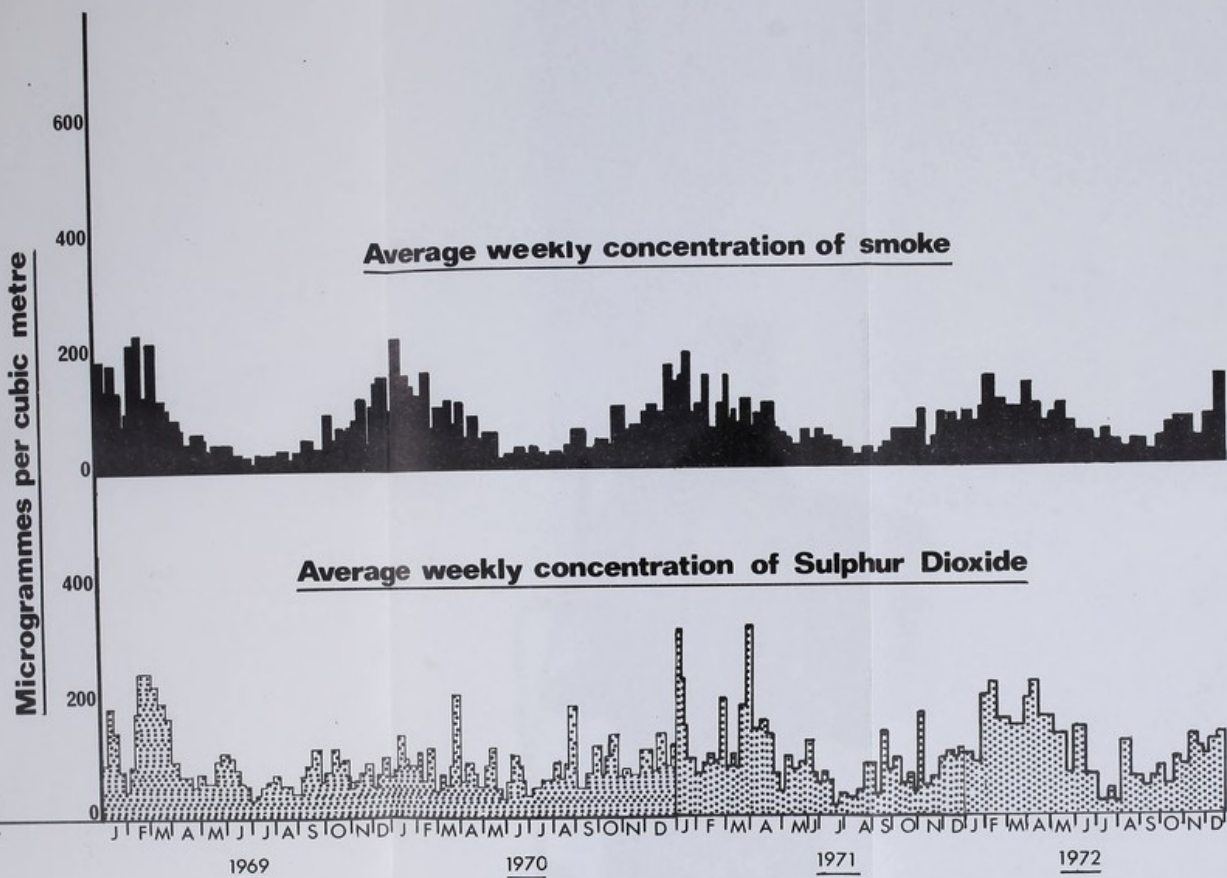
	No. of Acres	No. of Buildings at Date of Order	No. of Premises at 31.12.72.	Made	Confirmed	Order Operative
1. Woodchurch	394	3,002	4,444	8. 2.61.	13. 7.61.	1. 7.62.
2. Bidston	386	719	720	23. 3.62.	31. 5.62.	1. 7.62.
3. St. James	196	1,907	1,907	21. 2.63.	21. 5.63.	1. 7.64.
13. Fender Valley	418	55	1,669	11.11.64.	8. 7.65.	1. 7.66.
14. Ford	174	2	1,759	11.11.64.	8. 7.65.	1. 7.66.
4. Claughton	277	2,922	2,975	21.10.65.	25. 3.66.	1. 7.67.
5. Upton	281	1,071	1,184	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	1,024	1,152	15. 1.69.	10. 7.69.	1. 7.70.
7. Oxtun	350	2,196	2,272	24. 2.70.	7. 1.71.	1. 9.71.
8. Saughall Massie	879	1,211	1,300	4. 3.71.	24. 9.71.	1. 9.72.
TOTALS:	3,995	14,290	19,593	-	-	-
9. Thingwall	981	1,613	1,613	28.10.71.	9. 4.73.	1. 7.73.
17. Exmouth	12	189	189	9.12.71.	24. 5.72.	1. 7.73.
18. Cleveland	109	1,115	1,115	8. 6.72.	9. 1.73.	1. 7.74.
19. Grange Precinct	50	105	105	8. 6.72.	20.12.72.	1. 7.73.
11. Prenton	574	2,788	2,788	7.12.72.	10. 4.73.	1.10.74.

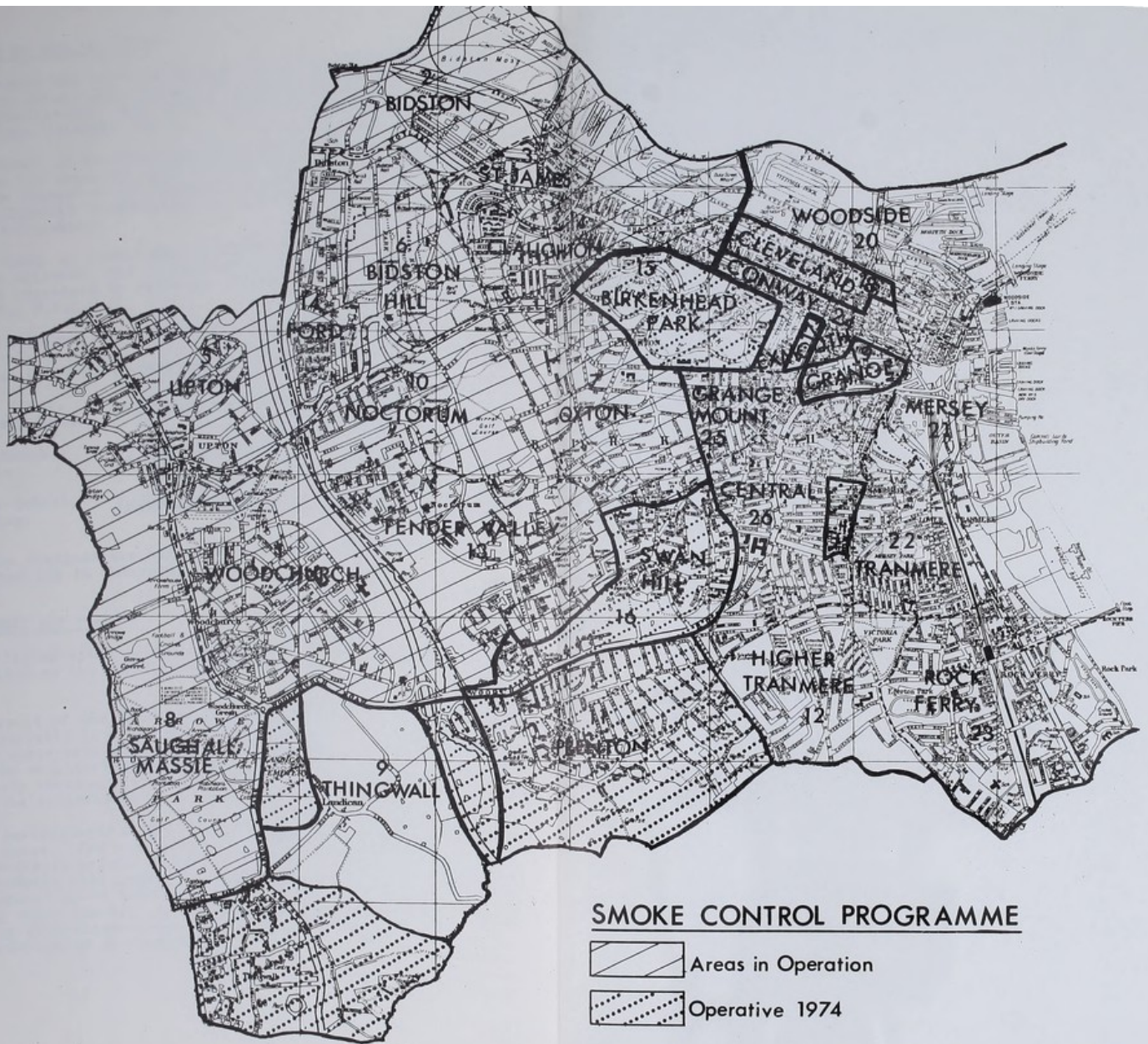


ATMOSPHERIC POLLUTION - cleaning away the dirt accumulated over many years of pollution.



ATMOSPHERIC POLLUTION - checking the operation of the eight port atmospheric pollution meter.





It is essential that efficient and adequate sound measuring instruments are available for use by the staff in order to be able to make an assessment of the problem. The Department has such equipment but regrettably the single unit when in use by one member of staff cannot be used by another. Nevertheless, the staff have been able to make their own arrangements about the use of the single instrument in order to investigate complaints thoroughly.

During the course of 1972, noise complaints were made in respect of noise from Traffic, Industry, Building and Civil Engineering Works and Entertainment and all were investigated, not only during the day but also outside normal office hours where circumstances warranted it.

In every case in which the complaint was justified, it was possible to require the person causing the noise to reduce the noise level although unfortunately one noise complaint was almost insoluble. This related to the work of preparation on the new Underground Level Loop Line at Hamilton Square. Complaints of noise and vibration nuisance from blasting operations were received and whilst there was no way of reducing the nuisance, as a result of the controlled use of explosives it was possible for the noise to be lessened at night as a result of extended work during normal hours of surface daylight. The residents in the vicinity of Hamilton Square thereby did not have their sleep disturbed as had been the case previously.

Noise nuisance from Industrial Buildings may be generally said to be easier to control and reduce than noise from Traffic and Civil Engineering operations.

On two occasions during the course of the year, considerable reduction of noise was obtained as the result of insulation of ventilation systems and the better insulation of foundations of heavy equipment in factories.

One problem that did arise was from the use of a motor vehicle washing and drying plant and this matter was referred to the Legal Department as the nuisance continued after observation and warning.

Manufacturers of equipment and plant are now aware that the public are demanding a quieter environment and there is no doubt in my mind that they will be forced to accept the fact that noise must be abated wherever possible.

RE-ORGANISATION OF LOCAL GOVERNMENT

In January 1972, certain Chief Officers and Departmental Heads were called together to discuss the matter of Local Government Re-organisation and, as a result of that Meeting, I had the privilege of being nominated to serve on :-

1. The Environmental Health Service Panel.
2. The House Building Design and Maintenance Service Panel.
3. The "Slum Clearance" and House Improvement Sub-Panel.
4. The Mersey County Council Consumer Protection Working Party.
5. The Food and Drugs Sub-Panel.

It is true to say that as Secretary of Panels 1 and 3, I received the utmost co-operation from my colleagues from the surrounding Districts and it was true that all of us had one aim in mind, i.e. the successful re-organisation of Local Government and improvement of environmental circumstances in the District.

As Member and Secretary of those Panels it was also my privilege to give evidence on specific matters to a number of other Working Parties and Service Panels.

TRAINING COURSE

The essence of a good environmental Health Service is the ability of the staff to keep up to date or better still, abreast of all situations. In my opinion, the only way in which this can be achieved is by the provision of adequate training services and in this connection I would like to express appreciation of the assistance of the Management Services Officer, and his Training Officer. All of the staff in the year under review attended courses in relation to the taking of Legal Proceedings, Metrication and Communications.

The Deputy Chief Public Health Inspector, and the Specialist Public Health Inspectors all attended Management Training Courses in order that they might be aware of the latest Management techniques. I myself attended a 3-week residential Course in Management as a follow up of my earlier Managerial training. Not everybody is able to adapt himself to modern Management techniques and this is apparent in the way that some of the staff carry out their duties. Nevertheless, the purpose of Training Courses is to give those members of staff who need it the ability to manage, and most of the senior staff have responded appropriately to the training which they have been given.

Perhaps the most important facet of any Manager is to have a good appreciation of human relations in Management. It has been most important in the year under review with Re-organisation of Local Government (hanging like a cloud over the Department) to

ensure that the staff have given the maximum effort, being assured that they had no fear of redundancy as a result of Re-organisation. This was achieved and I can only express appreciation of the efforts of the staff in contributing towards the Re-organisation of Local Government.

Other members of staff attended weekend Seminars and Courses for the Diploma in Air Pollution Control.

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A Paper presented to the

National Society for Clean Air

SPRING SEMINAR, MANCHESTER.

22nd and 23rd March, 1972.

GRIT AND DUST FROM NON COMBUSTIVE PROCESSES

by

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GRIT AND DUST FROM NON CUMBUSTIVE PROCESSES

by

C.D. Darley, F.R.S.H., M.A.P.H.I.,Chief Public Health Inspector, County Borough of Birkenhead.INTRODUCTION

Whilst industrialists, central and local government bodies and the multi-disciplinary professional organisation (not least among these being the National Society for Clean Air) have for many years carried out or supported research into the causes and means of prevention of grit and dust emissions from chimneys, little, if any work seems to have been done in relation to grit and dust arising from non cumbustive processes. The only saving to this relates to specific industries who have, either voluntarily or as a result of legislative requirements installed some means of preventing the emission of either toxic or non-toxic grit and dust to the atmosphere. There is no doubt that much of the particulate matter present in the atmosphere in bygone days existed as a result of its emission from chimneys serving heating plant but with the advent of the Clean Air Acts 1956 and 1968 following the previous legislative control in the nuisance provisions of the Public Health Act 1936, these emissions have been very closely controlled and are without doubt leading to less pollution of the atmosphere.

The time has come however for stricter enforcement of central government's Grit and Dust Regulations to reduce still further pollution from heating processes, thus enabling an appraisal to be made of the amount of particulate matter present in the atmosphere from other industrial processes.

The existence of the legislative control referred to necessarily led to research being carried out and considerable time and money has been expended on this particular problem. No doubt the commercial possibilities have proved a sufficient incentive to industry for carrying out this research. But this is not the scope of this paper!

Instead, my brief is to deal with the problem of emissions which do not result from combustive processes - the materials to which little attention has been paid from the local authority's aspect. I would like to comment that the reason I believe so much attention has been paid to combustive processes is not only because of the amount of grit and dust that is emitted to the atmosphere in this way, but also, with respect, because it is easier to control emissions of dust from a process of heating which is carried out within a closed chamber and the waste gases from which are ducted by flues to a chimney stack. Now that the air is gradually being cleaned of particulate matter from combustion processes, this leads me to believe that non combustive processes need far more serious consideration.

DEFINITIONS

I have purposely (for obvious reasons) avoided the legal definitions which are normally related to combustion processes and

chimneys. Instead I quote definitions as they are contained in the New Oxford Dictionary, slightly varied to suit my own belief:

"Grit" - Sand, gravel, small stones, raw minute particles of stone or sand as produced by attrition or disintegration. Coarse sand-stone especially those used for grind stones. Earth, soil, mould. The grain or texture of a stone (solid particles larger than 76 microns and therefore retained on a 200 B.S. mesh sieve).

"Dust" - Earth or other solid in a minute and fine state of sub-division, so that the particles are small and light enough to be easily raised and carried in a cloud by the wind; any substance comminuted or pulverised; powder.

The fine or small particles suspended in any process - sawdust (solid particles smaller than 76 microns but larger than 1 micron).

"Soot" - Particulate matter comprised principally of carbon smaller than 1 micron in size.

These three materials, from non cumbustive processes are the subject of this paper, though soot has generally a combustive connotation.

"Pollens" - Other dusts present in the air are usually from vegetable sources.

These are the products of nature that produce unpleasant allergies from which so many people suffer during the spring and summer. The production of pollen is a natural process over which man has little or no control and probably the only remedy for the person suffering from the allergy is a course of treatment or supply of anti-histamine to the patient (sufferer!) or for the patient to keep as far away as is humanly possible from pollen sources.

SOURCES

The main sources of grit and dust may be said to arise from any one or number in combination of processes. These might be enumerated as follows :-

1. Natural
 - (a) pollens or decaying vegetation;
 - (b) volcanic eruptions, dust storms, natural earth movements and erosion;
2. Domestic
 - (a) soot and some grit from domestic chimneys particularly those burning coal;
 - (b) carpet beating, sweeping etc.;
 - (c) soot and ash from domestic refuse disturbance and garden refuse burning;

3. Public Services
 - (a) street sweeping and cleaning;
 - (b) refuse collection and disposal;
 - (c) refuse pulverisation or incineration;
 - (d) road making and repair;
4. Industrial
 - (a) milling (cotton, flour, wood, wool);
 - (b) chimneys;
 - (c) mining operations;
 - (d) preparation of fibrous materials (i.e. asbestos and glass fibre);
 - (e) discharging of ships and vehicles cargoes;
 - (f) grinding;
 - (g) quarrying;
 - (h) demolition;
 - (i) indiscriminate discharge of factory ventilation systems;
 - (j) chimney and flue cleaning;
 - (k) preparation of ready mixed concrete;
 - (l) transportation of powdery material;
5. Farming
 - (a) crop spraying;
 - (b) harvesting;
6. Occupational
 - (a) floor sanding;
 - (b) tooth drilling;
 - (c) chiropody.

There are no doubt many other sources not referred to in the above mentioned list, but these are thought to be the main sources of dust.

LEGISLATIVE CONTROL

Whilst the principal control of dust causing injury to the public is contained in the Public Health Act 1936, the British common law in respect of injury or damage to person, property or their amenities, equally applies. The Alkali Works etc. Act and Regulations also help give an element of protection to the public, albeit that this legislation is not administered to its full effect by reason of a gross shortage of staff and totally inadequate number of Inspectors on the staff of the Central Government's Chief Alkali and Clean Air Inspector.

The worker in industry is protected by the various Factories Acts, the Mining Acts and the Offices, Shops and Railway Premises Act, but all too often one finds that the legislation sets no standard and is not well administered because of the absence of standards. It is also unfortunate that whilst a proper ventilation system may be installed in industrial or commercial premises to the advantage of the employees (and employer!) little

thought seems to be given to the situation of the discharge point and the better working conditions enjoyed by the employee are to the detriment of the persons frequenting the environment close to the outlet. A greater degree of co-operation is necessary between the central and local government inspectorates, architects and planners, to ensure that proper ventilation plants are provided so as not to cause local pollution problems.

My experience leads me to believe that architects often, no doubt guided by their consultants, are far more interested in the aesthetic appearance of the building rather than the functional aspect of both the building and its surrounds. One only has to look at the area around extraction vents to see the amount of filth that is so often discharged freely to the atmosphere to be dispersed only by the wind.

AN APPRAISAL OF THE PROBLEM

1. NATURAL DUSTS

(a) Pollen

"The pollen count for today will be....."
So often the news and weather forecast in the spring and early summer quotes this figure and this of course gives guidance to the public suffering from allergies and they can do all they can to ensure that they do not suffer as a result of a high pollen count. It seems that in the same way that man, by over-population, has an adverse effect on vegetation, the corollary applies so that man too suffers the effect of over-population of vegetation! I can quote an example of a serious nuisance arising from an unusual vegetable source and this actually took place in Birkenhead in July 1971 during the middle of a spell of very warm weather. On a Sunday morning my telephone rang at about 11.00 a.m. and a member of the public informed me that somebody was either releasing rag flock or fibreglass into the atmosphere in very large quantities and that it was creating a nuisance. In view of the fact that the complainant lived very close to the town's commercial redevelopment area where extensive building works are in progress, I imagined that some unconsolidated insulating material in use in the construction was escaping into the atmosphere. I visited the complainant and certainly saw large quantities of what appeared to be "Fluff" floating in the atmosphere and blowing about on the roads and footpath and quite a large amount had got into the premises as a result of doors and windows being opened. An inspection of the material however revealed that it was not a man-made fibre but that it was from some source of vegetation and investigations showed it to come from a peculiar type of poplar tree which was allowing its buds to burst and all of this

peculiar vegetable material to escape at the same time. This is what I would refer to as the natural release of pollen over which man has little or no control save for the removal of the source - the tree - though this of course is not practical and from an aesthetic aspect should not take place.

Allergy sufferers however would need to keep indoors or certainly have medical treatment to protect them at a time like this.

(b) Volcanic Eruptions

Man, of course, has no control over volcanic eruptions and the resultant dust that is emitted although geologists at the moment are hoping in the not too distant future to be able to forecast both eruptions and earthquakes. Research has shown that dust from volcanic eruption may travel many thousands of miles before settling. The prevention of dust storms may be avoided only by the prevention of erosion and where possible the establishment of vegetation in dusty areas.

It is fortunate that these natural methods of dust production arise only rarely and nowadays meteorological forecasts are sufficiently accurate to give adequate warning.

2. DOMESTIC

(a) Soot and ash

Soot, ash and some grit from domestic chimneys may arise purely through the method of combustion and flue cleaning but with the development of more automatic means of cleaning and firing, there is not only a greater control of combustion but a reduction in the amount of dust emitted to atmosphere.

(b) Carpet beating, etc.

The development of the vacuum cleaner combined with the provision of more central heating, contributes considerably towards the lessening of the amount of dust present in the house. It is quite uncommon nowadays to see carpets hanging on lines and being beaten by hand, thus releasing large quantities of grit and dust to the atmosphere.

(c) Garden Bonfires

By the use of proper composting and the extension of the present arrangements for refuse collection by local authorities the necessity for garden bonfires could be totally avoided.

3. PUBLIC SERVICES

(a) Street Cleaning

Mechanical and vacuum street cleaning with water sprays have considerably reduced the dust arising from this process. Hand sweeping, uneconomic as it may be, will always be necessary, however, as long as street parking is permitted and in dry weather the act of hand sweeping a street raises large quantities of dust.

(b) Refuse Collection and Disposal

The traditional and archaic system of refuse collection and disposal which continues to be used in Great Britain unfortunately contributes considerably, in my view, towards the high dust content of the atmosphere in a town. This fact should be noted by local authorities and their officers when planning refuse collection and disposal facilities which will be necessary following the re-organisation of local government. There are better ways and certainly less dusty ways of doing this than the traditional method and whilst they cost more money, I think it is necessary that they should adopt new methods. Refuse pulverisers and incinerators should be so designed to avoid emissions of grit and dust to the atmosphere before the refuse arrives in the combustion chamber.

(c) Road Repairs

The re-surfacing and repair of roads particularly involving the use of granite chippings and burning off machines, lead to large quantities of grit and dust getting into the atmosphere.

4. INDUSTRIAL

Basically it may be said that any act of reducing the size of any class of material or the binding of materials made up from small particle sizes, light in density or weight, will produce dust of various forms but dust produced by these processes are most easily controlled at source.

5. FARMING

The use of dusts in farming for either the control of pests or for the addition of fertiliser to the land has proved to be of great value from the agricultural aspect but nevertheless the nuisance produced by the wind carriage of these materials does lead to serious nuisance problems and it may well be dangerous in the event of toxic materials being used.

6. OCCUPATIONAL

Apart from industrial-worker hazards, there are hazards to professional operators who may be using drills in surgical, dental or chiropody clinics and this dust may present problems locally to the professional worker.

DUST: WHAT, HOW AND WHY?

Grit and dust particles are usually irregularly shaped materials existing either singly or agglomerated together with other particles of the same product or indeed with some other material. From time to time the crystalline nature of the grit or dust enables it to be more easily recognised. In the case of material which has passed through a heat process and has therefore become liquified or molten, the grit or dust appears to take up a spherical shape. Particles carry positive or negative charges that they are quite able to maintain. The main two ways of nuisance being created is either by an inherently fine material being dispersed by mechanical or air movement or by the physical breakdown of a solid substance by the act of milling, crushing, shearing or explosion. The disintegration of the material usually arises by its splitting or cracking along planes of weakness in the material. It has however been discovered that eventually the "ultimate" is achieved in milling or crushing, for all materials are said to produce no change in size particle after it has been reduced to its smallest size which varies from one material to another. This may be due to the adhesion of one particle to another in a "welding" process. It is also suggested by some sources that certain materials have a propensity when having been reduced to their smallest possible size, to increase in size if subjected to further grinding.

From the foregoing, it will be seen that dusts may be classed as natural or un-natural from known or unknown sources. (One fact not referred to in this paper is grit or dust produced by explosions; it is reported that both the grit and dust from this cause is very little different from any other grit and dust except that much larger particles are produced than might have been expected.) When discharged into the atmosphere dust particles rise because of the force at which they are discharged but the height at which it stratifies is dependant upon the thermal rise in the district at the time, together with the particle density. In this way, grit and dust is found to be dispersed by the wind but gravitational forces exist to bring the particles back to earth. The lighter the grit or dust the longer it takes to fall and it is thought that it attains a terminal velocity when aerodynamic drag on the particle is equal to its weight. A further propensity of grit and dust is that of its ability when present in a gas (air) to scatter, reflect and absorb radiation to a degree dependent upon its size, shape and nature. Indeed this is the very reason that a polluted atmosphere always produces the most attractive colourful sunsets. Both the impingement and impaction of particles from the gas stream present a problem of considerable importance, and this must be borne in mind when attempting to remove grit and dust from gas (air) streams, during ventilation and extraction work.

DIFFUSION OF GRIT AND DUST

Both grit and dust may be diffused by air movement caused by wind or thermal lift, this being dependant upon the point of production or first settling of the particulate matter. Dust, having been raised, forms itself into a particulate cloud which is dispersed by the wind; the height at which the cloud travels depending to some extent on the degree of thermal lift at the time

and the size of the particles. The cloud is reduced in size until it eventually disappears by gravitational forces, the movement of wind eddies or by its deposition following rain. The formation of the cloud of particulate matter may be instantaneous (as when a building is demolished) or it may be continuous as is seen during "dusty" production work (saw dust).

Natural dusts such as pollens and spores are known to travel very long distances - certainly hundreds of miles and perhaps thousands. Dust and grit arising from volcanic eruptions have certainly been known to travel at least 7,000 miles before falling back to earth.

THE HAZARDS OF DUST

The first hazard that must be faced is that the grit and dust may be from a contaminated source in which case it will always present a risk of infection. Here I am thinking of dust that may contain pathogens. Secondly, one must also consider that the material itself may be harmful to man for a variety of reasons. (It is strange that the contamination of dust on an object may lead to man being totally unable to recognise it. Dust in fact seems to affect the senses by which man recognises an object: hearing, seeing, tasting, smelling and touching.) A further hazard is that of environmental nuisance, the dust often causing injury to the enjoyed amenities of an individual.

Further hazards are the risks of explosion or fire created by some organic or inorganic dusts (examples of this may be seen when putting "dust" coal on to a fire).

HEALTH HAZARDS

Earlier in this paper I referred to the fact that grit and dust might interfere with man's recognisory senses. These may be seen as follows :-

- (a) Sight Grit and dust travelling through the atmosphere at a velocity created by wind or by its disposal force when coming into contact with the eye leads to injury and irritation by trauma. Furthermore, should the particle be toxic (strongly acidic or alkaline) then this too will add to the injury. It is recognised that the eyelid closes involuntarily on the approach of a larger particle but the size, angle of impaction and speed of travel does not infrequently beat the involuntary action of the eyelid. For this reason employees engaged on work involving the production of grit and dust should be provided with protective eye shields and one must ask whether the practice of the issue of such shields in industry is adequate.
- (b) Hearing The presence of a gritty or dusty atmosphere may cause damage to the hearing in two ways. Firstly, it may cause physical obstruction of the trumpet and secondly it is possible for the gritty or dusty materials to cause physical

injury. However it is thought by some persons that constant employment in a dusty atmosphere, which leads to the muffling of sound, may cause some impairment of hearing after prolonged exposure.

- (c) Touch The constant touch of the hands to a dusty or gritty surface may cause injury to the finger tips particularly if the grit or dust arises from caustic material. Furthermore the hardening or callousing of the finger tips may arise, which obviously lessens the sensitivity of the finger tips. Some dusts are known to contribute towards industrial disease, i.e. flour, producing baker's dermatitis.
- (d) Taste) Taste and smell are closely related and it is
 and) obvious that in a gritty or dusty atmosphere
 (e) Smell) taste buds and olfactory organs will not allow
) of identification of particular smells.
 Furthermore whilst it can be well appreciated that a toxic material will lead to further injury, even a non-toxic material or strong aroma will cause some deterioration in the organs which normally function to recognise taste and smell.

LUNG DAMAGE

It appears that there are two recognised conditions which may produce pathological or physiological changes of the lungs as a result of the inhalation of dust (I refer specifically to dust because it is believed that the amount of grit admitted to the lungs is minimal). In one case the dust may become lodged in the respiratory system or in the other it may in the event of toxic materials (lead, cyanide, arsenic etc.) lead to a systemic disturbance in addition to lung damage. It is, however, the former condition that is the more common, particularly resulting from dusts produced in processes making products from finely ground materials (e.g. coal, silica, asbestos) and certain fabrics. To this may be added the dust from cereal milling and farming industries together with the fur and chemical fibre industries.

Pneumoconiosis is a respiratory disease which occurs following the inhalation of dust. I earlier referred to the fact that gritty particles were rarely a serious problem in so far as lung disorders are concerned owing to the fact that they are larger and heavier and consequently these particles are filtered out by the hairs in the nose and cilia of the air ducts leading to the lungs. However, even so a sub-division of the general description is made in certain cases (e.g. asbestosis from the handling of asbestos; byssinosis from the dust of cotton mills). The National Insurance Industrial Injuries Prescribed Diseases Regulations 1948 define pneumoconiosis as "fibrosis of the lungs due to silica dust, asbestos or other dusts" and includes the condition of the lungs known as dust reticulation but does not include byssinosis. Non fibrotic conditions of the lungs such as siderosis of welders and poisoning by beryllium are excluded.

Whilst some of the dust laden fluid in the lungs may be evacuated during the act of coughing and spitting and some of the dust is thought to pass on into the blood stream, the greater amount of particles seem to collect in the lymphatic system where they produce changes leading to the condition recognised as pneumoconiosis. Changes in lung tissue are slow to take place by contamination with less toxic dusts. The dusty material does not enter into solution with the lung fluids rapidly as a result of which areas of fibrosis develop. Focal emphysema may also exist, which leads to a breakdown of the elasticity of the lungs. In the early part of the last decade some 2,500 people were dying annually in Great Britain of pneumoconiosis. Research work suggests that particles of 10 - 12 microns or larger never enter the lungs but are in fact arrested in the nose.

MEANS OF REDUCING DUST

Natural Dusts

It seems that there is no way in which dust arising from natural sources can be removed once they have been allowed to get into the air stream. The main method of control however should be control at source in relation to dust storms etc. and in connection with vegetable, pollens and spores it is impossible. Persons suffering from allergies from certain dusts should obviously undergo a course of treatment in order to reduce the risk of allergy or at least find some suitable antidote to help overcome the irritation that such allergies produce.

Domestic

With the increased use of central heating, emissions of grit, dust and soot from domestic sources have been considerably reduced and no doubt as man requires increased comfort in the home, dust from combustive sources will continue to be reduced. Furthermore, ash and dust from garden bonfires may be overcome by the discontinuance of the necessity for fires to be lit in the first place. This can be done by an increase in refuse collection services and the education of the public on composting vegetation and reaping the benefits of such compost horticulturally.

The use of the modern vacuum cleaner, particularly those with the "it beats as it sweeps as it cleans" image is largely doing away with the necessity for carpet beating which was a regular sight of yester year. By picking up and retaining both the grit and dust in the home, the vacuum cleaner has reduced emissions of this kind to the atmosphere and even the former "dusty" job of emptying the dirt container of the vacuum cleaner is disappearing with the use of "liner bags", the bag being disposed of with the refuse it contains.

Public Services

(a) Street Cleaning

With the problem of street parking there will always be no alternative to hand sweeping in some areas of the town. However, with the other areas of the town the mechanical vacuum sweeper can be used to advantage, particularly the type that has a small water

spray which lays the dust before the sweeping brushes and vacuum arrive at that point.

(b) Refuse
Collection

I have already referred to the fact that in my view the present system of storing and disposal of refuse to the collection vehicle in this country is in the main part archaic. The kerbside and skip collection systems should stop at once, even though it may involve a local authority in considerable cost in adopting new systems. The new systems however are certainly much more hygienic and dust free and if it is a fact that the local authority cannot afford to dispose of all of the existing dust-bins in a town, they can at least provide a bag liner system.

Perhaps the ultimate in refuse collection from a dust free aspect would be either the adoption of the Garchey system or the waste disposal unit system, both of which involve a water carriage system of refuse collection.

(c) Refuse
Pulverisa-
tion and
Incineration

Plants should as far as possible be sealed to prevent grit and dust leakage, not only from the equipment used for breaking down the refuse but also from the building housing the equipment. This can only be done by a proper system of extraction ventilation with shielded vehicular access points. On open refuse tips dust is of course reduced, when refuse collection vehicles containing compaction or compression units are in use. Nevertheless the use of bag systems in the future it is felt, will reduce still further the emission of grit and dust during the discharge and compaction of refuse on a tip and this therefore serves a dual purpose in preventing emission of dust.

(d) Road
Making
and
Repair

The ingenuity of the engineer who has given such prominent service to the world by design and construction of roads and motorways should devote a similar amount of attention to the design of plant that can operate without creating a nuisance particularly from dusts that are so frequently seen when roads are either under construction or repair. It seems that both grit and dust is discharged into the atmosphere during the physical act of earth moving and site preparation - it discharges from cement and road-stone plant used for preparing the road foundations - it arises from the final surfacing. Furthermore during any site operations the police should take greater steps to prevent lorries from carrying soil on to the roadway from virgin land, for once

on an impervious surface, it dries quickly and is rapidly windborne often receiving flight impetus from the moving vehicle. Furthermore, modern equipment for "burning off" road surfaces and certain methods of repair also seem to allow of excessive emissions of both grit and dust during and immediately after the works are completed and this is where I feel the engineer should devote some time to design of better plant.

Industrial

(Little work appears to have been done on controlled methods of extract ventilation for all industry although steps have been taken in relation to some specific industries.) Most emissions of grit and dust from industrial premises arise as a result of faulty ventilation. Perhaps the most common cause is a general extraction fan existing in a room in a building to produce a negative pressure allowing fresh air to gain access through window and door openings. The fan certainly carries air out of the room at the point of discharge which is usually merely an opening in a wall through which the air passes. Unfortunately, together with the air, passes the dust from the processes operating in the room. If instead of a fan with an opening, the fan discharged into ducting it would be much better and easier to install grit and dust extraction plant in ducting before the point of discharge.

(a) Milling

(Cotton, flour wood, wool)

The operation of milling exists to reduce a material to some functional condition to enable it to be further used. It may involve the use of cutters, smoothing or grinding machines or in the use of some materials it may even refer to weaving of small particles into a larger material.

The very act of reduction of any material or the handling of fine materials must produce "fines" which escape from the processing machines either accidentally or by design for safety purposes and it is this material that may produce a nuisance from grit and dust.

Indications of the escape of any such dust can be seen around the machine or in ventilation openings where often it may have agglomerated to form a mass.

(b) Chimneys

Whilst this paper is not the subject of combustion, suffice it to say that grit emitted from chimneys presents a less difficult problem from the control aspect for the grit and dust produced is contained either in the heating chamber or in the ducts leading to the chimney being carried by the draught. The only time that such dust may escape otherwise is during the

operation of hand cleaning of the fire.

(c) Mining Operations

Those within the mine, cause serious grit and dust problems but the mining engineers are well aware of the danger of dusty atmospheres in subterranean work-places apart from which fact both legislative control and trade union requirements also demand good working conditions for the employees. As a result, however efficient ventilation systems operate, the ventilation systems may themselves present problems locally by causing fall out of grit and dust in the neighbourhood of ventilation ducts. The problem of prevention of grit and dust nuisance from fuel storage is similarly fraught with difficulty although one finds that this is overcome to a great extent by the development of the major concentration depots.

(d) Preparation of fine materials

Comments as for milling apply equally here except that often, particularly in relation to products such as asbestos, there is a known toxic risk.

(e) Discharge of ships and Vehicles Cargoes

Many dusty materials are brought into the docks by ships, e.g. ores, scrap iron, cereals, timber etc. all of which produce varying quantities of dust when discharging from the vessel or vehicle.

(f) Grinding

The grinding of materials is carried out to produce a clean surface and obviously the materials which are removed, themselves may present a grit or dust problem.

METHODS OF SEPARATION OF GRIT AND DUST

The following are the most common means of preventing grit and dust being emitted to atmosphere :-

- (a) Washing and wet scrubbing
- (b) Filtration
- (c) Gravitational settling
- (d) Centrifugal separation
- (e) Sonic separation
- (f) Electrostatic precipitation
- (g) Controlled disposal

(a) Washing and wet scrubbing

This method can only be adopted where the grit or dust is passed through a duct by an extraction ventilation system and it is probably one of the most common methods of removing grit and dust from air streams. The main essential is to ensure

that the washing liquid is in a sufficiently fine spray to bring it into contact with all of the grit and dust in order that it may be washed down and then drained away. Types of gas washing plant comprise rotary washers, cyclone and venturi scrubbers and spray towers. The cyclone scrubber and rotary washer are so designed that the spray enters the washing chamber in a rotary motion which is thought to increase the chances of the grit and dust being collected by the water. In the case of the venturi scrubber the washing fluid is passed into a chamber just before the gas passes through the venturi under low pressure and a fairly complete curtain of liquid across the throat ensures that most of the grit and dust particles are removed. The spray tower operates in such a manner that the dirty air passes into the bottom of the chamber where it meets a downward spray whilst the gas stream passes upwards. The spray tower is well baffled to ensure that the droplets are trapped and fall into a sump. One of the necessities of any plant of this type is to ensure the provision of an adequate supply of water not only washing away the grit and dust from the gas stream but also removing it from the washer to a settling tank where the water is drained off and the grit and dust which has agglomerated is removed.

(b) Filtration

The principle of filtration is well known, in that it is used for removing particulate matter from streams of gas or liquid. The biggest disadvantage of any filtration process is the fact that any filters clog, presenting obstructions to the air stream. They also become defective thereby enabling unfiltered air to by-pass the filtration system.

Cloth filters may be used though there is a limitation of temperature. It is found that cotton filters for example are damaged at 70°C or above, whilst wool can resist temperatures of less than 100°C.

The use of plastic and manmade fibres as a filtering medium is at present being investigated. Common cloth filters are usually made up of cylindrical bags up to 24 inches in diameter and 30 feet in length. It is usual for the bags to be cleaned by the plant's shut-down and the removal of the bags, which are shaken into receptacles but at this point there is again a risk of discharge of grit and dust into the atmosphere. Another type of filter is a Hersey bag which is made of a hard wool felt fabric. In this case a reverse current of air from an external blow-ring blows off the accumulated dust but unfortunately the bag is likely to show signs of wear very rapidly. Viscous filters are open structured filters which are covered with viscous coatings to the filter materials and it is the oil from which the filter derives its efficiency, the filter medium being usually glass wool or animal hair. It is claimed that by the use of a metal wool the filters can be rejuvenated by washing in detergent and re-oiling.

A further classification of a filter is a fibrous filter which may be made of either paper or fibrous material. When any

filter becomes obstructed by grit or dust it tends to allow a build-up of pressure on the dirty side and there is therefore a greater risk of dust escaping from defective plant.

(c) Gravitational settling

This method of removing grit and dust is achieved by passing the air for cleaning purposes through a chamber of a considerably greater cross sectional area than the duct carrying the air stream, as a result there is a change in the velocity of the gas stream which causes the grit and dust particles to settle out.

(d) Centrifugal separation

This is widely used for the prevention of emissions of grit and dust in industry and it operates simply and the design of the plant enables it to be built in a robust manner. The gas stream passes into the cyclone and because of the effect of inertia the grit and dust travels in the original direction of the gas stream only to impact with the side of the cyclone from whence it falls to the base to be removed to a dust hopper.

The cyclone is commonly used in industry for the removal of grit and dust though unfortunately a certain amount of dust escapes from the air inlet at the top of the cyclone.

(e) Sonic separation

Recent years have shown that it is possible to agglomerate particles of grit and dust by the application of sound waves to a chamber. As a result of the agglomeration the grit and dust is readily removed and it is reported that sonic generators of the siren type have been applied in the United States in the collection of sulphuric acid fog, soda ash particles and carbon black. The agglomeration of the particles takes place before the gases pass through the cyclone where they are readily removed.

(f) Electrostatic precipitation

This is probably the most efficient of all methods of grit and dust extraction where the commonly known principle of charging the dust particles and collecting them as they pass through collecting electrodes. It is claimed that an efficiency of 99 + per cent can be achieved in this manner.

(g) Controlled disposal

The final method of removal of grit and dust is by its controlled disposal whereby the grit and dust is removed by some other equipment or some other method and the dust is then transported either by a water carriage system or by special enclosed vehicles to a tipping area where it is best deposited and covered with some more dense inert material which will prevent it from being raised and being windborne again.

CONCLUSION

From this paper it may be seen that grit and dust is a problem facing man both from an industrial, commercial and domestic aspect and that certain steps have been taken to enable him to control all except dusts from natural sources. It is felt generally that the basic principles of grit and dust extraction are well known and may be easily applied but the failure in the past seems to have been in the matter of application.

I suggest that in order to bring about an improvement to enable man's full enjoyment of the environment, research is required to find simple and cheap methods of grit and dust extraction to the benefit of employee and employer and the community as a whole. Furthermore with the advancement of local authorities programmes for Clean Air, and the resultant cleaning of the air, the appropriate time for both research and development is now!

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PART V

Water Supplies

Fluoridation of Water Supplies

Sewerage

Medical Examination of Corporation Employees

National Assistance Act 1948 Section 47

Work done on behalf of the Social Services Committee

Problem Families

Nursing Homes

Cremation

Rehousing on Medical Grounds

SEWERAGE

Mr. Oxburgh, the Borough Engineer and Surveyor, kindly reports :-

MERSEY ESTUARY AND FORESHORE POLLUTION

Since the setting up of the Steering Committee and the Technical Sub-Committee, the working parties have carried out further investigations into the problem concerning the pollution of the Mersey Estuary and Foreshore.

The Committees are representative of the Merseyside Local Authorities, the Mersey and Weaver River Authority, the Lancashire and Western Sea Fisheries Committee, the Department of Trade and Industry, the Mersey Docks and Harbour Company, the Confederation of British Industry, and many of the major industrial undertakings on Merseyside. Observers from the Department of the Environment also attend the Technical Sub-Committee meetings.

The Steering Committee at its meeting on the 7th July, 1972, appointed J.D. & D.W. Watson, Chartered Civil Engineers, as consultants to prepare a master plan for the disposal of sewage on Merseyside.

During the last year, the Consultants have submitted their progress reports and the Committees have been considering those dealing with (a) River Quality Standards, (b) Sites for Water Pollution Control, together with reports by the Water Pollution Research Laboratory on the progress made of the development of a mathematical model and also the Lancashire and Western Sea Fisheries Joint Committee.

The Technical Sub-Committee hope to report to the Steering Committee on the final recommendations of the consultants by the end of the year.

MEDICAL EXAMINATION OF CORPORATION EMPLOYEES

There were, during 1972, 1,112 questionnaire type forms received, compared with 1,007 in 1971. 650 people in 1972 required medical examinations related to Sickness and Superannuation Schemes. This is an increase on 1971 when only 598 medical examinations were performed. Some examinations were applications for teacher training and teachers. 24 examinations were for Heavy Goods Vehicle drivers examined in connection with the 1971 regulations.

During 1972, there were 40 applications for Driving Licences in connection with the Motor Vehicles (Driving Licence) Regulations 1970. The recent legislation represents an easing in allowing licences for certain people whose epilepsy is now well controlled on treatment. In spite of this easing of regulations great care is taken as the traffic on other roads is too fast and dense to allow for any driver who will faint over the wheel. Thus several drivers during 1972 were only granted a licence for one year, and are subject to review.

With the use of the questionnaire system, the equivalent of 40 Doctor Sessions were saved - a saving of approximately £450. This is not to give the impression that the doctors were freed from examinations as during 1972, 202 medical examinations were carried out in connection with Travel Passes (Leg Disabilities) on behalf of the Social Services Department. During the year we had discussions with the Orthopaedic Surgeon and the Consultant Physicians responsible for the care of patients with chest disease. We came to the conclusion that the term 'Leg Disability Pass' is rather a misnomer, as the man with two artificial limbs may be much more mobile than the very breathless bronchitic whose lungs are severely damaged by the effect of industrial dirt and smog. Indeed, to make matters worse, the bronchitic who smokes cigarettes may hardly be able to walk without severe breathlessness and may have a 'leg' disability over 40%, and seems thus entitled to a Travel Pass. One fact is certain during 1972, our doctors have tried to be fair, but what with medical examinations for Travel Passes and medical examinations of school children for free milk, what Judgement of Solomon will we next demand of the doctor?

No Government Committee seemed to be sitting by the end of 1972 to consider the future of the Occupational Health Service from the proposed new Area Health Authorities to the new Local Authorities.

It has become clear during discussions on Management and Integration courses, that the role of the Medical Officer of Health as adviser on occupational health to his local authority is often not appreciated.

During 1972, the Medical Officers saw many who were suffering from the effects of the strain of re-organisation. The employee with an anxious depression who is to be considered for retirement on grounds of ill health, takes up a fair amount of time and expertise of his medical advisers. The doctor has to be fair to

the employee and the employer. Several senior employees opted for retirement in 1972 because they were too ill to go on. There will be more stress due to re-organisation and trying to maintain services in 1973.

Occupational health has for some peculiar reason been left out of the ambit of the re-organised National Health Service, but it is certain that the new local authorities will expect the community physician to give the same help that Medical Officers of Health have given in past years. Local government is a big industry with many employees who will be under stress during re-organisation for several years - they will need good medical advice.

MEDICAL EXAMINATIONS

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Department	Not Passed:		Deferred for further examination	Passed for:				Recommended for Premature Retiral	Examination for:			Special Examinations	Totals
	Service	Superannuation		Service	Superannuation	Teaching Appointments	Entry into Teachers' Training Colleges		Heavy Goods Vehicle Licence	Tar Cancer	Disablement		
Architect	-	-	-	5	1	-	-	-	-	-	-	2	8
Baths	-	-	1	5	4	-	-	-	-	-	-	3	13
Borough Valuer	-	-	-	-	-	-	-	-	-	-	-	-	-
Education	-	-	2	176	39	17	195	1	-	-	-	13	338
Engineer and Surveyor	-	-	3	49	23	-	-	3	18	8	-	8	112
Fire and Ambulance	-	-	-	5	5	-	-	1	-	-	-	1	12
Health	-	-	-	-	7	-	-	1	-	-	-	-	8
Housing	-	-	1	3	7	-	-	1	-	-	-	-	12
Libraries	-	-	-	7	7	-	-	1	-	-	-	-	15
Markets	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Authorities	-	-	-	-	6	-	-	-	-	-	-	1	7
Parks and Cemeteries	-	-	3	6	9	-	-	1	5	-	-	5	24
Social Services	-	1	1	5	17	-	-	2	-	-	-	3	31
Town Clerk	12	-	-	-	7	-	-	1	-	-	-	1	22
Treasurer	-	-	-	-	4	-	-	-	-	-	-	-	6
Weights and Measures Works	-	1	3	13	10	-	-	3	1	-	-	5	36
TOTALS:	12	2	14	174	147	17	195	15	24	8	-	42	650

NATIONAL ASSISTANCE ACT 1948

Duties under the Act will now be assigned to the new Social Services Committee of the Council.

There is the utmost co-operation between the staff and useful information about handicapped persons or aged and infirm is exchanged between social workers and various officers of the Health Department.

During 1972, the Medical Officer of Health was asked to see several elderly and severely infirm people who were thought to need action under Section 47 of the Act. Fortunately after discussion and persuasion all were persuaded to receive the help that was required.

WORK DONE ON BEHALF OF THE SOCIAL SERVICES COMMITTEE

Throughout the year, the routine medical supervision of children in care of the Local Authority has been carried out by Medical Officers of the Health Department. Examinations continue to be 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

As in previous years so in 1972, 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, though there are several private homes for the more ambulant elderly that are registered with the Social Services Department.

For some time negotiations have been proceeding to raise the standards in one of the nursing homes, both in terms of bathroom and sluice accommodation and to bring the building more into line with recent fire and building regulations. By the turn of the year the modifications were commencing. The dilemma of those who manage nursing homes is obvious, high standards in building terms must be paid for in higher costs - fees to the elderly patients.

CREMATIONS - 1972

The Deputy Medical Officer of Health acted as Medical Referee to the Crematorium during 1972. Two of the full-time Medical Officers acted as Deputy Referees for the early part of 1972, but when Dr. Griffiths retired one of the part-time Medical Officers assisted with the work. The Medical Officer of Health continues to act as a Deputy Referee as necessary.

With the increasing number of cremations - 2,658 in 1972 compared with 2,463 in 1971, it is advantageous to have a number of Referees to cover holiday periods and other times when doctors

doing the work are away from the Department. The Landican Crematorium serves a wide area, around Wirral and into Wales. The existence of a crematorium at Chester has not reduced the work at Landican.

CREMATIONS - 1972

Birkenhead	..	..	..	..	..	835
Wallasey ..	..	..	..	..	..	754
Bebington ..	..	..	..	..	..	380
Hoylake Area	..	..	..	..	..	296
Neston Area	..	..	..	..	..	103
Heswall Area	..	..	..	..	..	164
Chester ..	..	..	..	..	..	43
Other Areas	..	..	..	..	..	83
TOTAL:						2,658

RE-HOUSING ON MEDICAL GROUNDS

During the year 1972, 936 applications were received for consideration by the Medical Officer of Health and 276 were granted either *, ** or *** priority, 259 were noted for review and 401 were refused.

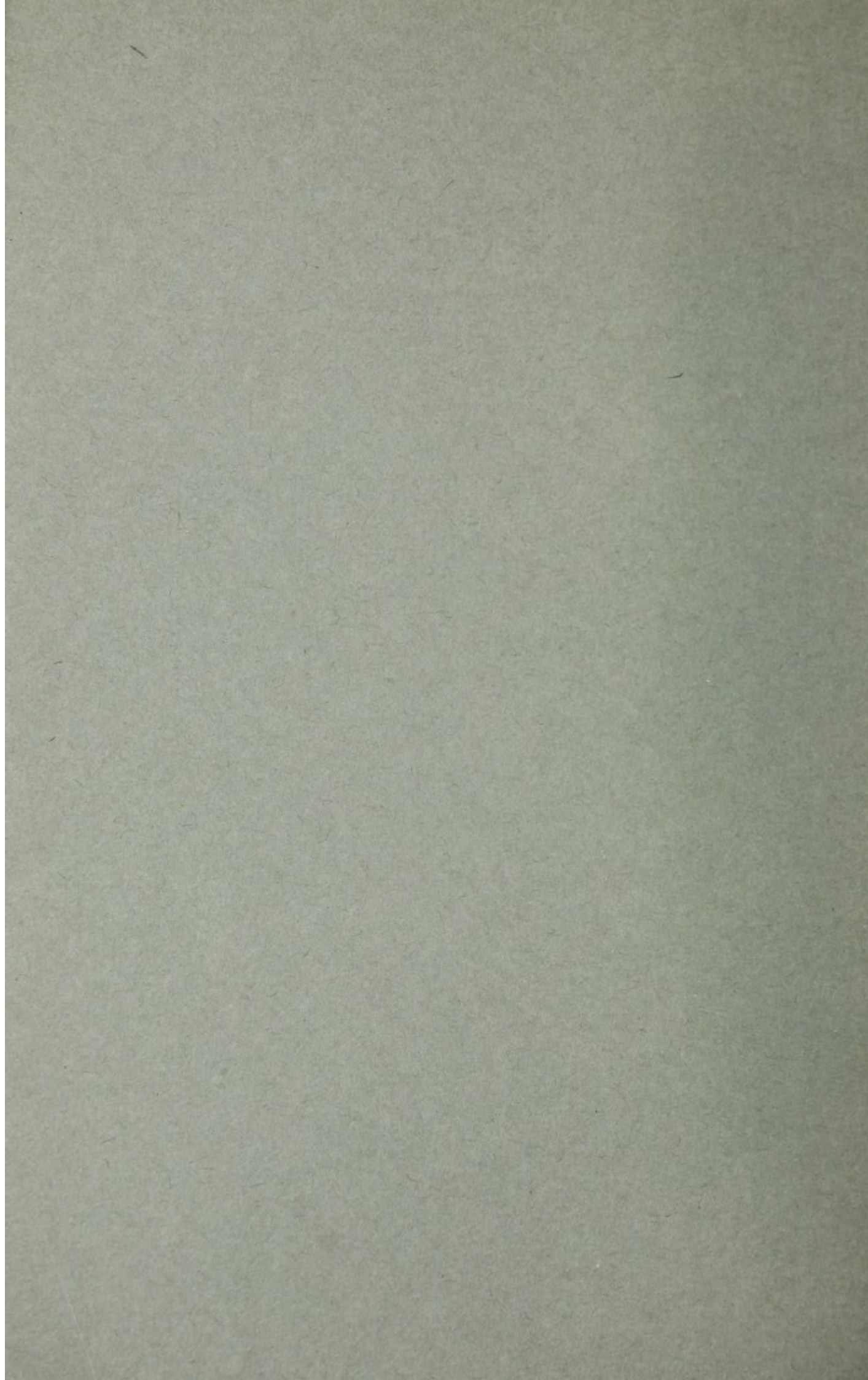
Many cases had a record of serious illness or chronic infection; many were overcrowded and others presented social problems. Where necessary applicants were interviewed by Health Visitors to discuss health problems. In cases of environmental difficulties, Public Health Inspectors visited and action was taken to improve conditions.

Re-housing in some cases has created further problems, as tenants who previously lived in the Central and South areas of the town do not settle when they are moved away from familiar surroundings. Vandalism of Corporation property is still a cause for concern and adds to the suffering of tenants who would otherwise be considered as suitably housed. So far as Birkenhead is concerned, this major problem needs special attention to ensure that Corporation property is maintained in good order.



THE HEALTH OF BIRKENHEAD

1972



COUNTY BOROUGH OF BIRKENHEAD



EDUCATION COMMITTEE

ANNUAL REPORT
on the
SCHOOL HEALTH SERVICE
for the
YEAR ENDED 31st DECEMBER, 1972.

by

P.O. NICHOLAS

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

Principal School Medical Officer

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COUNTY BOROUGH OF BIRKENHEAD

EDUCATION COMMITTEE

(as at 31st December, 1972)

Chairman :

COUNCILLOR MISS E. M. KEEGAN

Deputy Chairman :

COUNCILLOR G. J. LLEWELLYN

Aldermen :

D. A. FLETCHER, J.P.

J. W. OATES

J. H. ROBERTS, J.P.

Mrs. M. C. WINTER

Councillors :

J. W. HARLAND

M. R. HESKETH

R. KIMBERLEY

G. C. LINDSAY

P. J. ROBERTS

A. E. SMITH

Miss D. TOMLINSON

Mrs. N.E. UNDERHILL

A. E. WISE

Co-opted Members :

THE REV. J. BURGON

MR. G. FLINT

MR. D. J. GAY, J.P.

MR. E. CODY

MR. J. KING

THE REV. J. ST.H. MULLETT, M.A.

PROFESSOR T. W. GOODWIN, D.Sc.,

F.R.I.C., F.I., Biol., F.R.S.

MR. K. G. ALLEN

MRS. M. MUIR, J.P., B.Sc.

S T A F F

Principal School Medical Officer :

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

Deputy Principal School Medical Officer :

J. T. ROBERTS, M.B., B.S., M.F.C.M., D.P.H. (Resigned 31/7/72)
MARY P. HARAN, M.B., B.Ch., B.A.O., M.F.C.M., D.P.H. (Apptd. 1/8/72)

Senior Medical Officer :

MARY P. HARAN, M.B., B.Ch., B.A.O., M.F.C.M., D.P.H. (Relinq. 31/7/72)
MARGARET HOUGHTON, M.B., Ch.B., D.P.H. (Appointed 2/10/72)

School Medical Officers :

PAMELA P. GRIFFITH, L.R.C.P., L.R.C.S., L.R.F.P.S. (Resgn'd. 1/12/72)
ANN WILSON, L.L.M.R.C.P., L.L.M.R.C.S., M.R.C.O.G. (Apptd. 19/6/72)

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. (Ceased w.e.f. 24/3/72)
SHIRLEY NICHOLAS, M.B., Ch.B., D.Obst., R.C.O.G.
NORA M. ENGLISH, M.B., B.Ch. (Ophthalmic)
PHYLLIS JEAN DISLEY, M.B., B.Ch.
E. N. GOLD, M.B., Ch.B., M.R.C.G.P.
M. SNELL, L.R.C.P., L.R.C.S., L.R.F.P.S.
W. J. F. GOLLINS, M.B., Ch.B., D.P.H.

Consultant Psychiatrist :

SHEILA L. WRIGHT, M.B., Ch.B., D.P.M., D.C.H.

Consultant E.N.T. Surgeon :

A. K. BARUAH, M.B., B.S., F.R.C.S.E., D.L.O.

Chief Dental Officer :

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

Senior Dental Officers :

STEPHANIE WITHERS, B.D.S.
A. R. GILL, L.D.S.
N. KENDALL, L.D.S.

Local Dental Surgeons who provide part-time service on a sessional basis :

N. HEWITT, L.D.S.
MAUREEN MORTON, B.D.S.

Consultant Orthodontist (Part-time) :

T. WYNNE, P.H.D., B.D.S., F.D.S., D.Orth., R.C.S.

Anaesthetists (Part-time) :

ANTHEA BUSHBY, M.B., Ch.B., M.R.C.S., L.R.C.P., D.A.
G. McLOUGHLIN, M.B., F.F.A.R.C.S.

Speech Therapists :

Mrs. R. S. LAW, L.C.S.T. (Part-time)
Mrs. M. A. PRITCHETT, L.C.S.T. (Resigned 31/8/72)
Miss C. SPENCER, L.C.S.T. (17/1/72 - 25/8/72)

Director of Nursing Services :

Miss J. J. MacDONALD, S.R.N., S.C.M.,
H.V.C., N.E.B.S.S.C., Q.I.D.N.
(Appointed 1/3/72)

Superintendent Health Visitor :

Miss F. E. M. BUTT, S.R.N., S.C.M.,
H.V.C.
(Deputising until 29/2/72 when post ceased.)

Health Department,

Social Services Centre,

BIRKENHEAD.

TO: THE CHAIRMAN AND MEMBERS
OF THE EDUCATION COMMITTEE.

The School Health Service has continued to give an excellent service during 1972 - the clerical, administrative, nursing and medical staff are to be congratulated on their efforts. In the early part of the year there was some uncertainty as to what was to happen to the School Health Service - would it be part of the new Education Service under Local Authority control or move to the new Area Health authority. There is no doubt now that the future School Health Service is to be run by the Area Health Authority after April 1974. One of the biggest problems in our discussions at the Joint Liaison Committees and elsewhere has been to explain to those unfamiliar with the School Health Service how much work is done for maintaining the health of the children by this service. Even the consideration of where we are going to store some 50,000 school records in the new Wirral Health Authority is as yet in doubt as we consider and debate the availability of future accommodation. The members of the working parties of both local government and the Joint Liaison Committee, representing the future Wirral Area Health Authority are co-operating well in trying to ensure that the future School Health Service provides as good or in the ultimate an improved service than that provided at present.

In the meantime, while we reorganise, the work has gone on during 1972. We have concentrated our services on the children and young people who most need the help. We are concerned that the North Wirral has a high perinatal mortality rate and while the causes of these early deaths are considered, even more consideration must be given to the health and quality of life of the many children who remain.

Birkenhead has a fair number of maladjusted children and during 1972 we have tried to strengthen our Child Guidance Service. A Child Guidance Clinic is now well established in Whetstone Lane. We are short of skilled psychological workers in the team - particularly do we need more sessions from Consultant Child Psychiatrists. We are grateful to Dr. Sheila Wright for what she has been able to do and we hope in the years ahead we can increase the valuable work. Meetings were held during the year with Officers of the Juvenile Courts. The recent change in the law regarding children and young people has ensured that more young offenders were treated in the community, but as is so often the case the law is ahead of our ability to provide an adequate service. The Courts need Child Psychiatric advice on young people with mental health problems and every attempt must be made to provide it. Child Guidance is a service which must not be divided by the coming reorganisation. Social workers from the Local Authority Social Services, Educational Psychologists from the Education Department and Consultant Psychiatrists and

Community doctors from the new Health Authority must continue to work together.

Other handicapped children have received improved help in Birkenhead. In 1972 a sound proofed room was built in the Health Department of the Social Services Centre. For some time our audiological testing has not been as accurate as it might have been. The background noise in the schools and clinics makes screening tests for hearing loss difficult, but now any child whose hearing is in doubt can be more adequately assessed in the sound proof room. There are now two classes for partially hearing children in the school. The special Clinic held monthly by the Ear, Nose and Throat Surgeon, Mr. A.K. Baruah, continues to give a valuable service to the deaf and partially hearing children with educational difficulties. The excellent co-operation with the peripatetic teachers of the deaf must continue into the future service.

The work for the multiple handicapped children continues and our experienced full time medical staff were increased during the year though sadly we lost the services of Dr. P.P. Griffith who for the past ten years has served school children in the Merseyside area. We all hope her health improves and she enjoys her retirement - the many good wishes she received demonstrate the affection in which she is held. Sadly at the turn of the year Dr. A.C. Kirby, the Senior Consultant Paediatrician, died and this was a severe blow to Child Health in the North Wirral area. We have had increasing co-operation with the hospital service over the past few years and Dr. Kirby was a fore-runner in this integration. Together in 1972, we were developing improved Assessment Clinics for severely handicapped children and these ideas have had to be curtailed. When there is more Paediatric Consultant help these will be resumed.

Proper assessment and treatment and rehabilitation of handicapped children cannot be complete without all the specialists ancillary to medicine. Towards the end of the year two of the speech therapists left us for family reasons and Mrs. S. Law, our one stalwart speech therapist, carried on alone. The trouble is there are too many children with speech defects for one part-timer to cope with. Next year every effort must be made to attract more staff to this area which so much needs the specialised service. However, our physiotherapy and school nursing service to severely handicapped children improved during 1972, and the pilot scheme for a children's chiropody service is extending. Consider the foot handicaps of old age that could be eliminated if children and young people's feet could be kept anatomically sound and healthy - the present craze for massive platform high heels proves we need more Health Education but as John Morley said, "Education is not just learning more but behaving differently" and manufacturers must give a constant lead in sensible shoe styles if we are to achieve satisfactory health of our young people's feet.

As has been said in the foreword to the main report the new Health Education Officer has offered an increasing programme of Health Education in the Birkenhead schools. Much remains to be done in this regard and we are grateful to the support from the nursing staff and the teachers, who have shown so much interest

in health. Also our thanks are due to the young people. It has been my privilege to examine certain groups for First Aid Certificates and the knowledge and enthusiasm of the candidates augurs well for the future.

The future is bright for the young people of Birkenhead. It is true that in some parts of the town the privileges are fewer than in the more affluent parts of the country. It is right that more milk should be provided on medical grounds where family incomes are low and the health opportunities are poorer. If reorganisation of Health Services means anything it means re-allocation of resources in money, in building, but also in men and women to serve where service is most needed. I repeat my text at the Hospital Sunday service:

"Come over into Macedonia and help us."

To those who have given so much help to the children and young people of Birkenhead in 1972 I offer grateful thanks. To members of the Education and Health Committees, to the doctors and nurses, to the Director of Education and his staff, to the Headteachers and their staffs and to Mr. C.G.D. Taylor who has once again gathered this report together, and those administrative and clerical staff who work with him - I know they will all feel their efforts have been worthwhile.

P.O. NICHOLAS,

PRINCIPAL SCHOOL MEDICAL OFFICER.

COUNTY BOROUGH OF BIRKENHEAD(Number of Schools and Children)Comprehensive, High and Secondary Schools:

9 Units	..	..	..	..	..	..	..	..	..	6,813
---------	----	----	----	----	----	----	----	----	----	-------

County Middle Schools:

16 Units	..	..	..	..	..	..	..	..	..	5,100
----------	----	----	----	----	----	----	----	----	----	-------

County Primary Infants Schools:

18 Units	..	..	..	..	..	..	..	..	..	4,829
----------	----	----	----	----	----	----	----	----	----	-------

County Combined Primary and Middle Schools:

5 Units	..	..	..	..	..	..	..	..	..	2,075
---------	----	----	----	----	----	----	----	----	----	-------

Voluntary Middle Schools:

7 Units	..	..	..	..	..	..	..	..	..	2,064
---------	----	----	----	----	----	----	----	----	----	-------

Voluntary Primary Infants Schools:

9 Units	..	..	..	..	..	..	..	..	..	2,013
---------	----	----	----	----	----	----	----	----	----	-------

Voluntary Combined Primary and Middle Schools:

5 Units	..	..	..	..	..	..	..	..	..	1,561
---------	----	----	----	----	----	----	----	----	----	-------

Special Schools:

3 Units	..	..	..	..	..	..	..	..	..	175
---------	----	----	----	----	----	----	----	----	----	-----

Hospital Schools:

3 Units	..	..	..	..	..	..	..	..	..	65
---------	----	----	----	----	----	----	----	----	----	----

<u>Total Number of Pupils:</u>	..	..	..	..	..	..	..	..	..	24,695
--------------------------------	----	----	----	----	----	----	----	----	----	--------

Secondary Schools (Non-maintained)

There are four direct grant Secondary Schools in the Town as follows :-

The Birkenhead School for Boys, Shrewsbury Road.

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

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

St. Anselm's College, Manor Hill.

Nursery Classes

Nursery Classes exist in connection with the Infants' Departments of the following schools :-

Cathcart Street Primary
 Rock Ferry Primary
 The Dell Primary
 Bedford Drive Primary
 Cole Street Primary
 Devonshire Park Primary
 St. Anne's R.C. Primary
 St. Joseph's R.C. Primary
 Fender Primary
 St. Michael & All Angels Primary

Progress Classes

Progress Classes are maintained at the Woodlands and at Trinity Street Primary Schools.

Special Schools and Education in Hospitals

Educational facilities are provided as follows :-

Gilbrook School	- Day Special Schools for E.S.N. and Maladjusted Pupils.
Woodvale School	- Day Special School for E.S.N. Pupils.
Thingwall Hospital	- Hospital Special School.
St. Catherine's Hospital	- Hospital Special School.
Children's Hospital	- Hospital Special School.

MEDICAL INSPECTION AND TREATMENT

The arrangements for the reference of children found to require treatment at routine, special and selective medical inspections have continued as in previous years.

The flow of information about school children from the medical staffs of Hospitals on Merseyside, particularly of Children's Hospitals, has continued. Much useful information has been sent to the School Health Service.

Medical histories of school leavers have continued to be sent to the General Practitioner, when considered desirable.

Medical inspections are held as follows :-

- (a) New entrants to maintained Schools as soon as possible after date of admission.
- (b) Selective medical inspection of pupils carried out in maintained Schools at age of 7-8 years and between 11 years to 12 years of age.
- (c) Every pupil attending maintained High Schools during the last year of attendance at school.

The following additional examinations were carried out :-

Children referred for convalescence	..	..	7
Employment out of school hours	..	..	40
Audiometry - Sweep Tests in school	..	..	4,263
Clinic examinations	..	..	425
Other minor examinations	..	..	72

The selective medical inspection is arranged from children known to have defects (Entrants), any suggested by the Director of Education, Headteachers and at the request of Parents.

935 re-inspections were made in the case of children with defects necessitating a "follow-up".

CO-OPERATION WITH PARENTS

Parents attended at the examination of 2,741 (61.73%) of the 4,440 pupils seen at medical inspections.

Age Group Inspected (By year of birth)	Number of pupils inspected	Number of parents present	%
1968 (and later)	142	140	98.59
1967	926	788	85.10
1966	744	678	91.13
1965	276	239	86.59
1964	156	130	83.33
1963	159	129	81.14
1962	142	95	66.90
1961	126	75	59.52
1960	201	147	73.13
1959	87	60	68.97
1958	2	1	50.00
1957 (and earlier)	1,479	259	17.51

It is encouraging that so many parents take an interest and attend the medical examination, particularly in the early stages of their child's school life.

NUTRITION

Of the 4,440 children medically examined it will be seen that 4,400 children, or 99.00%, were classified as satisfactory and only 40 children were considered as unsatisfactory. (Please see returns to the Department of Education and Science, contained in this report.)

PROVISION OF MEALS AND MILK

The total number of school meals provided during 1972 was 2,669,913, an increase of 184,634 on 1971. Of this number 1,949,037 were supplied on payment and 720,876 were provided free.

These figures refer only to maintained schools and to school meals supplied to Teachers, but not to those for members of the kitchen and canteen staff. During the year 1,684,800 one-third pint bottles of milk were supplied to schools in the Borough, including non-maintained schools.

Approval of school milk on health grounds was continued during the year and up to 31st December, 1972, the total number of pupils granted free milk in school since the inception of the scheme in September, 1971, was 2,862.

CLEANLINESS AND CLOTHING

3,679 pupils of the 62,191 examined were found to be infested with head lice and nits in varying degrees. In many instances re-infection occurred after cleansing. The establishment of a Cleansing and Bathing Centre at Balls Road Clinic was completed during the year.

It was considered that the standard of clothing and footwear was generally satisfactory.

VACCINATION AGAINST SMALLPOX

During the past year 28 children of school age were vaccinated and 45 re-vaccinated against smallpox.

B.C.G. VACCINATION AGAINST TUBERCULOSIS

Arrangements were again made during the year to vaccinate 12 year old children in school, subject to the usual consent being obtained from parents.

Children found to be positive following testing are sent for x-ray examination at the Mass Radiography Unit and certain cases are referred to the Consultant Chest Physician.

12 YEAR OLDS	MULTIPLE PUNCTURE TEST		VACCINATION
Parents Notified	Children Tested	Positive Reaction	Children given B.C.G.
1,219	910	56	854

IMMUNISATION AGAINST DIPHTHERIA

The following are details of immunisation against Diphtheria of school children, carried out in schools :-

Treatment completed	..	..	..	..	..	431
Received reinforcing injection	..	..	..	..	..	1,211

IMMUNISATION AGAINST TETANUS

During 1972 immunisation against tetanus was continued with sessions held in schools and in clinics. The following number of children were immunised :-

Received a complete course	..	..	..	..	350
Received a reinforcing injection	..	..	..	..	1,576

IMMUNISATION AGAINST POLIOMYELITIS

In 1972 immunisation against poliomyelitis continued and the following number of school children were immunised :-

Primary course	..	..	..	..	..	354
Received reinforcing dose	..	..	..	..	..	1,210

MINOR AILMENTS

Children referred by the Director of Education and Headteachers are medically examined at special sessions arranged for this purpose and these arrangements are proving adequate.

DEFECTIVE VISION

Dr. Nora M. English, an approved Ophthalmic Medical Practitioner, has continued to review children with defective vision, referred from school medical inspections. At the present time two weekly sessions are held at the Eye Clinic, Social Services Centre, Birkenhead.

I am grateful for the information about school children with defective vision referred to Ophthalmic Medical Practitioners and Dispensing Opticians in the Borough. I receive a copy of reports which are sent to the Family Doctors, following such examinations.

Particulars of school children seen at the Eye Clinic during the past year are given below :-

	New Cases	Re-examinations	Total
Glasses prescribed	92	382	474
Glasses not prescribed	107	270	377
Number Examined	199	652	851

During the year a total of 1,347 appointments were despatched and of this number 496 children failed to attend the Clinic for vision testing.

KEYSTONE SCHOOL VISION SCREENERS

The vision screening of children in schools continued during 1972 and the two screeners were used constantly in the assessment of pupils' vision, within the age groups 5+ to 14+ years of age.

Children found to have visual defects are given the opportunity of seeing their own Ophthalmic Medical Practitioner or Optician of their choice, or being examined at the Local Authority Eye Clinic.

The details of the children vision screened are given below :-

Number of children tested	..	..	..	..	8,115
Number of children with defects of varying degree	..	..	..	..	2,096
Number with normal vision	..	..	..	..	5,488
Number already wearing spectacles	..	..	..	..	531

The screeners were used in 54 schools and 248 sessions were devoted to these examinations.

Owing to the lack of suitable accommodation, since the inception of comprehensive education in the Borough, it was not possible to visit a number of schools and therefore the pupils concerned were not tested, but will be examined later in the screening programme.

It will be necessary in 1973 to amend the programme relating to vision screening to take into account the addition year that pupils will remain in school and the following details illustrate how this has been arranged :-

January	- Easter (Spring Term)	..	..	6+ and 8+ years
April	- July (Summer Term)	..	..	11 years
September	- December (Autumn Term)	..	..	15+ years

EDUCATIONALLY SUBNORMAL CHILDREN

During the past year 54 pupils were assessed as being educationally subnormal and requiring special educational treatment.

Pupils in attendance at the Day Special Schools for Educationally Subnormal pupils were kept under review and re-ascertained in connection with special school leaving and at routine re-inspections.

BLIND AND PARTIALLY SIGHTED PUPILS

The number of Blind and Partially Sighted pupils is very small and these children are accommodated in other Authorities special schools or local ordinary schools as appropriate. One

girl was assessed during the year as needing special educational treatment as a partially sighted pupil.

EAR, NOSE AND THROAT

Mr. A.K. Baruah, Consultant E.N.T. Surgeon, holds a monthly session in the Central Clinic, to which children seen at routine, special and selective medical examinations are referred for specialist opinion.

During the past twelve months Mr. Baruah examined 60 children and 19 children failed to attend. The children who failed their appointments were followed up by School Nurses and advice was given to parents to seek appropriate treatment.

From returns submitted by Birkenhead Hospitals, the following treatment was reported to have been given during 1972 :-

Hospital	For adenoids and chronic tonsillitis	For other nose and throat conditions
St. Catherine's	21	11
Children's	107	26

CONVALESCENCE AND AFTER CARE

In 1972 the Medical staff examined 7 school children who were referred for convalescence and approval was given in all cases.

DEAF AND PARTIALLY HEARING CHILDREN

During the past year work continued in the ascertainment of children with hearing difficulties and the placement of such pupils in suitable educational establishments.

Mr. H.N.W. Fletcher, M.A., Dip.Ed., Cert.T.D., Teacher of the Deaf, has kindly submitted the following report on his work during the past year :-

SERVICE FOR HEARING-IMPAIRED CHILDREN

Last year attention was drawn to the help given in 1971 to pre-school children, including two deaf babies born in 1970. At the beginning of 1972, parents of six pre-school children were receiving guidance from teachers of the deaf. The number rose steadily and reached sixteen by the end of the year; nine boys and seven girls. They may be classified by date of birth as follows :- 1968: 3; 1969: 8; 1970: 2; 1971: 2; 1972: 1. A few of these children had a multiple handicap (e.g. deafness with spasticity or subnormality), but most were uncomplicated cases of severe or profound hearing loss.

The Partially Hearing Unit at Townfield School began the year with ten children. In September two twelve-year-olds were able to transfer to the High Schools of their choice. Before the end of the year, three younger children, including one from Wallasey, were admitted, making a total of eleven; seven boys and four girls. New children in the Unit have tended to be of increasingly severe deafness. The Unit has nevertheless continued to operate as an integral part of the normal School, with the partially hearing children spending a significant part of every day working in ordinary classes.

During 1972 the total number of Birkenhead children using hearing aids, including about twenty attending schools for the deaf outside the Borough, rose from sixty to seventy-four. Attention has also been given to several children with unusual hearing losses, to more than thirty handicapped by severe or total deafness of one ear, and to many with conditions of the ear causing temporary deafness.

The need to identify serious deafness early cannot be stressed too much. It is essential that vital language teaching begins without delay. Despite all that is being done by the Health and Educational Services to help hearing-handicapped children, effective educational action may not begin until irreparable damage has already been done. A last sad duty of 1972 was to begin teaching a profoundly deaf three-year-old, who had no speech, nor even any understanding of language - a boy who failed to receive help because of social difficulties.

AUDIOMETRIC SWEEP TESTING

The two audiometers for sweep testing of school children in schools and clinics continued and the School Nurses examined the following number of children during the past year :-

Total number seen	..	..	..	..	..	..	4,688
Number referred for Specialist opinion	..	..			..	..	136

SPEECH THERAPY

During the early months of 1972 the Speech Therapy Service had a full quota of therapists, i.e. two full-timers, one part-time therapist. There was continuity of treatment and the waiting list was greatly diminished, being reduced from 129 in December, 1971, to 48 in December, 1972.

The position as at the end of December, 1972:

Receiving Speech Therapy	..	..	..	..	27
Discharges	..	..	..	..	157
Under Review	..	..	..	..	98
Assessed but awaiting treatment	..	..	..	..	16
Awaiting assessment	..	..	..	..	32
Total waiting list	..	..	..	..	48

Unfortunately the two full-time therapists resigned and left the district and the position has reverted to one of frustration on the part of parents, teachers and the sole therapist!

The establishment of a senior post failed to produce applicants. The reasons for the lack of recruitment may well be three-fold :-

1. The small size of the profession, only some 2,000 strong.
2. Birkenhead's close proximity to Liverpool - Liverpool drains our resources by employing about ten therapists in the School Health Service and National Health Service.
3. Clinical facilities - Liverpool Children's Hospital has an ultra modern unit to entice personnel. A newly qualified therapist would prefer to work with others on the same premises, thus having the opportunity to ask advice and consult with colleagues who are on the spot.

Treatment:

The importance of intensive therapy was stressed in last year's report, but without adequate staff this is impossible. It is encouraging to see a larger number of pre-school referrals. Early diagnosis, treatment and guidance is so important. "He will grow out of it" and "he is just lazy" are fallacies in the majority of cases. The longer language and articulatory disorders remain the more entrenched incorrect patterns become.

The availability of staff last year provided better facilities for E.S.N. children. A therapist visited Woodvale and Gilbrook treating the children in school.

CHILD GUIDANCE CENTRE

I am grateful to Dr. S.L. Wright, Consultant Psychiatrist to the Education Authority, for submitting a report on the service, a summary of which is reproduced below :-

In the year ended 31st December, 1972, 50 new cases were seen, 70 cases reviewed, as well as regular visits from the 4 autistic children and a few children from residential special schools. Ten cases were closed as having recovered and settled in their school and home situations. One young boy was referred to the Priory Day Hospital for further assessment and treatment.

The Clinic continues to function fully. Mrs. S.M. Ley and Mr. P.J. Macdonald, Educational Psychologists, carry out regular psychological assessments and visit schools. There has been a good deal of communication about children from Headteachers and other staff involved with problems.

By and large attendances have been good and if necessary we have had the help of Social Services or Probation Officers about particular children. A new feature has been that we have had more referrals from the Juvenile Courts and I think this is valuable when planning the future of children brought before the Magistrates.

Mrs. M. Dobson, Psychiatric Social Worker, continues to visit most of the relatives and there have been 662 home visits and 256 Clinic interviews.

The type of children referred to the Clinic continues to be a varied one. A large proportion come with specific educational difficulties and Educational Psychologists deal with these, but many others have had difficult home backgrounds due to marital disharmony or separation and several come from the sub-cultural group where delinquency and non-attendance at school has always been the pattern. In these cases the parents do not often co-operate with us.

The co-operation of all the teachers and social workers involved in this area is very much valued and particularly the staff of the Child Guidance Clinic. The Clinic has now become an established entity and many of the teething troubles have been solved. The Principal School Medical Officer, Director of Education, and their staffs, have been invaluable in dealing with the educational, medical and social problems. Many of the children have difficulties in several fields and without a team approach they could not be helped.

SCHOOL PSYCHOLOGICAL SERVICE 1972

During 1972 the School Psychological Service consolidated its work from the previous year. The balance of work was similar to that of 1971. There were no changes of staff during the course of the year.

Number of Children awaiting investigation at							
1st January 1972	..	..	..	..	..	..	35
Number of new Children referred	..	..	..	..	..	..	328
Total Number investigated by 31st December 1972	..	..	..	..	..	..	321
Awaiting investigation at 31st December 1972	..	..	..	..	..	..	42

Although the figures suggest that new children were being investigated at the same rate as they were being referred it should be pointed out that a waiting list of 35-42 children means a gap of about six weeks between referral and investigation. It should also be recorded that the service was functioning with the equivalent of one and a half psychologists as against a recommended two and a half for the size of the population and that the price paid for keeping the waiting list at this level was a reduction in other activities such as general advice to schools.

Mention should also be made of pre-1972 children reviewed during the year. Any figures of the number of reviews would be misleading as a review can encompass anything from a two minute talk with a class teacher to a complete re-assessment lasting three hours. Generally children seen by the Service are discussed with the schools when the psychologist visits and at this level some 300 pre-1972 children not mentioned in the figures above were reviewed during the course of the year.

CHIROPODYSCHOOL CHILDREN'S SERVICE

I am now able to submit a report on the first full year's operation of the School Chiropody Service. Demand for treatment has been high, the scheme has proved very popular with parents and teachers alike. Cases were also referred to us by General Practitioners, several of whom have shown great interest in the Service. As a measure of the general demand for treatment we need only look at the increase in the number of weekly treatments.

Last January we were providing on average 10 treatments per week, we are currently providing 50 treatments per week.

I am very pleased to report that the schools themselves have been extremely helpful in this venture. Through their co-operation we have been able to carry out a series of foot inspections which produced the following results :-

		<u>Number of</u> <u>Infectious Conditions</u>
Park High School (Lower School)	..	14
Birkenhead Institute	..	22
Arrowehill (Middle School)	..	11

These conditions were notably Verruca Pedis and would in most cases have gone undetected were it not for the provision of this service.

The total number of children who attended clinic in 1972 was 303 and the total number of treatments given was 1,396.

From the results of our programme of school foot inspections I am convinced that there are very many undetected infectious foot conditions among the children in the town. In my opinion we should seek to expand this service and I earnestly hope that funds for extra sessions will be made available.

Prevention rather than cure is the keynote in any children's service and to improve foot health is surely a worthwhile project. Once children pass school age it is too late, the opportunity has gone for ever.

HEALTH EDUCATION

In April, Mr. C.J. Nelson was appointed Joint Health Education Officer for Birkenhead and Wallasey. Since August 1970 a Health Visitor had been seconded as Health Education Officer until the appointment of a full-time Officer.

The Health Education Officer made contact with all Headteachers of Birkenhead and discussed the matter of health

education in schools. A comprehensive list of topics that could be included in a health education programme was discussed with Headteachers or senior members of staff and an offer to provide lectures, illustrated talks, visual aids was made in each case.

I am pleased to report that there was an increase in health education activities in schools, which is continuing.

The raising of the school leaving age provided more opportunity for practical health education in the form of parentcraft in schools. Health Visitors are becoming increasingly involved in the running of these courses. Parentcraft classes include lectures, practical demonstration, practical involvement, films and visits to clinics or health centres. The children appreciate the practical approach of the Health Visitors to this form of Health Education.

The Health Education Officer has worked closely with Mrs. Kenner, Adviser, Education for Personal Relationships, and members of the working party. The advisers and teachers undertaking Education for Personal Relationships are to be commended for their involvement in this work in schools. Mrs. Kenner will be handing over to Mr. Nelson a number of audio visual aids next year when she leaves to take up another post, and these will be available to E.P.R. staff on application to the Health Education Unit.

The subjects covered in most schools were as follows :-

1. Personal Health
2. Environmental Health (General)
3. Dental Health
4. Care of the Feet
5. Diet
6. Smoking and Health
7. Misuse of Drugs
8. Sex Education - Learning to Live
9. - Birth of a Baby
10. - Personal Relationships
11. - Population Problems
12. - Budgeting and Family Problems
13. - Sexually Transmitted Diseases
14. Emergency Resuscitation
15. Initial First Aid, Part 1
16. Initial First Aid, Part 2
17. Accidents in the Home
18. Environmental Health (Specialist subjects)

It is hoped that there will be further increases in Health Education activities in schools and provision has been made for the appointment of an assistant Health Education Officer.

M E D I C A L I N S P E C T I O N R E T U R N S
Y E A R E N D E D 3 1 S T D E C E M B E R 1 9 7 2

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS

PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of Birth)	Number of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED		Number of Pupils found not to warrant a medical examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory Number	Unsatisfactory Number		For defective vision (excluding squint)	For any other condition recorded at Part II	TOTAL individual pupils
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1968 & later	142	142	-	-	-	12	12
1967	926	919	7	-	13	101	92
1966	744	743	1	-	9	70	68
1965	276	272	4	-	4	21	22
1964	156	154	2	-	3	21	22
1963	159	155	4	-	11	18	27
1962	142	139	3	-	6	11	16
1961	126	119	7	-	5	14	17
1960	201	192	9	-	10	25	29
1959	87	85	2	1,161	5	8	10
1958	2	2	-	525	-	-	-
1957 & earlier	1,479	1,478	1	-	72	68	124
TOTAL	4,440	4,400	40	1,686	138	369	439

Column (3) total as a percentage of Column (2) total 00.99%

Column (4) total as a percentage of Column (2) total 00.01%

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated:
(a) Pupils treated at Clinics or Out-Patients Departments:	67
(b) Pupils treated at school for postural defects:	-
TOTAL:	67

DISEASES OF THE SKIN
(excluding uncleanliness)

	Number of cases known to have been treated:
Ringworm - (a) Scalp:	-
(b) Body:	-
Scabies:	65
Impetigo:	19
Other Skin Diseases:	27
TOTAL:	111

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated:
Pupils treated at Child Guidance Clinics:	120

SPEECH THERAPY

	Number of cases known to have been treated:
Pupils treated by Speech Therapists:	282

OTHER TREATMENT GIVEN

	Number of cases known to have been treated:
(a) Pupils with minor ailments (attended Local Authority's Clinic):	109
(b) Pupils who received convalescent treatment under School Health Service arrangements:	7
(c) Pupils who received B.C.G. Vaccination:	854
(d) Other than (a) (b) and (c) above:	
(i) Audiometry (sweep tests) in schools:	4,263
(ii) Audiometry-Clinic tests by School Medical Officers:	425
(iii) General Medical and Minor Ailments treated at Birkenhead Hospitals:	441
TOTAL (a) - (d):	6,099

REGISTERED HANDICAPPED CHILDREN - SUMMARY OF PLACEMENT(Position as at January 1973)PupilsCategories (a) Blind and (b) Partially Sighted

St. Vincent's School, Liverpool.	3
Royal School for the Blind, Liverpool.	2
Holmrook School for Partially Sighted, Liverpool.	1

Categories (c) Deaf and (d) Partially Hearing

Royal School for the Deaf, Manchester.	1
St. John's School for the Deaf, Boston Spa.	2
School for Partially Hearing, Birkdale.	2
Alice Elliott School, Liverpool.	16
Thomason Memorial School, Bolton.	1

Category (e) Educationally Subnormal

Pitt House School, Torquay.	2
Rocklands, Chudleigh, Devon.	1
St. Christopher's School, Bristol.	1
Pontville R.C. School, Ormskirk.	4
Allerton Priory, Liverpool.	8
Spring Hill School, Ripon.	1
Crowthorn School, Bolton.	4
Aldwark Manor, Kingston-upon-Hull.	1
Hindley Hall, Gateshead.	1
Beechwood School, Liverpool.	1
Crookhey Hall, Lancaster.	1
The Woodlands, Deganwy.	3
Northcliffe Day Special School (Lancs. C.C.)	2
Woodvale Day Special School, Birkenhead.	115
Autistic Unit, Woodvale School, Birkenhead.	4
Autistic Unit, Neston, Wirral.	1
Moreton Cross Day Special School, Moreton.	62
Gilbrook School, Birkenhead.	8
Ravenswood School, Berks.	1
Ingsdon, Torquay.	1
Massey Hall, Warrington.	1

Category (f) Epileptic

Maghull Homes for Epileptics, Maghull.	3
David Lewis Homes, Alderley Edge.	1
Soss Moss, Manchester.	1

Category (g) Maladjusted

Bryn Alyn Community, Wrexham.	2
Larches House, Preston.	2
St. Thomas More's School, East Allington.	3
Shotton Hall School, Shrewsbury.	2
Hilbre School, Sheringham.	2
Clwyd Hall, Ruthin.	5
House in the Sun, Tring.	1
Gilbrook School, Birkenhead.	18

Categories (h) Physically Handicapped and
(i) Delicate

Convalescent Home and School, West Kirby.	3
Bethesda Home, Cheadle.	1
Elleray Park Day Special School, Wallasey.	23
Home of Recovery, Liverpool.	1
Corfield Residential School, Coventry.	1
St. Catherine's Ventor, I.O.W.	1
Margaret Barclay, Mobberley.	1

PART II (cont.)

As at 25th January, 1973											
	Blind (1)	P.S. (2)	Deaf (3)	Pt.Hg. (4)	P.H. (5)	Del. (6)	Mal. (7)	ESif (8)	Epil. (9)	Sp.Def. (10)	TOTAL (11)
9. Special classes in ordinary schools (assume all day)	-	-	-	6	-	-	-	-	-	-	6
	-	-	-	3	-	-	-	-	-	-	3
(a) Day	-	-	6	9	11	-	15	122	-	-	163
Boys	-	1	3	8	12	-	3	94	-	-	121
Girls	-	-	-	-	-	-	-	-	-	-	-
(b) Boarding	1	1	3	1	5	1	12	19	1	-	44
Boys	-	3	1	1	2	-	1	13	4	-	25
Girls	-	-	-	-	-	-	-	-	-	-	-
Boys	-	-	-	-	-	-	4	-	-	-	4
Girls	-	-	-	-	-	-	-	-	-	-	-
11. Boarded in homes and not already included above.											
12. Educated under arrangements made by the (a) in hospitals											
Authority in accordance with Section 56 of the Education Act, 1944.											
(b) in other groups											
e.g. units for	-	-	-	-	-	-	-	-	-	-	-
statics	-	-	-	-	-	-	-	-	-	-	-
(c) at home											
Boys	-	-	-	-	3	-	-	1	-	-	4
Girls	-	-	-	-	-	-	-	-	-	-	-
13. Total number of handicapped children awaiting places in Special Schools: receiving education in Special Schools:											
Independent Schools: Special Classes and Units: under Section 56 of the Education Act, 1944: and boarded in homes. Totals of 5, 10, 11 and 12.											
Boys	1	1	11	11	20	2	37	156	1	1	241
Girls	-	4	4	10	14	-	4	112	4	-	152

REPORT ON PHYSICAL ACTIVITIES IN SCHOOLS IN BIRKENHEAD

The Director of Education has kindly submitted the following report :-

Physical activities have played a very important part in the work of all schools in the town this year. Courses for teachers have been held in "Movement" in a local Primary School and in "Gymnastics" in a local Middle School. The latter course was conducted by a College of Education Senior Lecturer and was mainly concerned with the requirements of the older children of the Middle School range. It is hoped that further courses dealing with other aspects of Middle School Physical Education will be held. Swimming both in High and Middle Schools has shown constant development and more and more of the town's children are learning to swim. The recent courses run for the town's teachers with the co-operation of the Baths staff have helped considerably to raise the standards of swimming instruction.

The usual out of school activities have taken place. In the Middle and Combined Schools enthusiastic support has been given to the inter-schools leagues and rallies in football, cricket, rounders and netball. The Junior town team took part in the Cheshire Schools' F.A. Moor's Cup Competition. They beat Sale away in the first round, and then lost to Ellesmere Port in the second round. In addition to the annual Athletic Festival which was once again a complete success, the year saw the start of a Minors' Cross Country League for Middle and Combined Schools; 209 boys from 15 schools took part in the first event.

A wide variety of activities took place in the Secondary Schools. The usual Athletics Championships were held locally and had great support. Next year the National Championships will be held at Port Sunlight Oval. Already many of our teachers from all types of schools are hard at work in the preliminary stages of preparation. The Senior Town Football Team took part in the Merseyside Competition beating Runcorn in the first round, and then after drawing 2-2 at home with Huyton, lost the replay by the only goal scored in that match. The Town Team also took part in the Cheshire Shield Competition, the Welsh Shield games and the English Competition. The Under 14 Team reached the semi-final of the Alcock Cup. The Secondary School girls of the town displayed their usual energy and enthusiasm. In netball several schools entered the National Schools' Knock-Out Competition. Two schools reached the North West Area Final. Several Birkenhead girls represented Cheshire at Lacrosse and one represented the North of England. Hockey, Cross Country, Badminton and Rounders were all vigorously pursued. A full team of girls represented Birkenhead in the Cheshire Schools' Athletic Championships. Several girls went on to represent Cheshire in further competitions. In swimming Birkenhead won the Intermediate Trophy at the Cheshire Schools' Swimming Gala. Several Birkenhead pupils also took part in the coaching courses organised by Cheshire at Crewe during the Easter and Summer holidays.

It is the great voluntary support given by local teachers which enables these valuable activities to take place. The officials of the Birkenhead Schoolboys and Schoolgirls Sports Associations merit the highest praise for their great work.

SCHOOL DENTAL SERVICE

I am indebted to Mr. W.M. Shaw, Chief Dental Officer, for the following report on the School Dental Service for 1972.

I am pleased to report that there has been more stability in the staffing situation during 1972 than has been so for many years. The only notable change in the staffing situation is, I regret to report, the resignation of our Dental Auxiliary, Miss McDonald, at the end of March. Unfortunately, we have not so far been able to recruit her successor. Miss McDonald, apart from her valuable contribution to clinical dentistry for young children, carried out a comprehensive programme of dental health education in the schools, and this, unfortunately, has had to be temporarily discontinued. The dental team consisted of four full-time dental officers and two part-time dental officers, assisted by six dental surgery assistants, two clerks and part-time help from our consultant anaesthetist, Dr. Bushby, and orthodontist, Dr. Wynne.

With reference to the statistical tables, I am pleased to report a considerable increase in the number of pupils receiving dental inspections at the schools, on that of previous years. With 9,985 pupils dentally inspected at the schools, together with 2,990 inspected at the clinics, it can be seen that, in the year we were able to inspect and, of course, follow up with the necessary dental treatment to those requiring it, over half the school population of Birkenhead. This compares with one-third of the school population inspected in 1971. 68 per cent. of those pupils inspected were found to be in need of dental treatment; this indicated that the dental needs of Birkenhead's school children still remain higher than the national average (56 per cent). 39 per cent. of those offered dental treatment, expressed the wish to obtain that treatment through our dental services - a figure similar to that of previous years.

The amount of dental treatment carried out in 1972 shows an increase on that in 1971 and previous years. This can be seen, for example, in the number of "fillings" which totals 12,175 compared with 10,507 for 1971 and 9,793 for 1970. There were 2,947 courses of dental treatment completed in the year, compared with 2,103 for 1971 and 1,553 for 1970. Regarding the total number of dental extractions, which is 5,390 for the year compared with 4,246 for 1971, this is increased productivity of the type we could well do without; therefore, I cannot view this total with the same enthusiasm. There was a total of 1,058 school children who attended for emergency treatment - which is generally attendance for the relief of toothache. This compares with 911 emergency attendances for 1971. Thus, there appears to be a continuing need for our "emergency" dental service.

In my annual reports for the last few years, I have referred to the importance of preventive measures for combatting dental disease. Preventive dentistry is of particular relevance where a community dental service, such as ours, is concerned, and indeed it is our duty to do all we can in this field. Such measures as dental health education in the schools, encouragement to use fluoride toothpaste, coating the teeth with fluoride solutions and various protective "coatings", although useful, have limited value

compared with the most beneficial preventive measure of all, that is the fluoridation of the public water supplies. Without wishing to repeat myself in this matter, I can only once again stress the importance of adopting this measure without further delay. Of course, I would wish to see this brought about in a democratic manner, but when I see the efforts of adopting fluoridation democratically failing, then I wonder whether perhaps the fault lies with the dental profession itself for not educating the public in the significance of fluoridation and its proved safety.

In my report for 1971, I expressed concern for what I felt to be an increasing number of dental appointments made at the five clinics in current use, which were not being kept. Although 1971 was the first year in which an accurate record of broken dental appointments was kept, the comparative figure for 1972 shows a slight increase. In percentage terms, 20 per cent. of all appointments made in 1972 were broken, compared with 19 per cent. in 1971. Although this is only a slight increase, nevertheless, I hope this is not to be a continuing trend; for this would indicate an increase in parental apathy towards such matters as their children's teeth. It appears that so many people are abusing a service which they are themselves demanding.

At this time we are continually confronted with the prospects of a re-organised service. In my report for 1969, I referred to the fact that whatever changes may come about, there will be a continuing need for the priority dental services, including a school dental service. It is essential that a future school dental service should continue to have the close co-operation of the local Education Authority, even though that service is to be transferred to the National Health Service. I envisage the future school dental service as the major part of the community dental service administered by the local area health board, but, I sincerely hope, in close co-operation with the local Education Authority. The local community dental service will have the opportunity to co-ordinate all the various aspects of dental health, including a means of assessing the dental needs and demands of that community.

I am most grateful to Dr. Nicholas and the Education Committee for their continued strong support during the year. I am also most grateful to all the staff involved in the working of the dental department for their efforts have made 1972 a year of continued progress.

DENTAL INSPECTIONS AND TREATMENT CARRIED OUTBY THE AUTHORITYDURING THE YEAR ENDED 31ST DECEMBER, 1972ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	TOTAL
First visit	1,894	1,891	392	4,177
Subsequent visits	3,095	4,990	1,037	9,122
Total visits	4,989	6,881	1,429	13,299
Additional courses of treatment commenced	90	109	23	222
Total courses commenced	1,984	2,000	415	4,399
Courses completed	-	-	-	2,947
Fillings in permanent teeth	2,338	6,034	1,715	10,087
Fillings in deciduous teeth	1,901	187	-	2,088
Permanent teeth filled	1,488	4,816	1,410	7,714
Deciduous teeth filled	1,670	157	-	1,827
Permanent teeth extracted	292	1,041	219	1,552
Deciduous teeth extracted	2,928	910	-	3,838
General anaesthetics	1,012	661	81	1,754
Emergencies	613	372	73	1,058

Number of pupils x-rayed
 Prophylaxis
 Teeth otherwise conserved
 Teeth root filled
 Inlays
 Crowns

367
1,808
64
26
3
16

ORTHODONTICS

New cases commenced during year
 Cases completed during year
 Cases discontinued during year
 Number of removable appliances fitted
 Number of fixed appliances fitted
 Pupils referred to Hospital Consultant

71
67
5
102
-
-

DENTURES

Number of pupils fitted with dentures for the first time :-

(a) with full denture

(b) with other dentures

Number of dentures supplied (first or subsequent time)

	Ages 5 to 9	Ages 10 to 14	Ages 15 & over	TOTAL
(a) with full denture	-	-	-	-
(b) with other dentures	2	17	10	29
Number of dentures supplied (first or subsequent time)	2	28	12	42

ANAESTHETICS

General Anaesthetics administered by Dental Officer

-

SESSIONS

	Adminis- trative Sessions	Number of clinical sessions worked in the year					Total Sessions
		School Service			M & CH Service		
		Inspec- tion at School	Treat- ment	Dental Health Educa- tion	Treat- ment	Dental Health Educa- tion	
Dental Officers (incl. P.S.D.O.)	66	94	1,837	-	93	-	2,090
Dental Auxiliaries	-	-	59	37	-	-	96
Dental Hygienists	-	-	-	-	-	-	-

