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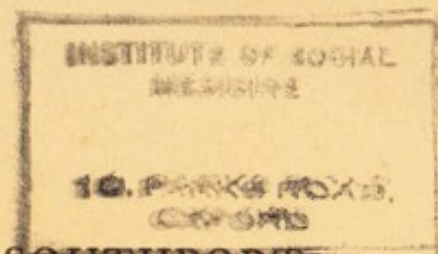


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COUNTY BOROUGH



OF SOUTHPORT

REPORT

UPON THE

HEALTH AND SANITARY CONDITIONS

OF THE

COUNTY BOROUGH OF SOUTHPORT

FOR THE YEAR 1951

(including the Forty third Annual Report of the School Medical Officer)



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The Worshipful the Mayor
(Councillor R. LLOYD)

Chairman : Councillor W. BERWICK

Vice-Chairman : Councillor L. F. SPENCE

Ald. H. W. BARBER, J.P.

Ald. Dr. H. COATES, J.P.

Ald. Dr. A. W. LIMONT, J.P.

Ald. F. W. REDDAWAY, J.P.

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Coun. G. H. F. GALLIE

Coun. E. P. GUTTERY

Coun. R. E. HINDS

Coun. G. W. KENDALL

Coun. W. PAULDEN

Coun. Mrs. E. SMITH

Coun. J. WOODS

Coun. G. B. WOOLFENDEN

Dr. P. Y. LYLE, M.C.

SUB COMMITTEES APPOINTED 25th MAY, 1951

Mental Health Services

Chairman	<u>Coun. G. H. GALLIE</u>
Vice-Chairman	Coun. Mrs. E. SMITH
Ald. Dr. H. COATES, J.P.	Coun. J. WOODS
<u>Ald. Dr. A. W. LIMONT, J.P.</u>	Coun. G. B. WOOLFENDEN
Coun. A. H. ALLEN	

Dr. P. Y. LYLE, M.C.

Joint Health and Education

The Worshipful the Mayor
(Councillor R. LLOYD)

Chairman	Ald. F. W. REDDAWAY, J.P.
Vice-Chairman	Coun. W. PAULDEN

Home Nursing Joint Sub-Committee

Chairman	Coun. Mrs. E. SMITH
Vice-Chairman	<u>Coun. G. H. GALLIE</u>
Ald. F. W. REDDAWAY, J.P.	

National Assistance Act 1948

(Section 47 Cases)

Chairman	Coun. Mrs. E. SMITH
Vice-Chairman	Coun. W. PAULDEN

Accounts

All Members of the Health Committee

STAFF OF THE HEALTH DEPARTMENT ON THE
31st DECEMBER, 1951

Medical Staff (Full-Time)—

Medical Officer of Health and School Medical Officer	W. E. FitzGerald, M.C., M.B., Ch.B., D.P.H., Barrister-at-Law
Deputy Medical Officer of Health and Deputy School Medical Officer	G. N. M. Wishart, M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health and Assistant School Medical Officer	Anna I. Davison, M.B., Ch.B.

Medical Staff (Part-Time)—

Medical Officer for Mental Health Service	J. N. Matthews, M.R.C.S., L.R.C.P., D.P.H.
---	---

Visiting Medical Staff—

Ante-Natal and Post-Natal Clinic	N. E. Laurence, F.R.C.S.
Eye Clinic	D. Rankine, M.B., Ch.B.
Ear, Nose and Throat Clinic	R. V. Tracy-Forster, M.B., Ch.B., D.L.O.
Skin Clinic	H. Bardsley, M.R.C.S., L.R.C.P.

Dental Staff—

Senior Dentist	J. H. Highton, L.D.S.
Dentist	W. Martland, L.D.S.
Attendants	Mrs. M. E. Ball and Miss E. M. Whaite

Sanitary Staff—Chief Sanitary Inspector E. Avison (a)(b)(h)(n)(o); Deputy Chief Sanitary Inspector, G. E. Hadley (a)(b); Meat and Food Inspector, D. Wood (a)(b); Food Hygiene Inspector, T. W. Robertshaw (a)(b); District Inspectors, J. Arrowsmith (a), W. Vickers (a)(b)(h); and G. W. Lilley (a); Infectious Diseases Enquiry Officer, W. Rigby; Rodent Operator, J. S. Amery.

Health Visiting and School Nursing Staff—Superintendent Health Visitor and School Nurse, Miss A. F. Probert (c)(d)(e); Health Visitors/School Nurses, Mrs. D. Brown (c)(d)(e); Mrs. W. Watkinson (c)(d)(e); Misses M. E. Brett (c)(d)(e); J. Holliday (c)(f)(e); Mrs. F. P. Capel; Misses M. K. Donaghey (c)(d)(e); K. A. R. Taylor (c)(d)(e); D. C. Ashton (c)(f)(e), M. A. Turvey (d)(e), M. Turner (e)(k), A. Cowper (c)(d)(e), A. Toale (c)(d)(e), A. Gough (c)(d)(e), E. Potts (c)(d)(e), M. J. Hainsworth (c)(d)(e).

Midwifery Staff—Supervisor of Midwives and Inspector of Nursing Homes, Miss M. McAleavy (d)(e); DISTRICT MIDWIVES, Miss S. A. Cryer (d)(e), Mrs. K. B. Harrison (d)(e).

PART-TIME MIDWIVES :—Mrs. E. Shawcroft (d).

Mental Health Staff—Senior Mental Health Visitor and Duly Authorised Officer, J. Sinnott (i); *Mental Health Visitors and Duly Authorised Officers, Miss A. L. Bennett (j) and K. Bain (e)(j). Home Teacher for Mental Defectives, Miss J. Rowlands (p).

*Also acts as Senior Welfare Officer.

Clerical Staff—Administrative Assistant, F. H. Dix, A.C.I.S.; Chief Clerk, W. R. Holgate; Senior Clerks; Miss M. E. Wells and Miss D. Allen, B.Com.; Clerks; R. Rimmer, Misses N. Somech, B. Jones, M. Ball, B. Forshaw, M. Roe, B. C. Jones, S. M. Birrell and K. Howorth.

Day Nurseries—

King Street	Matron	Mrs. A. Williams (e).
Bedford Park	Matron	Miss A. K. Baxter (e)(d)(l)

Notes re qualifications

- (a) Sanitary Inspectors Certificate.
- (b) Meat and Food Certificate.
- (c) Health Visitors Certificate.
- (d) State Certified Midwife.
- (e) State Registered Nurse.
- (f) Part I Certificate—Central Midwives Board.
- (g) State Registered Fever Nurse.
- (h) Smoke Inspectors Certificate.
- (i) Relieving Officers Certificate.
- (j) Royal Medico-Psychological Association's Certificate.
- (k) Certificate of British Tuberculosis Association
- (l) State Registered Children's Nurse.
- (m) Member of the Chartered Society of Physiotherapy.
- (n) Sanitary Science Certificate.
- (o) Food Hygiene Certificate.
- (p) Diploma of National Association for Mental Health.

Ambulance Services—

Chief Fire Officer and Ambulance Officer—J. Perkins, Grad. I. Fire E.

Public Analyst J. F. Clark, M.Sc., F.R.I.C.

Pathologist (Vacant)

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
AND SCHOOL MEDICAL OFFICER

FOR THE YEAR 1951

TO THE CHAIRMAN AND MEMBERS OF THE
HEALTH COMMITTEE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1951. The Registrar General's estimate of the population for the middle of 1951 was 83,400 as compared with 85,500 in the previous year. The birth rate after adjustment by the Registrar General's factor of correction was 11.96 per thousand of the population. This is higher than in the previous year. The infantile mortality rate was 41 per thousand live births, a rise compared with the previous year when the rate was the lowest ever recorded in the town.

The crude death rate for the town was as high as 19.34 per thousand of the population compared with 16.13 in the previous year. The rate corrected for age and sex distribution was 14.7 per thousand of the population.

Notes on the infantile death rate and the death rate for all ages are given later in this report. For the second year in succession no deaths of women which could be regarded as attributable to child birth occurred.

The Royal Sanitary Institute held their annual Health Congress in Southport from 23rd to 27th April.

Delegates from 1,085 local authorities, government departments, learned societies, research organisations and other bodies in this country and from all over the world attended.

The total number attending was 2,379. The Right Hon. the Lord Hesketh, D.L., was President of the Congress and was introduced to the delegates at the inaugural meeting by the Chairman of the Council of the Institute, Dr. I. Greenwood Wilson. The Mayor, Councillor R. F. Fleetwood Hesketh, T.D., J.P., D.L., gave an official welcome to the Congress.

A very full programme was carried through by the presidents and speakers of the various sections of the Congress and numerous visits to places of interest had been arranged and were well supported by the delegates.

During the latter months of the year a great deal of work was done in preparation for the Clean Food Exhibition which was held in January of the following year. Most of the organising work fell on the shoulders of the Chief Sanitary Inspector and his Staff, but all members of the department took their share in the preparation for this event. A note regarding the exhibition is included in this report. Despite inclement weather it can be said that the venture was successful and most valuable from the educational and informative aspects.

The Health Visitors work continued at a high level of efficiency and this work, which increases year by year, has a value in the field of preventive medicine which along with other measures is showing dividends today.

The Health Committee recognising the need to extend their provisions in regard to the care of the aged and infirm appointed an additional Health Visitor for this work.

The work of the School Medical Service continued satisfactorily and the problems regarding individual children increase year by year. There is a great need for the provision of a child guidance clinic properly staffed and carried on in conjunction with the other branches of the service. Provision in residential schools for educationally sub-normal children and children who are maladjusted or at variance with their home environment is necessary if these difficult cases are to have the best outlook for the future. This is preventive work and as such deserves favourable consideration by the Committee.

There were no cases of Diphtheria in the town for the second year in succession. Just what this statement means can only be gauged by those who can remember the tragedies caused by this disease in the past.

The boy and girl of today compare favourably with their counterparts of thirty years ago. This is due not only to the efforts of the School Medical Service and the education and advice received by parents from the Health Visitors, but to the interest and care given by the teaching profession, the provision of milk and meals to the children in the schools and to the emphasis given to physical training and the physical well-being of the scholars.

Cases of rickets which thirty years ago were frequently met with amongst the children are now practically unknown. This is due to the modern outlook on infant feeding resulting from the widespread teaching of the mothers in child welfare.

Figures comparing the year 1951 with that of 1921 appear at the end of the School Medical report.

No section of the work of the department can be regarded as completely separate from the rest. In all the diverse problems which are daily presented for solution the staff must work as a team with a strong desire to afford mutual co-operation and help one with another. This spirit of co-operation has been very evident throughout the years and the credit for any successes which may have been achieved does not belong to one individual or to one section but to each and every member of the staff, both administrative and professional.

This is my last annual report to the Committee and I would like to place on record my appreciation of the help and encouragement given to me by the Chairmen, Vice-Chairmen and members of the Health and Education Committees throughout the years.

Also I look back on the loyal help given to me over many years by the members of my staff with gratitude and respect.

I am,

Yours faithfully,

W. E. FitzGerald,

Medical Officer of Health and School Medical Officer.

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Part I

STATISTICAL MEMORANDA

AND

VITAL STATISTICS

STATISTICAL MEMORANDA

Area of Borough (including Foreshore)	18,333 acres
Area of Borough (excluding Foreshore)	9,426 acres
Population (1951 Census)	84,057
Do. (Estimated by the Registrar-General), middle of 1951	83,400
Density of Population	8.8
Number of inhabited houses, 1st April, 1951	24,778
Number of permanent houses erected and completed during 1951	67
Rateable Value, 1st April, 1951	£968,734
Sum represented by a Penny Rate	£3,838
Number of births registered	884
Legitimate	834
Illegitimate	50
Crude birth rate (per 1,000 of the population)	11.28
Corrected Birth rate (per 1,000 of the population)	11.96
Average Crude birth rate, preceding 10 years	12.80
Number of infant deaths (under one year)	36
Infant Mortality Rate (per 1,000 live births)	41
(33) Legitimate (rate per 1,000 legitimate live births)	40
(3) Illegitimate (rate per 1,000 illegitimate live births)	60
Average Infantile Mortality Rate, preceding 10 years	37
Number of deaths registered	1,613
Crude death rate (per 1,000 of the population)	19.34
Average crude death rate, preceding 10 years	16.04
Corrected death rate (per 1,000 of the population)	14.70
Number of deaths from tuberculosis (all forms)	27
Tuberculosis death rate (per 1,000 of the population)	0.32
Average tuberculosis death rate (preceding 10 years)	0.41
Number of deaths from Zymotic diseases	3
Death rate from Zymotic diseases (per 1,000 of the population)	0.04
Average death rate from Zymotic diseases (preceding 10 years)	0.06
Number of women dying in, or in consequence of, child-birth—	
From Sepsis	None
From other causes	None
Average domestic consumption of water per head, per day	29.77 galls.
Total consumption of water per head, per day	38.91 galls.
Rainfall during 1951	39.83 inches
Hours of sunshine during 1951	1,574

VITAL STATISTICS

Population.—The Registrar-General's Estimate of the population for the middle of 1951 is 83,400. The comparable figure for the middle of 1950 was 85,500.

Birth Rate.—The total number of live births registered in the Borough during 1951 was 884. Of these 453 were males and 431 females. The crude birth rate for the year was 11.28 per 1,000 of the estimated civilian population, and the adjusted birth rate was 11.96. 50 (16%) of the births were illegitimate. The number of still births registered was 22, giving a rate of 0.26 per 1,000 of the civilian population as compared with the rate of 0.36 for England and Wales.

Death Rate.—The number of deaths occurring amongst the residents of the town was 1,613. Of these 737 were in respect of males and 876 females. The increase in the number of deaths compared with the previous year was 213. The first three months of the year were cold and wet, and this, combined with the prevalence of Influenza, was responsible for a high fatality rate amongst the older residents in the town. There were seventy-five deaths from Influenza, sixty-three of which were in respect of persons of sixty-five years and more. One hundred and forty-seven deaths were due to Bronchitis and Pneumonia and of these one hundred and eight were in the age groups of sixty-five and over.

75% of all deaths were of persons aged sixty-five years and over and 45% of all deaths were of persons of seventy-five years and over.

The gross death rate was 19.34 per 1,000 of the civilian population and the rate corrected for age and sex was 14.70 per 1,000 of the population. This rate is high and for many years it has been held locally that the Registrar General's comparability factor is unsatisfactory and does not fully take into account the age and sex composition of the population of the town. Whether it is possible to arrive at a factor which will do so is doubtful. The results of the 1951 census may help in this, but an estimate of persons of sixty-five years and over has been made and the number is believed to be in the nature of 14,000 out of a population estimated by the Registrar General as 83,400 for the middle of 1951. This gives a ratio of one person aged sixty-five plus in every six of the population.

Principal Causes of Death.—

Heart Disease inc. diseases of the Circulatory System	634
Cerebral Haemorrhage, etc.....	256
Cancer	232
Respiratory Diseases.....	154
Influenza	75
Violence, including Suicide	42
Tuberculosis (all forms)	27
Ulcer of Stomach and duodenum	16
Acute and Chronic Nephritis	9

Deaths from Violence.—There were 42 deaths from violence and these were classified as follows :—

	Males	Females	Total
Suicide	12	5	17
Falls	4	8	12
Motor Vehicles Accidents	3	2	5
Carbon-monoxide poisoning	—	4	4
Aspirin poisoning	—	1	1

	Males	Females	Total
Burns	—	1	1
Primary shock and injury due to being dragged along road by two ponies	1	—	1
Gas poisoning—1914-1918 War	1	—	1
TOTALS	21	21	42

Zymotic Death Rate.—

Diphtheria	Nil	Measles	1
Scarlet Fever	Nil	Diarrhoea	2
Typhoid	Nil	Whooping Cough	Nil
Total deaths, 3.	Rate per 1,000 of the population, 0.04		

Infantile Mortality Rate.—

Total Deaths	36	Rate per 1,000 births	41
Legitimate	33	do. legitimate births	40
Illegitimate	3	do. illegitimate births	60

Of the thirty-six infants who died during the first year, twenty-three died within the first four weeks. Of these thirty-six deaths, probably at least fourteen could be classified as preventable.

It becomes more and more evident that to effect a steady and stable reduction in the figure for infantile mortality two requisites are necessary. An earlier contact with the mother in the ante-natal period and secondly a much closer co-ordination of the work of the three branches of the Health Service engaged in the work of Maternity and Child Welfare, that is the consultant obstetrician, the general practitioner and the local authority medical nursing services.

Towards the end of 1951 this desire for a closer welding of these services was apparent. Early in the present year a Sub-Committee of the Medical Advisory Board of the Local Hospital Management Committee was set up to study the ways in which this co-ordination could be achieved.

VITAL STATISTICS

For years 1932 to 1951 inclusive

YEAR	Popul- ation esti- mated to Middle of each year	BIRTHS			TOTAL DEATHS REGISTERED IN DISTRICT		TRANSFERABLE DEATHS **		NET DEATHS BELONGING TO THE DISTRICT			
		Uncor- rected Number	Net		Number x	Rate	of Non- residents regist'd in the District	of Resi- dents Not regist'd in the District	Under 1 yr. of age		At all ages	
			Number	Rate					Number x	Rate per 1,000 Net Births	Number x	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1932	78,770	915	886	11.25	1019	12.94	68	150	40	45	1079	13.70
1933	78,980	805	769	9.51	1128	14.28	73	157	44	57	1189	15.05
1934	79,100	918	860	10.87	998	12.62	61	153	40	46	1070	13.53
1935	79,300	872	808	10.19	1104	13.92	63	143	52	64	1161	14.64
1936	79,280	880	804	10.14	1105	13.94	81	182	41	51	1189	15.00
1937	78,960	914	837	10.60	1143	14.48	63	205	56	67	1266	16.03
1938	78,600	870	802	10.20	1157	14.65	84	159	56	70	1215	15.46
1939	*78,900											
	*81,840	925	752	9.53	1271	15.53	101	168	41	52	1338	16.34
1940	88,550	1147	871	9.84	1385	15.64	115	148	40	43	1418	16.01
1941	95,410	1455	949	9.94	1375	15.53	171	211	65	68	1415	14.83
1942	90,480	1371	1075	11.90	1213	13.41	108	218	41	38	1323	14.62
1943	85,140	1283	1048	12.30	1237	14.53	73	246	49	47	1410	16.60
1944	82,860	1484	1168	14.09	1150	13.88	87	241	52	44	1304	15.74
1945	81,360	1314	1018	12.51	1121	13.73	62	241	29	28	1300	15.98
1946	84,010	1557	1237	14.72	1073	12.77	63	246	40	32	1256	14.95
1947	84,240	1569	1325	15.73	1268	15.52	114	218	55	42	1372	16.29
1948	85,800	1317	1167	13.60	1126	13.12	58	204	41	35	1272	14.82
1949	85,540	1155	986	11.53	1269	14.84	89	164	38	39	1344	15.71
1950	85,500	1020	890	10.41	1339	15.66	90	151	24	27	1400	16.37
1951	83,400	1063	884	11.28	1523	18.26	88	178	36	41	1613	19.34

* 78,900 for Birth Rate - 81,840 for Death Rate

x In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district, military deaths excepted.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by the addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

** "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales die in a district other than that in which they resided.

The following Special Cases arise as to Transferable Deaths :—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals and nursing homes have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission the death is not transferable.

(2) The deaths of infants born and dying within the year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from violence have been referred (a) to the district of residence, under the general rule; (b) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (c) failing this, to the district where the death occurred, if known; and (d) failing this, to the district where the body was found.

Census	Year	1911	1921	1931	1951
Total population at all ages		69,643	71,900	78,927	84,057
Number of inhabited houses		15,676	16,314	20,388	24,778
Average number of persons per house		4.44	4.41	3.87	3.39
Area of District in acres (land and inland water)		9.426	9.426	9.426	9.42

DEATHS (Table 1)
Causes of, and Ages at, Death for year 1951

CAUSES OF DEATHS	Totals at all ages	AGE DISTRIBUTION																	
		MALES									FEMALES								
		under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & ovr	Totals	under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & ovr	Totals
1. Tuberculosis—Respiratory	22	—	—	—	—	4	11	2	2	19	—	—	—	1	1	—	1	—	3
2. Tuberculosis—Other	5	1	—	1	—	—	2	—	—	4	—	—	—	1	—	—	—	—	1
3. Syphilitic Disease	3	—	—	—	—	1	1	1	—	3	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
9. Other infective & parasitic diseases	2	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	—	1
10. Malignant Neoplasm, Stomach	35	—	—	—	—	1	8	7	2	18	—	—	—	—	—	5	5	7	17
11. Malignant Neoplasm, lung bronchus	44	—	—	—	—	2	21	11	4	38	—	—	—	—	—	2	3	1	6
12. Malignant Neoplasm, breast	27	—	—	—	—	—	—	—	—	—	—	—	—	1	16	6	4	—	27
13. Malignant Neoplasm, uterus	10	—	—	—	—	—	—	—	—	—	—	—	—	2	8	—	—	—	10
14. Other Malignant and Lymphatic Neoplasms	116	—	—	—	1	4	14	15	14	48	—	1	—	1	1	21	19	25	68
15. Leukaemia, Aleukaemia	4	—	—	—	—	—	1	—	—	1	—	—	—	2	—	1	—	—	3
16. Diabetes.....	16	—	—	—	—	—	—	4	—	4	—	—	—	—	—	4	3	5	12
17. Vascular lesions of Nervous System	256	—	—	—	—	1	20	25	38	84	—	—	—	—	—	18	65	89	172
18. Coronary Disease—Angina.....	236	—	—	—	—	1	50	50	35	136	—	—	—	—	—	11	33	56	100
19. Hypertension with Heart Disease	41	—	—	—	—	—	2	4	12	18	—	—	—	—	1	5	5	12	23
20. Other Heart Disease	302	—	—	—	—	1	11	31	69	112	—	—	—	—	4	19	31	136	190
21. Other Circulatory Disease	55	—	—	—	—	1	2	8	12	23	—	—	—	—	1	5	3	23	32
22. Influenza	75	—	—	—	—	—	7	6	12	25	—	—	—	—	—	5	17	28	50
23. Pneumonia	51	5	1	1	1	—	7	3	7	25	4	—	—	—	—	2	7	13	26
24. Bronchitis	96	—	—	—	—	—	13	20	21	54	—	—	—	—	1	4	10	27	42
25. Other Diseases of Respiratory System	7	—	—	—	—	—	3	1	1	5	—	—	—	—	1	1	—	—	2
26. Ulcer of Stomach and Duodenum	16	—	—	—	—	1	2	6	4	13	—	—	—	—	—	1	1	1	3
27. Gastritis, Enteritis and Diarrhoea	5	—	—	—	1	—	—	—	—	1	2	—	—	—	—	—	—	2	4
28. Nephritis and Nephrosis	9	—	—	—	—	—	1	4	1	6	—	—	—	—	—	1	1	1	3
29. Hyperplasia of Prostate	15	—	—	—	—	—	2	7	6	15	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations	12	2	—	—	—	1	2	1	—	6	4	—	1	—	—	1	—	—	6
32. Other defined and ill-defined Diseases	110	14	1	—	1	—	10	9	21	56	4	—	—	—	2	9	15	24	54
33. Motor Vehicle Accidents.....	5	—	—	—	—	1	1	—	1	3	—	—	—	—	—	1	—	1	2
34. All Other Accidents	19	—	—	1	—	—	3	—	1	5	—	—	—	1	—	1	1	11	14
35. Suicide	17	—	—	—	1	1	7	3	—	12	—	—	—	—	1	4	—	—	5
36. Homicide and Operations of War	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—
TOTALS—(All causes)	1613	22	3	3	5	20	202	218	264	737	14	1	1	4	18	144	227	467	876

DEATHS (Table 2)

Number of Deaths in Various Age Groups for years 1941 to 1951 inclusive

Year	Total No. of Deaths	Under 1		1—5		5—15		15—45		45—65		65—75		75 and over	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
1941	1415	65	4.59	23	1.63	17	1.20	109	7.70	370	26.15	388	27.42	443	31.31
1942	1323	41	3.10	9	0.68	19	1.44	94	7.11	323	24.41	400	30.23	437	33.03
1943	1410	49	3.48	10	0.70	6	0.42	106	7.52	348	24.68	383	27.17	508	36.03
1944	1304	52	3.98	13	0.99	7	0.54	60	4.60	306	23.47	397	30.46	469	35.96
1945	1300	29	2.23	6	0.46	12	0.92	78	6.00	270	20.77	383	29.47	522	40.15
1946	1256	40	3.18	5	0.39	6	0.48	67	5.33	286	22.78	338	26.90	514	40.94
1947	1372	55	4.01	6	0.44	4	0.29	71	5.17	315	22.96	366	26.68	555	40.45
1948	1272	41	3.22	4	0.31	2	0.16	54	4.25	302	23.74	422	33.15	447	35.17
1949	1344	38	2.83	6	0.45	1	0.08	60	4.46	289	21.50	419	31.18	531	39.50
1950	1400	24	1.71	6	0.43	5	0.37	67	4.78	293	20.93	415	29.64	590	42.14
1951	1613	36	2.23	4	0.25	4	0.25	47	2.91	346	21.45	445	27.59	731	45.32

DEATHS (Table 3)

Rates per 1000 population and per 1000 births—years 1932 to 1951 inclusive

Year	Population	Male	Female	Total	Rate per 1,000 Population	Corrected for Age and Sex	Under One Year	Rate per 1,000 Births	Legitimate	Rate per 1,000 Births	Illegitimate	Rate per 1,000 Births	Pulm'ry Tuberculosis	Rate per 1,000 Population	Other Forms T.B.	Rate per 1,000 Population	Zymotic Diseases	Rate per 1,000 Population
1932	78770	495	584	1079	13.70	11.62	40	45	35	42	5	79	33	0.42	7	0.09	8	0.10
1933	78980	517	672	1189	15.05	12.76	44	57	38	53	6	115	40	0.51	9	0.11	7	0.09
1934	79100	481	589	1070	13.53	11.23	40	46	37	45	3	79	38	0.48	9	0.11	11	0.14
1935	79300	500	661	1161	14.64	12.15	52	64	51	68	1	18	31	0.39	4	0.05	9	0.11
1936	79280	557	632	1189	15.00	12.45	41	51	37	49	4	68	33	0.42	8	0.10	9	0.11
1937	78960	566	700	1266	16.03	13.30	56	67	50	64	6	120	33	0.42	8	0.10	16	0.20
1938	78600	565	650	1215	15.46	12.83	56	70	49	65	7	132	25	0.32	9	0.11	11	0.14
1939	81840	606	732	1338	16.34	13.56	41	52	37	47	4	70	40	0.49	7	0.09	17	0.21
1940	88550	608	810	1418	16.01	12.65	40	43	33	38	7	121	24	0.27	9	0.10	3	0.03
1941	95410	641	774	1415	14.80	11.69	65	57	58	54	7	115	38	0.40	7	0.07	9	0.09
1942	90480	584	739	1323	14.60	12.11	41	38	36	36	5	75	37	0.41	9	0.10	8	0.09
1943	85140	619	791	1410	16.60	13.77	49	47	43	45	6	67	43	0.50	9	0.10	8	0.09
1944	82860	565	739	1304	15.74	13.06	52	44	45	42	7	67	27	0.32	6	0.07	6	0.07
1945	81360	561	739	1300	15.98	12.63	29	28	25	27	4	35	36	0.44	5	0.06	7	0.08
1946	84010	570	686	1256	14.95	11.81	40	32	33	27	7	69	31	0.37	3	0.04	5	0.06
1947	84240	651	721	1372	16.29	12.87	55	42	50	40	5	64	39	0.46	5	0.06	7	0.08
1948	85800	566	706	1272	14.82	11.71	41	35	35	32	6	76	27	0.31	3	0.04	5	0.06
1949	85540	623	721	1344	15.71	12.10	38	39	33	35	*5	102	26	0.30	5	0.06	6	0.07
1950	85500	622	778	1400	16.37	12.44	24	27	22	26	2	34	15	0.17	5	0.06	2	0.02
1951	83400	737	876	1613	19.34	14.70	36	41	33	40	3	60	22	0.26	5	0.06	3	0.04

One of these infants was an unknown child found in a garden; this child may or may not have belonged to Southport. Excluding this death the rate per 1,000 births would be 82.
 *In addition, another of these infants was allocated to Southport in error, and excluding this death also, the rate per 1,000 births for the remaining 3 deaths would be 61.

DEATHS (Table 4)
Infant Mortality — Year 1951

CAUSE OF DEATH	AGE (weeks)					AGE (months)					Grand Total of infant deaths
	under 1 week	1 to 2	2 to 3	3 to 4	Total under 4 weeks	1 to 3	3 to 6	6 to 9	9 to 12	Total 1 to 12 months	
Asphyxia Neonatorum	1	—	—	—	1	—	—	—	—	—	1
Atelectasis	2	—	—	—	2	—	—	—	—	—	2
Cerebral Contusion	1	—	—	—	1	—	—	—	—	—	1
Cerebral Meningocele	1	—	—	—	1	—	—	—	—	—	1
Congenital Malformation	3	1	—	—	4	2	—	—	—	2	6
Diaphragmatic Hernia and Lung Abscess	—	—	—	—	—	1	—	—	—	1	1
Gastro-enteritis	—	—	—	—	—	1	—	1	—	2	2
General Peritonitis	—	—	—	—	—	1	—	—	—	1	1
Marasmus	—	—	—	—	—	1	—	—	—	1	1
Otitis Media	—	—	—	—	—	1	—	—	—	1	1
Pneumonia	—	4	1	—	5	—	4	—	—	4	9
Prematurity	8	—	—	—	8	—	—	—	—	—	8
Septic Spina Bifida	—	1	—	—	1	—	—	—	—	—	1
Tuberculous Meningitis	—	—	—	—	—	—	—	—	1	1	1
Totals	16	6	1	—	23	7	4	1	1	13	36

BIRTHS AND STILLBIRTHS
For years 1932 to 1951 inclusive

Year	Estimated Mid-Year Population	Males	Females	Total	Legiti- mate	Illegiti- mate	Crude Rate per 1,000 Popu- lation	Correc- ted Rate per 1,000 Popu- lation	Still Births
1932	78770	450	436	886	823	63	11.25	—	63
1933	78980	390	379	769	717	52	9.74	—	24
1934	79100	477	383	860	822	38	10.87	—	45
1935	79300	426	382	808	754	54	10.19	—	41
1936	79280	412	392	804	745	59	10.14	—	34
1937	78960	388	449	837	787	50	10.60	—	35
1938	78600	402	400	802	749	53	10.20	—	41
1939	78900	382	370	752	700	52	9.53	—	28
1940	88550	448	423	871	820	51	9.84	—	40
1941	95410	494	455	949	892	57	9.94	—	40
1942	90480	555	520	1075	1008	67	11.88	—	37
1943	85140	558	490	1048	958	90	12.30	—	35
1944	82860	590	578	1168	1065	103	14.09	—	30
1945	81360	536	482	1018	906	112	12.51	—	40
1946	84010	628	609	1237	1135	102	14.72	—	31
1947	84240	692	633	1325	1247	78	15.73	—	26
1948	85800	582	585	1167	1088	79	13.60	—	28
1949	85540	532	454	986	937	49	11.53	—	22
1950	85500	472	418	890	831	59	10.41	*11.03	17
1951	83400	453	431	884	834	50	11.28	11.96	22

*A comparability factor for births was issued by the Registrar-General in 1950 ; similar information for previous years has not been issued.

MATERNAL MORTALITY
For years 1932 to 1951 inclusive

Year	No. of Live and Still Births	RATES PER 1,000 LIVE AND STILL BIRTHS					
		Sepsis		Other Causes		Total	
		No.	Rate	No.	Rate	No.	Rate
1932	949	1	1.06	6	6.32	7	7.38
1933	793	—	—	3	3.78	3	3.78
1934	905	—	—	3	3.31	3	3.31
1935	849	1	1.18	3	3.53	4	4.71
1936	838	1	1.19	2	2.39	3	3.58
1937	872	2	2.29	2	2.29	4	4.58
1938	843	—	—	—	—	—	—
1939	780	2	2.44	1	1.22	3	3.66
1940	911	—	—	1	1.08	1	1.08
1941	989	1	0.88	2	1.77	3	2.65
1942	1112	1	0.90	2	1.80	3	2.70
1943	1083	—	—	1	0.92	1	0.92
1944	1198	—	—	2	1.67	2	1.67
1945	1058	1	0.95	3	2.83	4	3.78
1946	1268	1	0.79	—	—	1	0.79
1947	1351	—	—	2	1.48	2	1.48
1948	1195	—	—	2	1.67	2	1.67
1949	1008	—	—	2	1.98	2	1.98
1950	907	—	—	—	—	—	—
1951	906	—	—	—	—	—	—

Part II

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

GENERAL PROVISION OF HEALTH SERVICES

FOR THE AREA

Medical Staff.—There was no change in the whole time medical staff of the Health Department and School Medical Service. The Medical Officer of the Mental Health Service continued in a half time capacity and Visiting Consultants continued to carry out the work of the three specialist clinics connected with the School Medical Service. These are the Ophthalmic, Ear, Nose, and Throat and Skin Disease Clinics.

The importance of these Clinics in preventive medicine cannot be over-stressed. The Ophthalmic Clinic is carried on at the School Medical Clinic rooms by arrangement with the Regional Hospital Board and thus a procedure which has lasted for over thirty years continues. A close contact with the children suffering from defects of vision or disease of the eyes is ensured with all the co-operation which can be given to the specialist by the school nurses and the teachers. This close link ensures that every child in the schools who may be in need of help owing to some visual defect, or infection of the eyes, can be seen without delay and the services of the consultant ophthalmic surgeon does not end at the clinic, for in cases where operation for strabismus or other eye defects is necessary he can arrange admission to the beds under his control at the Southport Infirmary.

The same principles govern the working of the Ear, Nose and Throat Clinic and when it is realised that in 1921 forty-four children in every thousand attending the schools were listed as suffering from defective hearing and 9.2 in every thousand suffering from active disease of the ear whereas in 1951 only 1.7 per 1,000 suffer from defective hearing and 6.7 per 1,000 from active ear disease, then the value of this clinic over the years can well be imagined.

With regard to the clinic for diseases of the skin the same consultant has looked after this clinic for the past thirty years and the importance of early diagnosis and treatment of such diseases as ringworm, scabies and impetigo can be assessed when it is appreciated that in 1921 there was a loss of school attendance of 5,000 days owing to scabies alone as compared with a loss of 14 days in 1951.

The arrangement with the Liverpool Regional Hospital Board whereby the Senior Resident Medical Officer at New Hall Sanatorium is also responsible for the district Tuberculosis Service, continued throughout the year. For the first ten months of the year this position was held by Dr. E. K. Quigley and when he resigned in November, Dr. R. S. Cook of Edinburgh was appointed in his place. Dr. Quigley left Southport to take up a hospital appointment in Ireland.

The Deputy Medical Officer of Health continued to act as Clinical Medical Officer to the Infectious Diseases Hospital at New Hall. This arrangement between the local authority and the Liverpool Regional Hospital Board, is a very happy one, and greatly helps in regard to the admission and discharge of cases of infectious disease. This is important for with the help of the general practitioners a continuity of supervision and care can be ensured and a greater degree of control effected. The arrangement also continued whereby the Medical Officer of Health acted as consultant in regard to cases of infectious disease admitted to the New Hall Hospital. Dr. Christie of Fazackerley Hospital, Liverpool continued to be responsible for cases of infectious disease in the district when a specialist opinion was required by the general practitioners.

Dr. Davison, the lady Assistant Medical Officer of Health, continued to be responsible for the medical care of the children in the Residential Nursery, 69 Albert Road and also the older children in the home at 15 Cambridge Road.

Nurses' Agency.—Any person who wishes to carry on an agency for the supply of nurses must be licensed in accordance with the Nurses' Act, 1943 and the Nurses' Agencies Regulations, 1945. One agency was licensed during 1951 and all the inspection reports showed that the establishment was being conducted in a satisfactory manner.

Medical Examinations.—The following table shows the work done by the medical staff of the department during 1951 in regard to the medical examination of employees for the purpose of the Superannuation, Sickness Pay and Re-Examination Schemes. This work is increasing and 281 persons were examined as compared with 248 in the previous year.

Department	NUMBER OF MEDICAL EXAMINATIONS			
	Super-annuation Scheme	Sickness Pay Scheme	Re-Examinations	TOTAL
Borough Architect	9	—	—	9
Borough Engineer	8	47	12	67
Borough Treasurer	4	—	—	4
Education	51	22	—	73
Health	8	8	—	16
Libraries	5	—	—	5
Police	1	2	—	3
Publicity	2	17	—	19
Parks and Cemeteries	2	15	3	20
Town Clerk's	10	—	—	10
Transport	3	14	4	21
Water Board	—	1	1	2
Weights and Measures	1	—	—	1
Welfare Services	5	1	—	6
Fire Service	—	—	—	—
Lighting	—	1	—	1
Children's	4	2	—	6
Electricity	9	—	—	9
Gas	—	—	—	—
District Nurses	5	—	—	5
Estates	1	—	—	1
Baths	—	3	—	3
TOTALS	128	133	20	281

Laboratory Facilities.—The same arrangements as in previous years were continued. Specimens for pathological examination are sent to the laboratory of the Southport Infirmary and samples of food and drugs requiring chemical analysis are sent to the City Analyst of Liverpool, who also acts as the Public Analyst for Southport. The bacteriological examinations of milk, food and water supplies are done by the Liverpool City Bacteriologist by arrangement with the City of Liverpool Authority.

Private Nursing Homes.—At the end of the year there were 14 nursing homes on the Council's register, the total number of beds provided being as follows :—

Maternity Cases	15 beds
Medical, Surgical and General Cases	101 beds
TOTAL	116 beds

During the year the Supervisor of Nursing Homes made 61 visits of inspection and all her reports were satisfactory.

Persons in need of care and attention :—During 1951, three patients were dealt with under the powers contained in Section 47 of the National Assistance Act, 1948 the details being as follows:—

CASE NO. 1.—This man, aged 89 years, was admitted to the Ormskirk County Hospital in October, 1949, and since that time the Court Order has been renewed every three months.

The medical report states that, although his general condition appears to be unchanged, it is essential that he should not live alone. In view of this, it has been necessary to keep him in hospital as there are no relatives in Southport to look after him.

CASE NO. 2.—This was a woman, aged 73 years, who was found to be living alone in insanitary circumstances and although she was fairly active, her eyesight was very bad. As she did not appear to be able to care for herself, and as none of her family was alive, the Court decided that she should be moved to a hostel for old people. In October, therefore, she was admitted to a hostel at Ashton-under-Lyne and she was still being cared for in this way at the end of the year.

CASE NO. 3.—This woman, aged 66 years, was referred to the department by her son as she was suffering from a chronic disease and was not able to look after herself. As her son was in the Merchant Navy, he was not available to help her, and for these reasons, it was decided that admission to hospital would be the best way of meeting the difficulty. The facts were reported to the Court and the patient was admitted to the County Hospital at Ormskirk on the 21st September. On the advice of the Medical Registrar, the Court Order was renewed in December for a further period of three month's and at the end of the year she was still being cared for in the County Hospital at Ormskirk.

In the operation of section 47 of the National Assistance Act, of 1948, the onus of finding accommodation in hospital, where this type of accommodation is necessary, in practice lies with the Medical Officer of Health who certifies that the removal of the patient to hospital is necessary. Difficulties may arise when the hospital authorities, who agree to admit a patient under an order of the Court, find later that the patient is difficult and tends to cause unpleasantness in the hospital ward. It is felt that in such cases, the disposal of the patient by transfer to another hospital should be the responsibility of the hospital authorities of the area, and should not devolve again upon the Medical Officer of Health until the order has been rescinded by the justices.

Riding Establishment Act, 1939.—The purpose of this Act is to prevent the ill-treatment of horses used in riding establishments and Mr. H. R. Hewetson is the registered Veterinary Surgeon appointed by the local authority to carry out the necessary inspections on their behalf.

During the twelve months period to the 30th September, 1951, Mr. Hewetson made forty-two visits to twelve riding establishments and carried out two hundred and five inspections.

At the commencement of the period there were eleven names on the register ; one name was added and two deleted during the year leaving ten establishments on the register at the end of the period.

Mr. Hewetson's report stated that the general standard of care, stabling and use of the animals continued to be satisfactory.

MATERNITY AND CHILD WELFARE

Notification of Births.—During 1951 a total of 1095 births were notified. This figure included 1067 live births and 20 still births, the corresponding figures for 1950 being 1033 live and 24 still births making a total of 1057. The number of births occurring in the Maternity Hospitals in 1951 was 940 as compared with 870 in the previous year.

Ante-Natal Service.—Two ante-natal clinics were held each week throughout 1951 at 44 Hoghton Street for domiciliary cases, one being conducted by Mr. N. E. Laurence, the Obstetrician in charge of the Christiana Hartley Maternity Hospital, and the other by Miss M. McAleavy, the Supervisor of Midwives. In the first instance the mother is seen by Mr. Laurence, and then, in normal circumstances, she makes alternative visits to the Nurses' and Doctors' Clinics at weekly intervals.

In addition to the domiciliary cases, mothers who have booked to have their confinements in the St. Katharine's Maternity Hospital also attend the ante-natal clinic at 44 Hoghton Street.

The attendances made by domiciliary cases at these Ante-Natal Clinics during 1951 were as follows :—

	First Visits	Re-Visits	Total
Doctors' Clinics	36	49	85
Nurses' Clinics	—	54	54
TOTALS	36	103	139

Post-Natal Services.—All mothers who have not made arrangements to be examined by their own doctors are invited to attend the Post-Natal Clinic which is held each week at 44 Hoghton Street. The Clinic is conducted by Mr. N. E. Laurence, the Obstetric Specialist, and 395 mothers attended during 1951. In addition 440 re-visits were made making a total of 835 visits during the year; 49 attendances were made by Health Visitors at Post-Natal Clinics.

Child Welfare Centres.—There are six Centres in the town and in addition to the normal work, each Centre distributes the dried milk and vitamin foods issued by the Ministry of Food. As in the past the ladies of the Voluntary Infant Welfare Committee provided clerical and other assistance at the Centres during 1951 and their efforts and enthusiasm contributed in no small measure to the steady progress which was maintained throughout the year.

Although there are six Welfare Centres so placed that they cover the area adequately, it was found necessary to hold two sessions each week at the centre in the High Park district. The value of these centres, not only as they afford regular supervision of the mother and infant, but as centres where mother-craft can be taught, must be very high indeed. That this service is welcomed is shown by the comparison that in 1921 there were four centres and 34% of mothers in the town with infants under one year of age attended whereas in 1951 there are six centres and 73% of mothers with infants under one year of age attended.

The total number of attendances of infants under five years of age with their mothers was 7,527 in 1922 and 16,553 in 1951.

The commencement of clubs for the mothers attending the Centres is also a progressive development and gives opportunities not only for Social events, but for the training of mothers in the care of their children.

The following statement shows the attendances made at the Centres during 1951 :—

	Ainsdale	Cros-sens	Derby Road	Hamp-ton Rd.	High Park	Liver-pool Rd.	TOTALS
INFANTS—under 1 year—							
No. of New Cases	47	79	116	142	155	108	647
No. of re-attendances	1023	1303	1775	2345	2419	1707	10572
CHILDREN—over 1 and under 5 years—							
No. of New Cases	6	7	10	21	30	20	94
No. of re-Attendances	807	937	1025	746	993	712	5220
Total No. of Attendances...	1883	2326	2926	3254	3597	2547	16533
No. of Sessions	46	46	45	47	94	47	325
Average Attendance per Session	41	50	65	69	38	54	51
Total No. of children who attended during the year	197	278	368	397	463	401	2104
Average Attendance per child	9.5	8.4	8.0	8.2	7.7	6.3	7.9
No. of Attendances made by Health Visitors	91	90	117	98	188	100	684
No. on register at :—							
(a) Beginning of year—aged—							
Under 1 year	53	62	106	106	121	117	565
Over 1 and under 5 years	149	201	251	276	306	279	1462
TOTALS	202	263	357	382	427	396	2027
(b) End of year—aged							
Under 1 year	48	70	99	129	125	102	573
Over 1 and under 5 years	142	203	256	253	319	284	1457
TOTALS	190	273	355	382	444	386	2030

Maternity Dental Clinic.—This Clinic is held at 2 Church Street and there are two sessions each week for expectant and nursing mothers and children under five years of age who are not attending primary schools maintained by the local Education Authority. When dentures are required by expectant and nursing mothers the necessary arrangements are made with private dental mechanics in the town. Patients requiring X-ray examination are referred to the Dentist at the Southport Infirmary.

The following tables show the work done during the year :—

(a) Number of Cases Treated :—

	Examined	Found to be in need of Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers.....	—	—	—	—
Children under 5	109	84	84	84
TOTALS	109	84	84	84

(b) Classification of treatment provided :—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nurs- ing Mothers	—	—	—	—	—	—	—	—	—	—
Children under 5 ...	59	45	—	55	2	217	—	—	—	—
TOTALS ...	59	45	—	55	2	217	—	—	—	—

Day Nurseries.—There are two Day Nurseries in the town, one being in King Street with accommodation for sixty children and one at Bedford Park with accommodation for forty children. As the demand for nursery accommodation exceeds the number of places available, a priority system is in force to ensure that the best possible use is made of the service.

The following statement shows the number of children in the various priority categories whose names were on the register of the day nurseries on the 1st March and this information gives an indication of the need in the town for accommodation of this kind :—

Priority Category	No. of Children on Registers	Percentage
(1) Mothers who are the sole support of their families <i>i.e.</i> , widows, unmarried mothers and mothers who are divorced or separated from their husbands.....	50	47
(2) Mothers who are the main support of their families, <i>i.e.</i> , where husbands are unemployed or only in part-time work due to ill-health or some disability	31	29
(3) Mothers whose husbands are also working but help required due to financial difficulties or bad housing conditions	25	24
Total No. of children on registers	106	

The types of employment of the mothers mentioned above is shown in the following statement :—

Type of Employment	No.
Factories and Laundries	31
Shops	20
Domestics	18
Hospitals	13
Cafes and Hotels	12
Schools	6
Offices	6
	<hr/>
	106
	<hr/>

Although the utmost care is taken when arranging day nursery admissions, there is always a waiting list of priority cases.

The negotiations with the Ministry of Health in regard to the proposed Day Nursery in Talbot Street were continued throughout 1951, and at the end of the year discussions were still taking place as to the detailed planning of the building. It will be remembered that this scheme was originally approved by the Council in 1949 and that the site between Talbot Street and Part Street was purchased in the following year.

It is hoped that it might be possible to commence the building of this new nursery sometime in 1953.

The Nursery Nurses Training Scheme was continued in 1951 and a further eight students were appointed to take the course. During their two years of training the students receive practical and theoretical instruction which qualifies them for more senior appointments in nurseries. The training is also helpful to those students who intend to take up hospital nursing as a career. This scheme is organised by the Education Department and Health Department and the students receive their practical training in the Day Nurseries and the Nursery Schools and Classes. By arrangement with the Lancashire County Council, the theoretical training is done at the Penwortham Centre.

At the end of the year there were nine trainees employed at the Day Nurseries; five being first year students and four second year students.

The following table shows the attendances at the Day Nurseries during 1951 :—

	King Street	Bedford Park	Totals
(1) Number of places provided	60	40	100
(2) Mondays to Fridays :—			
(a) Total attendances	12579	9076	21655
(b) Number of days open	254	254	254
(c) Average daily attendance	49.5	35.7	85.2
(3) Mondays to Saturdays :—			
(a) Total attendances	13636	9303	22939
(b) Number of days open	305	303	305/303
(c) Average daily attendance	44.7	30.6	75.3

Care of Premature Infants.—The decision as to whether a premature infant can be nursed satisfactorily in its own home lies with the doctor in attendance and if he considers that removal of the infant to one of the Maternity Hospitals is advisable, this step is carried out, the infant being removed in a warmed cot which is available for the purpose. Special cots are also supplied on loan to mothers who are nursing their infants at home.

A close liaison is maintained between the matrons of the lying-in hospitals and Superintendent Health Visitor in respect of premature births and before such an infant is discharged from the maternity hospital, the necessary information is passed on to the Superintendent Health Visitor who, with her staff, accepts responsibility for the care of the child after discharge.

Frequent visits are made by the District Health Visitor until the infant reaches normal weight and after this stage the usual routine visits are made as in other cases.

The table overleaf shows the number of premature infants born during the year :—

Care of Unmarried Mothers and their Babies.—Unmarried mothers are usually found, before the birth of the child, either by the Health Visiting or Midwifery Staff or by the mother approaching the Health Department for help and advice. In the first instance the mother is seen by the Obstetric Specialist at the central Ante-Natal Clinic and, having regard to the circumstances of the particular case, a decision is made as to whether the confinement shall take place in one of the Maternity Hospitals or in the girl's own home. At the same time, arrangements are made for her to attend one or other of the Ante-Natal Clinics at regular intervals.

In addition, the services of the Voluntary Moral Welfare Committee's Social Worker are available to the Department and the Social Worker maintains a close contact with the Superintendent Health Visitor.

A register of illegitimate children in the borough is kept and this is reviewed at regular intervals by the Superintendent Health Visitor, her staff, and the Moral Welfare Worker. In this way the individual circumstances of each child are examined from time to time and the necessary action is taken to improve unsatisfactory conditions where these exist.

During 1951 there were 20 illegitimate births and details of these are shown below :—

	Southport	Others	Total
Remained with parent or relative	13	—	13
With foster-mother	1	1	2
Adopted	4	—	4
Died	1	—	1
TOTALS	19	1	20

Municipal Midwifery Service.—Throughout the year the staff consisted of the Supervisor of Midwives, who worked half-time on the district, and two full-time midwives. As in the previous year, the services of one of the private midwives in the town were also available for relief work when necessary. All the midwives mentioned above are qualified to administer gas and air analgesia.

PREMATURE INFANTS BORN DURING 1951

(Premature infants are babies whose weight at birth is 5½ lbs. or less)

Born at :—	HOME				NURSING HOME				HOSPITAL				Grand Totals
	Under 3-lbs.	3—4 lbs.	4—5½ lbs.	Totals	Under 3-lbs.	3—4 lbs.	4—5½ lbs.	Totals	Under 3-lbs.	3—4 lbs.	4—5½ lbs.	Totals	
1. No. Notified (After adjustments for transfers)	—	1	3	4	1	3	3	7	6	2	66	74	85
2. No. in (1) above who													
(a) Died within 24 hours	—	—	—	—	1	1	—	2	4	—	1	5	7
(b) Died 2nd to 7th day	—	—	—	—	—	—	—	—	2	—	—	2	2
(c) Died 8th to 28th day	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Survived 28 days.....	—	1	3	4	—	2	3	5	—	2	65	67	76
Totals	—	1	3	4	1	3	3	7	6	2	66	74	85
3. Percentage who survived 28 days.....	—	100%	100%	100%	None	66%	100%	71%	None	100%	98%	91%	90%

The following statement shows the work done by the department's midwives during the year.

	As Midwife	As Maternity Nurse	Total
(1) Number of cases attended	61	17	78
(2) Number of cases in (1) above who received gas and air analgesia	47	9	56
(3) Number of cases in (1) above for whom medical aid was summoned during the year			
(a) Where the medical practitioner had arranged to provide the mother with maternity medical services under the National Health Service Act			18
(b) Other cases			4
			—
	TOTAL		22
			—
(4) Number of visits made by municipal midwives during the year :—			
(a) Ante-Natal			734
(b) Nursing			1452
			—
	Total Number of Visits		2186
			—

In addition, the midwives made a total of 103 attendances at the Ante-Natal Clinics which were held at 44 Houghton Street.

Midwives in Private Practice.—During the year ten private midwives notified their intention to practise on the district. Only five of these, however, were actually engaged in midwifery work and the following statement shows the work done in 1951. Three of the five midwives mentioned above are qualified to administer gas and air analgesia.

	As Midwife	As Maternity Nurse	Totals
(1) Number of cases attended	5	23	28
(2) Number of cases in (1) above who received gas and air analgesia	2	1	3
(3) Number of cases in (1) above for whom medical aid was summoned			
(a) Where the medical practitioner had arranged to provide the mother with Maternity Medical Services under the National Health Service Act			—
(b) Other Cases			2
			—
	TOTAL		2
			—
(4) Number of visits of inspection made by non-medical Super- visor to Midwives in their own homes			61
			—

Page 34. MATERNITY HOSPITALS—

Figures in column headed "Christiana Hartley Maternity Hospital" to be amended as follows :—

- (1) Number of cases attended (a) by Midwife 302, (b) by Maternity Nurse 168. Total 470.
- (2) Number of cases in (1) above who received gas and air analgesia (a) as Midwife 277, (b) as Maternity Nurse 66. Total 343.
- (3) Number of cases in (1) above for whom medical aid was summoned 156.

Page 35. SUMMARY OF MIDWIFERY STATISTICS—

Figures against heading "Christiana Hartley Maternity Hospital" to be amended as for page 34 above and also totals (b) and grand totals (a) (b).

Page 36. DISTRIBUTION OF MATERNITY CASES—

Figures in column headed "1951" to be amended as follows :—

	No. of Cases	%
Institutions—		
Christiana Hartley Maternity Hospital	470	40.34
St. Katharines Maternity Hospital	544	46.70
Nursing Homes	45	3.86
Totals (a)	1059	90.90
District—		
Municipal Midwives	78	6.70
Private Midwives	28	2.40
Totals (b)	106	9.10
Grand Totals (a) and (b)	1165	100.00

number of

Total

45

12

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	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	Total
(1) Number of cases attended			
(a) As Midwife	359	354	713
(b) As Maternity Nurse	4	190	194
TOTALS	363	544	907
(2) Number of cases in (1) above who received gas and air anal- gesia			
(a) As Midwife	340	280	620
(b) As Maternity Nurse	3	120	123
TOTALS	343	400	743
(3) Number of cases in (1) above for whom medical aid was summoned	151	43	194
(4) Number of practising Mid- wives on the staff at end of year	8	6	14
(5) Number of Midwives in (4) above who are qualified to administer gas and air anal- gesia	7	4	11

SUMMARY OF MIDWIFERY STATISTICS FOR YEAR 1951

	No. of Cases			No. of Cases in Column (3) who received gas and air analgesia			No. of Cases in Column (3) for whom medical aid was summoned (7)
	As Midwife (1)	As Maternity Nurse (2)	Total (3)	As Midwife (4)	As Maternity Nurse (5)	Total (6)	
DISTRICT CASES—							
Municipal Midwives	61	17	78	47	9	56	22
Private Midwives	5	23	28	2	1	3	2
TOTALS (a)	66	40	106	49	10	59	24
INSTITUTIONAL CASES—							
Christiana Hartley Maternity Hospital	359	4	363	340	3	343	151
St. Katharine's Maternity Hospital	354	190	544	280	120	400	43
Nursing Homes	2	43	45	—	12	12	1
TOTALS (b)	715	237	952	620	135	755	195
GRAND TOTALS (a) and (b)	781	277	1058	669	145	814	219

Distribution of Maternity Cases.—The following table shows the percentage of maternity cases dealt with during 1951 by the various services and similar figures are also shown for the previous year :—

	1951		1950	
	No. of cases	%	No. of cases	%
INSTITUTIONS—				
Christiana Hartley Maternity Hospital	363	34.32	508	46.39
St. Katharines Maternity Hospital	544	51.42	387	35.35
Nursing Homes	45	4.25	62	5.66
Totals (a)	952	89.99	957	87.40
DISTRICT—				
Municipal Midwives	78	7.34	74	6.76
Private Midwives	28	2.67	64	5.84
Totals (b)	106	10.01	138	12.60
Grand Totals (a) and (b)	1058	100.00	1095	100.00

The Maternity and Child Welfare Services in Southport have all the facilities available to constitute a complete service. It is true that there is divided control of the different sections. The ante-natal clinics and the maternity hospitals are under the control of the Hospital Management Committee. The ante-natal care and supervision of women who decide to have the confinement in Nursing Homes and in the general practitioner beds at the St. Katharine's hospital lies with the general practitioners and midwives working on the district. The work of the municipal midwives and the care of mothers and infants after the lying-in period are to a great extent controlled by the local authority.

Although in the main the service, even with such divided control, works smoothly it is becoming increasingly evident that if the results which are to be expected in the reduction of infantile mortality and the number of premature births are to be achieved, an even greater degree of co-ordination of the work must be organised.

The most important factor apart from the provision of the necessary services will be to ensure by a combined effort that every expectant mother knows of the services which are available and is persuaded to utilize these from at least some-time within the first three months of the commencement of her pregnancy.

HEALTH VISITING

The Health Visiting Service provides general care for nursing and expectant mothers and young children and in addition, is available for the purpose of giving advice to persons of all ages in the town who are suffering from illness. The Health Visitors also assist families by providing them with information concerning the other health services which are available.

The following table shows the work done by the Health Visitors during 1951 :—

	First Visits	Re-Visits	Total Visits
EXPECTANT MOTHERS	770	1004	1774
<hr/>			
CHILDREN UNDER 1 YEAR—			
Routine	1019	6727	7746
Prematurity	40	116	156
Stillbirth.....	26	2	28
Immunisation	—	89	89
Infectious Disease	—	9	9
Illness	—	14	14
Miscellaneous	9	245	254
	1094	7202	8296
<hr/>			
CHILDREN 1 TO 5 YEARS—			
Routine	57	10147	10204
Immunisation	—	70	70
Infectious Disease	—	26	26
Other Illness	—	37	37
Miscellaneous	—	247	247
	57	10527	10584
<hr/>			
OTHER CASES—			
Infectious Disease	3	8	11
Old People	432	1275	1707
Miscellaneous	37	67	104
	472	1350	1822
<hr/>			
Summary			
EXPECTANT MOTHERS	770	1004	1774
CHILDREN UNDER 1 YEAR	1094	7202	8296
CHILDREN AGED 1 TO 5 YEARS	57	10527	10584
OTHER CASES	472	1350	1822
	2393	20083	22476
<hr/>			
TOTALS	2393	20083	22476
<hr/>			

In addition, the Health Visitors made the following attendances at Clinics and Centres during the year :—

684 attendances at Welfare Centres.

48 attendances at the Post-Natal Clinic which is held at 44 Hoghton Street.

36 attendances at the Geriatric Out-Patients' Clinic which is held at the Promenade Hospital
and

9 attendances at the Paediatric Clinic which is held at the Southport Infirmary.

The work done by the Health Visiting Service in regard to tuberculous patients is shown in the section of this report dealing with Infectious and Other Diseases. Similarly, a note concerning the work done by the Health Visitor who is responsible for the care and visiting of the old people is given in the Prevention of Illness, Care and After-Care Section.

HOME NURSING

The Southport and Birkdale District Nursing Society continued to provide the Home Nursing Service on behalf of the Local Health Authority under the arrangements which were agreed when the National Health Service came into operation in July, 1948. This service is noteworthy for the friendly spirit of co-operation which exists between the Voluntary Society and the local Health Authority and there is no doubt that the District Nurses are making a very valuable contribution to the town's Health Services. The Joint Home Nursing Sub-Committee comprising members of the Voluntary Society and the Local Health Authority met on a number of occasions during the year to discuss various matters concerning the administration of the Service and these meetings proved very helpful.

In June, the Society's plans for the building of a new district room and garage were completed and work was commenced on the land at the rear of the Nurses Home at 52 Hoghton Street.

The new district room will provide more adequate accommodation for the storage of nursing equipment and dressings and proper sterilizing facilities will also be available. At present, the three motor-cars which are used by the Nursing Society are garaged some distance away from the Nurses Home and this is inconvenient. When the new garage is built, however, these cars will be transferred to the Nurses Home and this should be a considerable help to the service.

The work was still in progress at the end of 1951 and it is hoped that the building will be completed towards the middle of next year.

It should also be mentioned that in August, the sincere congratulations of the Joint Sub-Committee were accorded to the Superintendent (Miss Burrows) on being awarded the Gold Medal of the Queen's Institute of District Nursing in recognition of twenty-one years service.

Number of cases dealt with during 1951 :—

	Classification of Cases							TOTALS
	A	B	C	D	E	F	G	
No. of Cases on Register at commencement of year	188	29	5	4	4	5	—	235
Add No. of new cases	1369	255	11	113	53	117	9	1927
TOTALS	1557	284	16	117	57	122	9	2162
Delet No. of cases discontinued	1351	243	14	116	56	119	9	1908
No. of cases on register at end of year	206	41	2	1	1	3	—	254

Number of visits made during the years 1949, 1950 and 1951 :—

Classification of Cases :—	1949	1950	1951
A Medical	24,951	31,648	30,792
B Surgical	8,021	7,219	7,615
C Tuberculosis	511	499	691

(continued opposite page)

	1949	1950	1951
D Infectious Diseases	273	262	814
E School-children	276	340	343
F Children under 5 years of age	1,212	809	921
G Maternity	57	113	38
TOTALS	35,301	40,890	41,214

DIPHTHERIA IMMUNISATION

The diphtheria immunisation scheme continued as in previous years and, in addition to the work done by general practitioners, regular immunisation sessions were held at the Health Department and also at the Welfare Centres.

The following table shows the number of children who received a full course of primary immunisation or a re-inforcing injection during the year :—

	Primary Immunisations	Re-Inforcing Injections
(a) CHILDREN AGED—		
(1) 0 to 4 years	755	40
(2) 5 to 14 years	50	471
Totals	805	511
(b) DONE BY—		
(1) General Practitioners	292	217
(2) Health Department's Staff	513	294
Totals	805	511

The percentage of children immunised at the end of 1951 is shewn below together with similar figures for the previous year :—

	1951			1950		
	Age Groups			Age Groups		
	0—4	5—14	Total 0—14	0—4	5—14	Total 0—14
Total No. of children who had completed full course of primary immunisation at any time up to the 31st December	3204	8639	11843	3327	8685	12012
Estimated child population (Mid-Year)	4992	9158	14150	5137	9601	14738
Percentage of children immunised.....	64.18	94.33	83.69	64.76	90.46	81.50

SMALL POX VACCINATION

The smallpox vaccination scheme was continued by the general practitioners as in the previous year on the same lines as for the diphtheria immunisation scheme.

The following table shows the number of persons vaccinated and re-vaccinated in 1951 :—

Number of persons :	1951				1950			
	Age Groups				Age Groups			
	0—4	5—14	Over 14	Total	0—4	5—14	Over 14	Total
(a) Vaccinated ...	224	27	90	341	229	28	47	304
(b) Re-vaccinated	7	25	192	224	8	25	183	216

AMBULANCE SERVICE

The Ambulance Service is operated conjointly with the Fire Brigade, an arrangement which has proved both efficient and economical. The Service operates a fleet of five ambulances and one sitting-case car. Two of the vehicles are radio controlled and this has considerably increased their availability for service and has almost eliminated "dead" mileage.

Emergency calls for the ambulances are accepted from any source but other calls (sickness removals, etc.) are only accepted from authorised sources, e.g. doctors, hospitals, etc.

An excellent liaison exists between the Ambulance Service and the hospitals and medical profession, and every possible step is taken to guard against misuse of the Service without denying it to bona-fide patients.

The following table shows the number of cases dealt with during 1951 and similar information is also given for the previous year.

	1951		1950	
	No. of Cases	Mileage	No. of Cases	Mileage
(1) REMOVAL OF CASES—				
Accident	974	4950	836	4162
Maternity	278	1700	256	1704
Sickness	16950	92229	12570	76194
Infectious Disease	178	3170	188	3129
Mutual Assistance to other				
Local Authorities	30	360	57	1625
Inter-Hospital Removals	453	6433	497	6532
Total No. of Cases removed	18863	108842	14404	93346
(2) OTHER WORK—				
Removal of bodies to Mortuary	31	150	99	453
Ambulance not required	564	1615	409	1221
Miscellaneous	57	466	100	796
TOTALS	652	2231	608	2470

	1951		1950	
	No. of Cases	Mileage	No. of Cases	Mileage
SUMMARY—				
(1) Removal of Cases	18863	108842	14404	93346
(2) Other Work	652	2231	608	2470
Grand Totals *	19515	111073	15012	95816
*ANALYSIS—				
Inside Borough	18503	62321	14121	53848
Outside Borough	1112	48752	891	41968
	19515	111073	15012	95816

PREVENTION OF ILLNESS—CARE AND AFTER-CARE

General.—The general work done in regard to prevention of illness, care and after-care, is shown in the sections of this report dealing with the Health Visiting, Mental Health and Tuberculosis Services.

Sick-Room Equipment.—As in the previous year, this Service continued to be dealt with by the Southport and Birkdale District Nursing Society. This method of organisation has proved both efficient and economical as the majority of cases requiring sickroom equipment are already being visited by the District Nurses and the articles required can be supplied at the same time. A small charge is made for the hire of the equipment, but in cases of hardship the fee may be reduced or cancelled.

During 1951 sick-room equipment was supplied to 266 patients as compared with 230 in the previous year.

Diphtheria Immunisation.—The publicity scheme in regard to diphtheria immunisation was continued throughout 1951 as in previous years.

Sick Room Helpers' Scheme.—The object of this service is to provide assistance to households where one of the family is ill and the responsibility of caring for the patient is causing anxiety and distress to the other member of the home. In particular, this service is intended to give help in the following circumstances:—

- Where a patient is living alone and there is no help, or where nursing care is only available at odd times, e.g. from neighbours.
- Where the responsibility for the nursing of the patient falls entirely on one other member of the household.

In such cases the patient may be seriously ill, and yet for one reason or another early admission to hospital may not be possible. The nursing of the patient may then be a considerable strain on the other member or members of the household, and any relief which can be given, even if only of a temporary nature, may be of considerable help.

The Sick Room Helper takes her instructions from the doctor or district nurse attending the case, and she carries out the normal nursing care which ordinarily would be done by relatives or friends if they were available.

The full cost for the service is 1/9d. per hour, but this fee may be reduced or cancelled in cases of financial hardship.

During 1951, sickroom help was provided for 22 patients.

Care of Old People.—One of the most acute problems which has to be faced in Southport is the expansion of the social services which affect the care and well-being of elderly persons and those suffering from chronic illness.

There are few places in the country where the progressive increase in the expectation of life has had more effect on the age and sex distribution of the population than in Southport. The reasons for this lie in the proximity of large industrial centres and the advantages which the town offers to elderly persons who have reached the age of retirement.

The level contours of Southport, the comparative absence of extremes in weather conditions and the amenities which are available are all factors which contribute to the attraction to the town of persons who have passed the more active phase of life.

It is estimated that of the 83,400 persons in the town at least 14,000 are aged 65 years or over. The figures supplied by the Registrar-General for the year 1947 showed that in every thousand of the population aged 65 and over there were 344 males and 656 females. The preponderance of women in the later age groups increases.

It is clear that the care of the aged and infirm represents a special problem peculiar to towns such as Southport and which is of the greatest importance when the planning of medical and social services is undertaken.

This problem is not a new one. It is one, however, which has rapidly increased in recent years, so much so, that today with the restrictions on capital expenditure in all branches of hospital and welfare work and the difficulties of staffing of hospitals and other institutions, the immediate solution of the problem is hard to find. There is no branch of social welfare work which does not impinge in some way on the problem.

One obvious maxim is that the elderly person should be encouraged to remain at home as long as this is possible. To do so, however, domestic help is necessary as age advances. This need for help in the house can be minimized by the provision of suitable housing accommodation designed in such a way that the domestic work entailed is reduced to a minimum. In Southport successful schemes on these lines have been started, but a great deal more requires to be done.

It was hoped that by now additional beds in hospitals for the aged and chronic sick might have been provided, for there is no doubt that the town is lamentably short of such accommodation. It is no uncommon experience for the department to have knowledge of patients living alone in circumstances of dire distress who should be admitted immediately to a hospital, but for whom no hospital bed is available.

The difficulties of those who are responsible for this provision are fully realised but the need is acute.

To sum up the position as far as Southport is concerned the following conclusions can be reached :—

- (1) Owing to the age and sex constitution of towns such as Southport the problem of the care of the aged is an acute one and must influence to a great degree the planning of the medical and social services of the town.

- (2) The provision of housing accommodation for the elderly is important and in every housing scheme a proportion of the accommodation should be in the form of small flats or small bungalows suitable for the aged. It is suggested that such a provision would by no means act as a hardship to younger persons with families, for many single persons or elderly couples at present occupying larger houses would vacate these to go into smaller flats where they could manage easily without domestic help.

All flats or bungalows provided specifically for elderly persons should be associated with one or other of the hostels in the town.

- (3) The medical and nursing care of the elderly sick in their own homes requires to be developed far beyond the present limits. If such care were available, and were in close liaison with the geriatric out-patient department at the hospital many elderly sick persons could be helped with advantage in the pre-hospital stage. This can be effected only by the inclusion of the general practitioners as active members of the team engaged in this work.
- (4) The allocation of beds for the elderly and chronic sick must be in keeping with the special problem which exists.

In January, a special report was received by the Health Committee in regard to the provision of services for the elderly sick and among other things, it was agreed that an additional Health Visitor should be appointed to take over the district care and after-care work of old people. This Health Visitor was appointed in April and since that time she has done a great deal of useful work in the town. In addition to her home visits, she also attends the Geriatric Out-Patient's Clinic which is held at the Promenade Hospital at weekly intervals.

It is also necessary for the Health Visitor to keep in close touch with Dr. Jean Wishart, who is the Medical Superintendent for Fleetwood Road Hospital and Victoria Home where aged and chronic sick patients are accommodated. The reports of the Health Visitor on the home conditions of patients who are awaiting admission to hospital are most helpful as they enable the Medical Superintendent, in conjunction with the general practitioner in charge of the case, to assess the degree of urgency for each patient. Again, by her attendance at the Geriatric Out-Patients' Clinic, the Health Visitor is able to meet new patients and this is important as she can then carry out her home visits in a more satisfactory manner.

The main purpose of the home visits which are made to the old people who are sick is to enable the Health Visitor to make sure that all possible help is being provided. As an example, arrangements may have to be made for a home help to assist with the domestic work or it might be necessary to arrange for the district nurse to visit or for sickroom equipment to be provided. The Health Visitor, with the consent of the doctor attending the patient, can help in many ways and there is no doubt that there is a definite need for a home visiting service of this kind.

Welfare Centres.—Posters, leaflets and other publicity material relating to general health and hygiene measures were supplied to the Welfare Centres during the year. The "Mothers' Clubs" which were commenced in 1950 at the Hampton Road and Ainsdale Centres were continued during the winter months. The Club at Hampton Road is firmly established and there is a regular attendance at the weekly meetings of approximately 35 mothers. In addition to social activities, classes have been held for dressmaking, smocking and embroidery, and cookery demonstrations have been given. Film shows have also been arranged and talks have been given by the Health Visitors. At Christmas the Mothers' Choir visited a number of Hospitals and Homes to sing carols. Although the Ainsdale Club was

only commenced at the end of 1950, good progress has been made and many meetings have been held. Lessons have been given in handicrafts and needlework and it is hoped that further developments in the activities of the Club will take place in the coming year.

These Clubs form a useful link with the normal medical and nursing work which is done at the Centres and they are very much appreciated by the mothers.

Co-operation with Hospitals.—Throughout the year, the Almoners of the local Hospitals continued to refer the names of patients to the Health Department where the services of a district nurse or home help seemed to be required. A total of 61 patients was dealt with in this manner and the necessary help was arranged.

As mentioned elsewhere in this report, the Tuberculosis Visitor continued to attend the Treatment Clinics which are held at the Southport Infirmary and this co-operation between the hospital and district service is of the greatest value.

HOME HELP SERVICE

The Services of a Home Help can be provided in the following circumstances :—

- (a) When a person is ill.
- (b) For expectant and nursing mothers.
- (c) For elderly persons who are infirm or ill.
- (d) To households where there is a mental defective in the family and
- (e) In any case when it is considered that the services of the Home Help would relieve anxiety and distress.

The maximum charge for the service is 2/6d. per hour, but on application being made this fee may be reduced or cancelled in cases of financial hardship. All the helps are part-time ; the amount of time each can devote to the work has varied according to their domestic circumstances, as many of them are married women with families.

The following statement shows the work done by the Service during 1951 :—

	Classification of Cases			Totals
	A	B	C	
Number of cases on register at beginning of year.....	3	16	50	69
Number of new cases during year	24	69	94	177
	27	85	144	246
Number of cases discontinued during year	25	61	84	170
Number of cases on register at end of year	2	24	60	76
Number of applications received.....	24	75	105	204
Number of cases assisted	24	69	93	186
Number of cases not assisted	—	6	12	18*
Number of hours worked by helps	769	5929	14166	20864

*In 18 cases the request for help was withdrawn by the applicants.

Classification of Cases

A.—Maternity

B.—Sickness.

C.—Old Age.

Staff (All Part-Time)

Number of helps employed at beginning of year	20
Number appointed during year	9
	<hr/>
Number leaving during year	29
	<hr/>
Number of helps employed at end of year	10
	<hr/>
Number of visits to homes by Organiser	19
	<hr/>
Number of persons interviewed at Office	709
	<hr/>
	<hr/>
Number of persons interviewed at Office	1407
	<hr/>

MENTAL HEALTH SERVICES

Sub-Committee.—Nine members of the Council serve as a Mental Health Sub-Committee and two of these members are doctors ; in addition, a medical practitioner has also been co-opted onto this Sub-Committee to provide a link between the general medical service of the town and the local Health Authority's service.

Duties of the local Health Authority : The duties of the local Health Authority in regard to mental health are as follow :—

- (a) The initial care and removal to hospital of persons who are suffering from mental illness and who are dealt with under the Lunacy and Mental Treatment Acts.
- (b) The ascertainment and, where necessary, removal to institutions of mental defectives and the supervision, guardianship and training of those mental defectives who remain in the community and
- (c) The care and after-care of all types of patient, including arrangements for the prevention of mental illness.

Staff.—The staff available for this service at the end of the year was a part-time Medical Officer, a part-time Senior Duly Authorised Officer, two full-time Duly Authorised Officers and a Home Teacher for Mental Defectives ; all the Duly Authorised Officers are also appointed as Mental Health Visitors.

Mental Illness.—Although difficulties were experienced from time to time during the year in obtaining hospital accommodation for patients suffering from mental illness, the general arrangements were satisfactory. The Duly Authorised Officers have to maintain a twenty-four hour service as a request for help may be received at any time of the day or night. It will also be realised that when the initial enquiries are made by the Duly Authorised Officers much tact and patience is required and for this reason, one case may occupy their time for many hours before it is brought to a satisfactory conclusion.

When patients have been discharged from hospital, a notification is sent to the Health Department so that the necessary arrangements can be made for "follow-up" visits. This is an important feature of the work of the Duly Authorised Officers as they can make sure that the patient is aware of the help which can be given. Through his or her contact with the Health Departments' staff, the patient also realises that friendly advice and assistance is easily available, should this be required.

The work in regard to mental illness also includes the preparation of case notes for the hospital on the admission of a patient and home reports before discharge are also required on occasions.

Mental Deficiency.—Although institutional accommodation for six defectives was found during 1951 as compared with only one in the previous year, much improvement is still needed by the provision of more beds before it will be possible to arrange admissions without the considerable delays and difficulties which are experienced

at the present time. It is realised that the shortage of institutional accommodation is common throughout the country and there is no doubt that the Regional Hospital Boards and the Ministry of Health are fully aware of the situation. Even so, it should be mentioned that when a bed is required in an urgent manner, any undue delay in admission causes grave hardship for the parent or relative who is caring for the defective and the Local Health Authority's responsibility is also increased.

The Mental Health Visitors' supervisory work in connection with mental defectives on the district was continued in a satisfactory manner and periodical progress reports were also prepared for those defectives who were on licence from institutions.

Training of Mental Defectives.—The work of the Home Teacher for Mental Defectives continued steadily throughout the year and various kinds of training was provided both at the weekly group session held at 44 Hoghton Street and during the course of her home visits. A social was held once each month at the Hampton Road Welfare Centre for the mental defectives and these parties proved most successful.

The following tables show the work done during the year in regard to mental illness and mental deficiency :—

(A) Mental Illness (Lunacy and Mental Treatment Acts 1890 to 1930) :—

(1) Number of admissions to Hospital :—	Male	Female	Total
for observation—Sec. 20 Lunacy Act 1890	36	52	88
for observation—Sec. 21(1) do.	2	3	5
as certified patients—Sec. 16 do.	1	2	3
as certified patients—Sec. 4, 5 & 6 do.	1	3	4
as voluntary patients—Sec. 1 Mental Treatment Act, 1930	12	17	29
TOTALS	52	77	129
(2) Number of admissions to mental hospitals from observation wards at County Hospital Ormskirk	16	21	37
(3) Number of certifications for continued detention of patients already in County Hospital, Ormskirk	1	9	10
(4) Number of cases referred to the department for investigation during the year	91	127	218
(5) Action taken in regard to cases mentioned in (4) above			
admitted to Hospital for observation.....	38	55	93
(of these, 36 were subsequently certified)			
admitted to Hospital as voluntary patients.....	13	17	30
referred to Psychiatric Out-Patients' Clinic.....	10	10	20
referred to Welfare Service	6	11	17
admitted to Hospital as senile dementia cases	3	4	7
no further action indicated after investigation	21	30	51
TOTALS	91	127	218
(6) Total number of visits made by Duly Authorised Officers :—			
(a) After-care visits			126
(b) All other visits			630
Total number of visits			756

(7) Total number of discharges and deaths from mental hospitals notified during 1951 :—

	Males	Females	Total
(a) Deaths	5	24	29
(b) Discharges	51	53	104
TOTALS	56	77	133

(B) Mental Deficiency (Mental Deficiency Acts 1913-1938)

(B) Mental Deficiency (Mental Deficiency Acts 1913-1938)	During 1951				Total as at 1st Jan., 1952			
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.
(1) PARTICULARS OF CASES REPORTED DURING 1951—								
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—								
(i) Under Section 57(3)	2	—	—	—	—	—	—	—
(ii) Under Section 57(5) :—								
On leaving special schools	—	—	—	—	—	—	—	—
On leaving ordinary schools	—	—	1	1	—	—	—	—
(b) Cases referred by the police or by the Courts under Section 8(1)(a) (or as a result of other action by the Courts)	—	1	1	—	—	—	—	—
(c) Other defectives reported during 1951 :—								
(i) found "subject to be dealt with"	2	2	3	1	—	—	—	—
(ii) not at present "subject to be dealt with" ..	—	—	—	—	—	—	—	—
Total number of cases reported during the year	4	3	5	2	—	—	—	—
(2) DISPOSAL OF CASES :—								
(a) those found "subject to be dealt with" :—								
(i) Placed under Statutory Supervision	1	—	1	1	4	2	6	8
(ii) Placed under Guardianship*	—	—	—	—	—	—	1	2
(iii) Taken to "Places of Safety"	1	1	3	—	3	3	3	—
(iv) Admitted to Institutions	—	—	1	—	1	1	51	39
(v) Died or removed from area	—	—	—	—	—	—	—	—
(vi) Action not yet taken	2	2	—	1	2	2	—	1
(b) those not at present "subject to be dealt with":—								
(i) Placed under Voluntary Supervision	—	—	—	—	2	—	6	4
(ii) Later found not to be defective	—	—	—	—	—	—	—	—
(iii) Died or removed from area	—	—	—	—	—	—	—	—
(iv) Action unnecessary	—	—	—	—	—	—	—	—
(v) Action not yet taken	—	—	—	—	—	—	—	—
Total of item 2	4	3	5	2	12	8	67	54
(3) CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY ON 1.1.52 :—								
(a) Cases included in item 2(a)(i) to (iii) above in need of institutional care :—								
(1) In urgent need of institutional care :—								
(i) cot and chair cases	—	—	—	—	1	—	—	—
(ii) ambulant low grade cases	—	—	—	—	3	3	—	—
(iii) medium grade cases	—	—	—	—	—	—	—	—
(iv) high grade cases :	—	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care:—								
(i) cot and chair cases	—	—	—	—	—	—	1	2
(ii) ambulant low grade cases	—	—	—	—	—	2	5	—
(iii) medium grade cases	—	—	—	—	—	—	—	4
(iv) high grade cases	—	—	—	—	3	—	4	4
Total of item 3	—	—	—	—	7	5	10	10

*Number of the defectives under Guardianship on 1st January, 1952 who were dealt with under the provisions of Section 8 or 9 :—M. Nil. F. Nil.

		Under age 16		Aged 16 & over	
		M.	F.	M.	F.
(3) CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY					
ON 1.1.52 (continued)					
(b) Of the cases included in item 3(a) on previous page number in need of institutional care <i>only</i> because of poor environment :—					
(i) medium grade cases		—	—	—	—
(ii) high grade cases.....		—	—	—	—
Total of item 3(b)		—	—	—	—
(c) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i) on previous page, number considered suitable for:—					
(i) occupation centre		—	—	—	—
(ii) industrial centre		—	—	—	—
(iii) home training		3	3	4	10
Total of item 3(c)		3	3	4	10
(d) Number of cases receiving training on 1.1.52:—					
(i) in occupational centre		—	—	—	—
(ii) in industrial centre		—	—	—	—
(iii) at home		3	3	3	9
Total of item 3(d)		3	3	3	9

- (4) Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care during 1951.

	M.	F.	T.
(a) Ceased to be under care	—	—	—
(b) Died, removed from area, or lost sight of	2	1	3
TOTAL	2	1	3

- (5) Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1951 ... Nil

	Males	Females
(b) Number who have married during 1951	Nil	1

- (6) Number of visits made by Mental Health Visitors during 1951 to cases under Statutory Supervision, guardianship or on licence from institutions, etc. ... 269.

Training of Mental Defectives

Summary of work for 1951 :—

Number of cases on register at beginning of period	18
Number of new cases added	2
	—
	20
Number of cases taken off register	2
	—
Number of cases on register at end of period	18

Details of Training

(1). At Homes of Mental Defectives :—

(a) Number of visits made to mental defectives in their own homes 1045

(b) Kinds of training provided :—

Physical work, speech, sense and number training, money and time values, eurhythmics, painting, modelling, basketry, music, embroidery, knitting and sewing.

(2). At the Centre :—

(a) Number of sessions held 46

(b) Total number of attendances made by mental defectives during the period 181

(c) Number of defectives attending Centre at end of the period..... 5

(d) Kinds of training provided :—

Physical and rhythmic training, handwork, sense training, singing and games.

CENTRES AND CLINICS

ADDRESS	DAY	TIME
CHILD WELFARE CENTRES—		
1. Methodist Church, Ainsdale.....	Mondays	2 to 4 p.m.
2. North Road, Crossens	Wednesdays	2 to 4 p.m.
3. Methodist School, Liverpool Road	Tuesdays	2 to 4 p.m.
4. Poulton Road, High Park	Tuesdays	2 to 4 p.m.
Do. do.	Wednesdays	2 to 4 p.m.
5. Hampton Road	Thursdays	2 to 4 p.m.
6. Methodist School, Derby Road	Fridays	2 to 4 p.m.
ANTE-NATAL CLINICS :—		
44 Hoghton Street	Wednesdays	9-30 to 10-30 a.m.
Do.	Thursdays	2 to 4 p.m.
POST-NATAL CLINICS :—		
44 Hoghton Street.....	Mondays	2-30 to 3-45 p.m.
TUBERCULOSIS CONTACT CLINIC :—		
Southport Infirmary	Mondays	2 to 5 p.m.

Part III

SANITARY CIRCUMSTANCES OF THE AREA

SANITARY CIRCUMSTANCES OF THE AREA

Water.—The water supply is maintained by the Southport and District Water Board, which is a combination of the local authorities of the County Borough of Southport, the Urban District of Formby, and the West Lancashire Rural District. The Board supplies water within the area of these three authorities and also in part of the Ormskirk Urban District.

There are five pumping stations owned by the Water Board, and these are situated six to ten miles south-east of the town. The water from Scarth Hill does not come into Southport.

The wells and boreholes are all over 200 feet deep. Owing to the depth of the wells and the nature of the strata the possibilities of contamination are remote. The water has no plumbo-solvent action, and although somewhat hard is exceptionally pure, both chemically and bacteriologically. The water from the Blundell House pumping station (opened in July, 1934) shows a marked difference from the others, being a much softer supply.

During 1949 a new deep borehole at Scarisbrick was completed. Samples of water taken during the Yield Test showed a notably high standard of bacteriological purity for a water from a newly completed borehole.

Samples of the water are taken regularly.

Chemical Analysis, 27th February, 1951

The water is hard with a temporary hardness of 273 parts per million and a permanent hardness of 81 parts. It therefore has a total hardness of 354 parts per million.

	Parts per Million
Total solid matter in solution.....	476
Oxygen required) in 15 minutes	0.06
to oxidise) in 4 hours	0.20
Ammoniacal Nitrogen as N.	None
Albumoid Nitrogen as N.	None
Nitrous Nitrogen as N.	None
Nitric Nitrogen as N.	Traces
Combined Chlorine	29.5

Bacteriological Examination, 26th February, 1951

Number of Bacteria on agar at 37°C. for 48 hours	=	0 per 1 c.c.
Number of Bacteria on agar at 22°C. for 48 hours	=	0 per 1 c.c.
B. Coli in water examined	=	0 per 100 c.c.
Total coliform organisms in water examined	=	0 per 100 c.c.
Class 1 : Highly satisfactory.		

Thanks are due to Mr. N. B. Bennett, AM.Inst.C.E., M.Inst.W.E., the Water Board Manager, for providing the following statement of analyses made of the water obtained from the various pumping stations.

Analyses of Samples of Water taken from the Pumping Stations

16th November, 1951

	Halsall Lane P.S.	Springfield P.S. (Filtered)	Bickerstaffe P.S. (Filtered)	Blundell House P.S. (Filtered)
Chemical Results in parts per million				
Appearance	Clear and Bright	Clear and Bright	Bright	Clear and Bright
Colour	Nil	Nil	Less than 10	Nil
Odour	Nil	Nil	Nil	Nil
Reaction pH	7.1	7.3	7.3	6.9
Free Carbon Dioxide	21	19	22	25
Electric Conductivity at 20°C.	480	650	760	360
Total Solids dried at 180°C.	315	430	550	236
Chlorine in Chlorides	24	35	22	25
Nitrogen in Nitrates	1.8	0.0	0.0	0.0
Nitrites	less than 0.01	less than 0.01	less than 0.01	less than 0.01
Metals	Manganese 0.03	Absent	Iron 0.24 Manganese 0.10	Manganese 0.11
Free Ammonia	0.000	0.020	0.020	0.000
Albuminoid Ammonia	0.000	0.000	0.000	0.000
Oxygen absorbed in 4 hours at 27°C. ...	0.00	0.00	0.60	0.20
Hardness : Permanent	70	90	125	40
Temporary	185	260	305	135
Total	255	350	430	175
(Total Hardness : Degrees Clarks Scale)	17.8	24.5	30.1	12.3
Bacteriological Results				
Number of Colonies developing—				
On Agar per c.c. in 3 days at 20°C. ...	0	0	2	0
1 day at 37°C. ...	0	0	0	0
2 days at 37°C. ...	0	0	0	0
Presumptive Coli-aerogenes Reaction				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Bact-coli (Type 1)				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Clostridium Welchii Reaction				
Present in	—	—	—	—
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.

Report :

The samples were reported as being clear and bright in appearance and free from metals, excepting negligible traces of iron and manganese. The waters vary from hard to very hard in character but contain no excess of saline or mineral constituents in solution. They are of the highest standard of organic and bacterial purity.

Houses supplied from other sources than the Town's supply :—Eight houses continue to be supplied from seven shallow wells adjacent to the premises.

Public Baths.—The Victoria Baths near the Pier have ample bathing accommodation, which in addition to three open sea-water swimming baths, comprises 45 Slipper baths, two “Zotofoam” and “Pine Bubble” baths, and a suite of Turkish and Russian baths. The number of bathers attending during the twelve months ending 31st December, 1951, was 180,702.

The large Open-Air Bathing Lake in Princes Park is available for mixed bathing, and has a water surface area of over 55,000 square feet.

The sea water supplied to these baths is so treated by filtration and chlorination that the bath water proves to be of exceptional purity. The bacteriological findings in regard to samples from these baths taken on 4th June, 1951, are as follow :

Summary of Findings	Bathing Lake	Victoria Baths
Organisms at 37°C.....	2 per c.c.	5 per c.c.
Organisms at Room Temperature	4 per c.c.	3 per c.c.
B. Coli	Nil	Nil
Streptococci	Nil	Nil
Cl. Welchii.....	Nil	Nil

With regard to the smaller baths at Canning Road and Compton Road these continued to be freely used.

The Canning Road Baths had an attendance of 5,815 during the year, and the Compton Road Baths an attendance of 6,128.

SANITARY INSPECTION OF THE AREA

Drainage.—Complaints received regarding choked and defective drainage systems of houses numbered 1,439, and the necessary cleansing, repairs and alterations were supervised.

Household Refuse.—The work of collection and disposal of refuse is the responsibility of the Borough Engineer's Department.

Shops.—The administration of the Shops Act is carried out by the Weights and Measures Department. Defects under Section 38 of the Shops Act, 1950, have been referred to the Sanitary Department, and have been dealt with.

Schools.—The regular inspections of the sanitary arrangements at the schools have continued, and the standard of cleanliness has been well maintained.

Hostel.—One common lodging house exists in the Borough, and has been visited on sixty-seven occasions. The conditions under which this house is conducted have on the whole been satisfactory and considerable improvements are being carried out.

FACTORIES

Statistical information, prepared in the manner required by the Ministry of Labour and National Service is shown as follows :—

Factories Acts, 1937 and 1948 (Part I).

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

Premises (1)	Number on Register (2)	Number of		
		Inspec- tions (3)	Written notices (4)	Owners prose- cuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	413	116	8	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	769	377	52	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority † (excluding out-workers' premises)	1	4	—	—
TOTAL	1183	497	60	—

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

2.—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				Number of cases in which prosec- utions were instituted (6)
	Found (2)	Remi- edied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1.).....	22	19	—	5	—
Overcrowding (S.2.)	1	1	—	1	—
Unreasonable temperature (S.3.).....	—	—	—	—	—
Inadequate ventilation (S.4.)	1	1	—	—	—
Ineffective drainage of floors (S.6.)...	—	—	—	—	—
Sanitary Conveniences (S.7.)					
(a) insufficient	2	2	—	1	—
(b) Unsuitable or defective.....	49	26	—	18	—
(c) Not separate for sexes	3	2	—	2	—
Other offences against the Act (not including offences relating to Outwork)	73	19	1	1	—
TOTAL	151	70	1	28	—

OUTWORK						
Nature of Work (1)	Section 110			Section 111		
	No. of out-workers in Aug. list required by Sect. 110 (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 un-wholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing Apparel— Making, etc.	14	1	—	—	—	—
TOTAL	14	1	—	—	—	—

Smoke Abatement.—Seventy-eight observations were made during the year, and in no case was it found necessary to institute legal proceedings.

Pest Control.—Vermin (other than rodents). The department has continued throughout the year to assist and advise on the control of insect pests. The measures employed included spraying with insecticides, and the use of powder insecticides.

RODENT CONTROL

The Rodent Control Service started in March 1944 as a result of the Infestation Order 1943 continued to operate throughout the year.

The Prevention of Damage by Pests Act 1949 became operative on the 31st March 1950 and repealed the Rats and Mice Destruction Act 1919. The principal differences under this Act are that the local authority is now charged with the responsibility of carrying out such inspections and surveys as may be necessary to ascertain that land within their district is kept free of rats ; and, the local authority is also responsible for the supervision of all land which includes agricultural holdings previously supervised by the County Agricultural Executive Committee.

There is one Rodent Operator and he is able to cover the work by means of motor transport. The staff of Sanitary Inspectors assist him in surveying the areas in their own districts. The services of the operator are available on application being made by occupiers of premises which are infested and a duty is laid upon them to notify the Local Authority, in writing, if rats or mice are found on land in substantial numbers. The occupier of premises or land is still responsible for the work of disinfection of his property.

The definition of land in the act includes land covered with water and any building or part of a building.

It should be remembered that apart from the vast amount of destruction caused by rats and mice, these rodents may also be carriers of disease germs which can be transmitted to man by the contamination of food. It is important, therefore, to take all steps which are possible to assist the department in this work.

The following table shows the work done during the year :—

Prevention of Damage by Pests Act, 1949

Report for the Year 1951

1. PREVALENCE OF RATS AND MICE							
TYPE OF PROPERTY	Number of Properties in Local Authority's Area				Analysis of Column (iv)		
	Total	in which infestation was :			Number Infested by		
		Notified by Occupier	Other-wise Discov-ered (iii)	Recorded Total of (ii) and (iii)	RATS		MICE ONLY
					Major	Minor	
	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)
Local Authority Property	192	21	38	59	—	36	23
Dwelling Houses	24778	94	48	142	—	80	62
Business Premises	3636	63	103	166	—	92	74
Agricultural Property ...	44	4	6	10	—	10	—
TOTALS	28650	182	195	377	—	218	159

2. MEASURES OF CONTROL BY LOCAL AUTHORITY

Type of Property	No. of Properties Inspected	No. of Inspections made	Number of Notices Served Under Section 4		Number of Treatments carried out :—					Block Treatment of Properties in Different Occupancies Under Section 6(i) or by Informal Arrangement		
					By arrangement with Occupier		Under Section 5 (i)					
							Rats		Mice Only			
			Treatments	Works	Rats	Mice Only	Major	Minor		Mice Only	No. of Blocks	No. of Separate Occupancies
Local Authority's Property ...	175	455	11	4	29	19	—	—	—	1	4	2
Dwelling Houses	263	566	18	25	41	32	—	—	—	1	6	2
Business Premises	418	1144	41	61	53	44	—	—	—	2	10	4
Agricultural Property	20	40	2	—	8	—	—	—	—	—	—	—
TOTALS	876	2205	72	90	131	95	—	—	—	4	20	8

Summary of Visits.—During the year the total number of visits made by the Inspectors was 21,872 classified as follows :—

Nuisances

COMPLAINTS—NUMBER INVESTIGATED—

(1). Housing Defects	513
(2). Choked and Defective Drains	1439
(3). Emission of Smoke	13
(4). Accumulation of Offensive Matter	42
(5). Miscellaneous	292

TOTAL 2299

INSPECTIONS—

Dwelling houses	869
Common Lodging Houses	67
Houses let in Lodgings	4
Common Yards, Back Roads and Passages	244
Horse-manure Middensteads	25
Pigstyes	120
Offensive Trades	335
Rag Flock and Upholstery Premises	13
Places of Public Entertainment	18
Public Sanitary Conveniences	342
Tents, Vans and Sheds	18
Abattoir	643
Broker's Premises	—
Ashes Receptacles (Ashpits and Dustbins)	42
Conversions (Earth Closets and Bristol Ejects to W.C.'s)	31
Smoke Observations	78
Testing Drains :	
By Smoke	95
By Breaking down	131
By Water	2
By Coloured Water	11
Insufficient Water Supply	11
Factories Act, 1937 :	
Factories with mechanical power	377
Factories without mechanical power	116
Workplaces	1
Shops Act, 1934	1
Fried Fish Shops	65
Fishmongers and Greengrocers	872
Butchers' Shops	1628
Grocers' Shops	1684
Bakehouses	138
Canteens	—
Public Houses, Beer Houses, etc.	11
Food Preparing and Storing Places	1403
Dairies	627
Ice Cream Premises	587
Samples procured for Bacteriological Examination :	
Milk	429
Ice Cream	152
Other Foodstuffs	50
Water	24
Samples of Milk procured for Biological Examination	26
Samples obtained under the Food and Drugs Act, 1938 :	
Milk	140
Other Foodstuffs	228

Samples of Water (Chemical)	14
Infectious Disease Visits	1133
Diseases of Animals Acts and Orders	8
Prevention of Damage by Pests Act, 1949	2205
Inspections of Dwellinghouses and other premises for vermin infestation	181
Visits to work in progress	4575
Visits re Housing Survey	16
Miscellaneous Visits (Interviews, etc.)	2226
TOTAL	22016

Nuisances.—The number of schedules of cases recorded for abatement was 2,299.

In all cases the usual verbal request for the abatement of nuisances found was made, but in 1102 instances it was necessary to serve written notices as follows :—

Preliminary	1051
Statutory	51
TOTAL	1102

The number of preliminary and statutory notices complied with during the year was 896.

Rag Flock and Other Filling Materials Act, 1951.—The purpose of the Act is to secure the use of clean filling materials in upholstered articles which are stuffed or lined. Numerous visits had to be made to ascertain whether the various premises in the area came within the definition of premises to be registered and whether licences were required for the storage of rag flock.

Up to the end of the year eleven premises had been registered and five licences granted to store rag flock.

Part IV

HOUSING

HOUSING

General.—The number of inhabited houses totalled 24,778.

The following table shows the number of houses built during the period 1936 to 1951. It should be noted that no houses were built in the years 1941 to 1945 inclusive.

Year.....	1936	1937	1938	1939	1940	1946	1947	1948	1949	1950	1951
Number of houses built ...	384	385	249	308	42	310	163	156	126	102	67

Fitness for Habitation.—The standard of fitness of houses in the Borough continued to be generally good. Owing to the increased cost of materials and labour, it has been found that far more interviews with owners and revisits to properties have had to be made to see that notices were complied with and this has thrown greater work on to the Inspectors of the department.

Overcrowding.—The number of complaints regarding alleged overcrowding received during the year was 27, of which 9 were subsequently found to be overcrowded by visitation of the Sanitary Inspectors. In all instances where overcrowding was found to occur the matter was referred to the Housing Department requesting that assistance be granted in these cases.

HOUSING STATISTICS

1. Inspection of dwelling houses during the year :—

- | | |
|---|-------|
| (1) (a) Total number of dwelling houses inspected for housing defects (under the Public Health and Housing Acts)..... | 1,127 |
| (b) Number of inspections made for the purpose | 4,575 |
| (2) Number of dwelling houses found not to be in all respects reasonably fit for human habitation | 1,051 |

2. Remedy of defects during the year without service of formal notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers.....	850
--	-----

3. Action under statutory powers during the year :—

A.—Proceedings under the Public Health Act :—

- | | |
|--|-----|
| (1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied | 51 |
| (2) Number of dwelling houses in which defects were remedied after service of formal notices :— | |
| (a) By owners..... | 46 |
| (b) By Local Authority in default of owners | Nil |

B.—Proceedings under Sections 9 to 12, Housing Act, 1936 :—

- | | |
|---|---|
| (1) Number of dwelling houses demolished as a result of formal procedure under Section 11 | 1 |
|---|---|

No other dwelling houses were closed or demolished under the provisions of the Housing Act 1936.

Part V

INSPECTION AND SUPERVISION
OF FOOD

FOOD STANDARDS

Three hundred and sixty eight samples of food were taken and submitted to the Public Analyst for chemical analysis.

The results showed that 342 were genuine and 26 were adulterated or otherwise giving rise to irregularity ; the latter included 10 formal and 16 informal samples.

All the samples certified as not genuine were followed up, and appropriate action was taken. Full details were forwarded to the Ministry of Food.

List of samples found to be adulterated or otherwise giving rise to irregularity

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
337 Informal	Meat Paste— Slightly deficient of meat (Total meat 49%)	No further sample available.
269 Informal	Smoked Saithe— Canned fish in a deteriorated condition and unfit for human consumption.	The Wholesalers who had distributed this particular consignment had instructed all their customers to return any unsold tins. Four tins were voluntarily surrendered.
290 Informal	Sponge Pudding Mixture— Deficient of available carbon dioxide to the extent of 37½% (Available carbon dioxide 0.25%.)	Insufficient stock available for Formal sampling. One packet surrendered.
300 Informal	Sweetened Sponge Flour Mixture— Deficient of sugar to the ex- tent of 25% (Total sugar 30%)	No further supplies available for formal sampling.
307 Formal	Milk— Deprived of 11% of its original milk fat.	Warning letter from Town Clerk sent to the Producer.
317 Informal	Custard Powder— Custard powder infested with Tyroglyphid mites, eggs and pupae and unfit for human consumption.	Sample taken from old stock. Re- mainder voluntarily surrendered.
315 Informal	Scone Flour Mixture— A Farinaceous preparation heavily infested with Tyro- glyphid mites and unfit for human consumption.	Sample taken from old stock. Re- mainder voluntarily surrendered.
360 Informal	Fish Dressing— A coloured wheat preparation, containing an insect resem- bling Stegobium paniceum.	Remaining stock of 12 packets volun- tarily surrendered.
440 Formal.....	Milk— Deprived of 11% of its original milk fat.	"Appeal to Cow" Samples numbered 441, 442 and 443 taken as a result of this unsatisfactory sample. Sample number 442 was found to be deficient in fat due to the fact that the stripp- ings from the cows had not been distributed throughout the milk. Letter sent from the Town Clerk advising that the strippings should be evenly distributed throughout the milk.
442 Formal.....	Milk— Deprived of 5% of its original milk fat.	

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
447 Formal.....	Milk— Deprived of 7% of its original milk fat.	"Appeal to Cow" Samples numbered 450, 451 and 452 taken. Sample No. 452 was found to be milk of abnormal composition. Owing to the unsatis- factory intervals in the milking periods and milk of abnormal com- position being obtained this matter was referred to the Ministry of Agriculture and Fisheries, by the Town Clerk, who are carrying out investigations.
449 Formal.....	Milk— Deprived of 10% of its original milk fat.	"Appeal to Cow" Samples numbered 453, 454 and 455 were taken in con- nection with this unsatisfactory sam- ple. It was found that again the interval between the milking periods was unsatisfactory and owing to milk of abnormal composition having been obtained, this matter was referred by the Town Clerk, to the Ministry of Agriculture and Fisheries, Quality Division, who are carrying out in- vestigations.
452 Formal.....	} See observations relative to sam- ples numbered 447 and 449.	
454:Formal.....		
419 Informal	Concentrated Tomato Soup— Consisted of canned tomato puree containing 600 parts of tin per million.	Information was received from the Medical Officer of Health for Green- wich that a consignment of imported Concentrated Tomato Soup had been analysed at the port and found to contain more than the permitted number of parts of tin per million. Unfortunately the soup had been dispersed from the port prior to the analysis being obtained. It was found that one firm in the borough had received a consignment of 600 tins and as a result of this analysis, 517 tins were voluntarily surrendered.
460 Informal	Farinaceous Preparation— Consisted of a farinaceous pre- paration infested with insects and unfit for human consump- tion.	As a result of this unsatisfactory informal sample, 4 packets were voluntarily surrendered by the vendor.
457 Informal	Orange Chocolate Spread— Consisted of an orange flavour- ed glucose preparation, not properly labelled and devoid of chocolate.	As a result of this unsatisfactory informal sample, a formal sample, numbered 504, was taken. The attention of the Ministry of Food was drawn to this irregularity.
389 Informal	Table Jelly— Consisted of a table jelly tablet in a deteriorated condition. The tablet was also contam- inated by wood fragments and other debris.	This informal sample was submitted to the Public Analyst on a request from the vendor and as a result of this unsatisfactory analysis 32 tablets were voluntarily surrender.
503 Formal.....	Milk— Contained 3½% of added water.	Referred to Medical Officer of Health for Lancashire County Council. Later informed that 3 formal samples had been obtained from this Pro- ducer and were found to be genuine.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
515 Formal.....	Beef Sausages— Slightly deficient of meat (Total meat 46%).	This product was found on investigation to be hand mixed sausage filling material and a letter was sent to the manufacturer drawing his attention to this deficiency.
471 Informal	Sardines— Canned fish containing an excessive amount of lead (Lead 25 parts per million).	Further sample not obtainable.
616 Informal	Bread— Contaminated by lubricant.	Manufacturers interviewed and informed of unsatisfactory sample and agreed to take all precautions against over oiling of bread rolling machine.
601 Informal	Canned Haricot Beans— Contained 300 parts of tin per million.	As this was an imported product, the Town Clerk informed the Food Standards and Labelling Division of the Ministry of Food, of the Public Analyst's findings and a label from a similar tin was submitted to the Ministry. 19 tins were voluntarily surrendered by the Shopkeeper and destroyed.
597 Informal	Celery Cheese Spread— Deficient of fat on dry solids to the extent of 22½%. Slightly deficient of fat (Fat on dry matter 43%). Cod Liver Oil— Consisted of a vitamin preparation packed in a dirty bottle.	As a result of the unsatisfactory Informal sample, a Formal sample (No. 612) was taken. The Town Clerk notified the manufacturers of this product, of the slight deficiency of fat. This unsatisfactory sample was obtained from a Day Nursery and the findings of the Analyst were reported to the local office of the Ministry of Food for any action they deemed necessary.
612 Formal.....		
615 Informal		

**Table showing particulars of the number of samples taken for
Bacteriological Examination—Year 1951**

Nature of Samples and Specimens	Number of specimens procured for submission to bacteriologist for bacteriological examination				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year
FOOD AND DRINK—					
Ice Cream	12	59	32	49	152
Milk	119	120	68	122	429
Other Foods	9	9	13	19	50
*Water	1	3	14	6	24
TOTALS	141	191	127	196	655

*Intended for human consumption.

DISTRIBUTION OF MILK

There are 117 distributors of milk on the register of the local authority of whom 113 have their premises inside the Borough. The premises are inspected regularly and samples are frequently submitted for bacteriological examination. During the year 429 samples of milk were submitted to the Bacteriologist for examination of which 310 were Pasteurised, 18 Sterilised, 70 Tuberculin Tested (Pasteurised) 26 Undesignated, 1 Tuberculin Tested Certified and 4 Tuberculin Tested. Of these samples 5 Pasteurised samples failed the Phosphatase Test and 3 failed the Methylene Blue Test; 3 T.T. (Pasteurised) Milks failed the Phosphatase Test and 1 failed the Methylene Blue Test: 1 undesignated sample failed the Methylene Blue Test and the remainder proved to be satisfactory. In all instances where the Pasteurised Milk samples failed the Phosphatase Test, the milk was examined by means of guinea pig inoculation for T. Bacilli. In addition 26 samples of raw milk were submitted for biological examination and in one instance T. Bacilli was found. All the milk from this herd was pasteurised until the herd was declared free of tuberculous cows by the Veterinary surgeon.

In all instances where unsatisfactory samples were obtained the premises were thoroughly examined and the equipment tested with a view to finding the source of the failure. In every case where unsatisfactory milk samples were obtained from producers outside the Borough, the information was submitted to the appropriate authority.

It will be seen that the quality of milk sold in the Borough has maintained a very high level in that 3% only were found to be unsatisfactory.

The number of samples taken for chemical analysis was 140, of which 6 were reported by the Public Analyst to be adulterated or otherwise giving rise to irregularity. Details of the four are given on pages 64 and 65.

Sale of Milk under Designation

Classification of Licences issued	Number of Licences issued during the year	
	1950	1951
(1) Milk (Special Designation) (Raw Milk) Regulations 1949		
<i>"Tuberculin Tested"</i>		
Dealers' Licences authorising the use of the special designation <i>"Tuberculin Tested"</i> in relation to milk sold from the holder's premises	49	17
Supplementary Licences authorising the use of the special designation <i>"Tuberculin Tested"</i> in relation to milk sold by retail from the holder's premises outside the Borough	1	1

Classification of Licences issued	Number of Licences issued during the year	
	1950	1951
(2) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949—		
<i>“Pasteurised”</i>		
Dealers' (Pasteurisers') Licences authorising the use of the special designation <i>“Pasteurised”</i> in relation to milk treated by the pasteurising process at the holder's premises	6	10
Dealers' Licences authorising the use of the special designation <i>“Pasteurised”</i> in relation to milk sold from the holder's premises	53	51
Supplementary Licences authorising the use of the special designation <i>“Pasteurised”</i> in relation to milk sold by retail from the holder's premises outside the Borough	1	3
<i>“T.T. Pasteurised”</i>		
Dealers' Licences authorising the use of the special designation <i>“Tuberculin Tested (Pasteurised)”</i> in relation to milk sold from the holder's premises.....	—	40
Supplementary Licences authorising the use of the special designation <i>“Tuberculin Tested (Pasteurised)”</i> in relation to milk sold by retail from the holder's premises outside the Borough	—	2
<i>“Sterilised”</i>		
Dealers' Licences authorising the use of the special designation <i>“Sterilised”</i> in relation to milk sold from the holder's premises	15	59
Supplementary Licences authorising the use of the special designation <i>“Sterilised”</i> in relation to milk sold by retail from the holder's premises outside the Borough	1	2
TOTALS	126	185

FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption are set out below :—

Carcases Inspected and Condemned Public Abattoir

PARTICULARS	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number of animals killed.....	2802	859	2064	9088	249
Number of carcasses inspected ...	2802	859	2064	9088	249
RESULTS					
All diseases except tuberculosis :—					
Number of whole carcasses condemned	2	4	11	11	10
Number of carcasses of which some part or organ was con- demned	928	430	7	1172	13
Percentage of the number in- spected affected with disease other than tuberculosis	33.19	50.52	0.87	13.13	9.24
Tuberculosis only :—					
Number of whole carcasses con- demned	12	35	—	—	2
Number of carcasses of which some part or organ was con- demned	233	462	—	—	32
Percentage of the number in- spected affected with tuber- culosis	8.74	57.86	Nil.	Nil.	13.65

The condemnations of whole carcasses shown in the above table were due to tuberculosis, (forty-nine), septicaemia (four), oedema (ten), peritonitis (four), pyaemia (eight), moribund (five), fevered (two), septic peritonitis (two) and injuries (three). All the animals, except three were brought into the abattoir from outside the Borough.

Summary of meat and other articles of food which were found to be diseased or unwholesome

	Cwts.	Qrs.	Lbs.
Beef.....	569	1	26
Veal.....	3	3	6
Mutton	22	2	21
Pork	28	2	23
Fish.....	29	1	15
Poultry, Game, Rabbits	7	2	13
Fruit	22	1	18

Tinned Goods.—	Cwts.	Qrs.	Lbs.
Milk	14	3	23
Meat	65	3	7
Fish.....	15	1	9
Vegetables	16	3	11
Fruit	59	1	24
Cereals	12	2	24
Jam	5	0	23
Miscellaneous	7	3	27
	882	2	10
TOTAL.....	44 tons,	2 cwts,	66 lbs.

All the meat was sent for salvage and converted into technical/industrial substances. The remaining diseased or unsound food was destroyed.

The whole of the food listed was voluntarily surrendered and no legal action was necessary to safeguard public health.

PUBLIC ABATTOIR

Considerable improvements have been completed at the Abattoir during the year. There is now an abundant supply of hot and cold water and steam. A new concrete roadway and electricity has been provided in all the slaughtering halls and lairs. Extensive repairs to all the buildings have been carried out. In addition a messroom and airing room have been provided for the use of the employees engaged.

It was a great disappointment to the Committee when the Ministry of Food refused to agree to the provision of a stunning pen and modern overhead runways but now (1952) approval has been obtained. By the use of a stunning pen for cattle, the cruelty previously caused can be reduced to a minimum. It is hoped that these further improvements will be completed as soon as practicable and thus provide a reasonable working unit with modern fittings and equipment where the meat can be produced under hygienic conditions.

FOOD HYGIENE

The standard of hygiene throughout the area has continued to improve and, though greater efforts are still needed, it is encouraging to note the upward trend in the various food industries. This is no doubt due to a certain extent to the members of the general public becoming more hygiene conscious and also to the continued efforts of the Food Hygiene Officer.

Good co-operation has been maintained with the various food organisations and, though difficulty is being experienced in obtaining the necessary licences to improve food preparing premises, the assistance of the Department usually achieves the desired effect.

The lectures, jointly organised by the St. John Ambulance Association and the Health Committee, have continued to operate satisfactorily and courses were held in the Spring and Autumn of the year. Since the inauguration of the lectures 355 persons have attended, 209 have taken the examination and 140 certificates have been awarded. It is held that by such courses of instruction, and short lectures in the kitchens and factories, good results will be obtained. Various organisations have been addressed by the Chief Sanitary Inspector and the Food Hygiene Officer and the lectures to school children have been continued. It is believed that by

raising the standard of personal hygiene amongst all dealing with food supplies, in the home, shop and factory, will the most lasting results be achieved. The use of new film strips for more visual lecturing has been developed and has been much appreciated by audiences generally.

Such interest has been aroused by the organised lectures that it is hoped to arrange for a Food Hygiene Discussion Group to be formed. Numerous requests have been received from students who attended the courses that such a group would not only maintain the interest already aroused, but stimulate further the desire to learn more about food hygiene.

The Model Byelaws relating to food premises which have been in operation since 1950 have continued to play an important part in the upward trend in food hygiene. Over 1,000 copies have been distributed to the various food premises throughout the Borough and have greatly assisted in the enforcement of better standards where necessary.

SAFE FOOD EXHIBITION

Throughout the Autumn months arrangements were made for the holding of a Safe Food Exhibition in the Cambridge and Victoria Halls, during the third week of January 1952. A great deal of preparation and organisation was necessary and the co-operation of the Ministry of Agriculture and Fisheries was requested for the free loan, erection and dismantling of the shell stands. It is a great pity that this excellent service has now ceased as it enabled local authorities to stage ambitious exhibitions at a reasonable cost.

It was decided to try and attract not only members of the public actively engaged in the preparation, handling and distribution of food but also housewives: special provision was made for them by showing a handyman's kitchen with modern fittings and furnishings which could be made and fitted cheaply and could be erected without professional assistance.

By the end of the year preliminary preparations had been completed.

In addition arrangements had been made for the printing of 7,500 copies of a 48 page Brochure explaining the purpose of the Exhibition and setting out the various viewpoints on Food Hygiene.

Despite the wintery weather experienced on two days, the attendances were exceptionally good and the exhibition was an undoubted success. It was visited by 5,891 adults and 1,299 senior school children. Exhibits costing approximately £7,000 were displayed by 54 exhibitors from all parts of the country.

The stands displayed clean and dirty kitchens, the various forms of washing-up procedure, ice-cream production by old and modern methods, up-to-date ways of food display and milk processing. In addition, various machines for glass washing, refrigerators for the display and storage of food and modern hygienic shop fittings, were on view. The specimens of diseased and unsound foodstuffs attracted a great deal of attention and the all-electric kitchen was well received. The school meals exhibit created much interest and the rodent and insect destruction stand aroused a considerable amount of comment. The different methods of hand drying were well displayed and the all gas kitchen, where daily demonstrations of "cold cooking" were given, was very popular. One stand exhibited various food commodities produced in the Borough; another showed the larger type of modern kitchen equipment: detergents and sterilising agents were also shown. The highlight on the stand of the chef's requirements was the demonstration of grilling by Infra Red Ray.

A stand portraying a modern shop was very well presented and the handyman's kitchen was the cause of numerous queries. The cupboards and fittings were constructed by local schoolboys and the furniture by students from the Technical College.

The demonstration of bacteriological work in connection with foodstuffs was of exceptional interest particularly to school children and the officer on duty was busy throughout the week.

The Ministry's film theatre was filled to capacity at each performance and many instructional films were presented.

The publicity stand, in addition to providing pamphlets describing all the exhibits on the stands, contained literature on hygienic food production, and advertised the course of lectures for food handlers commencing in the Spring. The prize winning posters were also displayed on this stand.

On the first evening Food Hygiene Certificates were presented by the Mayoress to successful students who had attended the Autumn session of lectures and each evening film shows and lectures were held.

The wholehearted co-operation of the exhibitors and the staff engaged at the Exhibition was most gratifying and great benefit must have been derived by all the visitors.

(A) Summary of Food Hygiene Inspections

INSPECTIONS	NUMBER
Hotels, Restaurants and Kitchens	752
Bakehouses.....	182
Butchers Shops	72
Confectioners' and Grocers' Shops.....	233
Fried Fish Shops	62
Fishmongers', Greengrocers' and Poulterers'	67
Ice Cream Premises	333
Miscellaneous	975
TOTAL	2676

(B) Summary of Improvements Effected

Minor structural improvements, cleansing and repairs	148
Improved food storage facilities	25
Equipment renewed, repaired and cleansed	18
Improved washing-up facilities and procedure	26
Improved sanitary accommodation for staff including personal washing facilities	12
Improved sanitary accommodation for patrons.....	2
Improved refuse storage facilities	13
Vermin eliminated	18
TOTAL	262

ICE CREAM

The Bacteriological quality of Ice-Cream on sale in the Borough has continued to improve and the percentage of unsatisfactory samples, 19.78% (excluding thirteen unsatisfactory samples obtained at various stages of production in connection with previous unsatisfactory samples) compares favourably with 26.95% in 1950 and 52.2) unsatisfactory samples in 1949.

In all instances where unsatisfactory samples are obtained from local manufacturers energetic steps are taken, including sampling of the product at various stages of production and investigation in to the methods of cleansing and sterilisation. Where unsatisfactory samples are obtained from manufacturers outside the Borough, the appropriate authority is informed.

The number of premises used in connection with the manufacture, sale and storage of Ice-Cream is set out below :—

PARTICULARS	NUMBER
For the purpose of manufacture and sale	23
For the purpose of sale	188
TOTAL	<u>211</u>

One hundred and fifty-two samples of ice-cream were procured and submitted for bacteriological examinations.

The Ministry of Health Provisional Grading of Ice-Cream is divided into four grades as follows :—

- GRADE I the ice-cream, after incubation, does not decolourise Methylene Blue in 4 hours.
- GRADE II. the ice-cream, after incubation, decolourises Methylene Blue in 2 hours to 4 hours.
- GRADE III the ice-cream, after incubation, decolourises Methylene Blue in $\frac{1}{2}$ hour to 2 hours.
- GRADE IV. the ice-cream, after incubation, decolourises Methylene Blue immediately.

Grades I and II are regarded as satisfactory : Grades III and IV as unsatisfactory.

The following table shows the gradings of the 115 samples taken :—

GRADE I	GRADE II	GRADE III	GRADE IV	TOTAL
70	39	17*	26*	152

*These totals include 5 Grade III samples and 8 Grade IV samples obtained at various stages of production after previous unsatisfactory samples.

Part VI

PREVALENCE OF, AND CONTROL
OVER, INFECTIOUS AND OTHER
DISEASES

INFECTIOUS DISEASES (Table 1)
Classification of cases notified during the year 1951

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED Ages in Years							TOTAL CASES NOTIFIED IN EACH WARD													Total No. of cases removed to Hospital			
	At all ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 upwards	Central	Craven	Hesketh	Marine	Park	Scarlsbrick	South	Sussex	Talbot	West	Birkdale East	Birkdale North		Birkdale South	Birkdale West	Ainsdale
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	94	1	31	55	6	1	—	—	4	5	6	10	2	7	4	7	2	13	8	1	15	4	6	30
Pneumonia	69	2	4	4	2	18	21	18	3	4	2	5	2	8	4	3	1	11	4	5	6	5	6	1
Measles	1272	36	638	586	8	4	—	—	68	77	173	62	76	67	90	139	79	53	122	77	127	22	40	19
German Measles	76	—	28	40	4	4	—	—	1	3	6	2	10	4	5	2	2	5	11	12	8	3	2	1
Chicken Pox	795	3	191	556	19	25	—	1	35	41	134	48	67	47	70	57	40	49	45	103	35	10	14	9
Whooping Cough	192	15	108	65	2	—	1	1	8	5	26	6	22	30	3	20	6	2	13	20	14	5	12	7
Erysipelas	15	—	—	1	—	4	8	2	—	1	2	—	2	—	2	2	1	2	—	1	—	—	2	1
Dysentery	155	—	32	24	13	42	27	17	2	5	23	10	21	16	7	5	6	9	14	14	11	3	9	14
Encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Paratyphoid Fever	1	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Puerperal Pyrexia	2	—	—	—	1	1	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—
Meningococcal Infection	4	1	2	—	1	—	—	—	—	1	1	—	—	—	—	—	—	—	1	1	—	—	—	1
Food Poisoning	4	—	1	1	1	1	—	—	—	—	—	—	—	—	1	—	—	—	3	—	—	—	—	4
Polio-myelitis	2	—	—	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	2
Malaria	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1
	2683	58	1036	1335	57	101	57	39	121	143	374	144	202	179	186	235	137	144	223	236	216	52	91	92

INFECTIOUS DISEASES (Table 2)
Number of notified cases and number of deaths for the years 1942 to 1951 inclusive

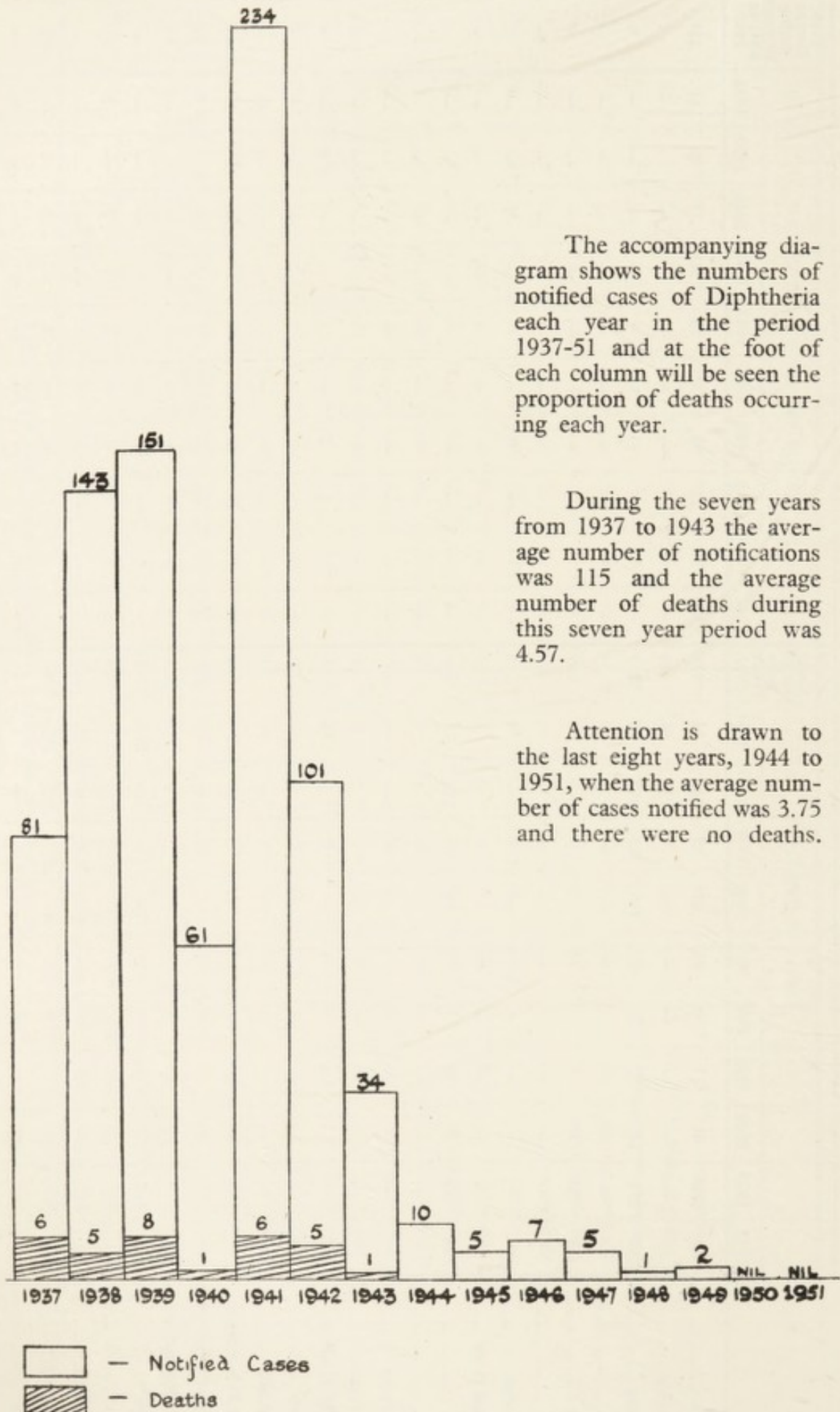
	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED										Total Cases for 10 years 1942 to 1951	DEATHS FROM INFECTIOUS DISEASE										Total Deaths during 10 years 1941 to 1950	Case Mortality (of all cases) in Borough and Isolation Hosp. for 10 years 1942—1951
	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951		1942	1943	1944	1945	1946	1947	1948	1949	1950	1951		
Pneumonia	90	109	61	81	78	93	82	70	46	69	779	30	39	32	31	27	23	31	31	40	51	335	43.00%
Food Poisoning	—	—	—	—	—	—	—	1	23	4	28	—	—	—	—	—	—	—	—	1	—	1	3.57%
Scarlet Fever	117	151	140	93	62	167	210	125	167	94	1326	—	1	—	—	—	—	—	—	—	—	1	0.07%
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	101	34	10	5	7	5	1	2	—	—	165	5	1	—	—	—	—	—	—	—	—	6	3.64%
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Para-typhoid Fever	2	1	—	—	2	—	—	6	2	1	14	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	24	25	28	26	32	25	33	34	24	15	266	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	1	1	1	3	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	25	10	5	10	—	2	—	2	2	2	58	—	—	—	—	—	—	—	—	—	—	—	—
Meninococcal Infection	13	1	1	4	4	4	—	1	3	4	35	2	1	1	2	1	1	—	—	1	—	8	22.86%
Polio-myelitis	—	—	—	—	4	8	3	1	2	2	20	—	—	—	—	1	—	2	—	—	—	4	20.00%
Polio-encephalitis	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	74	52	63	69	56	62	51	58	68	77	630	37	43	27	36	31	39	27	26	15	22	303	48.10%
Other Forms of Tuberculosis	28	51	26	26	16	22	17	13	16	13	228	9	9	6	5	3	5	3	5	5	5	55	24.12%
Ophthalmia Neonatorum	1	2	2	3	3	1	—	—	1	—	13	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox *	676	414	326	274	598	234	506	543	345	295	4711	—	—	—	—	—	—	—	—	—	—	—	—
Measles *	1091	742	741	546	228	1000	788	896	595	1272	7899	3	2	3	1	—	2	1	2	—	1	15	0.19%
German Measles	122	157	230	52	83	462	161	55	45	76	1443	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough *	160	368	301	278	76	500	457	277	352	192	2961	—	4	1	2	—	1	1	1	2	—	12	0.41%
Encephalitis	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—

The following additional notifications were received during 1951—Dysentery 155.

* Chicken-pox, Measles and Whooping Cough were made compulsorily notifiable in Southport in May, 1902, and Cerebro-Spinal Meningitis, Poliomyelitis and Ophthalmia Neonatorum in February, 1912. Measles, German Measles and Whooping Cough :— Only the first case in a house in two months is notifiable.

DIPHTHERIA

Number of notified cases and number of deaths
during years 1937 to 1951 inclusive



INFECTIOUS AND OTHER DISEASES

General.—Great changes have taken place during recent years in regard to the incidence and severity of many of the infectious diseases. As a whole the numbers are reduced and the severity is much less than used to be the case.

Many factors have contributed to these changes. Among them better understanding as to the causation of certain infections, modern treatment often active against the specific organisms producing the illness, early diagnosis and prompt removal to hospital when necessary and preventive measures, such as inoculation against diphtheria and whooping cough.

There remains, however, a great deal of work to be done in this field; in some instances, *e.g.* food poisoning, effective preventive measures are already known and require only to be efficiently applied. In others, of which the outstanding example is infantile paralysis, research is being actively pursued in the hope that this crippling disease may be adequately controlled in the future.

Diphtheria.—No case of diphtheria occurred during the year in this area. This is the second successive year there have been no cases, and represents a tremendous tribute to the efficacy of immunisation against this infection.

It would seem possible, in time, to eradicate this disease completely from our country, and those of us who, in the past, had to deal with the treatment of cases of this disease and saw the tragic effects of it, cannot fail to realise the importance of maintaining the highest possible percentage of immunised children in the community.

In England and Wales there were 699 cases in 1951 and 34 deaths. Ten years ago the number of cases was 50,797 and the number of deaths 2,622. Apart altogether from the humanitarian aspect, the importance of these difficulties in preventive medicine is reflected economically in that the cost of immunisation is infinitely less than the cost of treatment of this condition. Also, it has been possible to use beds in hospital, previously retained for diphtheria cases, for the treatment of other conditions for which beds were urgently required.

Scarlet Fever.—94 cases were notified during the year, and of these 30 were admitted to the Isolation Hospital. The majority of the cases were mild in type, and some were nursed in hospital, not because of the severity of the illness but because circumstances at home or at work rendered the strict isolation of the case advisable as a preventive measure. It is usual to move a case of scarlet fever to hospital if any members of the household are concerned in the sale of foodstuffs which might carry infection, and if there is any particular danger to other persons in the home, *e.g.* a young baby.

Chicken Pox.—798 cases were notified as compared with 345 in the previous year. Nine cases were removed to hospital when circumstances did not allow for adequate isolation at home.

Dysentery.—155 cases of dysentery were notified during the year as against 282 in 1950; 14 of these cases were admitted to hospital as against 49, in the previous year. Most of the cases were infections of the Sonn  type and few were severe.

Gastro-Enteritis.—Nine cases of Gastro-Enteritis were admitted to hospital. This disease is particularly dangerous to babies; the younger the child the more likely a fatal issue.

Theroetically, these cases and deaths all fall into the preventable group. The importance of all matters affecting infant hygiene in relation to the prevention of gastro-enteritis cannot be too much stressed. Many mothers do not realise the importance of proper methods of preparing bottle feeds for babies in a sterile con-

dition. This is a matter for education and falls partly into the province of the general practitioner, and partly into the province of the Local Authority Maternity and Child Welfare Services.

Poliomyelitis.—Two cases were notified and admitted to hospital, but one of these was not confirmed and proved eventually to be a case of Osteo-Myelitis—both of these cases did very well.

Erysipelas.—15 Cases of this disease were notified ; one case only was admitted to hospital. Modern treatment has, in many instances of this infection, rendered admission to hospital unnecessary.

Measles.—1,272 cases of measles were notified and 19 were admitted to hospital, either on account of the severity of the disease or because adequate facilities for isolation were not available at home. This infection is a distressing and sometimes dangerous condition, and is now one of the chief causes of death in childhood. The parents frequently do not appear to realise that measles can be anything but mild, and a number of the cases admitted to hospital were cases to which the family doctor had not been called until complications, such as pneumonia, were established.

Whooping Cough.—192 cases were notified and of these seven were admitted to hospital. This condition is still responsible for a large number of deaths in childhood and for a great deal of illness.

Recent work in connection with the prevention of whooping cough is promising, in that the vaccines available have shown steady improvement. The last Medical Research Council Survey known would appear to indicate that about 70% of the children protected with the best known strain of vaccine obtained complete protection from the disease, and that in the other 30% some degree of modification of the course of the illness took place.

TUBERCULOSIS

New Cases and Mortality.—The number of new cases of tuberculosis which came to the notice of the department during the year was 90. Of these, 77 were found to be suffering from pulmonary disease and 13 from non-pulmonary disease. The following table shows the age and sex of these patients together with information regarding the number of persons who died of tuberculosis during the year.

Age Periods (in years)	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	1	—
1 to 5	—	1	—	—	—	—	—	—
5 to 15	—	2	8	2	—	—	1	—
15 to 25	5	7	—	—	—	1	—	1
25 to 45	19	21	2	—	4	1	—	—
45 to 65	14	4	1	—	11	—	2	—
65 to 75	3	—	—	—	2	1	—	—
75 and over	—	1	—	—	2	—	—	—
Totals	41	36	11	2	19	3	4	1

Treatment Clinic.—The 90 new cases came to the notice of the Department in the following ways :—

(a) By primary notifications	50
(b) By transfer from other areas	38
(c) From Death Returns	2
	—
TOTAL	90
	—

All the cases for whom primary notifications were received and all patients transferred from other areas were seen at the Treatment Clinic which is held at the Southport Infirmary. The total number of cases on the Clinic Register at the end of 1951 was 444 and 47 of these patients were found to have sputum containing tubercle bacilli. During the year 58 Treatment Clinics were held and 662 visits were made by patients ; the total number of X-ray examinations of patients was 860.

It should be mentioned that the Southport and District Hospital Management Committee are responsible for the organisation and administration of the Tuberculosis Treatment Clinics.

Contact Clinic.—The local Health Authority is responsible for the Contact Clinic and this is also held at the Southport Infirmary by arrangement with the Hospital Management Committee.

During the year 52 clinics were held and 678 attendances were made by contacts of patients ; the total number of X-ray examinations of contacts was 685. Only two contacts were found to be suffering from pulmonary tuberculosis in 1951.

B.C.G. Vaccination.—It became possible in April 1951 to introduce vaccination against tuberculosis using a special vaccine prepared abroad and named after the French Scientists, Calmette and Guérin. It can be used at present within certain limitations imposed by the Ministry of Health and under controlled conditions.

This form of inoculation is the same in principle as for instance small-pox vaccination—namely to produce in the human body an artificially acquired resistance to the disease by infecting its causal organism in a form which does not cause active development of the disease itself. It is not yet certain that B.C.G. vaccination gives complete immunity against tuberculosis and only experience will show how far it is effective under the conditions obtaining in this country. There is little doubt that at least it reduces the risks and there is some evidence that if a vaccinated person does subsequently contract tuberculosis, the vaccination is likely to make it less severe. Abroad, particularly in the Scandinavian countries, B.C.G. vaccination is being widely used with reported success in combatting tuberculosis. At home, it is now offered to those at special risk, particularly child contacts of a known tuberculous person. Not all such children require to be protected in this way since some have already developed resistance to tuberculosis when first examined. It is possible to differentiate between those with little or no resistance and those with acquired immunity, by means of a skin test called the Mantoux test. It is advisable that those persons reacting negatively to the Mantoux test should be vaccinated with B.C.G. vaccine. Certain other groups of individuals at special risk as regards tuberculosis *e.g.*, medical students and nurses are offered this form of protection through the hospital services, but it is not yet available generally for members of the public.

The tables below indicate the considerable progress that has been made in Southport since this work commenced.

(1) Number of contacts coming to the notice of the Clinic :—

Year	Total No. of Cases	Mantoux Positive	Mantoux Negative
During 1950	73	31	42
During 1951	74	50	24
Totals	147	81	66

(2) Action taken during 1951 in regard to Mantoux negative cases :—

	Year 1950	Year 1951	Total
(a) Number vaccinated with B.C.G.	16	8	24
(b) Number who refused B.C.G.	16	15	31
(c) Number who left the town	5	1	6
(d) Number where infectious case died	3	—	3
(e) Number on waiting list on the 31st December 1951	2	—	2
TOTALS	42	24	66

(3) Total number of persons vaccinated with B.C.G. during 1951 :—

In addition to the figures shown above for the years 1950 and 1951, 72 contacts found in previous years were also vaccinated. Dr. Couper, the Paediatrician, also vaccinated six babies at his clinic, two of these being born in 1950 and four in 1951.

The total number of persons vaccinated in the period 13th April to 31st December 1951, therefore, was :—

(a) Contacts found in 1950 and 1951	24
(b) Contacts found before 1950	72
(c) Babies seen by Dr. Couper	6
TOTAL	102

(4) Number of B.C.G. Clinics held during 1951	63
Number of attendances made by contacts	269
Number of Mantoux and patch tests done during 1951	582
Number of sessions by Tuberculosis Visitor at B.C.G. Clinic	63

Housing.—In April, 1950 the Council approved a revision of the Points Scheme for the purpose of selecting tenants for Corporation houses, and, in the amended regulations, special provision was made in regard to tuberculous patients. Addi-

tional points are now awarded when either the applicant or his wife, or any of their children are known to be suffering from infectious tuberculosis and this concession should be of some benefit to those cases where improved housing accommodation is desirable for the patient and his family.

During 1951, five cases were referred to the Housing Department with a recommendation that alternative accommodation would be helpful. Two of these cases were re-housed and two other cases who had been referred in 1950 were also found accommodation.

Domiciliary Visiting.—A Health Visitor with special qualifications is employed by the local Health Authority for the purpose of visiting cases in their own homes to give help and advice to patients and their families. The following table shows the number of visits made by the Tuberculosis Visitor during the year.

To Patients :—	1st Visits	49
	Re-Visits	1428
To Contacts :—	1st Visits	236
	Re-Visits	1069
	Total No. of Visits	<u>2782</u>

In addition, the Health Visitor also attends at the Tuberculosis Treatment and Contact Clinics and this arrangement is very satisfactory as it provides a useful link between the Hospital Service and the local Health Authority's Service.

During 1951, the Health Visitors made 202 attendances at the Tuberculosis Treatment and Contact Clinics.

Open Air Chalets.—In some cases the Tuberculosis Officer may advise the patient that separate sleeping accommodation is desirable, particularly when there are young children in the family, but on occasions the home circumstances may be such that this cannot be arranged.

To meet this special need the local Health Authority loan open-air chalets to suitable patients on the advice of the Tuberculosis Officer, thereby enabling the treatment to be continued in a more satisfactory manner.

These chalets are equipped with Calor gas lighting and six were being used by patients at the end of the year.

Care Committee.—The Southport Voluntary Tuberculosis Care Committee continued as in previous years, to provide patients and their families with financial and other assistance. This Committee forms an essential part of the general scheme for tuberculosis patients and all the medical and nursing staff who are engaged in the service are members of this voluntary organisation. During the year the Care Committee provided financial and other assistance to patients and their families to the value of £241.

VENERAL DISEASES

At the end of the year 1951, 107 patients were under treatment at the clinic, that is the same figure as at the close of 1950.

The new cases dealt with during the year were classified as follows :

	Male	Female	Total
(1) Syphilis	5	11	16
(2) Gonorrhoea	11	4	15
(3) Non-Venereal Infections	50	18	68
	66	33	99
(4) Cases transferred from other clinics			
(a) Syphilis	3	1	4
(b) Gonorrhoea	1	—	1
(c) Observations	2	1	3
	72	35	107

OPHTHALMIA NEONATORUM.—No cases were treated during the year.

MATERNITY.—No cases were treated during the year.

The examination of contacts was carried out where necessary and three females and children were found to be suffering from syphilis. In addition, four males and two females were found to be suffering from gonorrhoea. All these patients were still under treatment at the end of the year.

Five other contacts, three males and two females, were examined and were found to be free from infection.

Part VII

METEOROLOGY

METEOROLOGY

Records for the years 1932 to 1951 inclusive

YEAR	Temperature of the air				Bright Sunshine			Ozone (O ₃)	Rainfall				Humidity		Subsoil Water level	
	Mean Temperature °F	Deviation from Normal °F	Absolute Extremes		Duration of Bright Sunshine (Hours)	Deviation from Normal (Hours)	Number of Sunless Days	Mean Daily Ozone (0—10)	Total Rainfall (inches)	Deviation from Normal (inches)	Number of Days with Rain	Duration of Definite Rainfall (hours)	Humidity of the Air at 9 a.m. (% of Saturation)	Deviation from Normal (% of Saturation)	Mean Level of Subsoil Water (inches). Distance below Well-mouth	Deviation from normal (inches)
			Highest °F	Lowest °F												
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
1932	49.3	—0.1	84	21	1407	—100	74	3.4	33.57	+0.40	195	590.6	82	0	63.4	—4.4*
1933	50.0	+0.6	85	19	1618	+111	58	3.1	23.71	—9.46	161	440.0	81	—1	71.9	+4.1
1934	50.2	+0.8	88	23	1479	—28	69	3.7	30.70	—2.47	203	563.3	82	0	—	†
1935	49.8	+0.4	85	19	1573	+66	59	3.9	34.11	+0.94	200	626.1	81	—1	72.1	+4.3
1936	49.1	—0.3	84	22	1331	—176	64	3.6	33.89	+0.72	193	608.1	83	+1	66.6	—1.2
1937	49.1	—0.3	82	21	1344	—163	73	3.1	25.00	—8.17	172	469.2	83	+1	—	§
1938	50.4	+1.0	76	25	1477	—30	55	3.9	36.64	+3.47	201	485.8	80	—2	—	§
1939	49.6	+0.2	82	18	1484	—23	68	3.6	33.91	+0.74	186	555.1	81	—1	66.3	—1.5
1940	48.5	—0.9	83	7	1527	+20	74	3.6	31.69	—1.48	184	583.8	79	—3	70.3	+2.5
1941	48.6	—0.8	88	11	1424	—83	81	3.6	26.91	—6.26	175	528.3	80	—2	70.5	+2.7
1942	48.3	—1.1	78	18	1342	—165	73	3.6	31.30	—1.87	182	617.9	81	—1	73.5	+5.7
1943	49.9	+0.5	88	21	1665	+158	62	4.2	37.88	+4.71	199	614.0	81	—1	67.6	—0.2
1944	49.0	—0.4	78	21	1413	—94	70	3.9	35.41	+2.24	202	587.1	81	—1	68.0	+0.2
1945	50.3	+0.9	81	9	1508	+1	60	3.9	29.46	—3.71	181	446.9	81	1	67.6	—0.2
1946	48.9	—0.5	77	17	1537	+30	72	3.6	38.42	+5.25	194	623.9	80	—2	66.5	—1.3
1947	49.0	—0.4	86	14	1444	—63	77	††	30.40	—2.77	184	549.5	81	—1	65.1	—2.7
1948	50.0	+0.6	89	25	1511	+4	69	††	35.26	+2.09	191	521.7	80	—2	68.9	+1.1
1949	50.9	+1.5	83	24	1729	+222	58	††	30.24	+2.93	174	504.2	78	—4	72.3	+4.5
1950	49.1	—0.3	91	19	1556	+49	73	††	36.51	+3.34	204	577.0	79	—3	68.0	+0.2
1951	48.7	—0.7	76	23	1575	+67	63	††	39.83	+6.66	209	655.2	79	—3	63.3	—4.5

* New site and well commenced 1931. † Well dry frequently. § Well dry at times. †† Observation ceased.

The information necessary to compile the above table was kindly provided by George A. Lidster, Esq., F.R.Met.S., Borough Meteorologist.

Part VIII

SCHOOL HEALTH SERVICE

(The Forty-third Annual Report
of the School Medical Officer)

EDUCATION COMMITTEE

The Mayor (Councillor R. LLOYD)
Alderman W. TATTERSALL (*Chairman*)
Councillor G. B. WOOLFENDEN (*Vice-Chairman*)
Alderman T. BALL, J.P.
Alderman Dr. A. W. LIMONT, J.P.
Alderman F. W. REDDAWAY, J.P.
Alderman F. WORSWICK
Councillor W. BERWICK
Councillor H. CARR
Councillor P. CARTER
Councillor R. A. C. GREAVES
Councillor R. JOHNSON
Councillor V. B. KILNER
Councillor Mrs. E. SMITH
Mr. J. E. MARSHALL
Mr. A. LOVERIDGE
Mr. S. W. EXWORTHY
The Very Rev. J. FRANCIS

The Rev. Canon H. L. GIBBS

Representatives on Joint Health and Education Sub-Committee

Chairman	Alderman BALL
Vice-Chairman	Alderman WORSWICK
	Councillor GREAVES

SCHOOL HEALTH SERVICE

Routine Medical Inspection.—The arrangements for the Routine Medical Inspection ensure that all children are seen three times during their school life :—

- (1) Every pupil admitted for the first time to a maintained school is inspected as soon as possible after admission.
- (2) Every pupil attending a maintained primary school is inspected during the last year of his attendance at that school.
- (3) Every pupil attending a maintained secondary school is inspected during the last year of his attendance at that school.

During 1951 visits were made to all the junior schools in the area and new entrants and leavers were examined. The senior schools, King George V, the High School for Girls, the Technical College and Art School and the Modern Secondary Schools were also visited, and special attention given to the pupils who were leaving. New entrants to the Grammar, Technical and Art Schools are examined before admission by special appointment at the school clinic.

In Crossens Nursery School, examination of all children takes place each school term.

All school children, not in the main groups, have been examined by the school nurse. This examination is a general survey, including sight testing of all children over eight years old. Any child who is found to suffer from a defect or disability is brought to the notice of the School Medical Officer. The school nurse is greatly helped by the teachers and heads of schools, who often request special examinations because of poor school attendance and ill-health. During the year 1,194 such special examinations were made.

The number of Routine Medical Inspections carried out were :—

PRIMARY SCHOOLS

Entrants	1055
Leavers	820

SECONDARY AND GRAMMAR SCHOOLS—

Leavers	1037
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Attendance at Examination.—A notice of the time and place of the Medical Examination is sent to each parent, so that a responsible person can attend. It is very helpful if someone does come, as a reliable history cannot usually be given by children. If a defect is found in a child who is not accompanied by a parent, the mother is usually asked to attend the school clinic at a later date. If any defect is found which may require a longer examination than can be made in the school visit, a special appointment is arranged at the school clinic, as especially with very young children a detailed examination requires time and patience.

The number of parents attending at the school inspections varies from year to year, and this year there has been an increase in the numbers compared with last year. It is hoped that this figure will be maintained if not improved.

Percentage Attendance of Parents at Examination.

	Year	1938	1950	1951
PRIMARY SCHOOLS—		%	%	%
Entrants		79.9	60.7	74.1
Leavers		70.3	25.8	32.1
SECONDARY AND GRAMMAR SCHOOLS—				
Leavers		40.8	1.6	5.1

Refusal of Examination.—It is not yet understood by all the parents of the children attending the Local Authority Schools, that under Section 48 of the Education Act, 1944, there is a duty imposed upon them to present their children for examination at the Routine Medical Examination. Only four parents did not want to have their children examined, but after explanation it was agreed to in all cases.

Findings at Routine Medical Inspections

Nutrition.—Part of the Routine Medical Inspection consists of an assessment of the nutritional state of each child. The number of poorly nourished children in the area is small, although this number has increased since last year ; there is, however a greater rise in the number of children who are well nourished.

The following table gives the figures for this year, with those of the past three years for comparison.

Year	Children examined during the year	A. Good %	B. Fair %	C. Poor %
1948	2,633	23.70	69.58	6.72
1949	2,903	25.73	71.03	3.24
1950	2,593	27.96	70.20	1.85
1951	2,912	32.73	64.10	3.15

School Meals and Milk.—The number of children who take advantage of the meals provided in school continues to rise. Most mothers realise that, in these days of continued rationing, the provision of well cooked and balanced mid-day meals, is a big help in providing an adequate diet for a growing child.

Below are given the numbers of children receiving milk and/or meals in one day in October, 1951, with the four previous years for comparison :—

Year	Dinners	Milk
1947	3,325	7,112
1948	4,212	7,414
1949	4,023	7,065
1950	4,593	6,910
1951	4,862	7,028

In certain cases children may be provided with free meals. Such children are usually badly nourished, or there may be some financial difficulty in the family such as illness or unemployment. Free meals were supplied to 477 children in 1951.

Faulty home training may lead to bad food habits, and many of these are best treated by allowing the child to stay at school for meals. Many mothers tell us how much the children have improved in appetite and in their attitude to good meals.

Cleanliness, Clothing and Footwear

Cleanliness.—It is very gratifying to look at the following table, which shows the state of cleanliness of hair, body and clothing of all groups of children ; the figures for 1938 are given for comparison. Each year the number of children found to be dirty in school is decreased.

Percentages Found at Routine Medical Inspections to have :—	Entrants		Primary Leavers		Secondary or Grammar Leavers		All Groups	
	1938	1951	1938	1951	1938	1951	1938	1951
Uncleanliness (Body)	0.1	—	0.5	—	0.6	—	0.4	—
„ (Head)	5.5	—	6.3	0.1	7.0	0.09	6.2	0.06
Clothing Unsatisfactory	0.1	0.9	0.2	—	0.3	—	0.2	0.03
Footwear Unsatisfactory	0.1	—	0.4	—	0.5	—	0.3	—

Clothing and Footwear.—This also continues to be very satisfactory, and most parents are anxious to provide their children with well made and well fitting shoes.

Hair.—There has been a substantial improvement in hair cleanliness this year; this is an indication of the vigilance of the school nurses.

During the school year the nurses paid approximately 5.3 visits per school, in order to carry out head inspections. They made 7,027 primary examinations and 13,712 re-examinations of children who are known to be likely to be re-infested. There was a decrease in the number of children who were excluded from school because of uncleanliness of the hair, the number this year being 132.

Percentage of Children found at R.M.I. with nits and vermin in the hair.

Year	1938	1949	1951
Percentage	6.0	2.5	0.06

Condition of Children in December, 1951

SCHOOL	Dept.	Boys			Girls		
		Clean	Nits	Vermin	Clean	Nits	Vermin
		%	%	%	%	%	%
All Saints, C.E.	Mixed	100.	—	—	90.	10.	—
Do.	Infants	100.	—	—	100.	—	—
Ainsdale, C.E.	Mixed	100.	—	—	97.53	2.47	—
Ainsdale, R.C.	„	100.	—	—	100.	—	—
Birkdale Mod. Sec.	„	99.40	.60	—	88.28	11.72	—
Birkdale Council	„	94.62	3.23	2.15	90.67	9.33	—
Do.	Infants	94.79	5.21	—	97.37	2.63	—
Christ Church, C.E.	Boys	100.	—	—	—	—	—
Churchtown Council.....	Mixed	95.61	4.39	—	98.83	1.17	—
Do.	Infants	100.	—	—	100.	—	—
Crossens, C.E.	Mixed	99.33	.67	—	99.42	.58	—
Do. Nursery	Infants	100.	—	—	100.	—	—
Dean Cooke, R.C.	Mixed	98.42	—	1.58	96.07	3.93	—
Emmanuel, C.E.	Infants	100.	—	—	97.88	2.12	—
Farnborough Road	Mixed	99.60	.40	—	96.04	3.96	—
Do.	Infants	100.	—	—	98.04	1.96	—
Holy Trinity, C.E.	Mixed	100.	—	—	100.	—	—
Linaker Street	Infants	100.	—	—	98.37	1.63	—
Do.	Junior	99.40	—	.60	99.31	.69	—
Meols Cop Mod. Sec.	Girls	—	—	—	97.86	1.91	.23
Do.	Boys	100.	—	—	—	—	—
Norwood Road Council	Mixed	100.	—	—	100.	—	—
Do.	Infants	98.86	1.14	—	100.	—	—
Our Lady of Lourdes	Senior	98.74	1.26	—	94.71	5.29	—
Do.	Junior	100.	—	—	98.57	—	1.43
St. Marie's R.C.	Mixed	100.	—	—	100.	—	—
St. Philip's, C.E.	„	100.	—	—	99.22	.78	—
SS. Simon and Jude	„	100.	—	—	98.61	1.39	—
St. Teresa's, R.C.	„	97.57	2.43	—	95.83	4.17	—

Summary of Cleanliness Examinations—December, 1951

	BOYS		GIRLS		TOTAL	
	No.	%	No.	%	No.	%
Nits	27	.7	86	2.5	113	1.6
Verminous	4	.1	2	.1	6	.1
Clean	3609	99.2	3299	97.4	6908	98.3

Vaccination.—The low number of vaccinated children at school would give concern should any infection be brought into the town. Of 2,912 children examined, only 32.2% were vaccinated.

Immunisation.—In contrast to the above, the number of children immunised against Diphtheria continues to increase. 95.7% of all the children attending Local Authority schools are now immunised against Diphtheria. The following table shows the returns from each school:—

Summary of Immunisation Returns—November, 1951

SCHOOL	Dept.	Number on Roll	Number Immunised	Number Unimmunised	% Immunised
All Saints', C.E.	Mixed	132	121	11	91.7
Do.	Infants	109	107	2	98.2
Ainsdale, C.E.	Mixed	199	182	17	91.5
Ainsdale, R.C.	"	48	46	2	95.9
Birkdale Modern Secondary	"	464	451	13	97.2
Birkdale Council	"	200	196	4	98.0
Do.	Infants	211	205	6	97.2
Christ Church Mod. Sec.	Boys	218	209	9	95.8
Churchtown Council	Mixed	585	577	8	98.6
Do.	Infants	218	206	12	94.5
Crossens, C.E.	Mixed	360	339	21	94.2
Crossens Nursery	"	40	38	2	95.0
Dean Cooke, R.C.	"	132	122	10	92.4
Emmanuel, C.E.	Infants	234	221	13	94.5
Farnborough Road Council	Mixed	484	468	16	96.7
Do.	Infants	408	386	22	94.6
Holy Trinity, C.E.	Mixed	352	332	20	94.3
Linaker Street Council	"	334	323	11	96.7
Do.	Infants	285	272	13	95.5
Meols Cop Modern Secondary	Girls	475	453	22	95.4
Do.	Boys	393	376	17	95.7
Norwood Road Council	Mixed	315	304	11	96.5
Do.	Infants	200	194	6	97.0
Our Lady of Lourdes Mod. Sec. ...	Mixed	392	375	17	95.7
Do. R.C. ...	Junior	181	169	12	93.4
St. Marie's, R.C.	Mixed	130	126	4	96.9
St. Philip's, C.E.	"	274	255	19	93.1
SS. Simon and Jude's, C.E.	"	211	192	19	91.0
St. Teresa's, R.C.	"	191	189	2	99.0
High School for Girls	—	493	472	21	95.7
King George V	—	569	553	16	97.2
Technical College	—	210	201	9	95.7
School of Art	—	40	38	2	95.0
TOTALS		9087	8698	389	95.7

Findings at Routine Medical Inspections

The following table gives a summary of all the defects found at the Routine Medical Inspections. There is a decided fall in the number of defects found this year, and in general over all types of defects.

Defects of the nose and throat continue to be those from which school children are prone to suffer.

Summary of Defects found at Routine Inspection (Percentages)

DEFECTS	Entrants	Primary Leavers	Secondary and Grammar Leavers	All Groups
	Boys and Girls	Boys and Girls	Boys and Girls	Boys and Girls
Malnutrition	3.3	3.6	2.6	3.2
Defective Teeth	6.7	0.7	2.9	4.9
Defects of Nose and Throat	9.0	3.7	0.09	7.0
Enlarged Cervical Glands	0.9	0.2	0.09	0.4
Defects of Vision	1.9	3.5	3.3	2.9
" " Speech	0.9	0.4	0.3	0.5
" " Hearing	1.1	0.2	0.2	0.5
" " Circulation	0.09	0.2	0.3	0.2
" " Respiration	0.9	0.7	0.09	0.5
" " Nervous System	—	—	0.09	0.3
Skin Disease	1.5	1.2	2.6	1.8
Deformities	6.0	3.0	1.9	3.7

Some of the defects found may not require treatment but only supervision and regular observation. The following table gives the number of children found to require treatment.

Number of Children found to be requiring Treatment

	Entrants	Primary Leavers	Secondary and Grammar School Leavers
No. of children examined	1055	820	1037
No. of children requiring treatment	150	99	109
Percentage requiring treatment	14.2	12.1	10.5

A more detailed list of the findings is given below and the incidence of these per 1,000 routine medical inspections.

	Incidence per 1,000 inspections	
	1950	1951
Skin Diseases	22.2	16.8
Defects of Vision (Entrant Group not counted)	26.6	14.4
Squint	1.2	2.0
Other Eye Diseases	7.7	7.2
Defects of Hearing	2.3	1.0
Otitis Media	1.5	2.0

	Incidence per 1,000 inspections	
	1950	1951
Chronic Tonsillitis	14.6	18.9
Adenoids.....	3.4	1.3
Adenoids and Chronic Tonsillitis	13.1	2.4
Other Nose and Throat Defects	11.57	5.8
Defects of Speech	1.9	3.7
Organic Heart Disease	3.0	—
Orthopaedic :—		
Posture	21.2	5.4
Flat foot	12.7	7.2
Other forms	13.9	8.2
Developmental :—		
Hernia	1.1	3.0
Others	0.7	0.3
Psychological :—		
Development	0.7	0.7
Stability	—	1.4

Ascertainment of Children requiring Special Educational Treatment

Not all the children in the area are fit to benefit from education in an ordinary school, and the Education Act, 1944, imposes a duty on the local authority to make provision for these children.

Below is given a table showing the several categories of defects which require special educational treatment, the number of children in Southport who come into these categories and also the numbers for whom provision has been made. The greatest need is still for the educationally sub-normal child. Such children require much more attention than can be given in an ordinary class, where, through no fault of their own, they become difficult to manage and fall more and more behind in school work.

Category	Ascertained in 1950	Previously known to Department	In Special School
Blind	1	1	1
Partially sighted	—	—	—
Deaf	1	9	9
Partially Deaf	—	9	5
Delicate	—	5	—
Diabetic	—	—	—
Educationally sub-normal :—			
(Recommended Special School)	5	23	4
Educationally sub-normal :—			
(Recommended Special Teaching in Special Class at Ordinary School)	11	80	—
Epileptic	—	5	1
Maladjusted	1	9	5
Physically handicapped.....	18	101	8
Defective Speech	22	43	—

Arrangements for Treatment

All the clinics are held at the Central Clinic at 2 Church Street, and the weekly time-table is as follows :—

DAY	TIME	CLINIC	
Monday	9-30 am. to 12 noon. 9-30 a.m.	Dressings Clinic *Ear Nose and Throat Clinic	2 Nurses { 1 Doctor 1 Nurse
	2-0 p.m. to 4 p.m.	Doctors' Minor Ailment Clinic ...	{ 2 Doctors 3 Nurses
Tuesday	9-30 a.m. to 12 noon 9 a.m.	Dressings Clinic *Eye Clinic	1 Nurse { 1 Doctor 1 Nurse
	2 p.m. to 4 p.m. 2 p.m.	Dressings Clinic *Eye Clinic	1 Nurse { 1 Doctor 1 Nurse
Wednesday ...	9-30 a.m. to 12 noon	Dressings Clinic	2 Nurses
	2 p.m. to 4 p.m. 3 p.m. to 4 p.m.	Dressings Clinic Sunlight Clinic	1 Nurse 2 Nurses
Thursday	9-30 a.m. to 12 noon	Dressings Clinic	2 Nurses
	2 p.m. to 4 p.m.	Skin Clinic	{ 1 Doctor 4 Nurses
Friday	9-30 a.m. to 12 noon	Dressings Clinic	2 Nurses
	2 p.m. to 4 p.m.	Dressings Clinic Immunisation.....	1 Nurse 1 Nurse
	3 p.m. to 4 p.m.	Sunlight	2 Nurses
Saturday	9 a.m. to 12 noon	Dressings Clinic	2 Nurses

* By appointment only.

Dental Clinics are held daily by two dentists.

The following table shows the attendances at these clinics and the 1950 figures are given for comparison.—

CLINIC	Attendances	
	1950	1951
Nurses Treatment Clinic	8532	7904
Minor Ailment Clinic	2717	2424
Skin Clinic	1216	1260
Tonsils and Adenoids Clinic	227	304
Tonsils and Adenoids (Promenade Hospital)	88	158
Ophthalmic Clinic	1129	1394
Artificial Sunlight Clinic	2399	1073
Aural Clinic	1282	1162
Dental Clinic	5947	6282
Immunisation Clinic (complete course— 57 in 1951, 84 in 1950)	264	175
Immunisation Clinic (re-inforcing dose)	244	242
TOTAL NUMBER OF ATTENDANCES	24045	22378

Nurses' Treatment Clinic.—The scheme which has been in use since 1945 is still found to be the most satisfactory. Children absent from school, and children from junior schools, attend for treatment in the morning, while those from senior schools come in the afternoon; grammar, high school and technical school students attend after school hours. In this way time spent in the clinic and out of school is reduced to a minimum.

Minor Ailment Clinic.—Cases seen here may be referred to the family doctor or to hospital with his knowledge and consent. This clinic is also used for the supervision and observation of children seen during the school routine medical inspection. As parents usually accompany their children to this clinic, a satisfactory history and consultation can be made.

The clinic is usually a busy one, especially in the winter months.

In 1951, 2,424 children attended this clinic; 90 cases were referred to the Southport Infirmary; 1 to the Royal Liverpool Children's Hospital and 1 to Broadgreen Hospital and 2 to the Royal Southern Hospital.

Skin Clinic.—One specialist clinic is held weekly with a dermatologist in attendance. It is a busy clinic and a wide variety of skin diseases are treated, mainly in the early stages.

This year 1,260 attendances were made at the clinic; 3 children were admitted to the Skin Department at the Southport Infirmary.

1 child was notified as suffering from scabies this year as compared with 8 last year.

Eye Clinic.—This is a valuable and much appreciated clinic. Many mothers prefer to attend a school specialist clinic rather than hospital. This seems mainly to be because it is possible in the clinic to maintain a regular supervision throughout the child's school life. Mothers and children are told when glasses ought to be worn, if not constantly, and the school nurses can see that the recommendations are being followed.

92 specialist clinics were held during the year, 288 new cases were examined and 489 were seen for supervision and revision of their spectacles. 37 cases were referred for further treatment at the Southport Infirmary.

Ear, Nose and Throat Clinic.—This clinic continues to be a busy and popular one. The cases are referred from the Minor Ailment Clinic, Routine Medical Inspection and from general practitioners. Many cases are treated by the school nurses and hospital. For operative treatment children are referred to the Promenade Hospital.

During 1951, 393 new cases were examined and 97 attended for observation of progress from previous years. 158 cases were admitted to Hospital for the removal of tonsils and/or adenoids.

Artificial Sunlight Clinic.—The new lamp for ultra violet light therapy was installed in November, 1951, and has proved to be the most efficacious. The time of exposure has been greatly reduced, and this is very much appreciated by mothers bringing young children for treatment.

Some of the children attending were referred by the Chest Clinic at the Infirmary. Other conditions treated included, catarrhal defects, general debility and certain skin conditions.

49 school children attended for treatment and 12 children under school age were also treated, making in all 1,073 attendances.

Treatment of Other Conditions

Orthopaedic Conditions.—14 cases were referred to the Promenade Hospital for specialists opinion and advice. As we no longer have on the staff an orthopaedic

nurse, minor orthopaedic conditions are receiving little if any treatment. In the schools where there is a qualified teacher in physical education, remedial exercises are given, but otherwise these are done at home under the supervision of the parents.

Tuberculosis.—4 new cases of tuberculosis in schoolchildren were notified in 1951, as under :—

Pulmonary	1
Meningitis	1
Cervical Adenitis	2

There is close co-operation between the Hospital Service and the School Health Authority through the Tuberculosis Health Visitor, who can obtain information, if required, on cases or contacts of the disease.

Speech Therapy.—In July, 1951, arrangements were made with the North Western School of Speech and Drama, so that children with defective speech might obtain treatment and training. This arrangement meets a longfelt want and the results at the end of the year were most encouraging.

33 children were admitted to regular classes ; of these the reasons for the defects in speech were :—

Cleft Palate	4
Dyslalia	7
Stammering	14
Slow and Abnormal Speech Development	8

Total attendances at the school were 337.

This service is greatly appreciated by the parents, as a speech defect is an obvious one and a great handicap in later life.

Physically Defective Children.—Many of the children suffering from physical defects are quite fit to attend an ordinary school. For the others some special arrangements must be made. 14 children are accommodated in residential schools for the deaf, 1 child is in a school for the blind and 8 are attending hospital schools of various types.

Because of the difficulty in obtaining accommodation a special class was started in Linaker Street School, where physically handicapped children receive special education. This class does not follow the normal routine of an ordinary school but is specially adjusted to suit these children. Five children attended this class during 1951.

Two children are so severely handicapped that they cannot even travel to this special class, and for them home tuition has been arranged.

Opportunity Classes.—Some children fall behind in school work because of illness which entails long absence from school or because of mal-adjustment. To help those children to make up for what they have missed, small classes, where extra attention can be given by the teacher, have been started in two of the junior schools.

21 children attended these classes during the year.

Child Guidance.—Cases are referred from the Court via the Probation Officer, from school teachers and from the school Medical Officer after complaints by the parents at Medical Inspections or in Clinic.

Such cases are usually referred to the Notre Dame Child Guidance Clinic in Liverpool, or the Psychiatric Clinic at Alder Hey Hospital, Liverpool. The number of cases so treated this year is 9.

Infectious Diseases.—There was a rise this year in the number of cases of chicken pox and measles. The infection was mainly in the infant classes, and most of the schools were affected.

Notifications were as follows with figures for 1950 for comparison :—

	1950	1951
Measles	257	625
Rubella	16	34
Scarlet Fever	123	60
Chicken Pox	151	465
Diphtheria	—	—
Whooping Cough	167	69
Tuberculosis	8	4

Miscellaneous School Medical Work

Examination of Boarded-out Children	50
„ „ for Scholarships	125
„ „ „ Institutions	8
„ „ „ Children's Sanatorium	1
Entertainments	15
Admission to Residential Nursery	16
Admission to Children's Home, Eversley House	28
Examined <i>re</i> Adoption	1
Children notified to the local Mental Deficiency Authority	3
Employment Examinations	80

Home Visits by School Nurses

Follow up—R.M.I.	328
On account of illness	201
To Infectious Cases	19
To Infectious Contacts	11
Re-Immunisations	67

STATISTICAL TABLES

TABLE I

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PRIMARY, SECONDARY AND GRAMMAR SCHOOLS

Year ended 31st December, 1951

A.—Routine Medical Inspections

Number of Inspections in the prescribed Groups :—	
Entrants	1055
Primary Leavers	820
Secondary and Grammar Leavers	1037
Total	2,912
Number of other Routine Inspections	

B.—Other Inspections

Number of Special Inspections	1194
Number of Re-Inspections	3684
	4878

TABLE I (continued)

C.—Children found to Require Treatment

Number of Individual Children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

	For defective Vision (excluding squint)	For all other conditions recorded in Table IIa	Total
Prescribed Groups :—			
Entrants	10	145	155
Primary Leavers	22	67	89
Secondary and Grammar Leavers	20	89	109
Total (Prescribed Groups)	52	301	353
Other Routine Inspections	—	—	—
Totals	52	301	353

TABLE II

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1951

DEFECT OR DISEASE	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
SKIN :—				
Ringworm : Scalp	—	—	—	—
do. Body	—	—	1	—
Scabies	2	—	1	—
Impetigo	—	—	16	1
Other Diseases (non-T.B.)	47	4	350	18
EYE :—				
Blepharitis	10	—	13	2
Conjunctivitis	1	—	20	—
Keratitis	—	—	—	—
Corneal Opacities	3	—	1	—
Other Conditions (Excluding Defective Vision and Squint)	7	—	27	—
Defective Vision (excluding Squint)	52	5	31	8
Squint	6	1	9	2
EAR :—				
Defective Hearing	3	2	9	2
Otitis Media	6	—	11	—
Other Ear Diseases	5	—	33	6
NOSE AND THROAT :—				
Chronic Tonsillitis only	55	56	79	32
Adenoids only	4	5	5	1
Chronic Tonsillitis and Adenoids	7	10	8	—
Other conditions	17	7	65	10

(continued overleaf)

TABLE II (continued)

DEFECT OR DISEASE	Routine Inspections		Special Inspections	
	Number of Defects		Number of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring Treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Enlarged Cervical Glands (Non-T.B.) ...	7	6	12	7
Defective Speech	11	4	—	—
HEART AND CIRCULATION :—				
HEART DISEASE :—				
Organic	—	—	2	2
Functional	5	1	—	1
Anaemia	1	—	—	—
LUNGS :—				
Bronchitis	1	1	12	2
Other Non-Tuberculous Diseases	9	6	2	—
TUBERCULOSIS :—				
Pulmonary :—Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary :—Glands	—	—	1	—
Bones and Joints ...	—	—	1	—
Skin	—	—	—	—
Other Forms	—	—	—	1
NERVOUS SYSTEM :—				
Epilepsy	—	—	—	—
Chorea	—	—	1	—
Other Conditions	1	—	4	1
ORTHOPAEDIC :—				
Posture	16	8	5	3
Flat Foot	21	18	17	7
Other Forms	24	22	44	15
DEVELOPMENTAL :—				
Hernia	9	14	—	—
Other	1	1	—	—
PSYCHOLOGICAL :—				
Development	2	2	20	3
Stability	4	—	3	1
Other Diseases and Defects (excluding Uncleanliness and Dental Diseases)...	22	8	455	132
TOTALS	359	181	1258	257

B.—Classification of the General Condition of Pupils Inspected during the Year in the Routine Age Groups

AGE GROUPS	Number of Pupils Inspected	A Good		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants	1055	350	33.17	670	63.51	35	3.31
Primary Leavers	820	272	33.17	518	63.17	30	3.65
Secondary and Grammar Leavers ...	1037	331	31.93	679	65.49	27	2.60
Other Routine Inspections	—	—	—	—	—	—	—
TOTALS	2912	953	32.73	1867	64.10	92	3.15

TABLE III

INFESTATION WITH VERMIN

(i)	Total number of examinations in the schools by the School Nurses	20739
(ii)	Total number of individual pupils examined	7027
(iii)	Total number of individual pupils found to be infested.....	119
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	12
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—
(vi)	Number of cases in which legal proceedings were taken under the Education Act, 1944	—

TABLE IV

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(INCLUDING SPECIAL SCHOOLS)

NOTES—

- (a) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, *i.e.* whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.
- (b) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

Group I.—Diseases of the Skin (excluding uncleanliness, for which see Table III)

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm—(i) Scalp	—	—
(ii) Body	1	—
Scabies	1	—
Impetigo	19	—
Other Skin Disease	432	—
	453	—

TABLE IV (*continued*)*Group 2.—Eye Diseases, Defective Vision and Squint*

	Number of Cases dealt with	
	By the Authority	Otherwise
External and other, excluding Errors of Refraction and Squint	166	—
Errors of Refraction (including Squint).....	730*	—
TOTAL	896	—
Number of Pupils for whom Spectacles were—		
(a) Prescribed	228*	—
(b) Obtained	246*	—
	474	—

*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Group 3.—Diseases and Defects of Ear, Nose and Throat

	Number of Cases treated	
	By the Authority	Otherwise
Received Operative Treatment :—		
(a) For Diseases of the Ear	19	—
(b) For Adenoids and Chronic Tonsillitis	158	—
(c) For other Nose and Throat Conditions	8	—
Received other forms of treatment	327	—
TOTAL	512	—

Group 4.—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals	Nil	
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	113	14

TABLE IV (*continued*)*Group 5.—Child Guidance Treatment*

	Number of Cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of Pupils treated at Child Guidance Clinics	—	9

Group 6.—Speech Therapy

	Number of Cases Treated	
	By the Authority	Otherwise
Number of Pupils treated by Speech Therapists.....	—	53

Group 7.—Other Treatment given

	Number of Cases treated	
	By the Authority	Otherwise
Miscellaneous Minor Ailments	958	—

TABLE V

DENTAL INSPECTION AND TREATMENT

1. Number of pupils inspected by the Authority's Dental Officers :—

(a) Routine Age Groups—

Aged 3	67	Aged—12	462
4	270	13	472
5	518	14	387
6	564	15	225
7	605	16	122
8	618	17	51
9	615	18	13
10	589	19	1
11	513	TOTAL	6092

(b) Specials 1288

(c) Total (Routine and Specials) 7380

TABLE VI

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1951 BY THE LOCAL EDUCATION AUTHORITY TO THE LOCAL MENTAL DEFICIENCY AUTHORITY, UNDER SECTION 57, SUB-SECTIONS (3) AND (5) OF THE EDUCATION ACT, 1944.

Total number of children notified :—

Section 57, Sub-section (3)	3
Section 57, Sub-section (5)	—

Section 57 of the Education Act, 1944, is as follows :—

SUB-SECTION (3).—If, after considering the advice given with respect to any child by a medical officer in consequence of any such medical examination as aforesaid and any reports or information which the local education authority are able to obtain from teachers or other persons with respect to the ability and aptitude of the child, the authority decide that the child is suffering from a disability of mind of such a nature or to such an extent as to make him incapable of receiving education at school, it shall be the duty of the authority to issue to the local authority for the purposes of the Mental Deficiency Act, 1913, a report that the child has been found incapable of receiving education at school. Provided that, before issuing such a report with respect to any child, the local education authority shall give to the parent of the child not less than 14 days' notice in writing of their intention to do so, and if within that period the parent refers to the Minister the question whether such a report should be issued, the report shall not be issued except by direction of the Minister.

SUB-SECTION (5).—If the local education authority are satisfied that any child in attendance at a school maintained by them or at any special school not so maintained is suffering from a disability of mind of such a nature or to such an extent that he will, in their opinion, require supervision after leaving school, the authority shall before the child ceases to be of compulsory school age issue to the local authority for the purposes of the Mental Deficiency Act, 1913, and to the parent of the child, a report that by reason of a disability of mind the child may require supervision after leaving school.

TABLE VII

PRIMARY, SECONDARY AND GRAMMAR SCHOOLS
FINDINGS AT ROUTINE MEDICAL INSPECTION

	Entrants		Primary Leavers		Secondary & Grammar Leavers		Total	
	No.	%	No.	%	No.	%	No.	%
Listed for Inspection	—	—	—	—	—	—	3071	—
Absent from Inspection	—	—	—	—	—	—	159	—
Parent refused Inspection	—	—	—	—	—	—	—	—
Actually Inspected	1055	—	820	—	1037	—	2912	—
Parent or Guardian present	788	74.6	263	32.1	53	5.1	1104	37.9
Unvaccinated	580	54.6	580	70.7	814	78.5	1974	67.8
Unsatisfactory clothing	1	0.09	—	—	—	—	1	0.03
" footwear	—	—	—	—	—	—	—	—
Malnutrition	35	3.0	30	3.6	27	2.6	92	3.1
Nits in the Hair	—	—	1	0.1	—	—	1	0.03
Vermineous Hair	—	—	—	—	1	0.09	1	0.03
" Clothing	—	—	—	—	—	—	—	—
Bodies Dirty	—	—	—	—	—	—	—	—
Defective Teeth	71	6.7	43	5.2	31	3.0	145	5.0
NOSE AND THROAT :—								
Enlarged Tonsils and Adenoids ...	79	7.4	25	3.0	33	3.1	137	4.7
Other Conditions	17	1.6	6	0.7	1	0.09	24	0.8
Glands in the Neck	10	0.9	2	0.2	1	0.09	13	0.4
EYE :—								
External Eye Disease	5	0.4	4	0.4	12	1.1	21	0.7
Defective Vision	10	0.9	24	2.9	23	2.2	57	2.0
Squint	6	0.5	1	0.1	—	—	7	0.2
EAR :—								
Defective Hearing	4	0.3	1	0.1	—	—	5	0.1
Ear Disease	8	0.9	1	0.1	2	0.2	11	0.3
Speech Defects	8	0.9	4	0.4	3	0.3	15	0.5
HEART AND CIRCULATION :—								
Cardiac Disease	—	—	2	0.2	4	0.4	6	0.2
Anaemia	1	0.09	—	—	—	—	1	0.03
Lung Disease	10	0.9	6	0.7	1	0.09	17	0.6
Nervous Disease	—	—	—	—	1	0.09	1	0.3
Tuberculosis	—	—	—	—	—	—	—	—
Rickets	—	—	—	—	—	—	—	—
DEFORMITIES :—								
Posture, Flat Feet, etc.	74	7.1	25	3.0	21	2.0	120	4.1
Skin Disease	16	1.5	10	1.2	27	2.6	53	1.8
DEVELOPMENT :—								
(a) Hernia	14	1.3	7	0.8	2	0.2	23	0.7
(b) Others	2	0.2	—	—	—	—	2	0.06
PSYCHOLOGICAL :—								
(a) Development	4	0.3	—	—	—	—	4	0.13
(b) Stability	2	0.2	1	0.1	1	0.09	4	0.13
Other Disease or Defect	20	2.0	6	0.7	4	0.4	30	1.0

TABLE VIII

PRIMARY, SECONDARY AND GRAMMAR SCHOOLS
AVERAGE HEIGHTS AND WEIGHTS (Age last Birthday)

		BOYS				1938		GIRLS			
No. Inspected	Age last birthday	Ft.	In.	St.	Lbs.	No. Inspected	Age last birthday	Ft.	In.	St.	Lbs.
32	3	3—	1.7	2—	7.8	33	3	2—	10.3	2—	6.9
88	4	3—	4.6	2—	11.3	80	4	3—	4.0	2—	9.1
171	5	3—	6.6	3—	0.4	175	5	3—	6.3	2—	13.2
64	6	3—	8.7	3—	3.8	60	6	3—	8.9	3—	4.1
28	7	3—	10.5	3—	9.9	37	7	3—	10.9	3—	7.4
281	8	4—	1.4	4—	0.0	291	8	4—	1.6	3—	13.2
59	9	4—	3.3	4—	4.5	54	9	4—	3.9	4—	7.8
40	10	4—	5.3	4—	10.0	42	10	4—	7.1	5—	0.5
83	11	4—	6.8	5—	6.6	55	11	4—	9.0	5—	7.7
362	12	4—	8.6	5—	10.7	324	12	4—	10.5	5—	10.7
148	13	4—	11.4	6—	6.3	110	13	5—	1.3	7—	0.6
107	14	5—	2.3	7—	6.2	79	14	5—	4.5	7—	12.1
91	15	5—	5.7	8—	7.2	107	15	5—	3.4	8—	1.6
43	16	5—	6.3	8—	8.7	25	16	5—	3.6	8—	5.7
23	17	5—	7.7	9—	6.6	15	17	5—	5.5	8—	4.9
11	18	5—	7.6	9—	5.9	2	18	5—	3.8	8—	6.6
<u>1,631</u>						<u>1,489</u>					
		BOYS				1951		GIRLS			
No. Inspected	Age last birthday	Ft.	In.	St.	Lbs.	No. Inspected	Age last birthday	Ft.	In.	St.	Lbs.
37	3	3—	4.1	2—	9.9	35	3	3—	4.4	2—	6.8
180	4	3—	5.5	3—	1.2	133	4	3—	5.5	2—	11.1
236	5	3—	7.5	3—	2.0	208	5	3—	7.4	3—	1.6
83	6	3—	11.9	3—	6.8	60	6	3—	9.8	3—	4.7
35	7	3—	11.4	3—	9.0	18	7	3—	11.6	3—	9.6
21	8	4—	2.5	4—	0.7	13	8	4—	1.6	4—	1.6
16	9	4—	2.8	4—	5.3	25	9	4—	3.2	4—	4.3
197	10	4—	5.7	5—	2.8	162	10	4—	5.8	5—	0.2
134	11	4—	7.1	5—	3.2	118	11	4—	7.1	5—	4.1
30	12	5—	0.6	5—	11.2	26	12	4—	9.9	6—	0.4
55	13	5—	0.6	7—	1.7	34	13	5—	0.4	6—	12.5
222	14	5—	2.0	7—	7.2	256	14	5—	2.0	7—	3.4
128	15	5—	4.4	8—	2.7	85	15	5—	5.1	8—	4.3
23	16	5—	6.9	9—	2.8	22	16	5—	3.6	8—	5.5
21	17	5—	8.9	10—	1.0	9	17	5—	3.2	8—	5.3
18	18	5—	8.8	10—	3.2	6	18	5—	6.0	9—	0.7
4	19	5—	8.5	10—	1.2	1	19	5—	3.7	10—	0.0
<u>1,440</u>						<u>1,211</u>					

SCHOOL DENTAL SERVICE

Report for the year 1951

	Primary Schools	Secondary and Grammar Schools	Total
1. Number of Children on Register	5699	2985	8684
2. Total Number of Schools	24	8	32
3. Half days devoted to (a) Inspection	32	26	58
(b) Treatment	598	236	834
TOTALS (3)	630	262	892
4. Number of Children examined at :—			
(a) Schools	4296	1796	6092
(b) Special inspections at clinic	968	320	1288
TOTALS (4)	5264	2116	7380
5. Number of Children (a) Schools	2953	875	3828
found to require (b) Special inspections			
treatment at at clinic	743	193	936
TOTALS (5)	3696	1068	4764
6. Number of Children actually treated	2172	582	2754
7. Number of attendances made at clinic by Children mentioned in (6) above :—			
NEW (a) Routine.....	1284	329	1613
(b) Special	888	253	1141
RE-VISITS (a) Routine.....	690	217	907
(b) Special	1135	483	1618
Number of Children examined and treatment deferred	653	354	1007
Total visits made by children to clinic during the year.....	4650	1636	6286
Kinds of Treatment provided for Children mentioned in (6) above :—			
8. Number of teeth filled—			
(a) Permanent teeth	683	779	1462
(b) Temporary teeth	905	10	915
TOTALS (8)	1588	789	2377
9. Number of fillings—			
(a) Permanent teeth	784	840	1624
(b) Temporary teeth	933	10	943
TOTALS (9)	1717	850	2567
10. Extractions :—			
(a) Ordinary—			
(1) Permanent teeth	146	179	325
(2) Temporary teeth	2977	172	3149
(b) For regulation purposes—			
(1) Permanent teeth	75	130	205
(2) Temporary teeth	733	42	775
TOTALS (10)	3931	523	4454
11. Miscellaneous :—			
(a) Dressings	753	97	850
(b) Scalings	41	66	107
(c) Root Treatments	1	14	15
(d) Oral Affections	11	14	25
(e) Other Operations	65	71	136
TOTALS (11)	871	262	1133
12. Administration of Anaesthetics :—			
(a) General.....	—	—	—
(b) Local.....	3027	469	3496

SCHOOL HEALTH SERVICE

Comparison of certain statistics for years 1921 and 1951

	Year 1921		Year 1951	
Registrar General's estimate of total population	71,900		83,400	
Number of children on school registers	6,958		9,087	
Defect or Disease (new cases found during the year)	No.	Rate per 1,000 school children	No.	Rate per 1,000 school children
(1) TUBERCULOSIS—				
Pulmonary	3	0.4	1	0.1
Non-Pulmonary	13	1.9	3	0.3
TOTALS	16	2.3	4	0.4
(2) DIPHTHERIA	*56	8.0	No Cases in 1951	
*NOTE.—There were five deaths in 1921 and none in 1951. The last notified case of diphtheria was in May 1949 and the last death in April 1943).				
(3) SKIN—				
Ringworm	98	14.0	1	0.1
*Scabies	82	11.8	3	0.3
Impetigo	200	28.7	16	1.7
*NOTE.—In 1921, there was a loss in school attendance of 4,941 days due to scabies : the comparable figure for 1951 was three cases, 14 days.				
(4) EAR—				
Defective Hearing	309	44.4	16	1.7
Ear Diseases	64	9.2	61	6.7
TOTALS	373	53.6	77	8.4
(5) EYE—				
Eye Disease	33	4.7	84	9.2
Defective Vision and Squint	259	37.2	114	12.5
TOTALS	292	41.9	198	21.7
(6) TONSILS AND ADENOIDS	266	38.2	262	28.8
(7) NITS	634	91.1	138	15.1
(8) RICKETS	28	4.2	No cases in 1951	

		Year 1921		Year 1951	
(9)	AVERAGE HEIGHTS & WEIGHTS— (age last birthday)	Height Ft. In.	Weight St. Lbs.	Height Ft. In.	Weight St. Lbs.
(a) Boys—					
	Age 5 years	3 6.3	2 12.6	3 7.5	3 2.0
	Age 11 years	4 6.3	4 13.5	4 7.1	5 3.2
	Age 14 years	5 0.2	6 8.4	5 2.0	7 7.2
(b) GIRLS—					
	Age 5 years	3 6.0	2 11.6	3 7.4	3 1.6
	Age 11 years	4 6.0	4 11.2	4 7.1	5 4.1
	Age 14 years	4 10.7	6 7.8	5 2.0	7 3.4

NOTE.—The 1921 figures relate to Elementary Schools, only ; the 1951 figures relate to Primary, Secondary, and Grammar Schools.

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