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COUNTY BOROUGH



OF SOUTHPORT

REPORT

UPON THE

HEALTH AND SANITARY

CONDITIONS

OF THE

COUNTY BOROUGH OF SOUTHPORT

FOR THE YEAR 1954

(including the Forty-sixth Annual Report of the School Medical Officer)



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THE HEALTH COMMITTEE

The Worshipful the Mayor
(Alderman Mrs. E. SMITH, J.P.)

Chairman: Councillor L. F. SPENCE

Vice-Chairman: Councillor D. C. MACNICOL

Alderman Sir H. W. BARBER, J.P.

Alderman Dr. H. COATES, J.P.

Alderman W. PAULDEN

Councillor W. BERWICK

Councillor Mrs. R. G. HARVEY-KELLY

Councillor Dr. S. J. HEPWORTH

Councillor M. N. HILLS

Councillor R. E. HINDS

Councillor G. W. KENDALL, J.P.

Councillor W. PRESCOTT

Councillor P. R. SWITZER

Councillor K. A. TISSOT

Councillor Mrs. F. M. TURNER

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

SUB-COMMITTEES AS AT 31st DECEMBER, 1954

Mental Health Services

Chairman	Councillor Dr. S. J. HEPWORTH
Vice-Chairman	Councillor M. N. HILLS
Alderman Dr. H. COATES, J.P.	Councillor G. W. KENDALL, J.P.
Councillor W. BERWICK	Councillor K. A. TISSOT
Councillor Mrs. R. G. HARVEY-KELLY	Councillor Mrs. F. M. TURNER
Dr. P. Y. LYLE, M.C.	

Joint Health and Education

The Worshipful the Mayor
(Alderman Mrs. E. SMITH, J.P.)

Chairman	Councillor W. BERWICK
Vice-Chairman	Councillor K. A. TISSOT
Alderman W. PAULDEN	

Home Nursing Joint Sub-Committee

Chairman	Councillor Mrs. R. G. HARVEY-KELLY
Vice-Chairman	Councillor W. PRESCOTT
Councillor W. BERWICK	Councillor Mrs. F. M. TURNER


National Assistance Act, 1948

(Section 47 Cases)

Chairman	Alderman W. PAULDEN
Vice-Chairman	Councillor P. R. SWITZER
Councillor Mrs. F. M. TURNER	

Accounts

All Members of the Health Committee



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With the Compliments
of the
Medical Officer of Health

Health Department
2 Church Street
Southport

STAFF OF THE HEALTH DEPARTMENT ON THE

31st DECEMBER, 1954

Medical Staff (Full-Time)—

Medical Officer of Health and Principal School Medical Officer	G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health and School Medical Officer	J. ARDLEY, M.B., B.S., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	ANNA I. DAVISON, M.B., CH.B.
Assistant Medical Officer of Health and School Medical Officer	JOAN KNOWLES, M.B., CH.B., D.P.H. (From 9/9/54)

Medical Staff (Part-Time)—

Medical Officer for Tuberculosis Service	R. S. COOK, M.B., CH.B.
---	-------------------------

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. TRACEY-FORSTER, M.B., CH.B., D.L.O.
Skin Clinic	H. BARDSLEY, M.R.C.S., L.R.C.P.

Dental Staff—

Principal Dental Officer	W. MARTLAND, L.D.S., R.C.S. (Eng.)
Dental Officer	W. L. ROTHWELL, L.D.S. (Liv.)
Dental Officer	P. L. HEATHCOTE, L.D.S. (Liv.) (From 1/5/54)
Attendants	Mrs. M. E. BALL Misses M. FOOT and S. BUCK

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. G. CALVERT (a)(b), R. W. EASTON (a)(b), W. VICKERS (a)(b)(h); and one vacancy; Infectious Diseases Enquiry Officer, (Vacant); Rodent Operator, J. S. AMERY.

Health Visiting and School Nursing Staff—Superintendent Health Visitor and School Nurse, Miss E. DOWD (c)(d)(e); Health Visitors/School Nurses, Mrs. W. WATKINSON (c)(d)(e), Misses M. E. BRETT (c)(d)(e), J. HOLLIDAY (c)(f)(e), M. K. DONAGHEY (c)(d)(e), K. A. R. TAYLOR (c)(d)(e), D. C. ASHTON (c)(f)(e), M. A. TURVEY (d)(e), 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), A. MULLAN (c)(d)(e), F. GARNER (c)(d)(e), and Mrs. F. M. HOWARD (c)(f)(e).

Physiotherapist—Mrs. K. BYARS (m).

Speech Therapist—(Vacant)

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 MIDWIFE, 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 (e)(j) and K. BAIN (e)(j). Home Teacher for Mental Defectives, Mrs. I. H. MACDONALD.

* *Also acts as Senior Welfare Officer.*

Clerical Staff—Administrative Assistant, F. H. DIX, A.C.I.S., GRAD. A.C.C.A.; Chief Clerk, W. R. HOLGATE; Senior Clerks, Miss M. E. WELLS and Miss N. SOMECH; Clerks, D. C. EVANS, B. FORSHAW, B. PARKER, B. LEES, E. SUTCLIFFE, K. HOWORTH, J. DESBOROUGH, H. SMITH, R. SHEPHERD and P. OLVERSON.

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 Service—

Chief Fire Officer and Ambulance Officer, J. PERKINS, Grad. I. FIRE E.

Public Analyst

J. F. CLARK, M.Sc., F.R.I.C.

Pathologist

J. G. BENSTEAD, M.D., M.A., B.CHIR.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH
AND PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1954

TO THE CHAIRMEN AND MEMBERS
OF THE HEALTH AND EDUCATION COMMITTEES

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1954. The Registrar General's estimate of the population for the middle of 1954 was 82,440, as compared with 82,400 in the previous year. The birth rate after adjustment by the Registrar General's factor of correction was 12·31 per thousand of the population. The infantile mortality rate was 34·83 per thousand live births as compared with 21·3 in the previous year. It is disappointing to have to record that this figure is higher than the average for the country which was 25·5, but thirteen of the thirty-one babies who died were born prematurely; nine of these weighed less than 3 lbs. 4 ozs. at birth and did not survive for 24 hours. Premature birth remains one of the greatest hazards to a baby's chance of survival and every effort must be made to combat this risk. Southport's babies are usually born in hospital and there is no difficulty in obtaining a hospital bed for any mother who needs one. The percentage of hospital confinements for the year was 90. Seven babies failed to survive because of various congenital deformities and in these cases medical science has so far little to offer, except that there is some evidence which suggests that if a mother suffers from a virus infection, particularly german measles, during the early months of pregnancy, her child may be born deformed. Research is at present being made into this problem. Infection of various kinds was responsible for the deaths of six babies in the first year of life. Constant careful work by all those connected with the Medical Services in the town is necessary if the Infantile Mortality Rate is to be kept low and I am glad to be able to record that much help is given to the Health Department Staff by the Medical and Nursing Staffs of the hospitals and by the General Medical Practitioners in the town in matters affecting the health of children and babies in particular. Your Infant Welfare Centres, which can do so much to educate young mothers in mothercraft, are still in some areas conducted in temporary premises; consideration will need to be given in the future to the provision of better accommodation which can be used for health education; the plans for the premises at Nos. 44/46 Hoghton Street, which await the approval of the Minister of Health, will be a step forward in this direction. Adequate premises are essential for such work, which, I believe, is bound to increase in the future as the need for preventative measures of this kind is more fully understood.

The crude death rate was 16·46 per thousand of the population, compared with 16·32 in the previous year. The rate when corrected for age and sex distribution was 11·34 per thousand of the population as compared with 12·07 for 1953.

I have to record a fall in the death rate from tuberculosis to 0·20 per thousand of the population as against the average for the past ten years of 0·33. This trend follows the general trend in the country and is due to many factors, one of the most important being the use of new anti-tuberculous drugs. A pilot scheme for the vaccination of 13 year old schoolchildren was begun during the year in preparation for the main scheme which was planned for 1955. Dr. Joan Knowles, M.B., CH.B., D.P.H., was appointed an Assistant Medical Officer of Health to help with this new work. Arrangements were made for regular visits to be paid to the town by one of the Mass Radiography Units administered by the Liverpool Regional Hospital Board. The majority of schoolchildren over the age of 12 years, and 6,390 adults had their chests X-rayed. I am indebted to Dr. Robert Cook for the routine examination of contacts of known cases of tuberculosis. These measures should eventually result in a smaller incidence of tuberculosis but a great deal of work remains to be done in this field.

I would like at this stage to pay tribute to the efforts of the Southport Voluntary Tuberculosis Care Committee in doing so much during the year to relieve some of the anxieties of tuberculous patients and their families. These efforts which cannot be publicised, are very much appreciated.

The long promised Southport Day Nursery began to take tangible shape when the foundation stone was laid by Councillor William Berwick on 11th May, 1954. This event was truly a landmark of note in the year and the opening of the nursery is eagerly awaited by the mothers who at present have to use the temporary premises at King Street.

Each year I have to make reference in my report to the special problems presented by the large numbers of elderly persons in need of help. It is estimated that some 18% of the population of the borough are aged 65 years or over and this is reflected in the number of calls made on the Home Nursing, Home Help, Health Visiting and Sickroom Attendant Services. It is a pleasure to be able to record that great help is given in the many problems of old age from the various voluntary bodies interested in these matters. The work of the Darby and Joan Clubs is outstanding and does much to bring activity and interest into many lives. In the past 25 years the expectation of life has increased considerably but the usual ages of retirement have remained much the same. If people are to maintain a healthy vigour into old age it is important that interest in living should be retained. This can often best be done by working, provided the work is within the physical capacity of the individual and is congenial.

There was no major incidence of infectious disease during the year. Nevertheless, the number of cases of bowel infection, particularly with organisms of the "food poisoning" type, make very evident the need for the promotion of higher standards of food hygiene. No cases of diphtheria were reported. A new generation of mothers who have no personal knowledge of the danger of this disease has arisen; it is of great importance that they should accept immunisation of their babies, and the Minister of Health has requested Local Health Authorities to do everything possible to attain this end. The number of babies vaccinated against smallpox continues to be low and was only 109 in 1954.

Though some of the clinic premises were improved during the year it has still not been possible to provide adequate interviewing rooms for members of the public nor to improve the housing of the Mental Health Section of the Health Department. Plans have been approved by the Borough Council, but they cannot be implemented until permission for the necessary expenditure has been given by the Ministry of Health. It is hoped that this will soon be forthcoming as the need for such improvement is very great.

The work of the Sanitary Section has been carried on with difficulty during the year owing to the shortage of staff. There is at present a national shortage of sanitary inspectors and this is the subject of Governmental Enquiry. In July, the administration of the Abattoir was taken over from the Ministry of Food when the Local Health Authority

was required to ensure the provision of adequate facilities for the slaughter of animals. This entailed a great deal of work but the transaction was accomplished smoothly and without interruption to the supply of meat. The Stunning Pen was brought into use in April and has proved to be of great value.

It will be necessary in the future to consider further provision for the occupation and training of mentally retarded persons. The classes at the training sessions are now too big to be held at 44 Houghton Street and it may be possible to use a Welfare Centre or to acquire suitable premises for this purpose.

One of the most important aspects of the Local Health Authority Medical work is the need for co-operation with all those engaged in the other main branches of the National Health Service, the Hospital and General Medical Services. Your service is well integrated locally with its sister branches but there is need for still closer co-operation and opportunity will be taken from time to time to endeavour to bring this about. One of the best ways of achieving this result is by arranging for the staffs concerned to work together in certain clinics and hospital departments. I am much indebted to the doctors in these branches for the help which they have given to members of my staff.

During the year the arrangements for medical inspection in schools have been reviewed so that these examinations can take place with the least possible interference with school routine.

It is the custom to refer children found to be in need of major treatment, either to their family doctors or direct to hospital with the agreement of the family doctors. Minor conditions are frequently dealt with in the Minor Ailment and other clinics.

There is still no special school for educationally sub-normal children in the town, but the problem of suitable provision for such children is met by opportunity classes in certain schools and by the use of places in voluntary residential special schools.

There is a need for day school provision for a small number of physically handicapped children and it is hoped that some of these may be able to attend the proposed Childrens' Convalescent Hospital School when it is established.

I would again like to express my appreciation of the work done during the year by all departmental staff and my thanks to the members of the Health and Education Committees for their support and consideration throughout the year.

I am,

Yours faithfully,

G. N. M. WISHART,

*Medical Officer of Health and
Principal School Medical Officer.*

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Part I

STATISTICAL MEMORANDA

AND

VITAL STATISTICS

Statistical Memoranda

Vital Statistics

Birth Rates, Death Rates and Analysis of Mortality

Causes of and Ages at Death

Deaths in Various Age Groups

Infant Mortality—Causes and Ages

Births and Stillbirths

Maternal Mortality

STATISTICAL MEMORANDA

Area of Borough (including Foreshore)	18,333 acres
Area of Borough (excluding Foreshore).....	9,426 acres
Population (1951 Census)	84,057
„ (Estimated by the Registrar-General), middle of 1954	82,440
Density of Population	8.7
Number of inhabited houses, 1st April, 1954	25,242
Number of permanent houses erected and completed during 1954	155
Rateable Value, 1st April, 1954	£984,099
Sum represented by a Penny Rate	£3,915
Number of births registered	890
Legitimate	839
Illegitimate.....	51
Crude birth rate (per 1,000 of the population)	10.80
Corrected birth rate (per 1,000 of the population)	12.31
Average Crude birth rate, preceding 10 years	12.37
Number of infant deaths (under one year)	31
Infant Mortality Rate (per 1,000 live births)	34.83
(29) Legitimate (rate per 1,000 legitimate live births).....	34.56
(2) Illegitimate (rate per 1,000 illegitimate live births) ...	39.21
Average Infantile Mortality Rate, preceding 10 years	33
Number of deaths registered	1,357
Crude death rate (per 1,000 of the population)	16.46
Average crude death rate, preceding 10 years	16.21
Corrected death rate (per 1,000 of the population)	11.34
Number of deaths from tuberculosis (all forms)	16
Tuberculosis death rate (per 1,000 of the population).....	0.20
Average tuberculosis death rate, preceding 10 years	0.33
Number of deaths from Zymotic diseases	6
Death rate from Zymotic diseases (per 1,000 of the population)	0.07
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 (year ending 31/3/54)	30.32 galls.
Total consumption of water per head, per day (year ending 31/3/54)	39.34 galls.
Rainfall during 1954	44.48 inches
Hours of sunshine during 1954	1,359

VITAL STATISTICS

Population—The Registrar-General's estimate of the population for the middle of 1954 is 82,440. The comparable figure for the middle of 1953 was 82,400.

Birth Rate—The total number of live births registered in the Borough during 1954 was 890. Of these 462 were males and 428 females. The crude birth rate for the year was 10·80 per 1,000 of the estimated civilian population, and the adjusted birth rate was 12·31. 51 (6%) of the births were illegitimate. The number of still births registered was 18, giving a rate of 19·8 per 1,000 live and still births as compared with the rate of 23·4 for England and Wales.

Death Rate—The number of deaths occurring amongst the residents of the town was 1,357. Of these 606 were in respect of males and 751 females. The increase in the number of deaths compared with the previous year was 47.

71% of all deaths were of persons aged sixty-five years and over and 43% of all deaths were of persons of seventy-five years and over.

The gross death rate was 16·46 per 1,000 of the civilian population and the rate corrected for age and sex was 11·34 per 1,000 of the population.

Principal Causes of Death—

	1954		1953	
	Number	% of total Deaths	Number	% of total Deaths
Heart Disease, including diseases of the Circulatory System ...	553	40·75	547	41·75
Cancer	225	16·58	211	16·11
Vascular lesions of nervous system...	210	16·21	208	15·11
Respiratory Diseases	120	8·84	87	6·64
Violence, including Suicide...	58	4·28	57	4·35
Tuberculosis (all forms)	16	1·18	18	1·37
Ulcer of stomach and duodenum ...	13	0·96	18	1·37
Influenza	7	0·52	8	0·61
Acute and Chronic Nephritis ...	11	0·81	8	0·61

Deaths from Violence—There were 58 deaths from violence and these were classified as follows:—

	Males	Females	Total
Suicide	5	9	14
Falls	10	15	25
Motor Vehicle accidents	7	3	10
Other accidents	5	2	7
Infanticide	—	1	1
Operations of War	1	—	1
	28	30	58

Zymotic Death Rate—

Diphtheria ...	...	...	Nil	Measles ...	...	...	...	1
Scarlet Fever ...	...	...	Nil	Diarrhoea ...	...	...	...	5
Typhoid ...	...	...	Nil	Whooping Cough ...	...	...	...	Nil
Total Deaths—6	Rate per 1,000 of the population—0·07							

Infantile Mortality Rate—

Total Deaths ...	...	...	31	Rate per 1,000 births ...	...	34·83
Legitimate ...	...	...	29	do. legitimate births...	...	34·56
Illegitimate...	...	...	2	do. illegitimate births	...	39·21

BIRTH-RATES, AND DEATH-RATES AND ANALYSIS OF MORTALITY IN THE YEAR 1954

(Provisional figures, based on Weekly and Quarterly Returns)

	BIRTHS			DEATHS									
	Live	Illegitimate	Still	All Causes	Under One year	Neonatal	Maternal Causes (excl. Abort'n)	Abortion	Pulmonary Tuberculosis	Other Tuberculosis	Enteritis & Diarrhoea (under 2 years)	Pneumonia	Influenza
	Rate per 1,000 Civilian Population	Rate per 1,000 Live Births	Rate per 1,000 Total Live & Stillb'ths	Rate per 1,000 Civilian Population	Rates per 1,000 Related Live Births	Rates per 1,000 Total Live and Stillbirths	Rates per 1,000 Total Live and Stillbirths	Rates per 1,000 Civilian Population	Rates per 1,000 Civilian Population	Rate per 1,000 Live Births	Rates per 1,000 Civilian Population	Rates per 1,000 Civilian Population	Rates per 1,000 Civilian Population
England and Wales ...	15.2	46	23.4	11.3	25.5	17.7	0.58	0.11	0.16	0.02	0.8	0.48	0.05
Southport ...	12.3	57	19.8	11.3	34.8	20.9	—	—	0.20	—	1.1	0.33	0.09

A dash (—) signifies that there were no deaths.

VITAL STATISTICS

For years 1935 to 1954 inclusive

YEAR	Popu- lation esti- mated to Middle of each year	BIRTHS			TOTAL DEATHS REGISTERED IN DISTRICT		TRANSFERABLE DEATHS**		NET DEATHS BELONGING TO THE DISTRICT			
		Uncor- rected Number (Regis- tered)	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
1935	79,300	872	808	10.19	1104	13.92	63	143	52	64	1161	14.5
1936	79,280	880	804	10.14	1105	13.94	81	182	41	51	1189	15.0
1937	78,960	914	837	10.60	1143	14.48	63	205	56	67	1266	16.0
1938	78,600	870	802	10.20	1157	14.65	84	159	56	70	1215	15.0
1939	* 78,900											
	* 81,840	925	752	9.53	1271	15.53	101	168	41	52	1338	16.0
1940	88,550	1147	871	9.84	1385	15.64	115	148	40	43	1418	16.0
1941	95,410	1455	949	9.94	1375	15.53	171	211	65	68	1415	14.0
1942	90,480	1371	1075	11.90	1213	13.41	108	218	41	38	1323	14.0
1943	85,140	1283	1048	12.30	1237	14.53	73	246	49	47	1410	16.0
1944	82,860	1484	1168	14.09	1150	13.88	87	241	52	44	1304	15.0
1945	81,360	1314	1018	12.51	1121	13.73	62	241	29	28	1300	15.0
1946	84,010	1557	1237	14.72	1073	12.77	63	246	40	32	1256	14.0
1947	84,240	1569	1325	15.73	1268	15.52	114	218	55	42	1372	16.0
1948	85,800	1317	1167	13.60	1126	13.12	58	204	41	35	1272	14.0
1949	85,540	1155	986	11.53	1269	14.84	89	164	38	39	1344	15.0
1950	85,500	1020	890	10.41	1339	15.66	90	151	24	27	1400	16.0
1951	83,400	1063	884	10.60	1523	18.26	88	178	36	41	1613	19.0
1952	82,980	1164	957	11.53	1301	15.68	92	145	29	30	1354	16.0
1953	82,400	1133	951	11.54	1277	15.50	95	128	20	21	1310	15.0
1954	82,440	1011	890	10.80	1315	15.95	101	143	31	35	1357	16.0

* 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 the 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	
Total population at all ages	...	69,643	71,900	78,927	8
Number of inhabited houses	...	15,676	16,314	20,388	2
Average number of persons per house	...	4.44	4.41	3.87	
Area of District in acres (land and inland water)	...	9,426	9,426	9,426	

DEATHS (Table 1)

Causes of, and Ages at, Death for year 1954

CAUSES OF DEATH	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 & over	Totals	under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Totals
erculosis—Respiratory ...	16	—	—	—	—	3	6	3	—	12	—	—	—	1	1	1	1	—	4
erculosis—Other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ilitic Disease ...	3	—	—	—	—	—	—	1	—	1	—	—	—	1	—	1	—	—	2
htheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
oping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
ingococcal Infections ...	1	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
te Poliomyelitis ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
les ...	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
er Infective and parasitic diseases	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	2
ignant Neoplasm, Stomach ...	29	—	—	—	—	—	7	2	8	17	—	—	—	—	—	5	5	2	12
ignant Neoplasm, lung bronchus ...	39	—	—	—	—	1	20	7	2	30	—	—	—	—	—	7	—	2	9
ignant Neoplasm, breast ...	20	—	—	—	—	—	—	—	—	—	—	—	—	1	7	7	5	20	
ignant Neoplasm, uterus ...	15	—	—	—	—	—	—	—	—	—	—	—	—	—	11	1	3	15	
er Malignant and Lymphatic Neoplasms ...	116	—	—	—	2	1	22	12	14	51	—	—	—	—	3	19	22	21	65
kaemia ...	6	—	1	—	—	—	1	1	—	3	—	—	—	—	1	1	1	—	3
betes ...	5	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	3	1	4
cular lesions of Nervous System	210	—	—	—	—	3	13	21	29	66	—	—	—	—	2	17	54	71	144
onary Disease—Angina ...	234	—	—	—	—	4	39	54	37	134	—	—	—	—	—	16	37	47	100
ertension with Heart Disease ...	37	—	—	—	—	—	6	5	4	15	—	—	—	—	—	2	7	13	22
er Heart Disease ...	203	—	—	—	—	2	6	17	31	56	—	—	—	—	—	9	27	111	147
er Circulatory Disease ...	79	—	—	—	—	—	10	10	24	44	—	—	—	—	—	2	7	26	35
enza ...	7	—	—	—	—	—	—	—	4	4	—	—	—	—	—	1	—	2	3
umonia ...	27	1	—	—	—	—	3	3	1	8	1	—	—	—	2	1	5	10	19
achitis ...	73	1	—	—	—	1	16	13	13	44	—	—	—	—	—	—	9	20	29
er Diseases of Respiratory System ...	12	—	—	—	—	—	2	1	1	4	—	—	—	—	1	1	2	4	8
er of Stomach and Duodenum ...	13	—	—	—	—	1	5	1	3	10	—	—	—	—	—	—	2	1	3
ritis, Enteritis and Diarrhoea ...	5	—	—	—	—	—	—	—	2	2	1	—	—	—	—	—	1	1	3
hritis and Nephrosis ...	11	—	—	—	—	1	3	1	1	6	—	—	—	—	—	2	2	1	5
erplasia of Prostate ...	15	—	—	—	—	—	—	7	8	15	—	—	—	—	—	—	—	—	—
gnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
genital Malformations ...	4	2	—	1	—	—	—	—	—	3	1	—	—	—	—	—	—	—	1
er defined and ill-defined Diseases ...	115	11	—	1	—	6	11	8	13	50	9	—	—	1	1	19	11	24	65
or Vehicle Accidents ...	10	—	—	1	1	1	1	1	2	7	—	—	—	—	1	—	1	1	3
Other Accidents ...	32	1	—	—	1	—	4	1	8	15	—	—	—	—	1	—	1	15	17
ide ...	14	—	—	—	—	1	4	—	—	5	—	—	—	—	1	7	1	—	9
icide and Operations of War ...	2	—	—	—	—	—	—	1	—	1	1	—	—	—	—	—	—	—	1
(All Causes) ...	1357	17	2	3	4	25	180	170	205	606	14	—	—	2	16	129	208	382	751

DEATHS (Table 2)
Number of Deaths in Various Age Groups for years 1944 to 1954 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.	%
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
1952 ...	1354	29	2.15	6	0.45	2	0.14	54	4.00	291	21.50	403	29.77	569	41.99
1953 ...	1310	20	1.53	6	0.45	11	0.84	52	3.97	266	20.30	360	27.49	595	45.42
1954 ...	1357	31	2.29	2	0.15	3	0.22	47	3.46	309	22.77	378	27.86	587	43.25

DEATHS (Table 3)
Rates per 1,000 population and per 1,000 births—years 1935 to 1954 inclusive

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	Under One Year	Rate per 1,000 Births	Legiti- mate	Rate per 1,000 Legiti- mate Births	Illegiti- mate	Rate per 1,000 Illegiti- mate Births	Pulm'ry Tuber- culosis	Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation	Zymotic Diseases	Rate per 1,000 Popu- lation
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
1952	82980	626	728	1354	16.32	12.32	29	30	28	30	1	20	12	0.15	6	0.07	1	0.01
1953	82400	606	704	1310	15.89	12.07	20	21	19	21	1	21	13	0.16	5	0.06	7	0.08
1954	82440	606	751	1357	16.46	11.34	31	35	29	34	2	39	16	0.20	—	—	6	0.07

*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 1954

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	
Atelectasis	2	—	—	—	2	—	—	—	—	—	2
Bronchitis	—	—	—	1	1	—	1	—	—	1	2
Broncho-pneumonia	—	—	—	—	—	2	—	1	—	3	3
Congenital Malformation	3	—	—	—	3	1	1	—	2	4	7
Enteritis	—	—	—	—	—	—	1	—	—	1	1
Infanticide	—	—	—	—	—	1	—	—	—	1	1
Measles	—	—	—	—	—	—	—	—	1	1	1
Septicaemia	—	—	—	—	—	1	—	—	—	1	1
Prematurity	13	—	—	—	13	—	—	—	—	—	13
TOTALS	18	—	—	1	19	5	3	1	3	12	31

BIRTHS AND STILLBIRTHS
For years 1935 to 1954 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
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	10·60	11·23	22
1952	82980	480	477	957	907	50	11·53	12·22	34
1953	82400	509	442	951	904	47	11·54	12·23	31
1954	82440	462	428	890	839	51	10·80	12·31	18

* 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 1935 to 1954 inclusive

Year	No. of Live and Stillbirths	RATES PER 1,000 LIVE AND STILLBIRTHS					
		Sepsis		Other Causes		Total	
		No.	Rate	No.	Rate	No.	Rate
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	—	—	—	—	—	—
1952	991	—	—	2	2.02	2	2.02
1953	982	—	—	—	—	—	—
1954	908	—	—	—	—	—	—

Part II

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Welfare Foods

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

Ante-Natal Care—A weekly Ante-Natal Clinic was held at 44 Hoghton Street during 1954 for those mothers who had booked to have their confinement at home and also for mothers who were to be admitted to the St. Katharine's Maternity Hospital. This clinic is conducted by Mr. N. E. Laurence, who is the Obstetric Consultant for the two Maternity Hospitals in the town; the Matron or Deputy Matron of the St. Katharine's Maternity Hospital and the non-medical Supervisor of Midwives also do duty at this clinic. In addition, the Domiciliary Midwives attend in rotation to meet their own patients.

Subject to the consent of the general practitioner concerned, mothers who have booked with their family doctor may attend this clinic, to obtain additional ante-natal care. Some mothers in this category attend for blood testing only and in these cases, the results of the tests are forwarded to the patient's own doctor. All mothers who attend this clinic have a blood test for Kahn reaction, haemoglobin estimation, blood grouping and for Rhesus factor as a routine measure.

Maternity outfits are supplied free of cost to all mothers who are having their confinements at home.

During the year, 52 clinic sessions were held and 48 mothers who had booked to have their confinements at home made a total of 165 attendances.

Post-Natal Care—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 332 mothers attended during 1954. In addition, 235 re-visits were made, making a total of 567 visits during the year; 48 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 Health. As in the past the ladies of the Voluntary Infant Welfare Committee provided clerical and other assistance at the Centres during 1954 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 has been necessary to hold two sessions each week at the centre in the High Park district. The work of these centres is chiefly educational and is aimed at the improvement of the standard of mothercraft.

The sessions at the High Park and Ainsdale Centres are conducted by three medical practitioners, two of whom give general medical services in the town; the remaining four sessions are conducted by the Health Department's medical staff, one of the lady Assistant Medical Officers of Health being responsible for the Centres at Crossens, Hampton Road and Derby Road, while the Deputy Medical Officer of Health is responsible for the Liverpool Road Centre. Two Health Visitors are in attendance at each Welfare Centre session and the medical and nursing staff maintain a general supervision over the progress of the babies and young children so that appropriate advice can be given when this is considered necessary.

The following statement shows the attendances made at the Welfare Centres during 1954:—

	Hamp- ton Road	High Park	Liver- pool Road	Cros- sens	Derby Road	Ains- dale	TOTALS
INFANTS—under 1 year—							
No. of New Cases ...	165	124	107	83	114	64	657
No. of Re-attendances	1760	1918	1266	1173	1524	955	8596
CHILDREN—over 1 and under 5 years—							
No. of New Cases ...	263	269	213	96	246	232	1319
No. of Re-attendances	483	771	398	684	740	626	3702
Total No. of Attendances	2671	3082	1984	2036	2624	1877	14274
No. of Sessions ...	47	93	46	47	45	47	325
Average Attendance per Session ...	57	33	43	43	58	40	44
Total No. of Children who attended during the year ...	428	393	320	179	360	296	1976
Average Attendance per child ...	6.2	7.8	6.2	11.4	7.3	6.3	7.2
No. of Attendances made by Health Visitors ...	141	186	92	94	135	94	742

Maternity Dental Clinic—This clinic is held at 2 Church Street and there are sessions each week for expectant and nursing mothers and children under 5 years of age who are not attending primary schools maintained by the local Education Authority. The necessary apparatus for dealing with patients requiring X-ray examination was installed last December; prior to this date, patients had been referred to Southport Infirmary.

When dentures are required by expectant and nursing mothers the necessary arrangements are made with private dental mechanics in the town.

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 ...	13	13	13	6
Children under 5	124	96	96	85
TOTALS	137	109	109	91

(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 Nursing Mothers	5	2	1	22	6	—	3	—	—	3
Children under 5...	72	51	3	182	—	66	19	—	—	—
TOTALS ...	77	53	4	204	6	66	22	—	—	3

Day Nurseries—There are two Day Nurseries in the town, one being in King Street with accommodation for 60 children, and one in Bedford Park with accommodation for 40 children. The King Street Day Nursery is held in Church premises which were originally requisitioned during the war. Early in 1953, however, the Ministry of Health gave the necessary approval for the erection of a new sixty-place Day Nursery on the land in Talbot Street which was purchased by the Corporation for this purpose in 1950. Final approval was obtained in November, 1953, when the Ministry of Health authorised the acceptance by the Council of the tender of Messrs. F. Gatley Ltd., of Lydiate. This work is now nearing completion and arrangements have been made for this new Day Nursery to be opened early next year. It will accommodate the children who at present attend the King Street Day Nursery, thereby enabling the latter mentioned premises to be released by the Corporation.

The need for the Day Nursery Service is shown by the fact that 50% of the mothers are the sole support of their families and that 30% are the main support of their families; the remaining 20% relates to families whose children are in need of day nursery accommodation either because the general health of the children is not satisfactory or where there are bad housing conditions. It should also be pointed out that approximately two-thirds of the parents whose children are attending the Day Nurseries live in rooms which are often overcrowded.

During 1953, the fee for Day Nursery accommodation was reviewed, as the Ministry of Health advised local health authorities that they could charge the full cost of providing the service; prior to this, local health authorities could only charge for food and other articles provided. The Corporation finally decided that the following fees should be charged:—

	Full Day	Half Day
(a) Minimum Fee	1/6	1/-
(b) Maximum Fee	6/3	3/3

These fees, however, may be reduced in cases of financial hardship and in this regard it is interesting to note that at the end of the year, the average daily payment made by the mothers was 2/8d. for each child attending the Day Nurseries.

Although the King Street and Bedford Park Nurseries are approved as training units, it was not possible to engage any students during 1954, as training was temporarily discontinued. It is intended that the provision of tuition for the Nursery Nurses' Certificate should be re-commenced in September, 1955.

The following table shows the attendances at the Day Nurseries during 1954:—

	King Street	Bedford Park	Totals
(1) Number of places provided	60	40	100
(2) Mondays to Fridays:—			
(a) Total attendances	12375	6672	19047
(b) Number of days open	255	255	255
(c) Average daily attendance	48	26	74
(3) Mondays to Saturdays:—			
(a) Total attendances	13398	6975	20373
(b) Number of days open	304	302	304/302
(c) Average daily attendance	44	23	67

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 the 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 under the general direction of the family doctor.

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.

Unmarried Mothers—Unmarried Mothers who seek the help of the Department are referred to the Obstetric Specialist at the ante-natal clinic at 44 Houghton Street and arrangements are then made for the confinement to take place either in the girl's own home or in a Maternity Hospital. She is also advised to continue to attend either the ante-natal clinic at 44 Houghton Street or the appropriate hospital ante-natal clinic.

At the same time, the mother is seen by the Moral Welfare Worker so that if necessary, appropriate arrangements can be made for residential ante- and post-natal care. In such cases the local Health Authority will accept responsibility for the maintenance of the mother in a voluntary home usually for 6 weeks during the ante-natal period and up to 13 weeks during the post-natal period. The amount paid by the Health Department to the voluntary home is the total cost of the maintenance less any payment which the mother is able to make towards her keep.

The Moral Welfare Worker co-operates with the Superintendent Health Visitor so that the Health Visiting Staff can keep in touch with the girl both before and after the baby is born. During the year, the Moral Welfare Worker dealt with 50 mothers and the Health Department paid the maintenance costs in voluntary homes for 6 mothers during the ante- and post-natal period.

PREMATURE INFANTS BORN DURING 1954

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

Born at:—	HOME					NURSING HOME				HOSPITAL			
	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. and under 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. and under 5 lbs. 8 ozs.	Totals	3 lbs. 4 ozs. or less	Over 3 lbs. 4 ozs. and under 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. and under 5 lbs. 8 ozs.	Over 3 lbs. 4 ozs. and under 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. and under 5 lbs. 8 ozs.	Over 3 lbs. 4 ozs. and under 4 lbs. 6 ozs.	Over 4 lbs. 6 ozs. and under 5 lbs. 8 ozs.	Totals	Grand Totals
Weight at Birth:—													
1. Number notified (After ad- justments for transfers) ...	2	—	2	10	1	—	1	1	1	12	6	37	79
2. Number in (1) above who:—													
(a) Died within 24 hours ...	2	—	—	2	—	—	—	—	—	1	—	—	10
(b) Died 2nd to 7th day ...	—	—	—	—	1	—	—	—	—	—	—	1	2
(c) Died 8th to 28th day ...	—	—	—	—	—	—	—	—	—	1	—	1	1
(d) Survived 28 days ...	—	—	2	8	—	—	1	1	1	10	6	37	66
TOTALS ...	2	—	2	10	1	—	1	1	1	12	6	37	79
3. Percentage who survived 28 days ...	—	—	100%	80%	—	—	100%	100%	100%	83%	100%	85%	84%

Welfare Foods—(1) GENERAL. On the 28th June, 1954, the duty of distributing welfare foods was transferred to Local Health Authorities under Section 22 of the National Health Service Act, 1946.

The transfer from the Southport Office of the Ministry of Food to this Authority was effected without difficulty and one additional clerk was appointed to the staff of the Health Department.

(2) DISTRIBUTION. Welfare Foods were distributed to beneficiaries from the new Centre at the Health Department and the six Welfare Centres in the town.

The following figures show the amounts of welfare foods issued during the period 28th June, 1954, to 31st December, 1954:—

ISSUED FROM	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT:—				
(a) Counter Issues	7,510	10,600	2,191	868
(b) Issues to National Health Service Institutions	42	36	—	—
(c) Issues to Other Institutions and Nursery Classes	177	1,052	314	—
(d) Issues to Day Nurseries	4	108	108	—
Total Issues from Health Department...	7,733	11,796	2,613	868
WELFARE CENTRES:—				
(a) Ainsdale	695	1,447	387	72
(b) Liverpool Road	959	2,090	528	152
(c) Crossens	624	1,644	307	64
(d) Poulton Road	1,055	1,672	492	108
(e) Hampton Road	1,019	1,458	400	80
(f) Derby Road	334	731	194	44
Total Issues from Welfare Centres	4,686	9,042	2,308	520
GRAND TOTALS	12,419	20,838	4,921	1,388

It will be seen that the following percentages of the total issues were made from the Central Distribution Centre at the Health Department:—

National Dried Milk	62%
Orange Juice	56%
Cod Liver Oil	53%
Vitamin "A" and "D" Tablets	63%

Domiciliary Midwifery—The staff consists of a non-medical supervisor and two district midwives. The supervisor acts as relief when either of the domiciliary midwives are on annual leave or are ill.

The general medical supervision of the domiciliary midwifery staff is undertaken by the Medical Officer of Health while the non-medical supervisor deals with all day-to-day administration including control of work, allocation of duties, etc. All the staff are qualified to administer gas and air analgesia and they possess the apparatus.

As a general rule, the domiciliary midwives visit their cases once every two weeks from the date of the booking to the date of the confinement. Visits are often made weekly during the last month. This applies both to mothers who have not booked a doctor and also to those mothers who have engaged the services of their own doctor or a general practitioner obstetrician and who have requested the help of the domiciliary midwife to act as a maternity nurse. The number of visits in each individual case is, of course, varied to suit the needs of the particular patient concerned.

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

				Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries attended:—						
(a) Doctor not booked ... ..	...	...	...	—	25	25
(b) Doctor booked ... ..	...	...	...	10	49	59
				<u>10</u>	<u>74</u>	<u>84 *</u>
2. Number of patients in (1) above who received:—						
(a) gas and air analgesia ... ..	...	...	...	9	60	69
(b) pethidine ... ..	...	...	...	5	67	72
3. Number of patients 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 ... ..	...	...	...	—	4	
(b) Others ... ..	...	...	...	—	1	
					<u>5</u>	
TOTAL						
4. Number of visits made by midwives during the year:—						
(a) ante-natal visits ... ..	...	...	...	1213		
(b) nursing visits ... ..	...	...	...	1561		
				<u>2774</u>		
TOTAL						
5. Number of attendances made by midwives to ante-natal clinics held at 44 Hoghton Street ... ..	...	...	...		51	

*94 cases were actually booked on the district, but 10 of these had to be transferred to Hospital for the following reasons:—

Toxaemia ... ..	...	...	...	...	...	1
Obstructed labour ... ..	...	...	...	...	...	3
Complication of labour ... ..	...	...	...	...	...	3
Subsequently booked for hospital ... ..	...	...	...	...	...	3

Midwives in Private Practice—During the year, eleven private midwives notified their intention to practice on the district. Only five of these, however, were actually engaged in midwifery work and the following statement shows the work done in 1954. Two of the five midwives mentioned above are qualified to administer gas and air analgesia.

				Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries attended:—						
(a) Doctor not booked	...	...	—	—	—	—
(b) Doctor booked	...	...	...	2	2	4
				<u>2</u>	<u>2</u>	<u>4</u>
2. Number of patients in (1) above who received:—						
(a) gas and air analgesia	...	...	—	—	1	1
(b) pethidine	...	...	...	1	1	2
3. Number of patients 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	...	...	...	—	2	
(b) Others	...	...	...	—	None	
					<u>2</u>	
TOTAL	...	...			<u>2</u>	
4. Number of visits of inspection made by non-medical Supervisor to midwives in their own homes	...	...	...	...	32	

Maternity Nursing Homes—The following table shows the number of maternity cases dealt with by private Nursing Homes during the year:—

				Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries	...	...	...	28	3	31*
2. Number of patients in (1) above who received gas and air analgesia	...	...	...	14	1	15
3. Number of patients in (1) above for whom medical aid was summoned	...	...	...	1		
4. Number of practising midwives employed at 31st December, 1954	...	...	...	5		
5. Number of midwives in (4) above who are qualified to administer gas and air analgesia	...	...	...	3		

(*Includes 29 Southport residents and 2 non-residents).

Maternity Hospitals—The two Maternity Hospitals in the town are administered by the Southport and District Hospital Management Committee and the following table shows the number of patients dealt with during 1954. These figures are for residents and non-residents.

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	Total
(1) Number of Cases	427	472	899*
(2) Number of Patients in (1) above who received gas and air analgesia	375	440	815
(3) Number of Patients in (1) above for whom medical aid was summoned	133	8	141
(4) Number of practising Midwives on the staff at end of year	6	5	11
(5) Number of Midwives in (4) above who are qualified to administer gas and air analgesia	5	5	10

(*Includes 764 Southport residents and 135 non-residents)

Distribution of Maternity Cases—The following table shows the percentage of maternity cases dealt with during 1954 by the various services, and similar figures are also shown for the previous year. These figures are for mothers who were resident within the area of the Southport County Borough:—

	1954		1953	
	No. of Cases	%	No. of Cases	%
District				
Municipal Midwives	84	9.53	87	9.02
Private Midwives	4	0.47	20	2.07
TOTALS (a)... ..	88	10.00	107	11.09
Institutions				
Christiana Hartley Maternity Hospital	356	40.40	410	42.53
St. Katharine's Maternity Hospital	408	46.31	408	42.33
Nursing Homes	29	3.29	39	4.05
TOTALS (b)... ..	793	90.00	857	88.91
GRAND TOTALS (a) and (b) ...	881	100.00	964	100.00

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 present staff consists of a Superintendent Health Visitor, who also supervises the school nursing work, 1 School Nurse, 1 Tuberculosis Health Visitor, 1 Health Visitor for Elderly People and 12 Health Visitors/School Nurses, making a total of 16. The appropriate allocation of salaries to Local Health Authority work is $9\frac{1}{2}$ Nurses, leaving $6\frac{1}{2}$ Nurses chargeable to the School Health Service.

Each of the 12 Health Visitors is responsible for a district and based on the estimated figures for the year 1954, the average case load of the 0 to 14 years age group is 1,158.

Other work which falls to the lot of the Health Visitor is that of dealing with the non-medical after-care of patients discharged from hospital, the arranging of home help of a domestic nature and similar duties.

The following table shows the work done by the Health Visitors during 1954:—

					First Visits	Re- Visits	Total Visits
EXPECTANT MOTHERS	...	...	...	...	610	666	1276
<hr/>							
CHILDREN UNDER 1 YEAR:—							
Routine	...	...	...	...	833	7298	8131
Prematurity	...	...	...	...	34	62	96
Stillbirth	...	...	...	...	9	—	9
Immunisation	...	...	...	...	—	14	14
Illness	...	...	...	...	—	25	25
Miscellaneous	...	...	...	...	6	351	357
					882	7750	8632
<hr/>							
CHILDREN 1 TO 2 YEARS:—							
Routine	...	...	...	...	14	5375	5389
Immunisation	...	...	...	...	—	—	—
Illness	...	...	...	...	—	16	16
Miscellaneous	...	...	...	...	—	100	100
					14	5491	5505
<hr/>							
CHILDREN 2 TO 5 YEARS:—							
Routine	...	...	...	...	15	7510	7525
Immunisation	...	...	...	...	—	5	5
Illness	...	...	...	...	—	33	33
Miscellaneous	...	...	...	...	—	208	208
					15	7756	7771
<hr/>							

				First visits	Re- visits	Total visits
OTHER CASES:—						
Infectious Disease	...	..	...	53	26	79
Other Illness	...	...	...	33	32	65
Old People	...	...	...	239	1497	1736
Miscellaneous	...	...	...	282	181	463
				607	1736	2343

Summary

EXPECTANT MOTHERS	...	...	...	610	666	1276
CHILDREN UNDER 1 YEAR	...	...	...	882	7750	8632
CHILDREN AGED 1 TO 2 YEARS	...	...	...	14	5491	5505
CHILDREN AGED 2 TO 5 YEARS	...	...	...	15	7756	7771
OTHER CASES	...	...	...	607	1736	2343
TOTALS	...	...	...	2128	23399	25527

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

742 attendances at Welfare Centres.

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

32 attendances at the Geriatric Out-Patients' Clinic which is held at the Promenade Hospital.

107 attendances at the Paediatric Clinic, and

44 attendances at the V.D. Clinic which is held at the Southport Infirmary.

973 Total number of clinic attendances made by Health Visitors.

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 Local Health Authority is responsible for the reimbursement of all expenditure incurred by the Society in providing the service. The general direction is controlled by a Joint Sub-Committee, five members being appointed by the Society, and five members by the local Health Authority. The Joint Sub-Committee meets at intervals to receive reports of the work done and to approve the refund of expenditure to the Society. The advice of the Medical Officer of Health is always available to the Matron and there is close co-operation, particularly in regard to the appointment of nursing staff; monthly reports of the work done and staff available are sent to the Medical Officer of Health by the Matron.

The Nursing Staff at the end of the year consisted of 1 Superintendent, 1 Assistant Superintendent and 15 District Nurses; 7 Nurses, including the Superintendent and her Assistant were resident in the District Nurses' Home, while the remaining 10 were non-resident. Four motor cars are available, one being allocated to the Superintendent and her Assistant, the other three being used by the District Nurses. The remaining Nurses use bicycles and public transport.

Requests for nursing assistance are made direct to the Superintendent of the Home Nursing Service at the Nurses' Home or to the Superintendent Health Visitor at the Health Department. No arrangements exist to provide a night service but urgent calls out of ordinary working hours are attended to.

The following statement shows the work done during 1954:—

	Classification of Cases						TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	
No. of Cases on Register at commencement of period	292	50	—	8	1	—	351
Add No. of New Cases during period ...	1577	263	9	19	7	1	1876
TOTALS ...	1869	313	9	27	8	1	2227
Deduct No. of cases discontinued during period	1572	238	9	25	8	1	1853
No. of Cases on Register at end of period ...	297	75	—	2	—	—	374
Total No. of Visits made	41615	7806	95	1202	74	6	50798

Classification of Cases:—

1. Medical. 2. Surgical. 3. Infectious Diseases. 4. Tuberculosis. 5. Maternal Complications.
6. Others.

	No. of Cases	No. of Visits
(a) Number of new patients included above who were aged 65 or over at the time of the first visit during the year	1160	12380
(b) Number of children included above who were under 5 years of age at the time of the first visit during the year	54	373
(c) Number of patients included above who have had more than 24 visits during the year	268	14346

The following table shows how the work has increased during the last six years:—

Year	Total number of patients visited				Total number of visits
1949	1767	...	35301
1950	1955	...	40890
1951	2162	...	41208
1952	2189	...	43585
1953	2256	...	49287
1954	2227	...	50798

It will be seen that since 1949, the number of patients has increased by 26% and the number of visits by 43%; during this same period, the number of District Nurses has been increased from 13 to 17 and the nursing establishment to 18.

DIPHTHERIA IMMUNISATION

When a baby has attained the age of 8 months, a letter is sent to the mother strongly advising her to arrange for the immunisation of her child. In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised and to make every effort to ensure that the infant is protected against this disease. Posters and leaflets are displayed at Welfare Centres and all children admitted to the Day Nurseries must be immunised. Special attempts are also made to immunise all children admitted to the Homes administered by the Children's Committee.

Follow-up letters are sent at the appropriate times, stressing the need for "re-inforcing" injections to maintain immunity throughout school life. Particulars are obtained from the schools each year showing the names of children not immunised and the School Nurses visit the mothers of such children with a view to persuading them to accept immunisation.

In addition to the work done by the General Medical Practitioners, regular immunisation sessions are held at the Health Department and children are also protected in this way 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
CHILDREN AGED:—							
(a)	Under 1 year	...	...	...	...	425	None
(b)	1 to 4 years	...	...	...	...	254	73
(c)	5 to 14 years...	...	...	...	...	42	364
TOTALS						721	437
DONE BY:—							
(a)	General Practitioners	...	...	...	...	420	235
(b)	Health Department's Staff...	...	...	...	...	301	202
TOTALS						721	437

The percentage of children immunised at the end of 1954 is shewn below, together with similar figures for the previous year:—

	1954			1953		
	Age Groups			Age Groups		
	0—4	5—14	Total 0—14	0—4	5—14	Total 0—14
Total number of children who had completed full course of primary immunisation at any time up to the 31st December	2610	8459	11069	2686	8592	11278
Estimated child population (Mid-Year)	4300	9600	13900	4300	9600	13900
Percentage of children immunised	60·70	88·12	79·63	62·46	89·50	81·14

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.

During the course of their normal visits, the Health Visitors are required to stress the importance of smallpox vaccination when the baby has attained the age of 3 months. Similar advice is also given at the appropriate times to any mothers attending the Welfare Centres; information leaflets are distributed at the Centres and also during the course of home visits.

The following table shows the number of persons vaccinated and re-vaccinated in 1954 and the previous year:—

	1954						1953					
	Age Groups						Age Groups					
	Un-der 1 yr.	1—2	2—4	5—14	15 and over	Total	Un-der 1 yr.	1—2	2—4	5—14	15 and over	Total
Number of persons (a) Vaccinated ...	109	97	23	27	54	310	115	132	61	38	102	448
(b) Re-vaccinated	—	—	8	21	237	266	—	2	7	30	302	341

WHOOPING COUGH IMMUNISATION

In previous years, whooping cough immunisation has been carried out at the Welfare Centres and the Health Department, but only at the specific request of the parents of the child.

During 1953, however, this arrangement was reviewed and it was decided that sufficient evidence was available from the Medical Research Council's trials to justify an extension of the whooping cough immunisation scheme. In September, therefore, a recommendation was made to the Health Committee that the whooping cough arrangements should be amended to allow general practitioners to take part in the scheme and this recommendation was subsequently approved by the Council.

At the end of the year all arrangements had been completed with the general practitioners to enable the extended scheme to commence on the 1st January, 1954.

During 1954, 839 children were immunised against whooping cough, a figure which proves that this provision has been welcomed by parents and doctors.

AMBULANCE SERVICE

The Ambulance Service continues to be operated by the Fire Brigade under the direct control of the Fire and Ambulance Service Committee, although matters of policy are referred to the Health Committee and monthly informative reports in respect of the Ambulance Service are submitted to that Committee.

The Chief Fire Officer is also the Chief Ambulance Officer. The Fire Brigade establishment is augmented by 16 men in consequence of the Ambulance Service commitments, but all personnel of the Brigade take part in both fire and ambulance duties.

The Service operates a fleet of 5 ambulances and 2 sitting case cars, and a summary of the work done, with comparative figures from 1949, is set out below.

	1949	1950	1951	1952	1953	1954
Total No. of Cases ...	10,443	14,404	18,863	23,499	26,275	28,651
Other Work... ..	375	608	652	612	654	715
GRAND TOTAL...	10,818	15,012	19,515	24,111	26,929	29,366
*Mileage	82,602	95,816	111,073	122,395	123,554	128,818
*Analysis of Mileage:						
(a) Inside the Boro.	41,782	53,848	62,321	71,374	77,040	77,544
(b) Outside the Boro.	40,820	41,968	48,752	51,021	46,514	51,274
	82,602	95,816	111,073	122,395	123,554	128,818

There has been a steadily increasing demand on the Service since 1949, but some success has been achieved in reducing the mileage in relation to the number of patients by the installation of radio control, and the establishment of a close liaison between the control room attendants at the Fire Station and the Almoner's Departments at the Infirmary and Promenade Hospital.

Requests for ambulance transport from hospitals are usually directed through the Almoner's office and written certification is required in respect of all out-patient journeys, although for the sake of convenience weekly certification sheets are accepted.

Requests for ambulance transport from doctors are accepted by telephone and written certification is not normally required, although the right is reserved to request written certification in unusual cases. These are usually referred by the Chief Ambulance Officer to the Medical Officer of Health for investigation. In respect of emergency cases, however, calls are accepted without question from any source.

Some 100 cases are transported each week day and by far the largest number of these are out patients travelling to and from the Promenade Hospital and General Infirmary for treatment. The volume of these cases depends on the incidence of clinics and the attendance of specialists. There are certain busy days and certain busy times on those days. To be able to operate a fixed time schedule a considerable number of vehicles and men would be required: the personnel would be very much occupied at the busy times but at others the service would be overstaffed. For example there are heavy commitments at approximately 9 a.m. each morning taking patients to treatment centres, at lunch time taking them home, immediately after lunch for the afternoon patients and again at tea time.

To use the men and vehicles to the best advantage a priority system is operated, namely, emergency cases first, admissions to hospital second, discharges from hospital third, out patients to hospital fourth and out patients to their homes last. Persons in the last two categories may experience some delay. There are many factors outside the control of the watchroom staff which influence the availability of ambulances, e.g. emergency calls, vehicle breakdowns, etc.

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 1954 sick-room equipment was supplied to 276 patients as compared with 249 in the previous year.

Diphtheria Immunisation—The publicity scheme in regard to diphtheria immunisation was continued throughout 1954 as in previous years. The arrangements are as follows:—

- (a) Leaflets and Posters are distributed to Welfare Centres and School Clinics.
- (b) When a baby has attained the age of 8 months a letter is sent to the mother strongly advising her to arrange for the immunisation of her child. In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised and make every effort to ensure that the infant is protected against the disease.
- (c) In regard to children who have already been immunised, further letters are sent to the parents at the appropriate times stressing the importance of "re-inforcing" injections being given to maintain the state of immunity throughout the years the child is attending school.
- (d) Particulars of schoolchildren who have not been immunised are also obtained at the time of the routine medical inspections and these cases are followed-up by the staff of the department.

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 members of the home. In particular, this service is intended to give help in the following circumstances:—

- (a) 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.
- (b) 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 2/- per hour, but this fee may be reduced or cancelled in cases of financial hardship.

During 1954, sickroom help was provided for 34 patients, as compared with 30 in the previous year.

Welfare Centres—Posters, leaflets and other publicity material relating to general health and hygiene measures were supplied to all the Welfare Centres during the year.

The "Mothers' Club" at Hampton Road Welfare Centre held regular evening meetings during the winter months and in addition to social activities, various classes were organised dealing with subjects which are of special interest to mothers who have young children in their families, e.g. cooking, sewing and dressmaking, etc.

In November, the Mothers' Choir gave a concert for their friends and relatives and they also visited a number of the local hospitals at Christmas to sing carols.

This Club forms a useful link with the normal medical and nursing work which is done at the Centre and it is hoped that this scheme will be extended to other Centres in the future.

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 151 patients was dealt with in this manner and the necessary help was arranged as compared with 142 patients in the previous year.

Throughout the year, members of the Health Visiting Staff attended certain hospital clinics and these arrangements have formed an invaluable link between the hospital service and the home visiting which is done by the Health Visitors. The hospital clinics concerned are as follow:—

1. Post-natal clinic held at 44 Hoghton Street.
2. Geriatric clinic held at the Promenade Hospital.
3. Paediatric clinic held at the Southport Infirmary.
4. V.D. Clinic held at the Southport Infirmary.
5. Tuberculosis (Patients) clinic held at the Southport Infirmary.

The Medical Officer of Health continued to be in consultant charge of the infectious disease beds at the New Hall Hospital and the Deputy Medical Officer of Health also assisted with this work.

The Assistant Medical Officer of Health attended the Paediatrician's Clinic at the Southport Infirmary at weekly intervals and the exchange of information has been very helpful.

By arrangement with the Liverpool Regional Hospital Board, the Senior Hospital Medical Officer at the New Hall Sanatorium continued to give three-elevenths of his time to preventive medical work in connection with tuberculosis.

The Medical Officer of Health and the Deputy Medical Officer of Health are members of the Medical Advisory Board to the Local Hospital Management Committee and the Medical Officer of Health also acts as Honorary Secretary to the Medical Advisory Board.

Convalescent Homes—In July, the Council agreed that the Section 28 Scheme should be extended to enable convalescent care to be provided. This service is only provided on the recommendation of the patient's general practitioner and it is not intended for those patients who can be provided with convalescent care under the local Hospital Management Committee's scheme.

During the period from July to December, three patients were sent to Convalescent Homes, the details being as follows:—

No.	Male or Female	Period of Care	Reason
1	Male	1 week	Asthma
2	Female	3 weeks	Nervous Condition
3	Female	4 weeks	Pernicious Anaemia

The total gross cost for these three patients was £33 10s. 0d.; the patients contributed £3 2s. 0d., leaving a net cost of £30 8s. 0d.

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 2/9d. 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 1954:—

	Classification of Cases			Total
	Maternity	Sickness	Old Age	
Number of Cases on register at beginning of year	—	20	107	127
Number of New Cases during year	30*	75	120	225
	30	95	227	352
Number of Cases discontinued during year ...	30	72	101	203
Number of Cases on register at end of year ...	—	23	126	149
Number of Applications received	27	78	125	230
Number of Cases assisted	27	75	120	222
Number of Cases not assisted	—	3	5	8*

(*In 8 Cases the request for help was withdrawn by the Applicants).

Number of Helps employed at beginning of year (All Part-Time)	21
Number Appointed during year	20
	41
Number leaving during year	12
Number of Helps employed at end of year	29
Number of Visits to homes by Organiser	675
Number of Persons interviewed at Office	932

The following statement shows how the work has increased during the last six years:

	1949	1950	1951	1952	1953	1954
No. of households provided with Home Helps	185	249	246	272	304	352
No. of hours worked by Home Helps	11701	17822	20864	20392	22923	29500

It will be seen that the number of households helped has increased by 90% from 185 in 1949 to 352 in 1954 and that the number of hours worked has increased by 152% from 11,701 to 29,500 in the same period. It should also be noticed that the average amount of help supplied to each household has also increased during this period from 63 hours per household in 1949 to 84 hours per household in 1954.

MENTAL HEALTH SERVICE

Sub-Committee—Ten 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 follows:—

- (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 Senior Duly Authorised Officer, two full-time Duly Authorised Officers, one Home Teacher for Mental Defectives and one part-time Assistant at Group Training Sessions; all the Duly Authorised Officers are also appointed as Mental Health Visitors.

The position of part-time Medical Officer for the Mental Health Service remained vacant until September when some mental health work was combined with tuberculosis work. For this reason, the medical supervision has been undertaken by the Deputy Medical Officer of Health, but this is only intended to be a temporary arrangement and the staffing position for the Mental Health Service as a whole is to be reviewed in the coming year.

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 adequate. 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, 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 Department's staff, the patient also realises that friendly advice and assistance are easily available, should they 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—Dr. Knowles has been able to devote some of her time to mental health work and is responsible for the day-to-day administration of that part which concerns mentally defective persons. Her appointment has already done much to improve this section of the department which, for some time, suffered from lack of medical staff.

The shortage of institutional accommodation is still a grave problem throughout the country. Only the most urgent and difficult cases can therefore be admitted to Mental Deficiency Hospitals and delays occur causing hardship for parents and relatives. The Local Health Authority responsibility for the ascertainment, supervision, guardianship and training of defectives is thus increased. Most Authorities now take the view that wherever possible mentally retarded persons should be kept at home rather than be cared for in hospitals. There is no doubt that in sheltered employment many such persons are able to do good work as is evident by the articles produced in the occupational therapy classes.

During the year, letters were sent to all medical practitioners in the Borough asking for their co-operation in reporting known cases of mental retardation so that, where necessary, home visits could be paid with a view to helping defective persons and their families.

Plans were submitted for the development of the Occupational Training Sessions so that they could be held on four full days each week with mid-day meals provided. It is intended to provide regular medical and dental inspections.

A part-time Assistant was appointed to help the Home Teacher.

Close co-operation is also proposed between the Local Health Authority Staff and the Disablement and Re-Settlement Officers in order to rehabilitate those who can be trained to be self-supporting in the future.

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

In August, the Council agreed that the Section 28 Scheme should be extended to enable short-term care to be provided for mental defectives. This service is intended to help parents and relatives when they are in urgent need of relief from caring for a mentally defective person and temporary accommodation in a hospital or institution is not available. During the period from August to December, two defectives were dealt with in this way and the details are as follows:—

No.	Male or Female	Period of Care	Reason
1	Female	1 day	Pending admission of the mental defective to Institution following the sudden death of her mother.
2	Male	4 weeks	To enable widowed mother to be admitted to hospital for treatment.

The total maintenance cost for these two patients was £51 9s. 0d.

The following statistics show the cases dealt with during 1954:—

(A) MENTAL ILLNESS (Lunacy and Mental Treatment Acts, 1890 to 1930)						Male	Female	Total
(1)	Number of Admissions to Hospital:—							
	for observation—Sec. 20 Lunacy Act, 1890	...	...	...	...	43	76	119
	for observation—Sec. 21(1)	do.	...	...	...	1	—	1
	as urgent patients—Sec. 11	do.	...	...	...	—	1	1
	as certified patients—Sec. 16	do.	...	...	...	3	1	4
	as certified private patients—Sec. 4, 5 & 6	do.	...	...	...	—	—	—
	as voluntary patients—Sec. 1 Mental Treatment Act, 1930	...	...	...	...	14	38	52
	as temporary patient—Sec. 5	do.	...	...	...	—	1	1
	TOTALS	...	...	...	...	61	117	178
(2)	Number of admissions to mental hospitals from observation wards at County Hospital, Ormskirk					17	26	43
(3)	Number of certifications for continued detention of patients already in County Hospital, Ormskirk					5	10	15
(4)	Number of cases referred to the department for investigation during the year					103	157	260
(5)	Action taken in regard to cases mentioned in (4) above:—							
	admitted to hospital for observation	...	...	...	...	44	76	120
	(of these, 55 were subsequently certified)	...	...	...	...
	admitted to hospital as voluntary patients	...	...	...	...	14	38	52
	referred to Psychiatric Out-Patients' Clinic	...	...	...	...	10	15	25
	referred to Welfare Service	...	...	...	...	4	7	11
	admitted to hospital as senile dementia cases	...	...	...	...	13	12	25
	no further action indicated after investigation	...	...	...	...	12	15	27
	TOTALS	...	...	...	...	97	163	260
(6)	Total number of visits made by Duly Authorised Officers:—							
	(a) After-Care Visits	...	...	...	...	72	90	162
	(b) All Other Visits	...	...	...	...	177	251	428
	TOTAL NUMBER OF VISITS...	...	...	...	...	249	341	590
(7)	Total number of discharges and deaths from mental hospitals notified during 1954:—							
	(a) Discharges	...	...	...	...	50	79	129
	(b) Deaths	...	...	...	...	9	21	30

(B) MENTAL DEFICIENCY (Mental Deficiency Acts, 1913 to 1938)	During 1954				Total Cases on Authority's registers as at 1/1/1955			
	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 1954:—								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	3	—	—	—	—	—	—	—
(2) On leaving special schools	—	—	—	—	—	—	—	—
(3) On leaving ordinary schools... ..	3	1	—	—	—	—	—	—
(ii) Police or by Courts	—	—	—	—	—	—	—	—
(iii) Other sources	—	—	—	1	—	—	—	—
(b) Cases reported but not regarded at 31st De- cember as defectives "subject to be dealt with" on any ground	—	—	—	—	—	—	—	—
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	—	—	—	—	—	—	—	—
Total number of cases reported during the year ...	6	1	—	1	—	—	—	—
(2) DISPOSAL OF CASES:—								
(a) Of the cases ascertained to be defectives "sub- ject to be dealt with" number								
(i) Placed under Statutory Supervision	5	1	—	—	10	3	7	17
(ii) Placed under Guardianship	—	—	—	—	—	—	—	—
(iii) Taken to "Places of Safety"	—	—	—	—	4	—	1	—
(iv) Admitted to Institutions	1	—	—	1	4	4	55	39
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number:—								
(i) Placed under Voluntary Supervision	—	—	—	—	—	—	6	6
(ii) Action unnecessary	—	—	—	—	—	—	—	—
Total of Item 2	6	1	—	1	18	7	69	62
(3) CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY ON 1/1/55:—								
(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	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	1	—	1	—
(iii) medium grade cases	—	—	—	—	—	1	—	—
(iv) high grade cases	—	—	—	—	—	—	—	—
(2) Not in urgent need of institutional care:—								
(i) "cot and chair" cases	—	—	—	—	—	—	—	—
(ii) ambulant low grade cases	—	—	—	—	—	—	—	—
(iii) medium grade cases	—	—	—	—	—	—	—	—
(iv) high grade cases	—	—	—	—	—	—	—	—
Total of Item 3(a)... ..	—	—	—	—	1	1	1	—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(3)(b) Of the cases included in items 2(a)(i) and (ii) and 2(b)(i) overleaf, number considered suitable for:—				
(i) occupation centre	6	2	3	5
(ii) industrial centre	—	—	—	—
(iii) home training	—	—	—	5
Total of item 3(b)	6	2	3	10
(c) Of the cases included in Item 3(b) number receiving training on 1/1/55:—				
(i) in occupation centre	—	—	—	—
(ii) in industrial centre	—	—	—	—
(iii) at home	6	2	3	10
Total of Item 3(c)	6	2	3	10

- (4) Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1954, who have ceased to be under any of these forms of care during 1954.

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

- (5) Number of visits made by Mental Health Visitors during 1954 to cases under Statutory Supervision, Guardianship or on Licence from Institutions 84

Training of Mental Defectives

Summary of work for 1954:—

- (1) Number on register:—

Number of cases on register at beginning of period	18
Number of new cases added	3
	<hr/> 21
Number of cases taken off register	1
Number of cases on register at end of period	<hr/> 20

- (2) Training at Homes of Mental Defectives:—

- (a) Number of visits made to mental defectives in their own homes 427

- (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.

- (3) At the Centre:—

- (a) Number of sessions held 141
- (b) Total number of attendances made by mental defectives during the period 1643
- (c) Number of defectives attending Centre at end of the period ... 20

- (d) Kinds of training provided:—

Physical and rhythmic training, handwork, sense training, singing, games, dramatization, dancing and stories.

Part III

SANITARY CIRCUMSTANCES

OF THE AREA

Water
Public Baths
Sanitary Inspection
Factories
Rodent Control
Summary of Visits
Rag Flock
Smoke Abatement

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.

After a delay of $4\frac{1}{2}$ years work was recommenced in February, 1954, on the Water Board's scheme for obtaining a new supply from Scarisbrick. During the year a second deep borehole was completed at Mill Brow, Scarisbrick, and a trial borehole was sunk at Primrose Hill. Examination of samples of water taken during the pumping tests of these new boreholes indicate that the bacterial purity of the new supplies will be fully equal to the high standard of the existing sources.

Samples of the water are taken regularly.

Chemical Analysis, 2nd February, 1954

The water is hard with a temporary hardness of 253 parts per million and a permanent hardness of 89 parts. It therefore has a total hardness of 342 parts per million.

								Parts per Million
Total solid matter in solution	...	...	...	...	...	...	...	444.8
Oxygen required to oxidise	}	in 15 minutes	...	...	...	...	...	0.15
		in 4 hours	...	...	...	...	...	0.20
Ammoniacal Nitrogen as N.	...	...	...	...	...	...	...	None
Albumoid Nitrogen as N.	...	...	...	...	...	...	...	None
Nitrous Nitrogen as N.	...	...	...	...	...	...	...	None
Nitric Nitrogen as N.	...	...	...	...	...	...	...	None
Combined Chlorine	...	...	...	...	...	...	...	30.0

Bacteriological Examination, 2nd February, 1954

Number of Bacteria on agar at 37° 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, A.M.INST.C.E., M.INST.W.E., the Water Board Engineer and 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, 15th June, 1954

	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	Nil	Nil
Odour	Nil	Nil	Nil	Nil
Reaction pH	6.9	7.3	7.2	6.9
Free Carbon Dioxide	34	19	27	24
Electric Conductivity at 20°C. ...	470	655	770	370
Total Solids dried at 180°C. ...	310	435	560	245
Chlorine in Chlorides	25	36	24	27
Nitrogen in Nitrates	3.0	0.0	0.0	0.0
Nitrites	less than 0.01	Absent	less than 0.01	less than 0.01
Metals	Manganese 0.03	Absent	Absent	Manganese 0.04
Ammoniacal Nitrogen	0.01	0.010	0.008	0.008
Albuminoid Nitrogen	0.000	0.000	0.000	0.013
Oxygen absorbed in 4 hours at 27°C. ...	0.10	0.10	0.50	0.40
Hardness: Permanent	65	95	140	45
Temporary	185	265	300	135
Total	250	360	440	180
(Total Hardness: Degrees Clarks Scale)	17.5	25.2	30.8	12.6
Bacteriological Results				
Number of Colonies developing:—				
On Agar per c.c. in 3 days at 20° C.	1	0	0	1
1 day at 37° C.	0	0	0	0
2 days at 37° C.	1	0	0	0
Presumptive Coli-aerogenes Reaction				
Present in	—	—	—	50 c.c.
Absent from	100 c.c.	100 c.c.	100 c.c.	20 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 maganese. The waters vary from hard to very hard in character but contain no excess of saline or mineral constituents in solution. The results are indicative of a wholesome water suitable for public supply purposes.

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 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, 1954, was 220,698.

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 Bathing Lake was visited by 125,374 persons during the year, of which approximately 60% were bathers.

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 10th June, 1954, are as follows:—

Summary of Findings							Bathing Lake	Victoria Baths
Organisms at 37° C.	...	...	...	...	...	...	3 per c.c.	4 per c.c.
Organisms at Room Temperature	...	...	...	...	...	...	2 per c.c.	4 per c.c.
Coliform Bacilli	...	...	...	...	...	...	Nil in 100 c.c.	Nil in 100 c.c.
Streptococci	...	...	...	...	...	...	Nil in 10 c.c.	Nil in 10 c.c.
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 5,971 during the year, and the Compton Road Baths an attendance of 5,646.

SANITARY INSPECTION OF THE AREA

Drainage—Complaints received regarding choked and defective drainage systems of houses numbered 1,445 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. The number of inspections made during the year totalled 315.

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

Hostels—One common lodging house exists in the Borough, and has been visited on forty-seven occasions. The conditions under which this house is conducted have on the whole been satisfactory.

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	280	110	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	772	1016	49	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	9	2	2	—
TOTAL	1061	1128	56	—

* *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 prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1.) ...	26	26	—	8	—
Overcrowding (S.2.)	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	—	—	—
(b) Unsuitable or defective	15	15	—	2	—
(c) Not separate for sexes	4	4	—	—	—
Other offences against the Act (not including offences relating to Outwork)	9	9	—	—	—
TOTAL	58	58	—	10	—

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. ...	13	—	—	—	—	—
TOTAL ...	13	—	—	—	—	—

Smoke Abatement—One hundred and eighty-two 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; the Local Authority is also responsible for the supervision of all land which includes agricultural holdings previously supervised by the County Agricultural Executive Committee.

The one Rodent Operator is able to cover the work only by means of motor transport. The staff of Sanitary Inspectors also survey 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 disinfestation 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.

Prevention of Damage by Pests Act, 1949

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				(5) AGRI- CULTURAL
	(1) Local Authority	(2) Dwelling- Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
I. Number of properties in Local Authority's District (Notes 1 and 2) ...	236	25,242	4,387	29,865	44
II. Number of Properties inspected as a result of:					
(a) Notification ...	27	117	75	219	2
(b) Survey under the Act...	45	53	27	125	17
(c) Otherwise (e.g., when visited primarily for some other purpose) ...	—	—	—	—	—
III. Total inspections carried out — including re-inspections (to be completed only if figures are readily available) ...	774	810	1155	2739	93
IV. Number of properties inspected (in Sec. II) which were found to be infested by:					
(a) Rats (Major) ...	—	—	—	—	—
(Minor)...	19	85	32	136	15
(b) Mice (Major) ...	31	56	58	145	2
(Minor)...	20	29	14	63	—
V. Number of infested properties (in Sec. IV) treated by the L.A. (figures should NOT exceed those given at Sec. IV) ...	18	25	18	61	1
VI. Total treatments carried out — including retreatments (to be completed only if figures are readily available) ...	53	69	75	197	3
VII. Number of notices served under Section 4 of the Act:					
(a) Treatment ...	—	—	—	—	—
(b) Structural Work (i.e., Proofing) ...	—	—	—	—	—
VIII. Number of cases in which default action was taken following the issue of a notice under Sec. 4 of the Act... ..	—	—	—	—	—
IX. Legal proceedings ...	—	—	—	—	—
X. Number of "Block" control schemes carried out ...	3	—	1	4	—

NOTE: The above Table has been compiled in the form requested by the Ministry of Agriculture, Fisheries and Food, and covers the twelve months ended 31st March, 1955.

Summary of Visits—During the year the total number of visits made by the Inspectors was 25,965, classified as follows:—

Nuisances

COMPLAINTS—NUMBER INVESTIGATED:—

(1) Housing Defects	...	...	...	...	...	546
(2) Choked and Defective Drains	...	...	...	...	...	1445
(3) Emission of Smoke	...	...	...	...	...	13
(4) Accumulation of Offensive Matter	...	...	...	...	...	77
(5) Miscellaneous	...	...	...	...	...	684
TOTAL						2,765

INSPECTIONS:—

Dwelling Houses	...	...	...	...	...	1150
Common Lodging Houses	...	...	...	...	...	47
Houses let in Lodgings	...	...	...	...	...	4
Common Yards, Back Roads and Passages	...	...	...	...	...	181
Horse-Manure Middensteads	...	...	...	...	...	66
Pigstyes	...	...	...	...	...	296
Offensive Trades	...	...	...	...	...	399
Rag Flock and Upholstery Premises	...	...	...	...	...	75
Places of Public Entertainment	...	...	...	...	...	67
Public Sanitary Conveniences	...	...	...	...	...	334
Tents, Vans and Sheds	...	...	...	...	...	31
Abattoir	...	...	...	...	...	895
Food Vehicles	...	...	...	...	...	6
Ashes Receptacles (Ashpits and Dustbins)	...	...	...	...	...	884
Conversions (Earth Closets and Bristol Ejects to W.C.'s)	...	...	...	...	...	31
Smoke Observations	...	...	...	...	...	182

Testing Drains:—

By Inspection	...	...	...	...	...	174
By Smoke	...	...	...	...	...	182
By Breaking Down	...	...	...	...	...	23
By Water	...	...	...	...	...	9
By Coloured Water	...	...	...	...	...	37
Insufficient Water Supply	...	...	...	...	...	—

Factories Acts, 1937/48:—

Factories with mechanical power	...	...	...	...	1016
Factories without mechanical power	...	...	...	...	110
Outworkers' Premises	...	...	...	...	19
Workplaces	...	...	...	...	1
Shops Act, 1950	...	...	...	...	315
Fried Fish Shops	...	...	...	...	114
Fishmongers and Greengrocers	...	...	...	...	339
Butchers' Shops	...	...	...	...	417
Grocers' Shops	...	...	...	...	980
Bakehouses	...	...	...	...	284
Public Houses, Beer Houses, etc.	...	...	...	...	139
Food Preparing and Storing Places	...	...	...	...	1669
Dairies	...	...	...	...	929
Ice Cream Premises	...	...	...	...	507
Pet Animals Act, 1951	...	...	...	...	17
Infectious Disease Visits	...	...	...	...	860
Prevention of Damage by Pests Act, 1949	...	...	...	...	3485
Samples of Rag Flock, etc.	...	...	...	...	11

Samples procured for Bacteriological Examination:—

Milk	...	...	...	...	...	...	484
Ice Cream	...	...	...	...	...	...	117
Other Foodstuffs	...	...	...	...	...	...	141
Water	...	...	...	...	...	...	12
Samples of milk procured for Biological Examination	...	...	...	...	...	...	91

Samples obtained under the Food and Drugs Acts,

1938-1950:—

Milk	...	...	...	...	...	...	353
Other Foodstuffs	...	...	...	...	...	...	148
Samples of Water (chemical analysis)	...	...	...	...	...	...	9

Inspections of Dwelling Houses and other premises for vermin infestation	...	...	...	...	...	...	54
Visits to work in progress	...	...	...	...	...	...	4473
Visits re Housing Survey	...	...	...	...	...	...	290
Miscellaneous Visits (Interviews, etc.)	...	...	...	...	...	...	3508

TOTAL	25,965
-------	-----	-----	-----	-----	-----	-----	--------

Nuisances—The number of schedules of cases recorded for abatement was 2,765.

In all cases the usual verbal request for the abatement of nuisances found was made, but in 1,303 instances it was necessary to serve written notices as follows:—

Preliminary	...	...	...	1224
Statutory	...	...	...	79
TOTAL	...	...	...	1303

The number of preliminary and statutory notices complied with during the year was 1,022.

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.

Fifteen premises were registered under the Act and five licences were granted for the storage of rag flock.

Eleven samples of rag flock and other filling materials were submitted for analysis during the year and all were reported to be satisfactory.

SMOKE ABATEMENT

During the year under review application was made to the Minister of Housing and Local Government for his approval to the adoption of the Model Byelaws with regard to the emission of smoke from industrial chimneys. The Minister's approval has been obtained and the byelaws have been in operation since the 1st of August, 1954. There has been a considerable improvement with regard to the emission of smoke from industrial chimneys. A number of the steam raising plants have been converted for the use of smokeless fuels and in one instance automatic stoking has been provided by informal request of the Department.

Most of the atmospheric pollution in this area is derived from domestic fires, not from industrial furnaces. It is hoped that by education and persuasion many more dwelling house fires will be converted to use smokeless fuels.

General.—The number of inhabited houses in the period 1939 to 1954. The following table shows the number of houses built during the period 1939 to 1954. It should be noted that no houses were built in the years 1941 to 1945 inclusive.

Year	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Number of houses built	308	47	—	—	—	—	—	119	167	156	159	107	67	113	132	133

Fitness for Habitation.—The standard of fitness of houses in the Borough is intended to be extremely high. Owing to the increased cost of materials and labour, it has been found that for more interviews with owners and tenants to properties than was formerly the case, 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 55 of which 32 were subsequently confirmed. In all instances where overcrowding was found to exist the matter was referred to the Housing Department requesting that estimates be prepared in these cases.

Part IV

HOUSING

General

Fitness for Habitation

Overcrowding

Statistics

HOUSING

General—The number of inhabited houses totalled 25,242.

The following table shows the number of houses built during the period 1939 to 1954. It should be noted that no houses were built in the years 1941 to 1945 inclusive.

Year ...	1939	1940	1946	1947	1948	1949	1950	1951	1952	1953	1954
Number of Houses built	308	42	310	163	156	126	102	67	113	235	155

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 than was formerly the case, 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 53, of which 32 were subsequently confirmed. 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 Public Health or Housing Acts) | 1,440 |
| (b) | Number of inspections made for the purpose | 4,473 |
| (2) (a) | Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 | — |
| (b) | Number of inspections made for the purpose | — |
| (3) | Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation | — |
| (4) | Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation | 973 |

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	796
--	-----

3. Action under statutory powers during the year:—

A. Proceedings under sections 9, 10 and 16 of the Housing Act, 1936:—

- | | | |
|-----|--|---|
| (1) | Number of dwelling-houses in respect of which notices were served requiring repairs | — |
| (2) | Number of dwelling-houses in which defects were rendered fit after service of formal notices:— | |
| (a) | By owners | — |
| (b) | By local authority in default of owners | — |

B. Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	...	...	...	80
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—									
(a) By owners	...	...	...	...	...	...	...	...	78
(b) By local authority in default of owners	...	...	...	...	...	...	...	...	2

C. Proceeding under sections 11 and 13 of the Housing Act, 1936:—

(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	...	...	...	...	...	2
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...	...	...	...	...	...	1

D. Proceedings under section 12 of the Housing Act, 1936:—

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	...	...	...	...	...	—
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	...	...	...	...	...	—

Part IV—Overcrowding

4. Housing Act, 1936:—

(1) (a) Number of dwellings overcrowded at the end of the year	...	...	...	...	...	...	...	...	*
(b) Number of families dwelling therein	...	...	...	...	...	...	...	...	*
(c) Number of persons dwelling therein	...	...	...	...	...	...	...	...	*
(2) Number of new cases of overcrowding reported during the year	...	...	...	...	...	...	...	...	32
(3) (a) Number of cases of overcrowding relieved during the year	...	...	...	...	...	...	...	...	7
(b) Number of persons concerned in such cases	...	...	...	...	...	...	...	...	34
(4) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	...	...	...	...	...	...	...	...	Nil

*Information not available.

Food Standards
Distribution of Milk
Food Inspection
Public Abattoir
Food Hygiene
Shellfish Industry
Ice Cream

FOOD STANDARDS

Five hundred and one samples of food were taken and submitted to the Public Analyst for chemical analysis.

The results showed that 441 were genuine and 60 were adulterated or otherwise giving rise to irregularity; the latter included 13 formal and 47 informal samples.

All the samples certified as not genuine were followed up, and appropriate action was taken.

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
1605 Formal ...	EXPECTORANT PREPARATION— Contained fly of the <i>genus fannia</i> .	Warning letter issued by the Town Clerk to the pharmacist responsible for this preparation.
1663 Informal ...	BREAD— Contaminated by <i>faecal matter</i> from mice.	Legal proceedings taken. Defendant was found guilty on four cases and the fines totalled £17 plus advocate's fee.
1697 Informal ...	MILK— Deprived of 16 $\frac{3}{4}$ of its original milk fat.	As a result of these two unsatisfactory informal samples, formal samples Nos. 1741 and 1742 were taken. Milk from this producer's herd has, over past years, been either of abnormal composition or slightly deficient of fat. The case has repeatedly been referred to the Chief Milk Production Officer of the Ministry of Agriculture and Fisheries in an endeavour to improve the quality of the milk, and there has been a slight improvement.
1699 Informal ...	MILK— Deprived of 6% of its original milk fat.	
1741 Formal ...	MILK— Slightly deficient of fat (milk fat 2.90%).	
1742 Formal ...	MILK— Slightly deficient of fat (milk fat 2.95%).	
1710 Informal ...	ORANGES— Contained 10 parts per million of Thiourea.	As a result of these informal samples, found to contain a prohibited preservative, the whole of the consignments of oranges from which these samples were taken, were returned to the Importers.
1712 Informal ...	ORANGES— Contained 15 parts per million of Thiourea.	
1713 Informal ...	ORANGES— Contained 10 parts per million of Thiourea.	
1715 Informal ...	ORANGES— Contained 5 parts per million of Thiourea.	
1716 Informal ...	ORANGES— Contained 15 parts per million of Thiourea.	
1718 Informal ...	ORANGES— Contained 15 parts per million of Thiourea.	
1719 Informal ...	ORANGES— Contained 5 parts per million of Thiourea.	
1720 Informal ...	ORANGES— Contained 10 parts per million of Thiourea.	

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
1722 Informal ...	MILK (JERSEY)— Deprived of 39½% of its original milk fat.	As a result of the unsatisfactory informal sample (1722), a formal sample (1723) was obtained in transit from the farm to the retailer. The main reason why the milk was deficient of the "Jersey" standard for milk fat was the absence of bulking of the milk from a number of cows; the milk from each cow was being bottled as produced. The cause of certain cows giving milk deficient in fat was stated after investigation by the Ministry of Agriculture and Fisheries to which the matter had been referred, to be due to feeding an unbalanced diet to this particular herd. Since this time, with a revised balanced diet, there has been no cause for complaint.
1723 Formal ...	MILK (JERSEY)— Deprived of 17½% of its original milk fat.	
1733 Informal ...	ICE CREAM— Deficient of fat (50%) and of milk solids not fat (33%).	A formal sample was obtained which was found to be in order. The manufacturer had been experimenting with different types of cold mixes, and had discontinued the use of the particular mix which had given rise to the unsatisfactory sample.
1749 Informal ...	LEMONADE— Contaminated by a non-ionic detergent (about 20%).	The Town Clerk wrote to the manufacturers who were at a loss to explain the presence of non-ionic detergent in the samples. This contamination could have been due to insufficient rinsing of the bottles prior to refilling with lemonade.
1751 Informal ...	LEMONADE— Traces of non-ionic detergent.	
1789 Informal ...	MILK— Contained 5½% of added water	These two samples were supplied under the "Milk in Schools Scheme" and it was found that this milk was the first over the processing plant, and adequate draining of the plant had not taken place prior to allowing the milk to pass through to the bottling machine. Since this was discovered, additional draining points have been provided on the pipeline from the pasteuriser to the bottling machine, and there has been no further cause for complaint.
1790 Informal ...	MILK— Contained 7½% of added water	
1794 Informal ...	SAUSAGES (PORK)— Slightly deficient of meat. Total meat 59%.	A follow-up sample was taken of these sausages, which was found to contain 65% of meat.
1800 Informal ...	VINEGAR— Heavily infected with vinegar eelworm (<i>Turbatrix Aceti</i>).	The manufacturers were notified and their observations requested.
1806 Informal ...	TABLE CREAM— Sweetened gelatine prepara- tion devoid of milk fat.	No further sample available.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
1823 Informal ...	MILK— Contained 18% added water.	As a result of these unsatisfactory informal samples, produced by the same producer and supplied to a processing plant within the Borough, two formal samples (Nos. 1880 and 1881) were taken.
1837 Informal ...	MILK— Contained 11% added water.	
1838 Informal ...	MILK— Contained 12% added water.	
1839 Informal ...	MILK— Contained 16% added water.	
1840 Informal ...	MILK— Contained 8% added water.	
1852 Informal ...	MILK— Contained 12% added water.	
1853 Informal ...	MILK— Contained 11% added water.	
1854 Informal ...	MILK— Contained 5% added water.	As a result of these unsatisfactory samples, the attention of the catering trade was drawn to the fact that where the word "Butter" is used, a mixture of butter and margarine or margarine alone is not permissible, and where the word "Butter" is indicated in menus, only that commodity must be used.
1876 Formal ...	BREAD AND BUTTER— Consisted of bread and margarine.	
1877 Formal ...	BREAD AND BUTTER— Consisted of bread and margarine.	
1878 Formal ...	BREAD AND BUTTER— Consisted of bread and margarine.	
1879 Formal ...	BREAD AND BUTTER— Consisted of bread and margarine.	Formal samples taken in connection with samples 1823, 1837, 1838, 1839, 1840, 1852, 1853 and 1854. Legal proceedings taken. Cases dismissed on technique of sampling procedure.
1880 Formal ...	MILK— Contained 13% added water.	
1881 Formal ...	MILK— Contained 10% added water.	Formal sample (1895) taken.
1882 Informal ...	SUGAR CONFECTIONERY (BUTTER CREAMS)— Deficient of butter fat. Butter fat 2%.	
1895 Formal ...	SUGAR CONFECTIONERY (BUTTER CREAMS)— Slightly deficient of butter fat. Butter fat 3.5%.	The attention of the producer was drawn to this slight deficiency.
1896 Informal ...	MILK— Deprived of 12% of its original milk fat.	Further samples taken, and these were found to be genuine.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
1898 Informal ...	MILK— Deprived of 7% of its original milk fat.	Further samples taken; two found genuine, and two to be investigated (Nos. 1922 and 1925).
1899 Informal ...	MILK— Deprived of 23% of its original milk fat.	
1906 Informal ...	MILK— Contained 22% added water.	Formal sample (No. 1909) taken.
1909 Formal ...	MILK— Contained 3% added water.	Further sample proved to be genuine.
1922 Informal ...	MILK— Deprived of 23% of its original milk fat.	Taken in connection with samples Nos. 1898 and 1899.
1925 Informal ...	MILK— Deprived of 15% of its original milk fat.	do.
1936 Informal ...	MILK— Contained 8% added water.	Formal samples proved to be genuine.
1941 Informal ...	BREAD— Contaminated with dirty oil.	Legal proceedings instituted. De- fendants fined £5 and costs of £4 awarded.
1946 Informal ...	MILK— Deprived of 13% of its original milk fat.	Formal samples proved to be genuine.
1956 Informal ...	MILK— Contained 6% added water.	do. do.
1958 Informal ...	MILK— Deficient in solids not fat to the extent of 1½%.	do.
1960 Informal ...	MILK— Deficient in solids not fat to the extent of 4½%.	do.
1961 Informal ...	MILK— Deficient of fat to the extent of 17%, and of solids not fat to extent of 1%.	do.
1963 Informal ...	PUFF BISCUITS— Contaminated with mould.	An investigation of the stocks held by the vendors revealed no evidence of mouldy biscuits on the premises.
1974 Informal ...	MILK— Contained dirt (moist dirt 80 parts per million).	Further samples taken proved satisfactory.
1984 Informal ...	MILK— Contained dirt (moist dirt 40 parts per million).	do.
1986 Informal ...	MILK— Contained 3% added water.	See No. 1999.
1987 Informal ...	MILK— Contained 4% added water.	do.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
1999 Formal ...	MILK— Contained 8% added water.	The results of formal samples (1998, 1999 and 2000) revealed that the milk from this herd was of abnormal composition; in view of the Public Analyst's report in connection with sample No. 2000 it was thought advisable to refer the matter to the Milk Production Officer of the Ministry of Agriculture and Fisheries. An investigation has been carried out and the producer has been advised by the Ministry's representative.

Food and Drugs Acts—Records, 1921-1954

Year	Number of samples taken			ANALYTICAL RESULTS OF SAMPLES						Ratio (%) of samples adulterated	Number of Prosecutions
				Number genuine			Number adulterated*				
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1935 ...	198	108	306	179	100	279	19	8	27	8.82	7
1936 ...	212	112	324	198	100	298	14	12	26	8.02	3
1937 ...	201	151	352	185	139	324	16	12	28	7.95	1
1938 ...	213	169	382	198	131	329	15	38	53	13.87	1
1939 ...	203	158	361	183	131	314	20	27	47	13.01	2
1940 ...	181	182	363	156	161	317	25	21	46	12.67	9
1941 ...	161	212	373	146	197	343	15	15	30	8.04	11
1942 ...	168	199	367	161	184	345	7	15	22	5.99	2
1943 ...	172	191	363	157	156	313	15	35	50	13.77	9
1944 ...	178	203	381	163	178	341	15	25	40	10.49	6
1945 ...	75	305	380	68	275	343	7	30	37	9.73	1
1946 ...	50	291	341	48	269	317	2	22	24	7.03	1
1947 ...	50	280	330	48	262	310	2	18	20	6.06	—
1948 ...	44	291	335	42	275	317	2	16	18	5.37	1
1949 ...	48	334	382	35	312	347	13	22	35	9.16	10
1950 ...	92	227	319	86	216	302	6	11	17	5.32	3
1951 ...	131	237	368	123	221	344	8	16	24	6.52	—
1952 ...	103	386	489	88	362	450	15	24	39	7.97	8
1953 ...	26	377	403	21	358	379	5	19	24	5.95	—
1954 ...	27	474	501	14	427	441	13	47	60	11.97	4

*Certified by the Public Analyst as being adulterated or otherwise giving rise to irregularity.

**Table showing particulars of the number of samples taken for
Bacteriological Examination—Year 1954**

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 ...	6	67	38	6	117
Milk ...	149	103	116	116	484
Other Foods ...	53	44	19	25	141
*Water ...	1	4	5	2	12
TOTALS	209	218	178	149	754
MISCELLANEOUS—					
†Water ...	—	2	4	—	6
GRAND TOTALS ...	209	220	182	149	760

*Intended for human consumption.

†Swimming Baths.

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.

DISTRIBUTION OF MILK

There are 159 distributors of milk on the register of the Local Authority of whom 155 have their premises inside the Borough. The premises are inspected regularly and samples are frequently submitted for bacteriological examination. During the year, 493 samples of milk were submitted to the Bacteriologist for examination, of which 302 were Pasteurised, 10 Sterilised, 81 Tuberculin Tested (Pasteurised), 47 Undesignated, 7 T.T. Channel Islands, 24 Tuberculin Tested Certified, 19 Tuberculin Tested and 3 Accredited. Of these samples, 2 Pasteurised samples, 3 T.T. (Pasteurised) Milk and 1 Accredited failed the Phosphatase Test; 4 Undesignated samples, 7 Pasteurised, 1 T.T. Pasteurised, 3 T.T. and 4 T.T. Certified 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 Tubercle Bacilli. In addition, 100 samples of raw milk were submitted for biological examination and in one instance Tb. Bacilli was found. All the milk from the herd was pasteurised until declared free of tuberculous cows by the Veterinary Surgeon. In six instances the guinea pig died too soon for a diagnosis to be made.

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.

The number of samples taken for chemical analysis was 353, of which 40 were reported by the Public Analyst to be adulterated or otherwise giving rise to irregularity. Details of the 40 are given on pages 62 and 66.

Sale of Milk under Designation

Classification of Licences issued	Number of Licences issued during the year	
	1953	1954
(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	30	37
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	2
(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	11	10
Dealers' Licences authorising the use of the special designation <i>"Pasteurised"</i> in relation to milk sold from the holder's premises ...	68	83
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	48	51
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	1	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 ...	67	94
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	3	3
TOTALS	230	285

FOOD INSPECTION

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

Carcases Inspected and Condemned

PARTICULARS	PUBLIC ABATTOIR					PRIVATE
	Cattle (excl'n'g Cows)	Cows	Calves	Sheep and Lambs	Pigs	Pigs
Number of animals killed	2388	1176	835	18318	3707	36
Number of carcases inspected	2388	1176	835	18318	3707	36
RESULTS						
All diseases except tuberculosis:—						
Number of whole carcases condemned	1	1	6	18	25	8
Number of carcases of which some part or organ was condemned	744	383	5	1168	174	19
Percentage of the number in- spected affected with disease other than tuber- culosis	31·19	32·65	1·31	6·47	5·36	75·00
Tuberculosis only:—						
Number of whole carcases condemned	4	14	2	—	8	—
Number of carcases of which some part or organ was condemned	321	363	—	—	125	—
Percentage of the number in- spected affected with tuberculosis	13·60	32·05	0·22	—	3·56	—

The condemnation of whole carcases shown in the above table were due to tuberculosis (twenty-eight), peritonitis (twenty-three), fevered (thirteen), moribund (four), oedema (five), septicaemia (three), immaturity (two), pyaemia (two), pleurisy (two), injury (one), septic peritonitis (one), septic pneumonia (one), enteritis (one) and uraemia (one). All the animals, except eight, were brought to 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... ..	404	2	19
Veal... ..	4	0	25
Mutton	32	0	6
Pork	74	2	7
Fish... ..	18	3	15
Poultry, Game, Rabbits	0	2	7
Fruit	2	1	12
Orange Juice	40	0	20

Tinned Goods:—

					Cwts.	Qrs.	Lbs.
Milk	...	...	...	...	8	2	21
Meat	...	...	...	...	19	2	24
Fish...	...	...	...	...	13	1	3
Vegetables	...	...	...	...	8	0	12
Fruit	...	...	...	...	37	1	19
Cereals	...	...	...	...	1	2	14
Jam	...	...	...	...	0	0	14
Frozen Eggs	...	...	...	...	15	3	16
Miscellaneous	...	...	...	...	8	2	11½
					690	3	21½
TOTAL					34 tons	10 cwts.	105½ lb.

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

During the year the control of the Abattoir reverted to the Local Authority on the cessation of the Ministry of Food control of livestock and meat supplies.

Meetings were held with the Meat Traders, National Farmers Union and other interested bodies before a final policy was determined. A request was made by a newly formed company to wholesale meat from the Abattoir and the Council agreed to this suggestion. In addition, arrangements were made with the Hebrew Congregation for facilities to be provided in one of the halls where animals could be slaughtered in the approved manner for this group of the community. Headage charges and rentals were determined by negotiation on the understanding that these charges would be reviewed at the end of a twelve months working period. It was also found necessary to provide additional facilities at the Abattoir including the provision of a refrigerated cooling room and a refrigerated cold store. An overhead weighing scale was installed and the Southport Abattoir was recognized by the Ministry of Agriculture and Fisheries as a Dead Weight Grading Centre. In view of the fact that the facilities provided at the Abattoir were more than necessary for the County Borough alone, the local authorities in the immediate surrounding area were informed that, should any of their meat traders desire to use the Southport Abattoir for the slaughtering of animals, these facilities could be provided on the same terms as those offered to the local traders. A number of small meat traders from the surrounding areas have utilized the facilities during the year. The Ministry's Grader attends at the Abattoir as and when required.

Although the through-put during the year was less than anticipated, this was in the main due to the high price of livestock and it is hoped that when the livestock position becomes more normal, through-put at the Abattoir will be increased.

There is no doubt whatsoever that with the recent improvements and those previously carried out whilst the Ministry of Food were in control, the Abattoir is now a very efficient small unit which is quite capable of providing slaughtering facilities for this area and for parts of the adjoining districts.

FOOD HYGIENE

It is pleasing to be able to report that the standard of hygiene in the food preparing premises within the Borough has continued to improve and there is no doubt whatsoever that this improvement is due in no small measure to the happy relations which exist between the Sanitary Department and the representatives of the various trades. In addition, the continued good response of the employees of the food industry to attend the food hygiene lectures organised jointly by the St. John Ambulance Association and the Health Committee has assisted in improving the hygienic methods of food handlers.

The catering industry experiences great difficulty in recruiting suitable staff during the height of the season and this difficulty is increasing year by year. It is practically impossible to arrange for the seasonal workers to receive the same educational training as the regular members of the staff and this section of the industry often includes persons who most need such education. Since the inauguration of the food hygiene lectures in the Autumn of 1950, 629 persons have attended, 386 persons have sat for the examination and 250 have been successful and have received the certificate signed jointly by the Medical Officer of Health and the Chairman of the Local Division of the St. John Ambulance Association. The Advanced Course for Food Hygiene organised by the Education Authority and the Health Department, consisting of 26 lectures, has been well attended. This course has stimulated a great deal of interest amongst the supervisory staff who have attended. It is hoped to assist such persons in performing their duties more efficiently.

The voluntary body known as the Southport Food Hygiene Association which is composed of members who have attended the food hygiene courses has continued to progress and monthly visits have been made to various food premises throughout the year. In addition, monthly lectures have been given on various aspects of the food industries. The members of this organisation have assisted in the promotion of closer relations between the food trades and the officials of the Department.

It is becoming increasingly obvious that the duties of the Sanitary Inspectors engaged on this type of work are being regarded more as advisory and less as officers enforcing the legislation with regard to food preparing premises.

By means of frequent bacteriological examination of food stuffs, it has been possible to improve sterilization and handling methods in certain industries and this has resulted in the provision of new equipment and often in the reconstruction of premises. Many requests have been made from members of the food industry for advice on reconstruction of their premises and the types of equipment to be installed.

In only one instance was it found necessary to institute legal proceedings under the Food and Drugs Act and the Byelaws regarding extraneous matter in food. The defendant was fined a total of £17, plus advocates fee.

(A) Summary of Food Hygiene Inspections

INSPECTIONS							Number
Hotels, Restaurants and Kitchens	...	...	...	...	...	...	1135
Bakehouses	...	...	...	...	...	...	260
Butchers' Shops	...	...	...	...	...	...	285
Confectioners' and Grocers' Shops	...	...	...	...	...	...	728
Fried Fish Shops	...	...	...	...	...	...	114
Fishmongers', Greengrocers' and Poulterers'	...	...	...	...	...	...	211
Public Houses, etc.	...	...	...	...	...	...	75
Miscellaneous	...	...	...	...	...	...	1143
TOTAL							3951

(B) Summary of Improvements Effected

	Number
Major reconstructions of cafe, kitchens and bakehouses ...	8
Minor structural improvements, cleansing and repairs ...	124
Improved food storage facilities	15
Equipment renewed, repaired and cleansed	26
Improved washing-up facilities and procedure	14
Improved sanitary accommodation for staff including personal washing facilities	26
Improved sanitary accommodation for patrons	8
Improved refuse storage facilities	17
Vermin eliminated	16
TOTAL	254

THE SHELLFISH INDUSTRY

During the year two wholesale shellfish premises have been registered under the Food and Drugs Act, 1938.

By means of frequent bacteriological sampling of the shellfish, an improvement in the bacteriological standard has been obtained, but a considerable amount of work has still to be carried out before all the shellfish premises in the Borough can be regarded as satisfactory.

ICE CREAM

It is gratifying to be able to record that there has been a considerable improvement in the bacteriological quality of ice cream on sale in the Borough. There is no doubt that the Department's activities in this particular field have had a marked effect during the year, when reviewed in the light of the results in past years.

The comparable figures are:—

Year	Percentage of Samples found to be unsatisfactory
1949	52·20
1950	26·95
1951	19·78
1952	22·90
1953	29·50
1954	9·17

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 into 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	9
For the purpose of sale	215
TOTAL	224

One hundred and nine samples of ice cream were procured and submitted for bacteriological examination.

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 samples examined:—

YEAR	RESULTS OF SAMPLES TAKEN						GRAND TOTAL
	NUMBER SATISFACTORY			NUMBER UNSATISFACTORY			
	Grade I	Grade II	Total	Grade III	Grade IV	Total	
1949 ...	10	11	21	9	14	23	44
1950 ...	42	42	84	12	19	31	115
1951 ...	70	39	109	17	26	43	152
1952 ...	67	71	138	26	15	41	179
1953 ...	65	21	86	22	14	36	122
1954 ...	83	16	99	9	1	10	109
TOTALS	337	200	537	95	89	184	721

Overall Results: Satisfactory, 74.48%; Unsatisfactory, 25.52%.

TUBERCULOSIS

New Cases and Mortality—The number of new cases of tuberculosis which came to the notice of the department during the year was 77. Of these 68 were found to be suffering from pulmonary disease and 9 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 to 5	—	1	1	—	—	—	—	—
5 to 15	2	2	3	2	—	—	—	—
15 to 25	5	11	—	—	—	1	—	—
25 to 45	10	12	1	—	3	1	—	—
45 to 65	13	7	—	1	6	1	—	—
65 to 75	3	1	—	1	3	1	—	—
75 and over	1	—	—	—	—	—	—	—
TOTALS ...	34	34	5	4	12	4	—	—

Treatment Clinic—The 77 new cases came to the notice of the Department in the following ways:—

(a) By primary notifications	56
(b) By transfer from other areas	13
(c) From Death Returns	6
(d) Lost sight of cases returned	2
TOTAL	77

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 1954 was 453 and 44 of these patients were found to have sputum containing tubercle bacilli. During the year, 52 Treatment Clinics were held and 740 visits were made by patients; the total number of X-ray examinations of patients was 775.

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, 51 clinics were held and 780 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 720. Five contacts were found to be suffering from pulmonary tuberculosis in 1954.

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 injecting its casual organism in a form which does not cause active development of the disease itself. It is not yet certain to what degree B.C.G. vaccination gives protection against tuberculosis and only experience will show how far it is effective in this country. Most authorities now consider that the risk of contracting tuberculosis, particularly in childhood, is less in the vaccinated than in the unvaccinated person. Abroad, particularly in the Scandinavian countries, B.C.G. vaccination is being widely used with reported success in combating 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 and who are in contact with known cases of tuberculosis, 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.

(1) The total number of persons vaccinated during the year 1954 is shown below:—

(a) At B.C.G. Clinics	30
(b) Babies seen by the Consultant Paediatrician	13
TOTAL	43

(c) Total number vaccinated since scheme commenced in April, 1951 248

(2) Number of B.C.G. Clinics	8
Number of attendances made by contacts	32
Number of Mantoux and patch tests	158
Number of sessions by Tuberculosis Visitor at B.C.G. Clinic	10

Housing—The Points Scheme which is used for the purpose of selecting tenants for Corporation houses, makes special provision for tuberculous patients. Additional points are awarded when either the applicant or his wife, or any of their children are known to be suffering from infectious tuberculosis and this concession is of benefit to those cases where improved housing accommodation is desirable for the patient and his family.

During 1954, five cases were referred to the Housing Department with a recommendation that alternative accommodation would be helpful.

Domiciliary Visiting—A Health Visitor with special qualification 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:—	First Visits	55
	Re-Visits	1205
To Contacts:—	First Visits	167
	Re-Visits	964
Total Number of Visits	2391	

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 1954, the Health Visitors made 142 attendances at the Tuberculosis Treatment and Contact Clinics.

Mass Miniature Radiography Unit—The following statement shows the numbers of persons who attended for miniature X-ray examinations when the No. 2 Mass Radiography Unit of the Liverpool Regional Hospital Board was in Southport from the 1st October to the 4th December.

	Male	Female	Total
(1) Total number of persons examined	3846	5876	9722
(2) Age Groups of persons examined:—			
Under 14 years	913	1264	2177
15 years to 24 years	663	1921	2584
25 years to 34 years	678	779	1457
35 years to 44 years	589	759	1348
45 years to 59 years	752	866	1618
60 years and over	251	287	538
TOTALS	3846	5876	9722
(3) Classifications of cases diagnosed:—			
Active pulmonary tuberculosis	2	3	5
Inactive pulmonary tuberculosis (post primary)... ..	33	40	73
Bronchiectasis	15	6	21
Neoplasm	5	1	6
Cardiac abnormalities	13	10	23
Other abnormalities	107	122	229
No abnormality	3671	5694	9365
TOTALS	3846	5876	9722
(4) Analysis of miniatures:—			
Firms, Hospital Staffs, etc.	1566	2183	3749
Schools	1370	1962	3332
Public Sessions	910	1731	2641
TOTALS	3846	5876	9722

Of the total numbers examined, 9,365 or 96·2% showed no radiological evidence of disease of the chest at the time of examination.

Previously unsuspected active tuberculosis of the lungs was revealed in 5 cases, giving an incidence of 0·51 per 1,000 persons examined.

It is hoped that the next visit will be made in the autumn of 1955.

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 three are being used.

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 £390.

Number of Patients on Register—The following statement shows the numbers of patients on the register during the last five years:—

NUMBER OF PATIENTS ON THE REGISTER during the last five years

	1950			1951			1952			1953			1954		
	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total
1. No. of patients on register at beginning of year	281	93	374	292	92	384	326	89	415	367	96	463	388	84	472
2. No. of patients added during the year:—															
(a) primary notifications of new cases	37	11	48	46	4	50	51	12	63	51	5	56	49	7	56
(b) transfers from other areas	5	1	6	16	3	19	18	1	19	11	3	14	12	1	13
(c) lost sight of cases returned	1	—	1	2	—	2	—	—	—	2	—	2	2	—	2
TOTALS (1)	324	105	429	356	99	455	395	102	497	431	104	535	451	92	543
3. No. of patients deleted during the year:—															
(a) died (from all causes)	11	2	13	22	1	23	12	6	18	14	5	19	10	—	10
(b) transferred to other areas	13	1	14	6	—	6	9	—	9	15	—	15	18	3	21
(c) recovered	1	5	6	1	4	5	5	—	5	6	15	21	20	15	35
(d) lost sight of or refused further assistance	7	5	12	1	5	6	2	—	2	8	—	8	15	9	24
TOTALS (2)	32	13	45	30	10	40	28	6	34	43	20	63	63	27	90
4. No. of patients on register at the end of year (i.e., totals (1), less totals (2))	292	92	384	326	89	415	367	96	463	388	84	472	388	65	453
5. Summary of new patients found during the year:—															
(a) Primary notifications of new cases	37	11	48	46	4	50	51	12	63	51	5	56	49	7	56
(b) Transfers from other areas	5	1	6	16	3	19	18	1	19	11	3	14	12	1	13
(c) Patients found from death returns (figures not included in items (1) to (4) above)	3	1	4	2	—	2	2	—	2	5	1	6	5	1	6
(d) Lost sight of cases returned	1	—	1	2	—	2	—	—	—	2	—	2	2	—	2
TOTAL NUMBER OF NEW PATIENTS	46	13	59	66	7	73	71	13	84	67	9	76	68	9	77

At the beginning of 1950, there were 281 pulmonary cases and 93 non-pulmonary cases on the Chest Clinic's register, making a total of 374 cases; at the end of 1954, the corresponding numbers were 388 pulmonary cases and 65 non-pulmonary making a total of 453 cases.

During the four year period 1950-1953, the number of non-pulmonary patients remained fairly constant, varying between 80 and 90, but during 1954 this number has decreased to 65. The number of pulmonary patients, however, has increased by 107 (or 38%) from 281 in 1950 to 388 in 1954. This increase is mainly due to the fact that following the use of the new drugs such as Streptomycin, P.A.S., and Isoniazid, there have been fewer deaths in the last six years when compared with the figures for the years prior to 1950. Another reason for the increase is the smaller number of patients who were classified as cured in the years 1950 to 1953.

VENEREAL DISEASES

At the end of the year 1954, 57 new cases were under treatment at the clinic, as compared with 70 cases at the end of 1953.

These new cases were classified as follow:—

	Male	Female	Total
(1) Syphilis	3	4	7
(2) Gonorrhoea	3	—	3
(3) Non-Venereal Infections ...	34	9	43
	40	13	53
(4) Cases transferred from other clinics			
Syphilis	—	1	1
Observation	2	1	3
TOTALS ...	42	15	57

The following statement shows the numbers of cases of syphilis and gonorrhoea during the last fifteen years:—

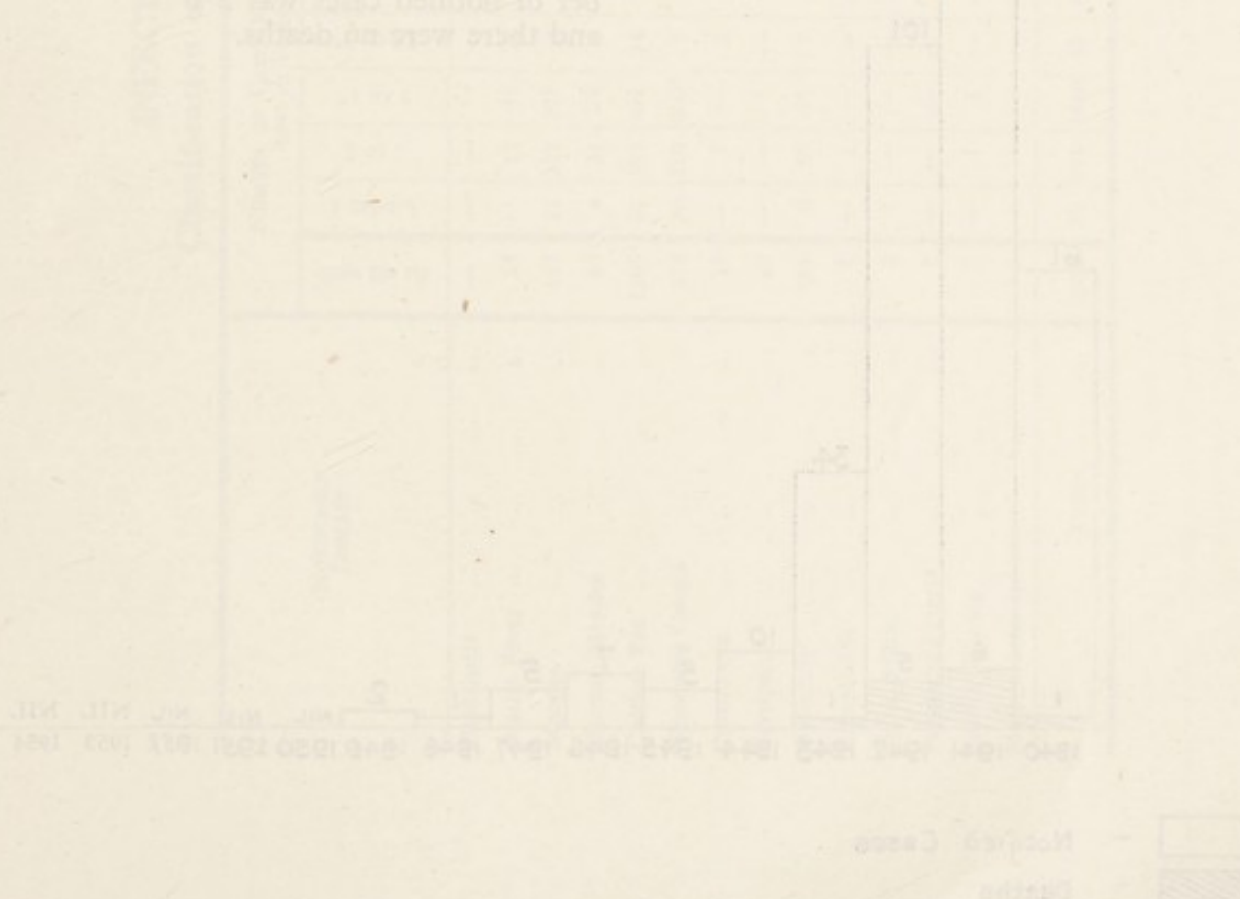
YEAR	SYPHILIS					GONORRHOEA		
	Number of new cases during the year			Number of cases on register at end of year	Total number of attendances during year	Number of new cases during the year	Number of cases on register at end of year	Total No. of attendances during year
	Congenital	Others	Total					
1940 ...	9	26	35	121	2114	62	72	4302
1941 ...	7	26	33	145	1891	77	121	6826
1942 ...	10	34	44	150	2972	81	99	5529
1943 ...	8	45	53	160	3185	81	86	5183
1944 ...	12	38	50	182	3063	85	96	3730
1945 ...	6	39	45	156	2991	90	114	3751
1946 ...	8	30	38	169	2740	130	111	4343
1947 ...	3	32	35	147	2751	76	116	3362
1948 ...	6	29	35	151	2321	77	102	2395
1949 ...	3	26	29	163	1892	37	106	1420
1950 ...	—	16	16	155	1795	15	72	639
1951 ...	5	11	16	92	1496	15	21	206
1952 ...	6	9	15	84	1535	9	7	107
1953 ...	2	10	12	62	1184	8	2	84
1954 ...	1	6	7	57	1412	3	2	18

An important feature of the prevention and treatment of venereal disease is the work which is done to ensure that patients attend for treatment at regular periods. So far as the female patients are concerned, this follow-up work is done by one of the Health Visitors; this Health Visitor is also present at the V.D. Clinic when patients are being seen by the Consultant and this arrangement is of great value in maintaining a close liaison between the district work and the clinic work.

As there is no suitable person on the staff of the Health Department to deal with the follow-up of male patients, an arrangement has been made with the Southport and District Hospital Management Committee for the male nurse at the V.D. Clinic to undertake these duties during his off-duty time on a repayment basis; due to his efforts the number of male defaulters has been reduced to a minimum. During the year the Health Visitor made 100 follow-up visits and also attended 44 V.D. Clinics. At the commencement of the year there were 7 male defaulters on the register and 90 other names were added during the course of the year; the male nurse dealt successfully with 88 of these, leaving 9 patients as defaulters at the end of the year. During the course of the year, 113 home visits were made by the male nurse.

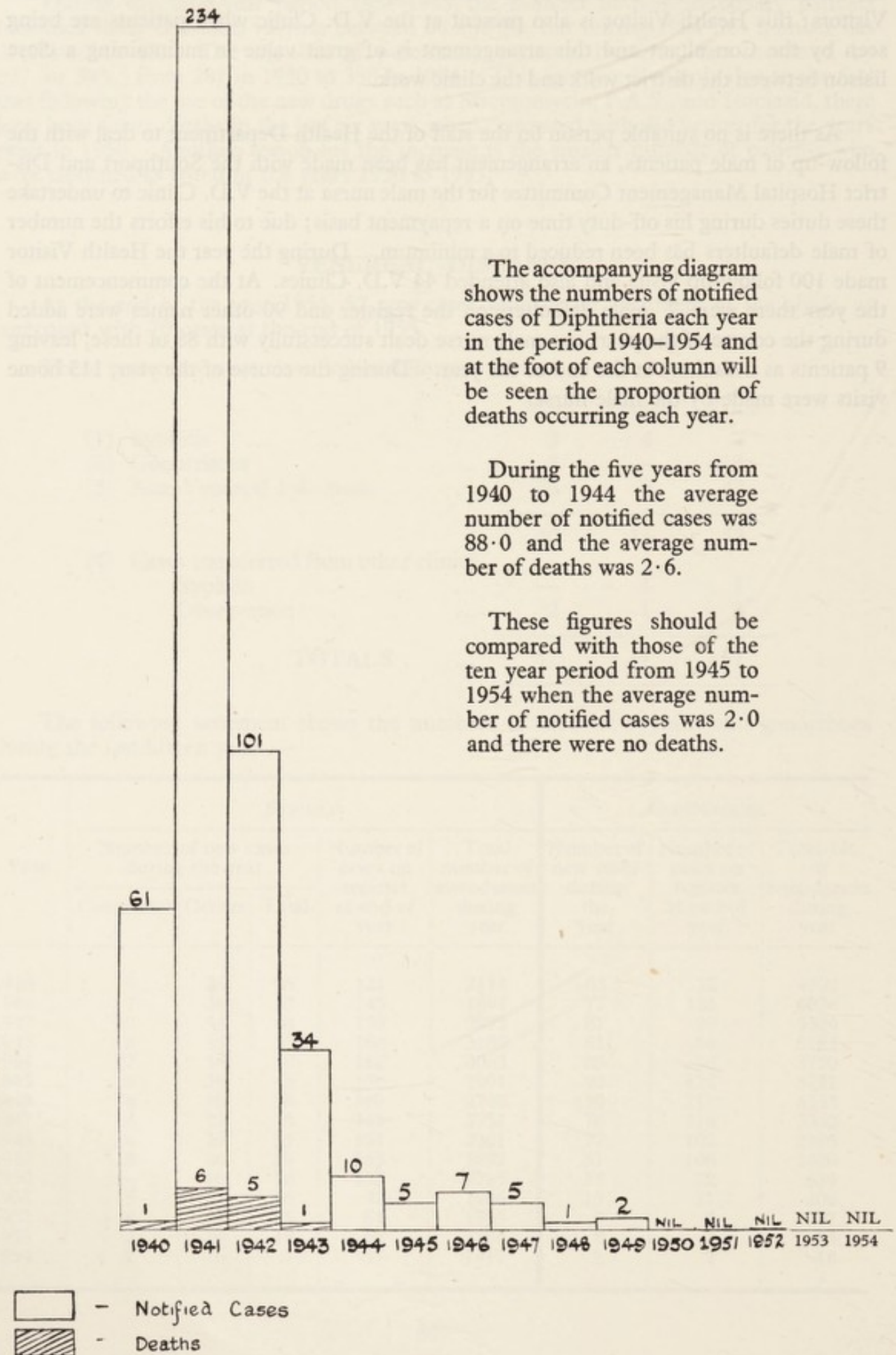
During the five years from 1940 to 1944 the average number of notified cases was 88.9 and the average number of deaths was 3.4.

These figures should be compared with those of the ten year period from 1935 to 1944 when the average number of notified cases was 3.9 and there were no deaths.



DIPHTHERIA

**Number of notified cases and number of deaths
during years 1940 to 1954 inclusive**



INFECTIOUS DISEASES (Table 1)
Classification of Cases notified during the year 1954

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	Heslith	Marine	Park	Scarlsbrick	South	Sussex	Talbot	West	Birkdale East	Birkdale North		Birkdale South	Birkdale West	Ainsdale
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	55	—	12	41	1	1	—	—	4	2	5	6	4	5	2	8	2	1	1	1	5	1	8	14
Measles	457	21	227	203	3	2	1	—	22	35	48	38	73	12	25	42	36	32	20	20	36	16	2	11
German Measles	60	4	24	24	4	2	2	—	3	—	8	6	2	3	1	3	3	5	7	5	8	5	1	2
Chicken Pox	1395	27	367	931	34	32	3	1	40	43	270	37	98	130	54	96	32	43	159	95	232	49	17	4
Whooping Cough	452	28	218	200	1	3	2	—	19	17	37	15	10	30	26	57	24	23	48	28	89	20	9	21
Pneumonia	15	—	1	—	2	2	6	4	—	2	—	—	—	—	—	3	2	1	1	1	4	—	1	2
Erysipelas	10	—	—	1	—	2	5	2	1	—	1	1	2	1	—	2	—	—	1	—	—	—	1	1
Dysentery	154	8	39	65	7	20	12	3	5	5	4	38	2	3	4	4	5	4	6	7	36	9	22	42
Encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Poliomyelitis	2	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	1
Puerperal Pyrexia	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Food Poisoning	2	—	1	1	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	4
Meingococcal Infection	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Totals	2605	89	891	1466	52	66	31	10	95	104	373	141	191	185	112	215	105	110	244	158	411	100	61	103

INFECTIOUS DISEASES (Table 2)
Number of Notified Cases and number of Deaths for the years 1945 to 1954 inclusive

	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED										Total Cases for 10 years 1945 to 1954	DEATHS FROM INFECTIOUS DISEASE										Total Deaths during 10 years 1945 to 1954	Case Mortality for 10 years 1945—1954
	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954		1945	1946	1947	1948	1949	1950	1951	1952	1953	1954		
Pneumonia ...	81	78	93	82	70	46	69	51	32	15	617	31	27	23	31	31	40	51	38	22	27	321	52.03%
Food Poisoning ...	—	—	—	—	1	23	4	—	26	2	56	—	—	—	—	—	1	—	—	—	—	1	1.71%
Scarlet Fever ...	93	62	167	210	125	167	94	213	176	55	1362	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ...	5	7	5	1	2	—	—	—	—	—	20	—	—	—	—	—	—	—	—	—	—	—	—
Typhus ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ...	—	—	—	—	2	—	—	1	—	—	3	1	—	—	—	—	—	—	—	—	—	—	—
Para-Typhoid Fever ...	—	2	—	—	6	2	1	—	—	—	11	—	—	—	—	—	—	—	—	—	—	2	66.66%
Erysipelas ...	26	32	25	33	34	24	15	17	22	10	238	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ...	—	—	—	—	1	1	1	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ...	20	36	4	3	6	282	155	9	18	154	687	—	1	—	—	—	—	2	—	—	—	3	0.44%
Puerperal Pyrexia ...	10	—	2	—	2	2	2	1	5	1	25	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection ...	4	4	4	—	1	3	4	4	—	1	25	2	—	1	—	—	1	—	—	—	1	5	20.00%
Poliomyelitis ...	—	4	8	3	1	2	2	1	7	2	30	—	1	1	2	—	—	—	—	—	1	5	16.66%
Polioencephalitis ...	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ...	69	56	62	51	58	68	77	71	67	68	647	36	31	39	27	26	15	22	12	13	16	237	36.63%
Other Forms of Tubercul's	26	16	22	17	13	16	13	13	9	9	154	5	3	5	3	5	5	5	6	5	—	42	27.27%
Ophthalmia Neonatorum	3	3	1	—	—	1	—	—	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—
Chicken Pox ...	274	598	234	506	543	345	295	992	225	1395	5407	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	546	228	1000	788	896	595	1272	345	1202	457	7329	1	—	2	1	2	—	1	—	—	1	8	0.11%
German Measles ...	52	83	462	161	55	45	76	330	1505	60	2829	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ...	278	76	500	457	277	352	192	179	206	452	2969	2	—	1	1	1	2	—	1	—	—	8	0.27%
Encephalitis ...	—	—	—	—	—	—	1	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—

Part VII

OTHER INFORMATION

Blindness

Cerebral Palsy

Epilepsy

List of Centres and Clinics

Medical Examinations

Meteorological Summary

Nursing Homes

Nurses' Agencies

Persons requiring Care and Attention

Riding Establishments

Special Surveys

Civil Defence Ambulance Service

Work done on behalf of Children's Committee

OTHER INFORMATION

Blindness, Cerebral Palsy and Epilepsy—I am indebted to Mr. J. Sinnott, the Senior Welfare Officer, for the following details:—

Blindness—There are 186 persons on the Blind Register and 40 others are classified as partially sighted. Many of these persons attend the Handicraft Classes and take part in other social activities at the Blind Social Centre, Gallie House, Hoghton Street, Southport.

Cerebral Palsy—No cases of this condition are provided for by the Welfare Services Committee.

Epilepsy—The following are the numbers of persons accommodated on account of epilepsy under arrangements made by the Welfare Committee:—

			Female	Male
David Lewis Colony, Alderly Edge	...	...	1	—
Maghull Homes, Maghull	...	...	3	6
Langho Colony, Manchester	...	...	1	1

Centres and Clinics—The following list shows the Centres and Clinics which were in operation during 1954:—

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	Thursdays	2 to 4 p.m.
POST-NATAL CLINICS:—		
44 Hoghton Street	Mondays	2.30 to 3.15 p.m.
TUBERCULOSIS CONTACT CLINIC:—		
Southport Infirmary	Mondays	2 to 5 p.m.

Medical Examinations—The following table shows the work done by the medical staff of the department during 1954 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

Department	NUMBER OF MEDICAL EXAMINATIONS			
	Super-annuation Scheme	Sickness Pay Scheme	Re-Examina-tions	Total
(a) CORPORATION DEPARTMENTS:—				
Borough Architect	4	1	—	5
Borough Engineer	13	19	6	38
Borough Treasurer	12	—	—	12
Children's	6	5	—	11
Education	43	31	3	77
Fire Service	3	—	—	3
Health	13	11	—	24
Libraries	11	—	—	11
Lighting	2	—	—	2
Publicity	3	4	1	8
Parks and Cemeteries	1	14	1	16
Town Clerk's	6	3	—	9
Transport	4	6	6	16
Water Board	1	4	1	6
Welfare Services	5	2	—	7
Estates and Baths	2	1	—	3
(b) OTHER DEPARTMENTS:—				
Electricity	4	—	—	4
District Nursing Association ...	5	—	—	5
TOTALS	138	101	18	257

Meteorology—Records for the years 1935 to 1954 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 Measurable 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)
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
1952	48.5	—0.9	84	20	1544	+ 36	52	††	30.59	—2.58	190	539.6	79	—3	65.1	—2.7
1953	50.0	+0.6	87	24	1644	+136	72	††	26.86	—6.31	167	494.1	81	—1	75.3	+7.5
1954	48.7	—0.7	80	12	1359	—153	72	††	44.48	+11.25	226	730.0	80	0	64.0	—4.0
New Averages	20 years—1931—1950		—		55 years—1896—1950		55 yrs. 1897—1951	—	80 years—1871—1950			25 yrs. 1926—1950	18 years—1935—1952		20 years—1931—1953*	

*Omitting years 1934, 1937 and 1938 when well was dry at times. §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.

Nursing Homes—At the end of the year there were 15 nursing homes on the Council's register, the total number of beds provided being as follows:—

Maternity Cases	...	...	...	...	...	12 beds
Medical, Surgical and General Cases	...	...	...	...	...	180 beds
TOTAL ...						192 beds

During the year the Supervisor of Nursing Homes made 52 visits of inspection and all her reports were satisfactory.

Nurses' Agencies—Any person who wishes to carry on an Agency for the supply of nurses must be licensed in accordance with the requirements of the Nurses Act of 1943, and the Nurses Agencies Regulations of 1945. No additional agencies were licensed during 1954, and inspection reports showed that the existing establishments were being conducted in a satisfactory manner.

Persons in need of Care and Attention—No patient was dealt with during 1954 under the powers contained in Section 47 of the National Assistance Act, 1948.

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, 1954, Mr. Hewetson made thirty-three visits to eight riding establishments and carried out two hundred and sixteen inspections.

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

Special Surveys—During the year, the Department provided information for the following special surveys:—

- (a) the Medical Research Council's investigation on poliomyelitis.
- (b) the Ministry of Health's investigation into virus infections during pregnancy; and
- (c) the British Empire Cancer Campaign's investigation in regard to deaths from malignant growths in the North Wales, West Cheshire and South West Lancashire Areas.

Civil Defence, Ambulance and Casualty Collecting Section—The number of persons enrolled as at the 31st December, 1954, was 103 women and 34 men.

The number of members fully trained and effective was 43. Of the enrolled members, 53 have not yet attended for any kind of training. 41 have had basic general training but have not attended for Section training.

Since the Section commenced, 35 First Aid Certificates of the St. John Ambulance Association have been issued. 23 members have First Aid Vouchers, i.e., Second Year Certificates, and 12 members have First Aid Medallions denoting success in the Third Year examinations.

During the year, revisionary courses on first aid, map reading, stretcher drill and ambulance loading have been well attended. Two exercises were held with gratifying results. Three special lectures by doctors were arranged.

Several Section First Aid Competitions were held and two members of the Section were chosen to represent the Corps in the Regional Efficiency Competitions. The Corps was successful in the Area Competition and hopes to be in the final which will be held in 1955.

Work done on behalf of Children's Committee—During the year, a total of 254 examinations were carried out on behalf of the Children's Committee, the details being as follow:—

Examination of children who are boarded-out in foster homes	100
Examination of children admitted to Institutions	18
Examination of children discharged from Institutions	2
Admission to Children's Homes, Eversley House and 53	
Scarisbrick New Road	15
Discharge from Children's Homes ... ditto	24
Admission to Residential Nursery	20
Discharge from Residential Nursery	14
Routine Medical Inspection of Children in Care	61

Dr. Davison, one of the lady Assistant Medical Officer's of Health, continued to be responsible for the medical care of all the children in the Homes administered by the Children's Committee.

Part VIII

SCHOOL HEALTH SERVICE

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

EDUCATION COMMITTEE

The Mayor (Alderman Mrs. E. SMITH)
Alderman W. TATTERSALL, J.P. (*Chairman*)
Councillor G. B. WOOLFENDEN (*Vice-Chairman*)
Alderman T. BALL, J.P.
Alderman P. CARTER
Alderman W. PAULDEN
Alderman F. WORSWICK
Councillor W. BERWICK
Councillor H. CARR
Councillor R. E. HINDS
Councillor Mrs. HARVEY-KELLY
Councillor G. W. KENDALL, J.P.
Councillor D. C. MACNICOL
Councillor Mrs. B. POGSON
Councillor R. WOOD
Mr. S. W. EXWORTHY
Mr. A. LOVERIDGE
Mr. J. E. MARSHALL
The Rev. A. DIXON
The Rev. FLETCHER FLEET
The Very Rev. Dean J. FRANCIS

Representatives on Joint Health and Education Sub-Committee

Alderman W. TATTERSALL, J.P.	Councillor G. B. WOOLFENDEN
Alderman T. BALL, J.P.	Alderman F. WORSWICK
Councillor Mrs. HARVEY-KELLY	

SCHOOL HEALTH SERVICE

The number of children attending Local Authority Schools in Southport in 1954 was 9,256. Of these 5,984 were in Primary Schools and 3,272 were in the Secondary Modern, Technical and Grammar Schools.

Routine Medical Inspections—The arrangements for Routine Medical Inspections ensure that all children are examined by the School Medical Officer at least 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 full year of his attendance at that school.

During 1953 a start was made in re-organising the medical inspection in senior schools, so that the children were seen at the beginning of their last full year at school. This re-organisation is now complete and appears to be working well. The figures for 1954 will now form a basis for comparison in future years. All schools were visited during the year, and the following table gives the number of routine medical inspections carried out:—

PRIMARY SCHOOLS								1954
Entrants	...	...	...	...	...	...	...	1064
Leavers	...	...	...	...	...	...	...	973
SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS								
Leavers	...	...	...	...	...	...	...	649

This year the Mass Radiography Unit of the Regional Hospital Board extended the scope of their service to the schools and undertook to offer examination to all the children in the senior schools. A similar arrangement was made for the non-maintained schools in the area. Most of the children were examined and the reports received from the Unit were satisfactory.

B.C.G. Vaccination against Tuberculosis

At the latter end of the year it was decided to make a start on the Ministry of Health's Scheme for B.C.G. Vaccination of school children. To begin with, only a pilot scheme was arranged, so that the staff could gain experience of the most suitable methods for use in the schools.

One senior maintained school and one non-maintained school, with day and boarding pupils, were chosen. Following visits to these schools, the most satisfactory routine for the investigation and vaccination was chosen, and this will in future be carried out.

The children selected for this vaccination are the 13-year old group. Letters explaining the scheme, together with consent forms, are sent to the parents of the children. On receipt of consent the children are mantoux tested and, if necessary, vaccinated; six weeks later the site of the vaccination is examined.

In 1955 it should be possible to offer vaccination to all the children of this age group in the town, and it will be interesting to see how this measure influences the incidence rate of tuberculosis in young adults.

Statistics for the Pilot Scheme are given below:—

	L.E.A. Schools	Private Schools	Total
Number Eligible	167	25	192
Number of Children tested and found to be:—			
(a) Positive reactors	42	7	49
(b) Negative reactors	72	7	79
Total Number of Children tested	114	14	128
Number of negative reactors vaccinated	72	7	79

Routine Medical Inspections

Attendance at Examination—Parents are notified of the time and place of the School Inspections and are invited to attend. The usefulness of the examination is increased if the child is accompanied by someone who can give an accurate history of the child.

The number of parents attending varies from year to year and this year shows an increase in the number attending in the primary schools.

Percentage Attendance of Parents at Examination:—

	1953	1954
PRIMARY SCHOOLS	%	%
Entrants	79·84	81·02
Leavers	40·42	48·62
SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS		
Leavers	7·55	4·62

Findings at Routine Medical Inspections

Nutrition—Last year's report showed an increase in the number of children described as poorly nourished. This year it is pleasing to record a fall in the percentage of children so classified.

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 %
1951	2,912	32·73	64·10	3·15
1952	2,862	49·08	48·5	2·34
1953	2,455	45·91	49·13	4·96
1954	2,686	50·38	46·38	3·24

School Meals—The number of meals supplied to children during 1954 was approximately 966,400, of these 78,986 being free. This represents approximately 60% of the average number of children in attendance.

The meals are prepared in 13 kitchens specially designed and built for this type of catering. A high standard of cleanliness is required and all staff are encouraged to attend hygiene lectures, many having already obtained the St. John Ambulance Certificate for Hygiene and Food Handling.

The menus are carefully planned and the fact that children can obtain a balanced meal has a considerable influence on the health of school children as a whole; this is illustrated by the table recording the heights and weights of children on page 109.

Cleanliness, Clothing and Footwear—It is very rare now to see children in school dirty, badly clothed or wearing bad footwear.

In 1954, only 46 children were excluded because of uncleanness. The School Nurses continue to supervise closely the condition of the children's hair and the result of this supervision is undoubtedly good.

Vaccination against Smallpox—There has been a very slight rise in the number of children vaccinated, and the figure is now 31.16%. This very low percentage would cause concern should an outbreak occur in the town.

Diphtheria Immunisation—The rate of immunisation, 94.82%, is good, but this does not fully describe the position. Many of the school children have not had a reinforcing dose of the prophylactic, and are, therefore, not fully protected against the disease. The position will have to be watched, and, if necessary, further steps taken to keep a high rate of fully protected children in the area.

Defects found at Routine Medical Inspections—Detailed lists of defects found at Inspection are given in statistical tables at the end of this Report.

Some of the defects found do not necessarily require treatment but only supervision and observation. Below are the numbers found to require treatment:—

	Entrants	Primary Leavers	Secondary, Modern, Technical and Grammar School Leavers	Totals
Number of Children examined	1,064	973	649	2,686
Number of Children requiring treatment	982	192	79	453
Percentage requiring treatment	17.11	19.73	12.17	16.87

Handicapped Pupils—There has been little change in the numbers of these pupils since last year. From the table it would appear that 13 physically handicapped children were awaiting special education; in fact, 8 of these children are being provided with home tuition, which was recommended for them by the School Medical Officer in preference to a special school. It is hoped that when the Hospital Special School is opened at Hawkshead Street Children's Hospital that it will be possible for some of these children to attend there as day pupils.

The six "Opportunity" Classes established at different schools are doing very good work, particularly with the children, for whose benefit they are really intended, who are very backward owing to long absence or irregular attendance; over 80 children have been able to return to their normal classes after spending periods in the "Opportunity" Classes. It is realised, however, that the presence in these classes of dull and backward children handicaps to some extent the teacher and the other children, but there is unfortunately, no other day provision available for these children. The Authority is aware of this problem, which is a difficult one because of the relative smallness of the numbers concerned.

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 ...	9.15 a.m. to 12 noon ... 10 a.m.	Dressings Clinic *Ear, Nose and Throat Clinic ...	2 Nurses { 1 Doctor 1 Nurse
	2 p.m. to 4 p.m. ... 2 p.m. to 4.45 p.m. ...	Doctors' Minor Ailment Clinic ... Dressings Clinic	{ 2 Doctors 3 Nurses
Tuesday ...	9.15 a.m. to 12 noon ... 9 a.m.	Dressings Clinic *Eye Clinic	1 Nurse { 1 Doctor 1 Nurse
	2 p.m. to 4.45 p.m. ... 2 p.m.	Dressings Clinic *Eye Clinic	1 Nurse { 1 Doctor 1 Nurse
Wednesday	9.15 a.m. to 12 noon ...	Dressings Clinic	2 Nurses
	2 p.m. to 4.45 p.m. ...	Dressings Clinic	1 Nurse
Thursday	9.15 a.m. to 12 noon ...	Dressings Clinic	2 Nurses
	2.30 p.m. to 4 p.m. ... 2 p.m. to 4.45 p.m. ...	Skin Clinic Dressings Clinic	{ 1 Doctor 4 Nurses
Friday ...	9.15 a.m. to 12 noon ...	Dressings Clinic	2 Nurses
	2 p.m. to 4.45 p.m. ... 2 p.m. to 3.30 p.m.	Dressings Clinic Immunisation	1 Nurse 1 Nurse
Saturday ...	9 a.m. to 12 noon ...	Dressings Clinic	2 Nurses

* By Appointment only.

Ultra Violet Light Clinics are held on Mondays, Wednesdays and Fridays at 44 Houghton Street between 9 a.m. and 12 noon, by appointment only.

School Dental Clinics are held daily at 2 Church Street.

Nurses' Treatment Clinic—The Clinic is open each day from 9.15 a.m. to 4.30 p.m. and an attempt is made to spread the work over the day and to reduce waiting time in the clinic and also time lost from school. 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 school, high school and technical school students attend after school hours.

There can be little doubt as to the usefulness of the Clinics when the list of attendances is studied.

KIND OF CLINIC	ATTENDANCES	
	1953	1954
Nurses' Treatment	7195	6978
Minor Ailment	2499	2125
Skin	1086	1215
Tonsils and Adenoids	272	296
Ophthalmic	1379	1393
Orthopaedic	140	227
Doctors' Sunlight	109	79
Artificial Sunlight	2116	2244
Aural	528	694
Dental	6245	8498
Immunisation (complete course—39 in 1954, 35 in 1953) ...	136	150
Immunisation (re-inforcing dose)	204	211
TOTAL NUMBER OF ATTENDANCES	21909	24110

Minor Ailment Clinic—Cases seen here may be referred to the family doctor or to hospital with his knowledge and consent. The clinic is also used for supervision and observation of children with defects found at Routine Medical Inspection.

The numbers attending continue to be high; this year 2,125. 105 cases were referred to Southport Infirmary, 2 to the Royal Liverpool Children's Hospital and 1 to the Radium Institute in Liverpool.

Skin Clinic—Dr. Bardsley attends at one weekly specialist clinic. Most cases are sent in the early stages and a wide variety of diseases is seen. During the year, 1,215 attendances were made.

Eye Clinic—This is a valuable and much appreciated clinic. Mr. Rankine attends twice weekly and this service is greatly liked by parents. They know that the school nurses test the vision of each child over the age of 8 years and that advice may be obtained on any abnormality, however slight. Parents realise also that the school nurses know which children ought to wear spectacles in school and that they can ask for the co-operation of the school teachers if they feel that this treatment is not being carried out.

84 specialist clinics were held during the year, 270 new cases were examined and 573 were seen for supervision and revision of their spectacles. 22 cases were referred for further treatment at the Southport Infirmary. Most of these were cases of squint.

Ear, Nose and Throat Clinic—Mr. Tracy Forster continues to hold a clinic each week for school children. Cases are referred to him from the Minor Ailment Clinic, Routine Medical Inspection, and also from General Practitioners.

Ear cases especially are seen in the very early stages and the effectiveness of modern therapy and the follow-up system for these children is reflected in the small number of cases of gross otorrhoea in the present school population.

In most cases nursing treatment is given by the school nurses, but if an operation is required, children are admitted to the Ear, Nose and Throat Ward at the Promenade Hospital.

In 1954, 343 new cases were examined and 107 attended for observation of progress from previous years. 170 cases were admitted to Hospital for the removal of tonsils and/or adenoids.

Artificial Sunlight—Because of the installation of a new Ultra-Violet Light Lamp last year, it has been possible to treat more cases in 1954 than previously. Children attending were referred from the Chest and Paediatric Clinic of the Southport Infirmary, the School Minor Ailments Clinic and from Routine Medical Inspections.

General Medical Practitioners also occasionally refer children to the Department for artificial sunlight.

132 school children were treated; these 132 children made a total of 2,244 attendances.

Tuberculosis—5 new cases were notified in 1954, as under:—

Pulmonary	...	...	...	...	...	...	...	3
Joints	...	...	...	...	...	...	...	1
Glands	...	...	...	...	...	...	...	1

There is good liaison between the School Health Service and the Hospital Service so that there is an adequate exchange of information regarding contacts of this disease.

Speech Therapy—Treatment for defective speech is given at the North-West School of Speech and Drama by arrangement with the Local Authority and 85 sessions were held during the year.

48 children attended classes; the reasons for the defects in speech were:—

Cleft Palate	...	...	...	...	...	...	...	3
Dyslalia	...	...	...	...	...	...	...	5
Stammering	...	...	...	...	...	...	...	14
Slow and Abnormal Speech Development	...	...	...	...	...	...	...	20
Lisp	...	...	...	...	...	...	...	6

Total attendances at the school were 874.

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

Orthopaedic Cases—A physiotherapist was appointed in March, 1954, so that it has been possible to resume treatment of minor orthopaedic defects. Cases were also referred to the Promenade Hospital for opinion and advice.

In addition, an Orthopaedic Clinic is held by a doctor at the school clinic once a month, when children referred by the Physiotherapist are seen. Ten clinics were held during the year and 227 children were seen.

Child Guidance—Children requiring treatment are usually referred to the Notre Dame Child Guidance Clinic or the Psychiatric Clinic at Alder Hey Hospital. These children are brought to the notice of the School Medical Officers, either by the school teachers or parents at the Minor Ailments Clinic, or at Routine Medical Inspection. Some cases are also referred by the Probation Officer and by the Children's Officer. The number of cases referred in 1954 was 7.

Infectious Diseases—There were again no cases of diphtheria. Notifications were as follows, with figures for 1953 for comparison:—

	1953	1954
Measles	634	250
Rubella	904	21
Scarlet Fever	128	41
Chicken Pox	96	890
Diphtheria	—	—
Whooping Cough	99	167
Tuberculosis	2	5

Influenza—In the autumn term Southport was affected by the Influenza epidemic which occurred in widely scattered areas of the country. For a short period the attendance of scholars was affected to such a degree that the closure of certain schools was considered. Fortunately, it was not found necessary to close any school, and providentially the cases were not of a serious kind so that the majority of pupils were away for not more than about a week.

Miscellaneous School Medical Work

Examination for Scholarships	...	...	...	...	...	...	...	95
„ „ Entertainment	...	...	...	...	...	...	...	24
National Survey Examinations	...	...	...	...	...	...	...	—
Examination of children going away with the school	...	...	...	...	...	...	...	—
Admissions to Nursery Class	...	...	...	...	...	...	...	848

Home Visits by School Nurses

Follow-Up R.M.I.	...	...	...	...	...	...	...	67
On Account of Illness	...	...	...	...	...	...	...	447
To Infectious Cases	...	...	...	...	...	...	...	47
To Infectious Contacts	...	...	...	...	...	...	...	38
Re-Immunisations	...	...	...	...	...	...	...	164

PRINCIPAL DENTAL OFFICER'S REPORT, 1954

The authorised professional establishment of one Principal School Dental Officer and two School Dental Officers has been maintained since May, 1954, when Miss Heathcote, having previously been appointed to the staff, commenced duty.

The addition of a third School Dental Officer to the staff is already showing rich rewards.

Apart from one school, where the dental inspection was purposely postponed for one month owing to an influenza epidemic, all the schools have been visited during the year, and at the time of writing this report the period between inspection and re-inspection has been reduced to a period of under eleven months.

Quite apart from the usual routine inspection and treatment of the schools, it has been the practice of the dental staff to select children of all ages whose teeth are of such a nature as to require more constant attention, and to make appointments for them to attend the clinic for inspection and treatment during holiday periods.

This procedure has almost eliminated the necessity for multiple extractions in the individual child and any case of this kind which does come to hand is either a child whose parents have hitherto refused treatment or is a child who has come from some other locality and now resides in the Southport area.

The figure as set out below can only encourage further efforts on these lines.

Ratio of Teeth saved compared with Teeth extracted

Year	Temp. teeth Filled	Temp. teeth Extracted (Unsaveable)	Ratio	Perm. teeth Filled	Perm. teeth Extracted (Unsaveable)	Ratio
1952 ...	1526	2027	.75	2507	361	6.94
1953 ...	2043	2111	1.0	3059	378	8.0
1954 ...	2988	2208	1.3	3619	299	12.0

A programme of dental health instruction with lectures and films is outlined for the future and there is every reason to hope for the ratio of teeth filled to teeth extracted to increase.

With each year the nature of the work of the dental staff is becoming more and more conservative and the measure of this progress is to a large extent due to the treatment of children under five years of age. These children, when reaching school age, are therefore dentally fit at their first routine dental inspection.

STATISTICAL TABLES

TABLE I

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PRIMARY,
SECONDARY AND GRAMMAR SCHOOLS
Year ended 31st December, 1954

A—Routine Medical Inspections

Number of Inspections in the prescribed Groups:—

Entrants	1064
Primary Leavers	973
Secondary Modern, Technical and Grammar Leavers...	649
TOTAL	2686

B—Other Inspections

Number of Special Inspections	1378
Number of Re-Inspections	3674
TOTAL	5052

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 II:	Total
Prescribed Groups:—			
Entrants	3	179	182
Primary Leavers	30	162	192
Secondary and Grammar Leavers	13	66	79
Total (Prescribed Groups)	46	407	453
Other Routine Inspections	—	—	—
TOTALS	46	407	453

TABLE II

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1954

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	1	—	—	—
do. Body	—	—	1	—
Scabies	—	—	2	—
Impetigo	—	—	93	6
Other Diseases (non-T.B.)	36	8	282	10

(continued overleaf)

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)
EYE:—				
Blepharitis	6	—	11	1
Conjunctivitis	—	—	3	1
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision and Squint)...	2	—	24	2
Defective Vision (excluding Squint)	46	9	32	7
Squint	9	1	3	2
EAR:—				
Defective Hearing	8	1	2	2
Otitis Media	12	16	10	1
Other Ear Diseases	6	2	55	1
NOSE AND THROAT:—				
Chronic Tonsillitis only	40	191	18	15
Adenoids only	—	1	2	—
Chronic Tonsillitis and Adenoids	23	15	18	—
Other Conditions	10	10	83	15
Enlarged Cervical Glands (Non-T.B.)	19	28	10	6
Defective Speech	6	12	9	3
HEART AND CIRCULATION:—				
HEART DISEASE:—				
Organic	13	11	4	5
Functional	—	1	—	1
Anaemia	—	—	—	—
LUNGS:—				
Bronchitis	6	3	1	—
Other Non-Tuberculous Diseases	19	22	14	4
TUBERCULOSIS:—				
Pulmonary:—Definite	—	—	—	—
Suspected	1	1	—	—
Non-Pulmonary:—Glands	—	1	—	—
Bones and Joints	—	—	2	—
Skin	—	—	—	—
Other Forms	—	—	—	—
NERVOUS SYSTEM:—				
Epilepsy	1	—	—	—
Chorea	—	—	—	—
Other Conditions	7	4	—	—
ORTHOPAEDIC:—				
Posture	37	25	29	12
Flat Foot	72	74	67	18
Other Forms	32	24	131	24
DEVELOPMENTAL:—				
Hernia	—	1	—	3
Other	2	13	8	1
PSYCHOLOGICAL:—				
Development	5	7	10	3
Stability	3	7	2	—
Other Diseases and Defects (excluding Uncleanliness and Dental Diseases)	40	15	271	121
TOTALS	462	503	1197	264

**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	1064	594	55.84	447	42.01	23	2.15
Primary Leavers	973	461	47.39	466	47.89	46	4.72
Secondary, Modern, Technical and Grammar Leavers ...	649	298	45.92	333	51.31	18	2.77
Other Routine Inspectors ...	—	—	—	—	—	—	—
TOTALS	2686	1353	50.38	1246	46.38	87	3.24

**TABLE III
INFESTATION WITH VERMIN**

(i)	Total Number of Examinations in the schools by the School Nurses ...	17458
(ii)	Total Number of Individual Pupils Examined	7185
(iii)	Total Number of Individual Pupils found to be infested	113
(iv)	Number of Individual Pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(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—CLEANLINESS INSPECTIONS
CONDITION OF CHILDREN IN DECEMBER, 1954**

SCHOOL	Dept.	Boys			GIRLS		
		Clean	Nits	Vermin	Clean	Nits	Vermin
		%	%	%	%	%	%
1	Mixed	100.	—	—	100.	—	—
2	Infants	100.	—	—	100.	—	—
3	Mixed	100.	—	—	100.	—	—
4	„	100.	—	—	94.28	5.72	—
5	„	98.70	1.30	—	94.30	5.70	—
6	„	100.	—	—	85.70	11.69	2.61
7	Infants	100.	—	—	96.25	3.75	—
8	Boys	99.60	.40	—	—	—	—
9	Mixed	100.	—	—	100.	—	—
10	Infants	100.	—	—	100.	—	—
11	Mixed	100.	—	—	100.	—	—
12	Infants	100.	—	—	100.	—	—
13	Mixed	99.86	.14	—	94.10	5.90	—
14	Infants	100.	—	—	100.	—	—
15	Mixed	96.81	3.19	—	97.67	2.33	—
16	Infants	99.05	.95	—	95.10	4.90	—
17	Mixed	99.43	.57	—	97.38	2.62	—
18	„	100.	—	—	99.36	.64	—
19	Infants	99.08	.92	—	98.95	1.05	—
20	Girls	—	—	—	98.60	1.40	—
21	Boys	99.38	.31	.31	—	—	—
22	Mixed	99.45	.55	—	97.52	2.48	—
23	Infants	100.	—	—	98.79	1.21	—
24	Senior	96.32	3.06	.62	89.10	10.90	—
25	Junior	97.66	2.34	—	92.60	7.40	—
26	Mixed	100.	—	—	100.	—	—
27	„	100.	—	—	100.	—	—
28	„	100.	—	—	100.	—	—
29	„	100.	—	—	98.25	1.75	—
30	„	100.	—	—	99.47	.53	—

% Clean—98.43; % Nits—1.52; Vermin—.05%

Summary of Cleanliness Examinations—December, 1954

	BOYS		GIRLS		TOTAL	
	No.	%	No.	%	No.	%
Nits	23	·62	86	2·50	109	1·52
Verminous	2	·05	2	·06	4	·05
Clean	3672	99·33	3364	97·44	7036	98·43

TABLE V

SUMMARY OF IMMUNISATION RETURNS—1954

SCHOOL	Dept.	Number on Roll	Number Immunised	Number Unimmunised	% Immunised
All Saints C.E.	Mixed	143	130	13	90·90
" " " " " " " " " "	Infants	110	105	5	95·45
Ainsdale C.E.	Mixed	254	235	19	92·53
" " R.C.	"	70	68	2	97·14
Birkdale Mod. Sec.	"	343	338	5	98·54
Birkdale Council	Infants	227	214	13	94·28
" " " " " " " " " "	Mixed	217	197	20	90·78
Christ Church Mod. Sec.	Boys	196	189	7	96·42
Churchtown Council	Mixed	489	477	12	97·54
" " " " " " " " " "	Infants	187	175	12	93·58
Crossens C.E.	Mixed	334	306	28	91·62
" " Nursery	"	40	40	—	100·00
Dean Cooke R.C.	"	147	131	16	89·13
Emmanuel C.E.	Infants	221	205	16	92·76
Farnborough Road Council	Mixed	566	553	13	97·70
" " " " " " " " " "	Infants	487	453	34	93·03
Holy Trinity C.E.	Mixed	372	346	26	93·03
Linaker Street Council	"	373	344	29	92·23
" " " " " " " " " "	Infants	281	264	17	93·96
Meols Cop (Boys) Mod. Sec.	—	288	282	6	97·90
" " (Girls) " " " " " "	—	356	335	21	94·10
Norwood Road Council	Mixed	338	316	22	93·50
" " " " " " " " " "	Infants	222	213	9	95·94
Our Lady of Lourdes Mod. Sec. }	Mixed	294	278	16	94·56
" " R.C.	Junior	213	195	18	91·54
St. Marie's R.C.	Mixed	159	151	12	94·97
St. Philip's C.E.	"	274	255	19	93·05
S.S. Simon and Jude's C.E.	"	224	212	12	94·64
St. Teresa's R.C.	"	200	199	1	99·51
Stanley Mod. Sec.	"	332	324	8	97·59
High School for Girls	—	493	473	20	95·96
King George V	Boys	568	543	25	95·61
Technical College	Mixed	204	197	7	96·58
School of Art	"	33	32	1	96·96
TOTALS ... ..	...	9255	8775	484	94·82

TABLE VI

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 1—Diseases of the skin (excluding uncleanness, 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	2	—
Impetigo	79	—
Other Skin Disease	340	—
	422	—

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	178	—
Errors of Refraction (including Squint)	*744	—
TOTAL	922	—
Number of Pupils for whom Spectacles were:—		
(a) Prescribed	*255	—
(b) Obtained	*298	—
	553	—

*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	3	—
(b) For Adenoids and Chronic Tonsillitis	170	—
(c) For other Nose and Throat Conditions	46	—
Received other forms of Treatment	304	—
TOTAL	523	—

TABLE 11 (continued)

Group 1—Designs of the new technology system for users (Table 1).

Group 5—Child Guidance Treatment

Group 6—Speech Therapy

Group 7—Other Treatment given

TABLE VII
HANDICAPPED PUPILS

CATEGORY	NUMBER ASCERTAINED			TYPE OF EDUCATION PROVIDED			Requiring Special School Accommodation but unplaced at end of year		Total
	No. remain- ing on register on the 31st Dec., 1953	During year 1954	Total on regis- ter at end of 1954	Ordinary School (re- quiring observa- tion)	Special Schools		Day Class	Special School	
					Day (Class)	Resi- dential			
Blind	1	—	1	—	—	1	—	—	1
Partially Sighted	1	—	1	—	1	—	—	—	1
Deaf	14	—	14	2	—	11	—	1	14
Partially Deaf	7	3	10	3	—	5	—	2	10
Delicate	49	8	57	8	1	1	—	47	57
Diabetic	—	2	2	2	—	—	—	—	2
Educationally Sub-Normal	56	11	67	2	24	6	24	11	67
Epileptic	6	1	7	6	—	1	—	—	7
Maladjusted	11	3	14	6	—	4	—	4	14
Physically Handicapped ...	55	13	68	47	3	4	1	13	68
Defective Speech	14	26	40	40	—	—	—	—	40
TOTALS	213	67	280	116	28	33	25	78	280

TABLE VIII

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1954, 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)	4

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 IX
PRIMARY SCHOOLS, AND SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS
FINDINGS AT ROUTINE MEDICAL INSPECTIONS, YEAR 1954

	Entrants		Primary Leavers		Secondary Modern, Technical and Grammar Leavers		Total	
	No.	%	No.	%	No.	%	No.	%
Listed for Inspection ...	—	—	—	—	—	—	2873	—
Absent from Inspection ...	—	—	—	—	—	—	187	—
Parent refused Inspection ...	—	—	—	—	—	—	—	—
Actually Inspected ...	1064	—	973	—	649	—	2686	—
Parent or Guardian present ...	862	81.02	473	48.62	30	4.62	1365	50.82
Unvaccinated ...	809	76.03	616	63.31	424	65.34	1849	68.84
Unsatisfactory Clothing ...	—	—	2	.21	—	—	2	.07
Unsatisfactory footwear ...	—	—	—	—	—	—	—	—
Malnutrition ...	23	2.15	46	4.72	18	2.77	87	3.24
Nits in the Hair ...	—	—	—	—	—	—	—	—
Verminous Hair ...	—	—	—	—	—	—	—	—
Verminous Clothing ...	—	—	—	—	—	—	—	—
Bodies Dirty ...	1	0.09	—	—	—	—	1	0.03
Defective Teeth ...	32	3.01	30	3.08	21	3.24	83	3.09
NOSE AND THROAT:—								
Enlarged Tonsils and Adenoids ...	166	15.61	81	8.33	23	3.54	270	10.06
Other Conditions ...	13	1.22	7	0.72	—	—	20	0.74
Glands in the Neck ...	30	2.82	13	1.34	2	0.31	45	1.68
EYE:—								
External Eye Disease ...	1	0.09	6	0.62	1	0.15	8	0.30
Defective Vision ...	3	0.28	36	3.70	16	2.47	55	2.05
Squint ...	7	0.66	2	0.21	1	0.15	10	0.37
EAR:—								
Defective Hearing ...	8	0.75	1	0.10	—	—	9	0.34
Ear Disease ...	19	1.79	12	1.23	5	0.77	36	1.34
Speech Defects ...	13	1.22	4	0.41	1	0.15	18	0.67
HEART AND CIRCULATION:—								
Cardiac Disease ...	12	1.13	10	1.03	3	0.46	25	0.93
Anaemia ...	—	—	—	—	—	—	—	—
Lung Disease ...	33	3.10	14	1.44	3	0.46	50	1.86
Nervous Disease ...	5	0.47	6	0.62	1	0.15	12	0.45
Tuberculosis ...	—	—	3	0.31	—	—	3	0.11
Rickets ...	—	—	—	—	—	—	—	—
DEFORMITIES:—								
Posture, Flat Feet, etc. ...	102	9.59	124	12.75	38	5.86	264	9.83
Skin Disease... ...	13	1.22	20	2.06	12	1.85	45	1.68
DEVELOPMENT:—								
Hernia ...	1	0.09	—	—	—	—	1	0.03
Others ...	10	0.94	5	0.51	—	—	15	0.56
PSYCHOLOGICAL:—								
Development ...	7	0.66	5	0.51	—	—	12	0.45
Stability ...	6	0.56	4	0.41	—	—	10	0.37
Other Disease or Defect ...	20	1.88	26	2.67	9	1.39	55	2.05

TABLE X

PRIMARY SCHOOLS, SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS

AVERAGE HEIGHTS AND WEIGHTS (Age last birthday)

Heights and Weights—Tables are also given which show the weight and height of children in 1954 compared with those in 1938.

Age last Birthday						1938		1954	
						Height ft. ins.	Weight st. lbs.	Height ft. ins.	Weight st. lbs.
Age 5 years									
Boys	...	...	...	...	...	3 6	3 0	3 7	3 2
Girls	...	...	...	...	...	3 6	2 13	3 7	3 1
Age 10 years									
Boys	...	...	...	...	...	4 5	4 10	4 7	5 5
Girls	...	...	...	...	...	4 7	5 0	4 6	5 3
Age 14 years									
Boys	...	...	...	...	...	5 2	7 6	5 2	7 8
Girls	...	...	...	...	...	5 4	7 12	5 2	7 10
Age 16 years									
Boys	...	...	...	...	...	5 6	8 8	5 7	8 12
Girls	...	...	...	...	...	5 3	8 5	5 4	8 12

SCHOOL DENTAL SERVICE

Report for the Year 1954

								Total
1.	Number of children on Register							9018
2.	Total Number of Schools							32
3.	Half-days devoted to (a) Inspection							65
	(b) Treatment							1266
	TOTALS (3)							1331
4.	Number of Children examined at (a) Schools							748
	(b) Special Inspections at Clinic							1181
	TOTALS (4)							8662
5.	Number of Children found to require treatment at (a) Schools							5040
	(b) Special Inspections at Clinic							1041
	TOTALS (5)							6081
6.	Number of Children actually treated							3178
7.	Number of attendances made at Clinic by Children mentioned in (6) above:—							
	NEW (a) Routine							2095
	(b) Special							1083
	RE-VISITS (a) Routine							2488
	(b) Special							1991
	Number of Children examined and treatment deferred							841
	Total visits made by Children to Clinic during the year							8498
	Kinds of treatment provided for Children mentioned in (6) above:—							
8.	Number of teeth filled:—(a) Permanent Teeth... ..							3619
	(b) Temporary Teeth							2988
	TOTALS (8)							6607
9.	Number of fillings:—(a) Permanent Teeth							4140
	(b) Temporary Teeth							3347
	TOTALS (9)							7487
10.	Extractions:—(a) Ordinary:—							
	(1) Permanent Teeth							299
	(2) Temporary Teeth							2208
	(b) For regulation purposes:—							
	(1) Permanent Teeth							164
	(2) Temporary Teeth							658
	TOTALS (10)							3329
11.	Miscellaneous:—(a) Dressings							452
	(b) Scalings							272
	(c) Root Treatments							5
	(d) Oral Affections							29
	(e) Miscellaneous							366
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