[Report 1955] / Medical Officer of Health and School Medical Officer of Health, Southport County Borough.

Contributors

Southport (England). County Borough Council.

Publication/Creation

1955

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COUNTY BOROUGH



OF SOUTHPORT

REPORT

UPON THE

HEALTH AND SANITARY CONDITIONS

OF THE

COUNTY BOROUGH OF SOUTHPORT

FOR THE YEAR 1955

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





OF SOUTHPORT

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FOR THE YEAR 1955

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

"VISITER" PRESS, TULKETH STREET

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THE HEALTH COMMITTEE

The Worshipful the Mayor (Councillor A. E. Townend, J.P.)

Chairman: Alderman Mrs. E. Smith

Vice-Chairman: Councillor L. F. SPENCE

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

Alderman J. R. BILLINGTON

Alderman Dr. H. Coates, J.P.

Alderman W. PAULDEN

Alderman W. BERWICK

Councillor H. E. BUCK

Councillor Dr. S. J. HEPWORTH

Councillor R. E. HINDS

Councillor G. W. KENDALL, J.P.

Councillor K. A. TISSOT

Councillor MRS. F. M. TURNER

Councillor G. S. WILKINS

Councillor Mrs. R. G. Wood

DR. P. Y. LYLE, M.C.

SUB-COMMITTEES AS AT 31st DECEMBER, 1955

Mental Health Services

Chairman Councillor Dr. S. J. HEPWORTH

Vice-Chairman Councillor G. W. KENDALL, J.P.

Alderman Dr. H. Coates, J.P. Councillor K. A. Tissot

Alderman W. Berwick Councillor Mrs. F. M. Turner

Councillor H. E. Buck Councillor Mrs. R. G. Wood

DR. P. Y. LYLE, M.C.

Joint Health and Education

The Worshipful the Mayor (Councillor A. E. Townend, J.P.)

Chairman W. Berwick

Vice-Chairman W. PAULDEN

Councillor K. A. TISSOT

Home Nursing Joint Sub-Committee

Chairman W. Berwick

Vice-Chairman Councillor Mrs. F. M. TURNER

Councillor Mrs. R. G. Wood

National Assistance Act, 1948

(Section 47 Cases)

Chairman Alderman W. PAULDEN

Vice-Chairman Councillor H. E. Buck

Councillor Mrs. F. M. TURNER

Accounts

All Members of the Health Committee

STAFF OF THE HEALTH DEPARTMENT ON THE 31st DECEMBER, 1955

Medical Staff (Full-Time)-

Medical Officer of Health and Principal School Medical Officer

Deputy Medical Officer of Health and School Medical Officer

Assistant Medical Officer of Health and School Medical Officer

Assistant Medical Officer of Health and School Medical Officer G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H.

Vacant

ANNA I. DAVISON, M.B., CH.B.

JOAN KNOWLES, M.B., CH.B., D.P.H.

Medical Staff (Part-Time)—by arrangement with the Liverpool Regional Hosp. Brd.

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

Visiting Medical Staff-

Ante-Natal and Post-Natal Clinic

Eye Clinic

Ear, Nose and Throat Clinic

Skin Clinic

N. E. LAURENCE, F.R.C.S.

D. RANKINE, M.B., CH.B.

R. V. Tracey-Forster, M.B., CH.B. D.L.O.

H. BARDSLEY, M.R.C.S., L.R.C.P.

Dental Staff-

Principal Dental Officer

Dental Officer

Dental Officer

Orthodontist (part-time)

W. MARTLAND, L.D.S., R.C.S. (Eng.)

W. L. ROTHWELL, L.D.S. (Liv.)

P. L. HEATHCOTE, L.D.S. (Liv.)

H. POGREL, L.D.S.(LIV.),

L.D.S.R.C.S.(ENG.), D.ORTHO.R.C.S.

(ENG.)

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); Meat and Foods Sampling Officer, W. VICKERS (a)(b)(h); District Sanitary Inspectors, J. Bell (a), G. Cayton (a)(b), A. H. Gelder (a)(b); Infectious Diseases Enquiry Officer, J. Lloyd; 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), E. Potts (c)(d)(e), A. Mullan (c)(d)(e), F. Garner (c)(d)(e), Mrs. F. M. Howard (c)(f)(e). E. M. Allan (c)(d)(e), and E. J. Murray (c)(d)(e). (2 vacancies).

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, K. BAIN (r)(j); Mental Health Visitors and Duly Authorised Officers, Miss A. L. Bennett (r)(j) and K. W. Harwood (r)(e)(q) (part-time); Teacher for Mentally Handicapped, Mrs. I. H. MACDONALD; Assistant Teacher for Mentally Handicapped, Mrs. M. A. Townley, s.E.A.N.
- 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, MISSES B. FORSHAW, B. PARKER, B. LEES, E. SUTCLIFFE, K. HOWORTH, P. FORBES, H. SMITH, R. SHEPHERD and P. OLVERSON (one vacancy).

Day Nurseries-

Southport Day Nursery Matron: Mrs. A. WILLIAMS (e) Bedford Park Day Nursery Matron: MISS A. K. BAXTER (e)(d)(1)

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.
- (j) Royal Medico-Psychological Association's Certificate.
- (1) State Registered Children's Nurse.
- (m) Member of the Chartered Society of Physiotherapy.
- (n) Sanitary Science Certificate.
- (o) Food Hygiene Certificate.
- (q) Queen's Nurse.
- (r) State Registered Mental Nurse.

Ambulance Service—

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

Public Analyst G. H. Walker, P.HD., 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 1955

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 1955. The Registrar General's estimate of the population for 1955 was 82,240 as compared with 82,440 in the previous year. The birth rate after adjustment by the Registrar General's factor of correction was 12.64 (1954, 12.31) per thousand of the population. The death rate when correct for age and sex distribution was 13.2 (1954, 11.34) per thousand of the population. The infant mortality rate was 35.09 (1954, 34.83) per thousand live births; this figure is again higher than the average for the country as a whole which was 24.9; of the 32 babies that died in the first year of life, 21 lived less than one week and of these 14 were prematurely born; eight infants died from infection of various kinds. It is interesting to compare the average infant mortality rate in ten year periods for the present century:—

1901—1910, 108; 1911—1920, 80; 1921—1930, 62; 1931—1940, 47; 1941—1950, 43. The trend is a pleasing one and indicates the result of the constant work carried out by all those connected with the medical care and treatment of mothers and babies. Much remains to be done and will call for a high degree of co-operation between all those taking part in this work in the future. The need for better premises for mothercraft purposes is acute but the Minister of Health has not yet approved the plans for the development of Nos. 44/46 Hoghton Street; it has been possible, however, to include an area of land for buildings for medical purposes in the development plan for the Ainsdale area.

The death rate from tuberculosis has fallen to 0·16 per thousand of the population from 0·20 in 1954. This is due to many factors, of which one of the most important is the use of new drugs. The incidence of this disease has not yet shown a corresponding decrease though the number of primary notifications of pulmonary tuberculosis was down from 56 in 1954 to 45 in 1955. The voluntary scheme for the vaccination against tuberculosis of 13 year old school children has operated in full during the year and the response from parents has been good. No untoward reactions to the vaccine were reported. It is too early to draw conclusions as to the value of this type of vaccination, but the indications are that it has a definite part to play in the pattern of preventive medicine. One of the Mass Radiography Units of the Liverpool Regional Hospital Board carried out 11,651 x-ray examinations in the town during the autumn.

The highlight of the year was the opening in February of the long-promised South-port Day Nursery by the Mayor, Alderman Mrs. E. Smith. This modern nursery for 60 children under five has filled a real community need in the Borough and will help in the future to build a solid basis of good health for many children.

It is necessary to make reference once more to the special problems presented by the large numbers of elderly people in the town in need of help. Some 15,000 persons are aged 65 years or more and though many are in good health and able to work, such a high figure leads to greater calls on the medical and ancilliary services than is the case in towns with a more balanced population age range. Efforts to attract light industry to the Borough may lead to an alteration in the proportion of elderly people in the town since more people in the younger age groups may be able to find work here.

A big step forward in connection with the Mental Health Service was the acquisition from the Liverpool Corporation of the Woodvale Camp for use as an Occupation Centre for mentally handicapped persons; the Camp area, however, is intended for use ultimately for housing purposes and consideration is being given to more permanent accommodation for the Occupation Centre; throughout 1955 training has been undertaken at the Hampton Road Welfare Centre but these premises are now too small to meet the need.

Reorganisation of the staff of the Mental Health Section took place when the Senior Duly Authorised Officer and Mental Health Visitor, Mr. J. Sinnott, was required to give his full services to the Welfare Committee. Mr. K. Bain was appointed to succeed Mr. Sinnott and Mr. K. Harwood was given certain responsibilities in the Mental Health Service.

Co-operation with those engaged in other branches of the National Health Service has been satisfactory throughout the year. It is hoped that the report of the Committee set up by the Government on the training and duties of Health Visitors will soon be published and that recommendations will be made which will enable closer working relationships to be established between General Medical Practitioners and Nurses employed as Health Visitors. I am much indebted to the doctors and ancillary staffs of the General Medical Service, and of the Hospital Service for the help which they have given to members of my staff and to myself.

It is a pleasure to report that Dr. Davison, one of the Lady Assistant Medical Officers of Health, acts as examiner for the Certificate of the Nursery Nurses Examination Board, and that Miss Dowd, the Superintendent Health Visitor/School Nurse, has been appointed an examiner for the Health Visitor's Certificate Examination of the Royal Society for the Promotion of Health.

Dr. John Ardley left in December on his appointment as Deputy Medical Officer of Health to the County Borough of Coventry.

Dr. Joan Knowles was appointed an Honorary Clinical Assistant to the infectious diseases side of New Hall Hospital.

Permission was given during the Autumn for the much needed improvements to the Mortuary at Duke Street, and it is expected that when these have been completed, there will be no further cause for complaint.

There was no major outbreak of infectious disease during the year, but much of the work of the Health Department continues to be concerned with the prevention and control of infections of various kinds. By agreement with the Local Medical Committee, vaccination against smallpox was introduced at the Infant Welfare Centres in the hope that this would lead to an increase in the numbers of infants so protected. Approval was obtained also to the introduction in 1956 of immunisation against tetanus, the usual method being the injection of combined diphtheria, whooping cough and tetanus prophylactic.

There is still no special school for educationally subnormal children in the town, but the problem of suitable provision for such children is being met to a considerable extent by "opportunity" classes in certain schools, and by the use of places in residential special schools. There is regular consultation between the Deputy Medical Officer and members of the Chief Education Officer's staff and the teachers of "opportunity" classes, at which the special needs of individual children are given careful consideration."

The Day Special School for Physically Handicapped pupils, opened on 15th September, 1955, in conjunction with the Hospital School at the Children's Convalescent Hospital in Hawkshead Street, has proved to be of great value. Some 10 children attend and the school provides an excellent example of what can be achieved by good co-operation between those responsible for the medical and educational care of children.

The routine work of the staff of the Sanitary Section of the Health Department is an insurance against outbreaks of infectious disease. There is still room for improvement in the field of food hygiene and the expected legislation may help to develop higher standards in the food handling trades. Education in the need for such standards is more likely to be successful, than rules arbitrarily enforced, since the best of equipment can be of no avail in the prevention of infection unless those using it do so with knowledge and care. There were no major outbreaks of food borne infection but there was one fatal case from this cause in the town during the year. The fact that 108 persons attended courses in food hygiene indicates the interest taken in the subject.

The survey of property required by the Ministry of Housing and Local Government with the object of ascertaining the numbers of houses likely to be dealt with as "houses unfit for human habitation" in the near future was completed during the year.

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 1955	82,240
Density of Population per acre (excluding Foreshore)	8.7
Number of inhabited houses, 1st April, 1955	25,405
Number of permanent houses erected and completed during 1955	186
Rateable Value, 1st April, 1955	£991,996
Sum represented by a Penny Rate	£3,948
Number of births registered	912
Legitimate	
Illegitimate	
Crude birth rate (per 1,000 of the population)	11.09
Corrected birth rate (per 1,000 of the population)	12.64
Average Crude birth rate, preceding 10 years	12.22
Number of infant deaths (under one year)	32
Infant Mortality Rate (per 1,000 live births)	35.09
(28) Legitimate (rate per 1,000 legitimate live births) 32.86	
(4) Illegitimate (rate per 1,000 illegitimate live births) 66.66	
Average Infantile Mortality Rate, preceding 10 years	33.70
Number of deaths registered	1,552
Crude death rate (per 1,000 of the population)	18.87
Average crude death rate, preceding 10 years	16.50
Corrected death rate (per 1,000 of the population)	13.20
Number of deaths from tuberculosis (all forms)	13
Tuberculosis death rate (per 1,000 of the population)	0.16
Average tuberculosis death rate, preceding 10 years	0.30
Number of deaths from Zymotic diseases	7
Death rate from Zymotic diseases (per 1,000 of the population)	0.09
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	1
Average domestic consumption of water per head, per day (year ending 31/3/55)	30·37 galls.
Total consumption of water per head, per day (year ending 31/3/55)	40. 29 galls.

VITAL STATISTICS

Population—The Registrar-General's estimate of the population for the middle of 1955 is 82,240. The comparable figure for the middle of 1954 was 82,440.

Birth Rate—The total number of live births registered in the Borough during 1955 was 912. Of these 472 were males and 440 females. The crude birth rate for the year was $11 \cdot 09$ per 1,000 of the estimated civilian population, and the adjusted birth rate was $12 \cdot 64$. $60 (6 \cdot 6\%)$ of the births were illegitimate. The number of still births registered was 21, giving a rate of $22 \cdot 51$ per 1,000 live and still births as compared with the rate of $23 \cdot 1$ for England and Wales.

Death Rate—The number of deaths occurring amongst the residents of the town was 1,552. Of these 682 were males and 870 females. The increase in the number of deaths compared with the previous year was 195.

76% of all deaths were of persons aged sixty-five years and over and 50% of all deaths were of persons of seventy-five years and over.

The gross death rate was 18.87 per 1,000 of the civilian population and the rate corrected for age and sex was 13.20 per 1,000 of the population.

Principal Causes of Death-

	19	54	19	55
	Number	% of total Deaths	Number	% of total Deaths
Heart Disease, including diseases of				
the Circulatory System	553	40.75	646	41.62
Cancer	225	16.58	260	16.75
Vascular lesions of nervous system	210	16.21	256	16.49
Respiratory Diseases	120	8.84	134	8.64
Violence, including Suicide	58	4.28	53	3.42
Tuberculosis (all forms)	16	1.18	13	0.84
Ulcer of stomach and duodenum	13	0.96	13	0.84
Influenza	7	0.52	8	0.52
Acute and Chronic Nephritis	11	0.81	8	0.52

Deaths from Violence—There were 53 deaths from violence and these were classified as follows:—

					Males	Females	Total	
Suicide				 	9	5	14	
Falls				 	1	17	18	
Motor Vo	ehicle a	cciden	ts	 	4	3	7	
Other acc	cidents			 	5	8	13	
Operation	ns of W	7ar		 	1	_	1	
				-	20	33	53	-

Zymotic Death Rate— Diphtheria ... Measles ... Nil ... Nil Scarlet Fever ... Nil Enteritis Typhoid ... Whooping Cough Nil ... Nil Rate per 1,000 of the population-0.09 Total Deaths-7 Infantile Mortality Rate-Total Deaths 32 Rate per 1,000 births ... 35.09 Legitimate ... do. legitimate births... 28 32.86 Illegitimate... do. illegitimate births 66.66 4

BIRTH-RATES, AND DEATH-RATES AND ANALYSIS OF MORTALITY IN THE YEAR 1955

(Provisional figures, based on Weekly and Quarterly Returns)

		Віктнѕ	A con				DEATHS		AUC CONT	
	Live	Illegiti- mate	Still	All	Under One year	Neo- natal	Maternal Causes (excl. Abortion)	Abortion	Pul- monary Tuber- culosis	Other Tuber- culosis
might be many	Rate per 1,000 Civilian Population	Rate per 1,000 Live Births	Rate per 1,000 Total Live and Stillbirths	Rate per 1,000 Civilian Population	Rates per 1,000 Related Live Births	r 1,000 ted sirths	Rates per 1,000 Total Live and Stillbirths	r 1,000 ive and irths	Rates per 1,000 Civilian Population	rr 1,000 lian ation
England and Wales	. 15.0	(not given)	23.1	11.7	24.9	17.3	0.54	0.10	0.13	0.015
Southport	. 12.6	99	22.5	13.2	35 · 1.	24.1	1.07	1	0.16	1

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

VITAL STATISTICS

For years 1936 to 1955 inclusive

	Danus		Births		TOTAL I	RED IN	Transf Deat		NET D		LONGING T	о тн
	Popu- lation		N	et	Distr	RICT			Under 1	yr. of age	At all	ages
YEAR	esti- mated to Middle of each year	Uncor- rected Number (Regis- tered)	Number 4	Rate 5	Number x	Rate 7	of Non- residents regist'd in the District	of Residents not regist'd in the District 9	Number x	Rate per 1,000 Net Births	Number	Ra 1
1936 1937 1938 1939	79,280 78,960 78,600 * 78,900	880 914 870	804 837 802	10·14 10·60 10·20	1105 1143 1157	13·94 14·48 14·65	81 63 84	182 205 159	41 56 56	51 67 70	1189 1266 1215	15 16 15
1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955	* 81,840 88,550 95,410 90,480 85,140 82,860 81,360 84,010 84,240 85,800 85,540 85,500 83,400 82,980 82,440 82,240	925 1147 1455 1371 1283 1484 1314 1557 1569 1317 1155 1020 1063 1164 1133 1011 1057	752 871 949 1075 1048 1168 1018 1237 1325 1167 986 890 884 957 951 890 912	9·53 9·84 9·94 11·90 12·30 14·09 12·51 14·72 15·73 13·60 11·53 10·41 10·60 11·53 11·54 10·80 11·09	1271 1385 1375 1213 1237 1150 1121 1073 1268 1126 1269 1339 1523 1301 1277 1315 1517	15·53 15·64 15·53 13·41 14·53 13·88 13·73 12·77 15·52 13·12 14·84 15·66 18·26 15·68 15·50 15·95 18·45	101 115 171 108 73 87 62 63 114 58 89 90 88 92 95 101 101	168 148 211 218 246 241 241 246 218 204 164 151 178 145 128 143 136	41 40 65 41 49 52 29 40 55 41 38 24 36 29 20 31 32	52 43 68 38 47 44 28 32 42 35 39 27 41 30 21 35 35	1338 1418 1415 1323 1410 1304 1300 1256 1372 1272 1344 1400 1613 1354 1310 1357 1552	16 14 14 16 15 15 14 16 14 15 16 19 16 15 16 18

^{* 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 d 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 numb 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 tion 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 of 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 distribution 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 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 death and 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) fathis, to the district where the body was found.

Census				Year	1911	1921	1931
Total population at all ages Number of inhabited houses Average number of persons per house Area of District in acres (land and inland water)	 	 	 		69,643 15,676 4.44 9,426	71,900 16,314 4.41 9,426	78,927 20,388 3.87 9,426

84

DEATHS (Table 1) Causes of, and Ages at, Death for year 1955

									A	GE DIST	RIBUT	TION							
Causes of Death	Totals at all					MAL	1	-						-	FEMA				
	ages	under 1 yr.	to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Totals	under 1 yr.	to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Total
uberculosis—Respiratory	13	-	_	-	-	-	7	3	-	10	-	_	_	_	2	_	-	1	3
uberculosis—Other	-	-	-	-	_	-	-	-	_	-	-	-	-	_	_	-	-	-	-
yphilitic Disease	2	-	_	-	_	-	1	_	-	1	-	_	_	_	_	-	-	1	1
iphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Vhooping Cough	-	-	_	-	-	-	-	-	-	-	-	-	-	_	-	_	-	-	-
Meningococcal Infections	-	-	_	-	_	_	-	-	-	-	-	-	_	-	-	-	-	-	_
cute Poliomyelitis	1	-	-	-		1	-	-	-	- 1	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	_	-	-	-	-	-
ther Infective and parasitic diseases	2	-	-	-	-	-	2	-	-	2	-	_	-	-	-	-	-	-	-
Malignant Neoplasm, Stomach	41	-		-	_	1	2	8	4	15	-	-	-	-	-	3	10	13	26
Malignant Neoplasm, lung bronchus	44	_	_	_	_	2	19	11	5	37	_	_	_	_	_	3	2	2	7
Malignant Neoplasm, breast	25	-	_	_	_	_	-	_	_	-	-	_	-	_	2	8	10	5	25
Aalignant Neoplasm, uterus	12	_	_	-		-	-	_	_	_	_	_	_	_	1	4	5	2	12
Other Malignant and Lymphatic Neoplasms	135	_	1	_	1	4	23	18	11	58	_	_	_	1	3	21	28	24	77
eukaemia	3	_	_	_	_	-	1	_	_	1	-	_	-	_	_	1	-	1	2
Diabetes	7	_	_	-	_	_	_	3	1	4	-	-	_	_	_	1	1	1	3
ascular lesions of Nervous System	256	_	_	_	_	_	15	28	48	91	-	_	_	_	_	17	47	101	165
Coronary Disease—Angina ,	269	-	_	-	-	2	47	54	42	145	-	-	-	-	1	23	40	60	124
Iypertension with Heart Disease	32	-	_	_	_	-	2	8	6	16	-	-	-	-	_	2	4	10	16
other Heart Disease	291	-	_	-	1	1	14	22	61	99	-	-	_	-	_	10	24	158	192
other Circulatory Disease	54	-	-	-	-	-	6	7	16	29	-	-	-	_	-	1	1	23	25
nfluenza	8	-	-	-	_		-	1	1	2	-	_	-	-	1	1	-	4	6
neumonia	58	3	-	2	-	-	7	1	10	23	2	_	-	-	2	5	8	18	35
ronchitis	60	-	-	-	-	-	8	16	15	39	-	-	-	-	-	3	5	13	21
Other Diseases of Respiratory System	8	_	_	_	_	_	_	3	4	7	_	_	_	_	_	_	1	_	1
Ilcer of Stomach and Duodenum	13	_	_	-	_	_	4	4	2	10	-	_	_	_	-	-	1	2	- 3
Gastritis, Enteritis and Diarrhoea	7	2	_	_	_	_	_	1	1	4	-	_	1	_	2	_	-	-	3
Tephritis and Nephrosis	8	_	_	-	-	_	-	1	2	3	-	_	-	_	_	-	1	4	5
Iyperplasia of Prostate	26	_	_	-	_	_	2	5	19	26	-	-	-	-	-	-	-	-	-
regnancy, Childbirth, Abortion	1	-	_	_	-	_	_	-	_	-	-	-	-	-	1	-	-	-	1
Congenital Malformations	3	1	-	-	_	_	-	-	-	- 1	2	-	-	-	-	-	-	-	2
other defined and ill-defined Diseases	120	10	1	1	_	3	8	6	9	38	11	1	_	_	4	9	12	45	82
Motor Vehicle Accidents	7	-	_	-	-	1	1	_	2	4	-	-	1	-	1	-	-	1	3
Il Other Accidents	31	-	_	1	-	-	2	-	3	6	1	-	-	-	-	1	3	20	25
uicide	14	_	_	1	_	_	5	1	2	9	-	_	_	1	2	2	-	-	5
Iomicide and Operations of War	1	-	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
s—(All Causes)	1552	16	2	5	2	15	177	201	264	682	16	1	2	2	22	115	203	509	870

Number of Deaths in Various Age Groups for years 1945 to 1956 inclusive DEATHS (Table 2)

75 and over	n over	%	40.15	40.94	40.45	35.17	39.50	42.14	45.32	41.99	45.42	43.25	49.81
75 39	IB C	No.	522	514	555	447	531	290	731	692	595	587	773
65—75	0	%	29.47	26.90	26.68	33 · 15	31.18	29.64	27.59	29.77	27.49	27.86	26.03
1,5	6	No.	383	338	366	422	419	415	445	403	360	378	404
45_65	6	%	20.77	22.78	22.96	23.74	21.50	20.93	21 - 45	21.50	20.30	22.77	18.82
45	7	No.	270	286	315	302	289	293	346	291	266	309	292
15_45	7	%	00.9	5.33	5.17	4.25	4.46	4.78	2.91	4.00	3.97	3.46	2.64
. 5		No.	78	29	71	54	09	29	47	54	52	47	41
-5 5—15 15—45 45—65 6	-12	%	0.92	0.48	0.29	0.16	80.0	0.37	0.25	0.14	0.84	0.22	0.45
0 14		No.	12	9	4	6	1	ın	4	63	11	0	7
		%	0.46	0.39	0.44	0.31	0.45	0.43	0.25	0.45	0.45	0.15	0.19
		No.	9	2	9	4	9	9	4	9	9	2	3
Theor 1	ner 1	%	2.23	3.18	4.01	3.22	2.83	1.71	2.23	2.15	1.53	2.29	2.06
TI		No.	29	40	55	41	38	24	36	29	20	31	32
Total	No. of	Deaths	1300	1256	1372	1272	1344	1400	1613	1354	1310	1357	1552
	Year		:	:	:	:	:		:	:	:		-
-	Y		1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955

DEATHS (Table 3)

Rates per 1,000 population and per 1,000 births-years 1936 to 1955 inclusive

	-	-	-										-	The same of the same of			
Male	ule	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 Discases	Rate per 1,000 Popu- lation
	557	632	1189	15.00	12.45	41	51	37	49	4	89	33	0.42	80	01.0	6	0.11
	999	700	1266	16.03	13.30	99	19	50	64	9	120	33	0.42	00	0.10	91	0.20
1000	299	059	1215	15.46	12.83	- 99	7.0	49	65	7	132	25	0.32	6	0.11	11	0.14
	909	732	1338	16-34	13-56	41	52	37	47	4	70	40	0.49	7	60.0	17	0.21
1000	809	810	1418	10-91	12.65	40	43	33	38	7	121	24	0.27	6	0.10	3	0.03
1000	641	774	1415	14.80	11-69	65	57	58	54	7	115	38	0.40	7	0.07	6	60.0
	584	739	1323	14.60	12-11	41	38	36	36	5	75	37	0.41	6	0.10	00	60.0
	619	791	1410	16.60	13-77	49	47	43	45	9	19	43	0.50	6	0.10	00	60.0
	292	739	1304	15.74	13.06	52	44	45	42	7	67	27	0.32	9	20.0	9	20.0
	561	739	1300	15.98	12.63	29	28	25	27	4	35	36	0.44	5	90.0	7	80.0
	570	989	1256	14.95	11.81	40	32	33	27	7	69	31	0.37	3	0.04	5	90.0
	651	721	1372	16.29	12.87	55	42	50	40	5	64	39	0.46	5	90.0	7	80.0
	999	206	1272	14.82	11-71	41	35	35	32	9	92	27	0.31	3	0.04	10	90-0
	623	721	1344	15-71	12.10	38	39	33	35	*5	102	26	0.30	5	90.0	9	0.07
	622	778	1400	16.37	12-44	24	27	22	26	2	34	15	0.17	5	90.0	12	0.02
	737	876	1613	19.34	14.70	36	41	33	40	3	09	22	0.26	50	90.0	3	0.04
	626	728	1354	16.32	12.32	29	30	28	30	1	20	12	0.15	9	0.07	1	0.01
	909	704	1310	15.89	12.07	20	21	19	21	1	21	13	0.16	5	90.0	7	80.0
	989	751	1357	16.46	11.34	31	35	29	34	2	39	16	0.20	1	1	9	0.07
	682	870	1552	18-87	13.20	32	35	28	33	4	19	13	0.16	1	1	7	60.0
	STREET, SQUARE, SQUARE,	THE PERSON NAMED IN	PROPERTY OF PERSONS	STREET, SQUARE, SQUARE	ADDRESS OF THE PERSON NAMED IN	OCCUPATION NAMED IN	STREET, SQUARE, SQUARE	STREET, SQUARE, SQUARE,	The Person Name of Street, or other Persons	THE R. P. LEWIS CO., Land Low, Low, Low, Low, Low, Low, Low, Low,	The Person Name of Street, or other Designation of the last of the	THE R. P. LEWIS CO., LANSING, SP. LEWIS CO., LANSING,	Name and Address of the Owner, where		-	-	

*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 for the remaining 3 deaths would be 61.

DEATHS (Table 4) Infant Mortality—Year 1955

	Total infant deaths	2	<i>w</i>	2	0	2	-	3	14	1	-	32
	Total 1 to 12 months	1	2	2	1	73	1	2	1	1	1	10
hs)	9 to 12	1		1	1	1	ì	I	ı	1		-
AGE (months)	9 2 6	1	1	1		1	1	1	1	1	1	1
A	3 6 5 9	1	1	1	I	1	L		1	1	S. Anna	2
	1 20 %	1	2	1	1			2	1	1		7
	Total under 4 weeks	2	1	I	2	1	1	1	14	ı	1	22
9	3 to 4		1	1	ı	1	L	1	1	1	The state of the s	1
Age (weeks)	3 6 5	1	1	-	1	1	1	1	1	J	1	1
A	1 2 2	1		I	1	1	I		1	1	1	1
	Under 1 week	2	1	1	1	1	1	1	14	1		21
Γ		:	:		:	:	:		1 :	:	E : -	:
		:	:	:	:	:	:	:	:	:	:	1,
	CAUSE OF DEATH	Atelectasis	Asphyxia	Bronchitis	Congenital Malformation	Enteritis	Intra-Cranial Haemorrhage	Pneumonia	Prematurity	Septicaemia	Unascertainable due to advanced decomposition	Totals

BIRTHS AND STILLBIRTHS For years 1936 to 1955 inclusive

stimated Mid-Year opulation	Males	Females	Total	Legiti- mate	Illegiti- mate	Crude Rate per 1,000 Popu- lation	Correc- ted Rate per 1,000 Popu- lation	Still- births
79280	412	392	804	745	59	10 · 14	_	34
78960	388	449	837	787	50	10.60		35
78600	402	400	802	749	53	10.20		41
78900	382	370	752	700	52	9.53		28
88550	448	423	871	820	51	9.84	-	40
95410	494	455	949	892	57	9.94		40
90480	555	520	1075	1008	67	11 · 88	-	37
85140	558	490	1048	958	90	12.30	_	35
82860	590	578	1168	1065	103	14.09		30
81360	536	482	1018	906	112	12.51		40
84010	628	609	1237	1135	102	14.72	_	31
84240	692	633	1325	1247	78	15 · 73	_	26
85800	582	585	1167	1088	79	13.60		28
85540	532	454	986	937	49	11.53	_	22
85500	472	418	890	831	59	10.41	*11.03	17
83400	453	431	884	834	50	10.60	11 · 23	22
82980	480	477 .	957	907	50	11.53	12.22	34
82400	509	442	951	904	47	11.54	12.23	31
82440	462	428	890	839	51	10.80	12.31	18
82240	472	440	912	852	60	11.09	12.64	21
	79280 78960 78960 78900 88550 95410 90480 85140 82860 81360 84010 84240 85800 85540 85540 85500 83400 82980 82440	Aid-Year opulation Males 79280 412 78960 388 78600 402 78900 382 88550 448 95410 494 90480 555 85140 558 82860 590 81360 536 84010 628 84240 692 85800 582 85540 532 85500 472 83400 453 82980 480 82400 509 82440 462	Aid-Year pulation Males Females 79280 412 392 78960 388 449 78600 402 400 78900 382 370 88550 448 423 95410 494 455 90480 555 520 85140 558 490 82860 590 578 81360 536 482 84010 628 609 84240 692 633 85800 582 585 85540 532 454 85500 472 418 83400 453 431 82980 480 477 82400 509 442 82440 462 428	Aid-Year opulation Males Females Total 79280 412 392 804 78960 388 449 837 78600 402 400 802 78900 382 370 752 88550 448 423 871 95410 494 455 949 90480 555 520 1075 85140 558 490 1048 82860 590 578 1168 81360 536 482 1018 84010 628 609 1237 84240 692 633 1325 85800 582 585 1167 85540 532 454 986 85500 472 418 890 83400 453 431 884 82980 480 477 957 82400 509 442 951	Aid-Year pulation Males Females Total Legitimate 79280 412 392 804 745 78960 388 449 837 787 78600 402 400 802 749 78900 382 370 752 700 88550 448 423 871 820 95410 494 455 949 892 90480 555 520 1075 1008 85140 558 490 1048 958 82860 590 578 1168 1065 81360 536 482 1018 906 84010 628 609 1237 1135 84240 692 633 1325 1247 85800 582 585 1167 1088 85540 532 454 986 937 85500 472 418 890 831	Aid-Year pulation Males Females Total Legitimate Illegitimate 79280 412 392 804 745 59 78960 388 449 837 787 50 78600 402 400 802 749 53 78900 382 370 752 700 52 88550 448 423 871 820 51 95410 494 455 949 892 57 90480 555 520 1075 1008 67 85140 558 490 1048 958 90 82860 590 578 1168 1065 103 81360 536 482 1018 906 112 84010 628 609 1237 1135 102 84240 692 633 1325 1247 78 85800 582 585 1167	Aid-Year opulation Males Females Total Legitimate mate mate Illegitimate per 1,000 Population 79280 412 392 804 745 59 10·14 78960 388 449 837 787 50 10·60 78600 402 400 802 749 53 10·20 78900 382 370 752 700 52 9·53 88550 448 423 871 820 51 9·84 95410 494 455 949 892 57 9·94 90480 555 520 1075 1008 67 11·88 85140 558 490 1048 958 90 12·30 82860 590 578 1168 1065 103 14·09 81360 536 482 1018 906 112 12·51 84240 692 633 1325 1247	Aid-Year population Males Females Total Legitimate Illegitimate per 1,000 Population Propulation 79280 412 392 804 745 59 10·14 — 78960 388 449 837 787 50 10·60 — 78600 402 400 802 749 53 10·20 — 78900 382 370 752 700 52 9·53 — 88550 448 423 871 820 51 9·84 — 95410 494 455 949 892 57 9·94 — 90480 555 520 1075 1008 67 11·88 — 85140 558 490 1048 958 90 12·30 — 81360 536 482 1018 906 112 12·51 — 84240 692 633 1325

^{*} 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 1936 to 1955 inclusive

Year	No. of Live and	Sepsis		Other	Causes	Total	
	Stillbirths -	No.	Rate	No.	Rate	No.	Rate
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	-01	-	-	20 - 20	- 101	-
1952	991	. —	_	2	2.02	2	2.02
1953	982	-	-	-	-	-	_
1954	908	-97	200	101-1	-	-000	_
1955	933	_	_	1	1.07	1	1.07

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

CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care—A weekly Ante-Natal Clinic was held at 44 Hoghton Street during 1955 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. 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 29 mothers who had booked to have their confinements at home made a total of 119 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 296 mothers attended during 1955. In addition, 153 re-visits were made, making a total of 449 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 1955 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 it is necessary.

The following statement shows the attendances made at the Welfare Centres during 1955:—

	Hamp- ton Road	High Park	Liver- pool Road	Cros- sens	Derby Road	Ains- dale	Totals
INFANTS—under 1 year— No. of New Cases No. of Re-attendances CHILDREN — over 1 and	144 1415	149 2077	128 1412	95 1308	132 1567	70 1113	718 8892
under 5 years— No. of Attendances	724	894	570	848	760	770	4566
Total No. of Attendances	2283	3120	2110	2251	2459	1953	14176
No. of Sessions	47	96	47	47	47	47	331
Average Attendance per Session	50	32	45	. 48	53	42	43
Total No. of Children who attended during the year	424	407	364	284	327	282	2088
Average Attendance per child	5.4	7.7	5.8	7.9	7.5	6.9	6.8
No. of Attendances made by Health Visitors	142	192	94	94	141	98	761

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. Facilities are available for X-ray examination if necessary.

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

(a) Number of Cases Treated:-

	Examined	Found to be in need of Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	19	19	18	12
Children under 5	212	118	106	66
TOTALS	231	137	124	78

(b) Classification of Treatment provided:-

	50	Anaes	thetics		or and reatment	rate		hs	Dent	
	Extractions	Local	General	Fillings	Scalings or Scaling and Gum Treat	Silver Nitrate Treatment	Dressings	Radiographs	C o m plete	Partial
Expectant and Nursing Mothers	21	10	1	45	20	-	3	2	1	5
Children under 5	38	23	9	205	7	128	7	-	-	_
TOTALS	59	33	10	250	27	128	10	2	1	5

Day Nurseries—There are two Day Nurseries in the town, one being in Talbot Street with accommodation for 60 children, and one in Bedford Park with accommodation for 40 children. The former was opened on the 10th February by The Worshipful The Mayor, Alderman Mrs. E. Smith, J.P., and was built to replace the King Street Day Nursery which was established during the war in requisitioned Church premises. The total cost was within the region of £16,200.

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.

It has been 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 2/7d. for each child attending the Day Nurseries.

The Nursery Nurses' Training Scheme which had been suspended since 1952, was resumed in September, and authority was given by the Health Committee in conjunction with the Education Committee to the appointment of four nursery students to undertake the practical and theoretical training in connection with the Nursing Nurses' Examination Board Course.

		King Street to 9/2/55 Southport from 10/2/55	Bedford Park	Totals
(1)	Number of places provided	 60	40	100
(2)	Mondays to Fridays:— (a) Total attendances (b) Number of days open (c) Average daily attendance	 13774 254 53	9171 254 34	22945 254 87
(3)	Mondays to Saturdays:— (a) Total attendances (b) Number of days open (c) Average daily attendance	 14906 303 47	9554 304 29	24460 303/304 76

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 Hoghton 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 antenatal clinic at 44 Hoghton 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 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 Committee 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 60 mothers and the Health Committee paid the maintenance costs in voluntary homes for 12 mothers during the ante- and post-natal period.

Prevention of the Break-up of Families—Consideration has been given during the year by a Sub-Committee, with representatives from the Health, Estates, Welfare, Children's and Finance Committees, to the provision of accommodation which could be used to prevent the splitting up of the family, such as sometimes occurs when a family is evicted.

The Sub-Committee is also available to consider other serious individual family problems, when it seems probable that the best solution can only be found by concerted action by a number of Committees.

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PREMATURE INFANTS BORN DURING 1955 (Premature infants are babies whose weight at birth is 5½ lbs. or less)

	Grand	87		6	5	1	73	87	84%
	Totals	80		6	5	- 1	99	08	82%
	Over 4 lbs. 15 ozs. and under 5 lbs. 8 ozs.	39		1	1	1	39	39	100%
TAL	Over 4 lbs. 6 ozs. and under 4 lbs. 15 ozs.	15		-	1	1	13	15	%18
HOSFITAL	Over 3 lbs. 4 ozs. and under 4 lbs. 6 ozs.	16		2	2	1	12	16	75%
	3 lbs. 4 ozs. or less	10		9	7	1	2	10	20%
	Totals	1		1	1	1	1	1	100%
E	Over 4 lbs. 15 ozs. and under 5 lbs. 8 ozs.	1		1	1	1	. 1	1	1
NURSING HOME	Over 4 lbs. 6 ozs. and under 4 lbs. 15 ozs.	1		1	1	1	-	1	100%
NURSIN	Over 3 lbs. 4 ozs. and under 4 lbs. 6 ozs.			1	1	1	1		1
	3 lbs. 4 ozs. or less			1	1	1	1		
	Totals 4 ozs. or less	9		1	1	1	9	9	100%
	Over 4 lbs. 15 ozs. and under 5 lbs. 8 ozs.	5		1	1	1	10	10	100%
HOME	Over 4 lbs. 6 ozs. and under 4 lbs. 15 ozs.	-		1	1	1	1	1	100% 100%
	Over 3 lbs. 4 ozs. and under 4 lbs. 6 ozs.	1		1	1	1	1		-
	3 lbs. 4 ozs. or less	1		1	1	1	1	1	
Born at:	Weight at Birth:—	Number notified (After adjustments for transfers)	2. Number in (1) above who:-	(a) Died within 24 hours	(b) Died 2nd to 7th day	(c) Died 8th to 28th day	(d) Survived 28 days	TOTALS	3. Percentage who survived 28 days

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

(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 1955:-

Issued from	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT:— (a) Counter Issues (b) Issues to National Health Service	12,572	24,827	3,880	1,926
Institutions (c) Issues to Day Nurseries	93	216 276		=
Total Issues from Health Department	12,665	25,319	4,036	1,926
Welfare Centres:—				
(a) Ainsdale	1,024	3,594	732	225
(b) Liverpool Road	1,451	5,246	1,090	346
(c) Crossens	1,313	3,877	628	188
(d) Poulton Road	1,597	4,515	969	298
(e) Hampton Road	1,432	3,390	660	272
(f) Derby Road	306	1,556	287	105
Total Issues from Welfare Centres	7,123	22,178	4,366	1,434
GRAND TOTALS	19,788	47,497	8,402	3,360

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 is on annual leave or 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 Doctor required to required to be present	e fo.	llowing statement shows the work don	e by	the depa	rtment's mid	wives di
(a) Doctor not booked 1 21 22 (b) Doctor booked 4 57 61 5 78 83 * 2. Number of patients in (1) above who received:—		Number of deliveries ettended	rec	quired to	required to	Total
2. Number of patients in (1) above who received:—	1.	(a) Doctor not booked		1 4		
received:— (a) gas and air analgesia				5	78	83 *
(a) gas and air analgesia	2.		who			
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 — 9 (b) Others — 4 TOTAL 13 4. Number of visits made by midwives during the year:— (a) ante-natal visits 1070 (b) nursing visits 1499 TOTAL 2569 5. Number of attendances made by midwives to ante-natal clinics held at 44 Hoghton Street 52 *106 cases were actually booked on the district, but 23 of these had to be transferred to Hospital for the following reasons:— Miscarriage 1 Malpresentation 3 Complication of labour 5 Subsequently booked for hospital 7 Ante-partum haemorrhage 3 Recommended by Doctor 3 Cancellation 1				4	75	79
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 — 9 (b) Others — 4 TOTAL 13 4. Number of visits made by midwives during the year:— (a) ante-natal visits 1070 (b) nursing visits 1499 TOTAL 2569 5. Number of attendances made by midwives to ante-natal clinics held at 44 Hoghton Street 52 *106 cases were actually booked on the district, but 23 of these had to be transferred to Hospital for the following reasons:— Miscarriage 1 Malpresentation 3 Complication of labour 5 Subsequently booked for hospital 7 Ante-partum haemorrhage 3 Recommended by Doctor 3 Cancellation 1		(b) pethidine		4	71	75
the National Health Service Act — 9 (b) Others — 4 TOTAL 13 4. Number of visits made by midwives during the year:— (a) ante-natal visits 1070 (b) nursing visits 1499 TOTAL 2569 5. Number of attendances made by midwives to ante-natal clinics held at 44 Hoghton Street 52 *106 cases were actually booked on the district, but 23 of these had to be transferred to Hospital for the following reasons:— Miscarriage	3.	medical aid was summoned:— (a) Where the medical practitioner arranged to provide the mother was a summoned and the mother wa	had vith			
TOTAL		the National Health Service Act		_		
ing the year:— (a) ante-natal visits		**				
(a) ante-natal visits 1070 (b) nursing visits 1499 TOTAL 2569 5. Number of attendances made by midwives to ante-natal clinics held at 44 Hoghton Street 52 *106 cases were actually booked on the district, but 23 of these had to be transferred to Hospital for the following reasons:— Miscarriage 1 Malpresentation 3 Complication of labour 5 Subsequently booked for hospital	4.		lur-			
5. Number of attendances made by midwives to ante-natal clinics held at 44 Hoghton Street		(a) ante-natal visits				
wives to ante-natal clinics held at 44 Hoghton Street		Total		2569		
*106 cases were actually booked on the district, but 23 of these had to be transferred to Hospital for the following reasons:— Miscarriage	5.	wives to ante-natal clinics held at			50	
be transferred to Hospital for the following reasons:— Miscarriage						
Malpresentation3Complication of labour5Subsequently booked for hospital7Ante-partum haemorrhage3Recommended by Doctor3Cancellation1	be	transferred to Hospital for the follow				d to
Complication of labour 5 Subsequently booked for hospital						
Cancellation 1	Co	omplication of labour				5
Cancellation 1						3
	Re	ecommended by Doctor				
	Ca		•••		*** ***	1

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

	Number of Jelinsein standards	to be	Doctor not required to be present	Total
1.	Number of deliveries attended:— (a) Doctor not booked (b) Doctor booked	4	_1	1 4
		4	1	5
2.	Number of patients in (1) above received:— (a) gas and air analgesia	who 3	2	5
	(b) pethidine	1	_	1
3.	Number of patients in (1) above for w medical aid was summoned:— (a) Where the medical practitioner arranged to provide the mother maternity medical services under National Health Service Act (b) Others	had with	None None	
	Total		None	
4.	Number of visits of inspection made non-medical Supervisor to midwive their own homes		18	

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

	man of private reasons from the	Doctor required to be		Total
1.	Number of deliveries	 present . 19	3	22
2.	Number of patients in (1) above received gas and air analgesia		2	8
3.	Number of patients in (1) above for w medical aid was summoned	n . 13		
4.	Number of practising midwives emped at 31st December, 1955	 		
5.	Number of midwives in (4) above who qualified to administer gas and air a gesia			

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 during 1955. These figures are for residents and non-residents.

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	Total
1) Number of Patients	477	477	954*
2) Number of Patients in (1) above who received gas and air analgesia	373	445	818
3) Number of Patients in (1) above for whom medical aid was summoned	209	13	222
4) Number of practising Midwives on the staff at end of year	8	6	14
5) Number of Midwives in (4) above who are qualified to administer gas and air analgesia	7	6	13

(*Includes 797 Southport residents and 157 non-residents)

Distribution of Maternity Cases—The following table shows the percentage of maternity cases dealt with during 1955 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		1955	
quandum lassucipaed evolenti	No. of Cases	%	No. of Cases	%
District				
Municipal Midwives Private Midwives	84 4	9·53 0·47	83 5	9·15 0·55
TOTALS (a)	88	10.00	88	9.70
Institutions				
Christiana Hartley Maternity Hospital St. Katharine's Maternity	356	40 · 40	368	40.57
Hospital Nursing Homes	408 29	46·31 3·29	429 22	47·30 2·43
TOTALS (b)	793	90.00	819	90.30
GRAND TOTALS (a) and (b)	881	100.00	907	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 1955, the average case load of the 0 to 14 years age group is 1,166.

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 and similar duties.

The following table shows the work done by the Health Visitors during 1955:—

EXPECTANT MOTHERS 56	ts Visits Visits
CHILDREN UNDER 1 YEAR:—	
Routine 90	1 6597 7498
Prematurity 1	0 24 34
Stillbirth 1	1 — 11
Illness —	20 20
Miscellaneous	7 180 187
92	9 6821 7750
CHILDREN 1 TO 2 YEARS:—	
Routine	2 5397 5399
Illness —	6 6
Miscellaneous	46 46
Bialagum ai rma	2 5449 5451
CHILDREN 2 TO 5 YEARS:—	
Routine 2	6 7969 7995
Illness —	20 20
Miscellaneous	99 99

OTHER CASES:—			First visits	Re- visits	Total visits
Infectious Disease			128	43	171
Other Illness	 		28	17	45
Old People	 		254	1121	1375
Miscellaneous	 		385	141	526
niel skalkati wa		mu.5	795	1322	2117
		-			

Summary

TOTALS		 2315	22349	24664
TOTALS		2215	22240	24664
OTHER CASES		 795	1322	2117
CHILDREN AGED 2 TO 5 YEARS	s	 26	8088	8114
CHILDREN AGED 1 TO 2 YEARS	s	 2	5449	5451
CHILDREN UNDER 1 YEAR		 929	6821	7750
EXPECTANT MOTHERS		 563	669	1232

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

780 attendances at Welfare Centres.

- 48 attendances at the Post-Natal Clinic which is held at 44 Hoghton Street.
- 21 attendances at the Geriatric Out-Patients' Clinic which is held at the Promenade Hospital.
- 85 attendances at the Paediatric Clinic, and
- 47 attendances at the V.D. Clinic, both of which are held at the Southport Infirmary.
- 981 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 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 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 14 District Nurses; 5 Nurses, including the Superintendent and her Assistant were resident in the District Nurses' Home, while the remaining 11 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 home nursing of sick children is undertaken by the Nurse for the particular district and no one Nurse is required to specialise in children's work.

There is an increasing trend on the part of general medical practitioners to require District Nurses to make visits for the purpose of giving injections, chiefly of antibiotics.

The following statement shows the work done during 1955:-

			Classificati	on of Case	es		Tomire
	(1)	(2)	(3)	(4)	(5)	(6)	- Totals
No. of Cases on Register at commencement of period	297	75		2			374
Add No. of New Cases during period	1556	317	6	19	6	_	1904
Totals	1853	392	6	21	6	noi III)	2278
Deduct No. of cases dis- continued during period	1536	317	6	15	5	-	1879
No. of Cases on Register at end of period	317	75		6	1	-	399
Total No. of Visits made	40467	5994	68	970	31	-	47530

Classification of Cases:-

 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	943	6677
(b) Number of children included above who were under 5 years of age at the time of the first visit during the year	48	458
(c) Number of patients included above who have had more than 24 visits during the year	252	14045

The following table records the visits made during the last six years:-

Year		Total number of patients visited		Total number of visits
1950	 	1955	 	40890
1951	 	2162	 	41208
1952	 	2189	 	43585
1953	 	2256	 	49287
1954	 	2227	 	50798
1955	 	2278	 	47530

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 "reinforcing" 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
CHILDRE	N AGED:-					
(a)	Under 1 year			 	 525	None
(b)	1 to 4 years		***	 ***	 205	82 389
(c)	5 to 14 years			 	 38	389
		TOTA	LS	 	 768	471
DONE B	Y:					
(a)	General Practitio	oners		 	 364	249
(b)	Health Departm	ent's St	aff	 ***	 404	249 222
		TOTA	LS	 	 768	471

The percentage of children immunised at the end of 1955 is shewn below, together with similar figures for the previous year:—

		1954			1955			
		Age Group	os	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	2618	8358	10976		
Estimated child population (Mid-Year)	4300	9600	13900	4300	9700	14000		
Percentage of children immunised	60.70	88 · 12	79.63	60.88	86 · 16	78 · 40		

Immunity Index

(i.e., Number of children protected at the end of the year)

		Age	Group	,		1954	1955
Under 1 year		 			 	 7.50	8 · 35
1—4 years		 			 	 75 · 18	73 - 81
5—14 years		 			 	 46 · 43	46 · 28
Under 15 year	rs	 			 	 50.84	50.77

SMALL POX VACCINATION

Smallpox vaccination was continued by the General Medical Practitioners as in the previous year on the same lines as for the diphtheria immunisation scheme.

During the year an amended scheme was also approved to enable vaccination to be carried out at Welfare Centres and also at the Health Department.

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 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 1955 and the previous year:—

			. 19	954		1955						
	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	151	118	29	19	51	368
(b) Re-vaccinated	_	_	8	21	237	266	_	1	6	23	236	266

WHOOPING COUGH IMMUNISATION

Until 1954 whooping cough immunisation had been carried out at the Welfare Centres and the Health Department, but only at the specific request of the parents of the child.

Extended arrangements in co-operation with the General Medical Practitioners were made during 1954 when 839 children were immunised against whooping cough, a figure which proved that this provision had been welcomed by parents and doctors. A further 755 children have been immunised during the year under review.

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 1950, is set out below.

	1950	1951	1952	1953	1954	1955
Total No. of Cases Other Work	14,404 608	18,863 652	23,499 612	26,275 654	28,651 715	29,303 710
GRAND TOTAL	15,012	19,515	24,111	26,929	29,366	30,013
*Mileage	95,816	111,073	122,395	123,554	128,818	120,171
*Analysis of Mileage:						
(a) Inside the Boro. (b) Outside the Boro.	53,848 41,968	62,321 48,752	71,374 51,021	77,040 46,514	77,544 51,274	78,015 42,156
	95,816	111,073	122,395	123,554	128,818	120,171

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. A small charge is made for the hire of the equipment, but in cases of hardship the fee may be reduced or cancelled.

During 1955 sick-room equipment was supplied to 244 patients as compared with 276 in the previous year.

Diphtheria Immunisation—The publicity scheme in regard to diphtheria immunisation was continued throughout 1955 as in previous years. The arrangements are:—

- (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 2/6 per hour, but this fee may be reduced or cancelled in cases of financial hardship.

During 1955, sickroom help was provided for 32 patients, as compared with 34 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 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.

The Mothers' Choir 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.

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

The 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 follows:—

- 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; the Deputy Medical Officer of Health and one of the two Lady Assistant Medical Officers helped with the fever hospital work. The other Assistant Medical Officer 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, 1954, 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 year, three patients were sent to Convalescent Homes, the details being as follows:—

No.	Male or Female	Period of Care	Reason
1	Male	3 weeks	Post operative—gastrectomy
2	Female	3 weeks	Cholecystitis
3	Female	4 weeks	Debility

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 3/- 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 1955:-

		Class	sification of	Cases		T . 1
	Maternity	Sickness	Old Age	Infectious Disease	Mental Illness	Total
No. of Cases on register at beginning of year No. of New Cases dur-	T YOU TO SEE	23	126	in Lan or	libim e	149
ing year	33	86	143	1	2	265
N. CO.	33	109	269	1	2	414
No. of Cases discon- tinued during year	30	75	110	-	1	216
No. of Cases on register at end of year	3	34	159	1	1	198
Number of Applications received No. of Cases assisted	35 33	90 86	151 144	1 1	1	278 265
No. of Cases not assisted	2	4	7	4 5 2 5	112011	13*

(*In 13 Cases the request for help was withdrawn by the applicants).

Number of Helps employed at beginning o	f year	(All Pa	rt-Tim	ne)	 		29
Number Appointed during year		33	33		 •••	•••	26
							55
Number leaving during year		33	33		 	•••	17
Number of Helps employed at end of year		33	,,		 		38
Number of Visits to homes by Organiser					 		667
Number of Persons interviewed at Office					 		864

In addition to the above staff, a full-time Home Help was appointed in October with responsibilities for "on call duty" as and when required.

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

	1950	1951	1952	1953	1954	1955
No. of households provided with Home Helps No. of hours worked by Home Helps	249 17822	246 20864	272 20392	304 22923	352 35700	414 41700

It will be seen that the number of households helped has increased by 66% from 249 in 1950 to 414 in 1955 and that the number of hours worked has increased by 134% from 17,822 to 41,700 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 71 hours per household in 1950 to 101 hours per household in 1955.

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 Health Authority's service.

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

- (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.

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.

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 Health Authority's 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.

Occupational Training Sessions were held on four full days each week with mid-day meals provided. Regular medical and dental inspections of those attending for training were carried out.

Close co-operation is also maintained between the 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, 1954, 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 year 1955, two defectives were dealt with in this way and the details are as follows:—

No.	Male or Female	Period of Care	Reason
1	Male	8 wks. }	Owing to illness of mother and at request of own Doctor.
2	Female	16 wks.	Owing to illness of relatives who were caring for this case. Placed under statutory guardianship in November.

The following statistics show the cases dealt with during 1955:-

(A)	MENTAL ILLNESS (Lunacy and Mental Treatment Acts, 1890 to 1930)	Male	Female	Total
1)	Number of Admissions to Hospital:—	59	74	122
	for observation—Sec. 20 Lunacy Act, 1890 for observation—Sec. 21(1) do	29	74	133
	as urgent patients—Sec. 11 do	_	_	_
	as certified patients—Sec. 16 do	1	1	2
	as certified private patients—Sec. 4, 5 & 6 do	26		-
	as voluntary patients—Sec. 1 Mental Treatment Act, 1930 as temporary patient—Sec. 5 do	26 1	24	50
	Totals	87	101	188
2)	Number of admissions to mental hospitals from observation wards at County Hospital, Ormskirk	23	26	49
3)	Number of certifications for continued detention of patients already in County Hospital, Ormskirk	1	9	10
4)	Number of cases referred to the department for investigation during the year	124	181	305
5)	Action taken in regard to cases mentioned in (4) above:— admitted to hospital for observation	. 59	74	133
	(of these, 60 were subsequently certified) admitted to hospital as voluntary patients	26	24	50
	referred to Psychiatric Out-Patients' Clinic	12	11	23
	referred to Welfare Service	8	10	18
	admitted to hospital as senile dementia cases	8	15	23
	no further action indicated after investigation	24	34	58
	TOTALS	137	168	305
5)	Total number of visits made by Duly Authorised Officers:-			
	(a) After-Care Visits	71	90	161
	(b) All Other Visits	196	264	460
	Total Number of Visits	267	354	621
7)	Total number of discharges and deaths from mental hospitals notified during 1955:—	Ste North		
	(a) Discharges	61	92	153
	(b) Deaths	10	22	32

B) Mental Deficiency (Mental Deficiency Acts, 1913-1938)			der 16		d 16 over
(Mental Deliciency Acts, 1915-1956)		M.	F.	M.	F.
Particulars of Cases Reported During (a) Cases at 31st December, 1955, ascertain "subject to be dealt with" Number in which action taken on report	ned to be defectives	4	1	5	2
(1) Local Education Authorities on chil (i) While at school or liable to atte	dren end school	1	-	_	_
(ii) On leaving special schools (iii) On leaving ordinary schools		2	1	=	=
(2) Police or by Courts (3) Other sources (b) Cases reported who were found to be	defectives but were	1	<u></u>	3 2	1
(c) Cases reported who were not regarded	as defectives or in	-	-	2	4
which action was incomplete at 31st Do are thus excluded from (a) or (b)	ecember, 1955, and	_	1	1	_
	Total	4	2	8	6
 (iii) Taken to "Places of Safety" (iv) Admitted to Hospitals (b) Of the cases not ascertained to be defected dealt with" (i.e., at (1)(b)), number:— (i) Placed under Voluntary Supervision 	ves "subject to be on tives "subject to be	3 - 1	1 - -	1 2 2 2	- 1 1 -
(ii) Action unnecessary	Тотац	4	1	7	- 6
B) NUMBER OF MENTAL DEFECTIVES FOR WHOM ED BY THE LOCAL HEALTH AUTHORITY UNIDURING 1955, AND ADMITTED TO:— (a) National Health Service Hospitals		o took	10 100 10 100 10 100	1	1)
(b) Elsewhere	 Total			1	=
Total Cases on Authority's Register					
(i) Under Statutory Supervision (ii) Under Guardianship (iii) In "Places of Safety" (iv) In Hospitals (v) Under Voluntary Supervision	h	9 -4 5 -	3 - 2 -	10 1 61 11	18 1
	TOTAL	18	5	83	68
Number of Defectives under Guardiansh ber, 1955, who were dealt with under a Section 8 or 9, Mental Deficiency Act,	THE PROVISIONS OF	show I	Physics into res		
(4)(ii)):					
) CLASSIFICATION OF DEFECTIVES IN THE 31/12/55 (according to need at that date):— (a) Cases included in (4)(i)—(iii) in need of	of hospital care and	pa 30 y		(9)	
(1) In urgent need of hospital care:—	hority	damily to		70	_
(i) "cot and chair" cases (ii) ambulant low grade cases (iii) medium grade cases			-	1	1
(iv) high grade cases				(E)	_
Total up	gent cases	-	1	1	1

							Under age 16		d 16 over
						М.	F.	M.	F
(2) Not in urgent need of	hospital care:	_	made	- main	AT S	don	MALITY	219
	(i) "cot and chair" c	ases		***		_	-	-	-
	(ii) ambulant low gra(iii) medium grade ca					_	_	_	_
	(iv) high grade cases					-	-	-	-
		Total no	n-urgen	t cases		_	_	-	_
		TOTAL				_	1	1	1
(b) (Of the cases included in	items (4)(i), (ii) and (v), nun	nber		Tenning of		
	considered suitable for:- (i) occupation centre		,	,		7	3	6	10
	(ii) industrial centre						_	_	_
	iii) home training					-	-	1	4
		TOTAL				7	3	7	14
(c) (Of the cases included in	(6)(b), numbe	r receivii	ng trai	ning				
	on 31/12/55:—					THE REAL PROPERTY.		- 17	
	(i) In occupation centre(ii) In industrial centre	e				7	3	6	10
	(iii) At home					-	-	1	4
		TOTAL				7	3	7	14
STAT	ry of work for 1955:-	raining of	or on I	LICENC	E FROM	INSTIT			
STAT	Tr ry of work for 1955: Number on register Number of cases on	raining of - :- : register at 1	Mental	Def	ective	INSTIT			20
STAT	Tr ry of work for 1955: Number on register	raining of - :- : register at 1	Mental	Def	ective	s Institu	TUTIONS		20
STAT	Tr ry of work for 1955: Number on register Number of cases on	raining of : : register at less added	Mental	Def	ective	s Institu	TUTIONS		
STAT	Tr ry of work for 1955: Number on register Number of cases on Number of new case	raining of :- : register at les added	Mental Deginnin	Defing of	ective	s Institu	TUTIONS		20 19
mma (1)	Tr ry of work for 1955: Number on register Number of cases on Number of cases tak Number of cases on	raining of register at less added	Mental Deginnin	Defing of j	ective	s Institu	TUTIONS		39
STAT	ry of work for 1955:- Number on register Number of cases on Number of cases tak Number of cases on Training at Homes (a) Number of visit	raining of raining of register at less added ken off register at of Mental Ets made to n	Mental Deginning	Defing of j	ective	s	 		39
mma (1)	Tr ry of work for 1955: Number on register Number of cases on Number of new case Number of cases tak Number of cases on Training at Homes (a) Number of visit	raining of : : : register at less added ken off register at of Mental I ts made to not not provided speech, sens rhythmics, p	Mental Deginning Termination T	Defing of j	ective period	s Institutes in Institute in In	 wn hon	 	39
mma (1)	ry of work for 1955:- Number on register Number of cases on Number of new case Number of cases tak Number of cases on Training at Homes (a) Number of visit (b) Kinds of training Physical work, time values, eur	raining of : : : register at less added ken off register at of Mental I ts made to not not provided speech, sens rhythmics, p	Mental Deginning Termination T	Defing of j	ective period	s Institutes in Institute in In	 wn hon	 	39
mma (1)	ry of work for 1955:- Number on register Number of cases on Number of new case Number of cases take Number of cases on Training at Homes (a) Number of visit (b) Kinds of training Physical work, time values, eur embroidery, known of the Centre:—	raining of raining of register at less added ken off register at of Mental I ts made to n ng provided speech, sens rhythmics, pitting and se	Mental Deginning Termination T	Defing of j	ective period	s Institutes in Institute in In	 wn hon	 	20 19 39
mma (1)	ry of work for 1955:- Number on register Number of cases on Number of cases take Number of cases on Training at Homes (a) Number of visit (b) Kinds of training Physical work, time values, eurembroidery, known at the Centre:— (a) Number of sess (b) Total number of	raining of raining of register at less added ken off register at of Mental II ts made to many provided speech, sensity thing and sensions held	Mental Deginning ter end of properties designed in the control of properties and resigned in the control of	Defing of joint of the property of the propert	ective period	s Institutes of their or their	wn hon	nes	20 19 39 35 58
mma (1)	ry of work for 1955:- Number on register Number of cases on Number of cases tak Number of cases on Training at Homes (a) Number of visit (b) Kinds of trainin Physical work, time values, eur embroidery, kn At the Centre:— (a) Number of sess (b) Total number of the period	raining of raining of register at less added ken off register at of Mental II ts made to many provided speech, sensitiving and sensitivity and sensitiv	Mental Deginning The mental degree and resigning, wing.	Defing of period es:— efection models by m	ective period ves in er trainelling,	their ov	wn hon	mes and sic,	20 19 39
mma (1)	ry of work for 1955:- Number on register Number of cases on Number of cases take Number of cases on Training at Homes (a) Number of visit (b) Kinds of training Physical work, time values, eurembroidery, known at the Centre:— (a) Number of sess (b) Total number of	raining of raining of register at less added ken off register at of Mental II ts made to many provided speech, sensitiving and sensitivity and sensitiv	Mental Deginning The mental degree and resigning, wing.	Defing of period es:— efection models by m	ective period ves in er trainelling,	their ov	wn hon	mes and sic,	20 19 39 2 35 58
mma (1)	ry of work for 1955:- Number on register Number of cases on Number of cases tak Number of cases on Training at Homes (a) Number of visit (b) Kinds of trainin Physical work, time values, eur embroidery, kn At the Centre:— (a) Number of sess (b) Total number of the period	register at less added ken off register at less added ken off register at less added ken off Mental II ts made to many provided speech, sens rhythmics, pitting and se less and the fattendance cectives attendance may provided	Mental Deginning The mental degineral deginera	Defing of period es:— efection models by mentre	period ves in er trainelling, at end	their owning, make the baskets defective of the	wn hon noney a ry, mus res duri	mes and sic,	20 19 39 25 25 446

Part III SANITARY CIRCUMSTANCES OF THE AREA

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

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. Also in that 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, 10th October, 1955

						arts per Million
Total solid matter in so	lution			 	 	 404
Oxygen absorbed \	in 15 m			 	 	 0.12
from Permanganate ∫	in 4 ho	urs		 	 	 0.24
Ammonia			and v	 	 	 Nil
Albuminoid Ammonia			***	 	 	 Nil
Nitrogen as Nitrates				 	 	 0.1
Nitrogen as Nitrites				 	 	 Nil
Combined Chlorine				 	 	 27
Free Chlorine				 	 	 Nil
Carbonate Hardness (as	Calcium	Carbon	nate)	 	 	 230
Total Hardness (as Calc	ium Car	bonate)		 	 	 324

(p.H. value: 7.4)

Bacteriological Examination, 19th July, 1955

Number of Bacteria on agar at 37° C. for 48 hours	s	 =	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, 24th November, 1955

	Halsall Lane P.S.	Springfield P.S. (Filtered)	Bickerstaffe P.S. (Filtered)	Blundell House P.S. (Filtered)
	Chem	ical Results i	n parts per	million
Appearance	Clear and Bright	Clear and Bright	Clear and Bright	Bright
Colour Odour	Nil Nil	Nil Slight chlorinous	Nil Nil	Nil Nil
Reaction pH	6.9	7.3	7.2	6.9
Free Carbon Dioxide	35	19	29	26
Electric Conductivity at 20°C	475	650	760	370
Total Solids dried at 180°C	315	430	560	240
Chlorine in Chlorides	25	35	24	26
Nitrogen in Nitrates	1.8	0.0	0.0	0.0
Nitrites	Absent	Absent	Absent	less than 0.0
Metals	Iron 0.03	Absent	Absent	Iron 0.08
Ammoniacal Nitrogen	0.000	0.023	0.038	0.033
Albuminoid Nitrogen	0.000	0.000	0.018	0.000
Oxygen absorbed in 4 hours at 27 °C.	0.00	0.05	0.50	0.10
Hardness: Permanent	65	70	115	30
Temporary	195	270	315	145
Total	260	340	430	175
Total Hardness: Degrees Clarks Scale)	18.2	23.8	30 · 1	12.3
AGGA TUT		Bacteriolog	ical Results	
Number of Colonies developing:—				
On Agar per c.c. in 3 days at 20° C.	3	0	0	0
1 day at 37° C.	0	0	0	0
2 days at 37° C.	0	0	0	0
Presumptive Coli-aerogenes Reaction Present in	_	_		ballerige
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Bact-coli (Type 1)			-92111-01111	15200T
Present in	-	_	17 18 1	_
Absent from	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Clostridium Welchii Reaction				
Present in	fatteries part	TOUR DIE	my - indeed	D 12 P
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 attendances during the twelve months ending 31st March, 1955, was 219,152.

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 344,441 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 6th June, 1955, are as follows:—

Summary of Findings						Bathing Lake	Victoria Baths	
Organisms at 37	° C.	*				 	3 per c.c.	1 per c.c.
Organisms at Ro	om T	empera	ture			 	2 per c.c.	3 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 5,929 during the year ending 31st March, 1955, and the Compton Road Baths an attendance of 5,508.

SANITARY INSPECTION OF THE AREA

Drainage—Complaints received regarding choked and defective drainage systems of houses numbered 1,713 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.

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.

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 137.

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

Hostel—One common lodging house exists in the Borough, and has been visited on thirty-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).

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

		Number		Number of		
	Premises (1)	on Register	Inspections (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	81	5	A same	
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	760	638	34	n m	
(iii)	Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	16	11	5	_	
	TOTAL	1056	730	44	_	

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").

	nuclani do	Number of cases			
Particulars	Found	Reme- died	Refe To H.M. Inspector	By H.M. Inspector	in which prose- cutions were
(1)	(2)	(3)	(4)	(5)	instituted (6)
Want of cleanliness (S.1.)	5	5	b to state of d	O TOT JOE	ronazi lia
Overcrowding (S.2.)	The Street	W. Victoria		and the same	LOUET .
Unreasonable temperature (S.3.)	mbr <u>a</u> es 12	th _rom	nous_nice	To witen	mis 🛶 n
Inadequate ventilation (S.4.)	-	-	-	_	emolie, h
Ineffective drainage of floors (S.6.)			di dan manya		
Sanitary Conveniences (S.7.) (a) insufficient	5	2	N espirate M ballo - in co	To giognio has in trad	ortize still o Esk ort sta
(b) Unsuitable or defective	17	14	_	_	(Daleston)
(c) Not separate for sexes	(O) Inna la	anau tah	par or bust	O II PILITINI	
Other offences against the Act (not including offences relating to Outwork)	17	17	nd-borsdnu nam m esoo	mot ed bin	orles I
TOTAL	44	38		75 <u>72</u> - 55	

		OUT	WORK	25 SAVORDE A	DESCRIPTION OF STREET	State Section
oneitsteam al skillsefeel	d though one	Section 110		W Volume	Section 111	CI
Nature of Work	No. of out- workers in Aug. list re- quired by Sect. 110 (1) (c) (2)	No. of cases of default in sending lists to the Council	No. of prose-cutions for failure to supply lists	No. of instances of work in un- whole- some premises (5)	Notices served	Prose- cutions
Wearing Apparel:— Making, etc	15	Depair -	DEL PA	d money		1801 T
TOTAL	15	_	-4240	0 9 8	20 22 0	

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 use of the new poisons, namely, Warfarin and Tomarin, has assisted considerably in the elimination of mouse infestation. After considerable experience of these materials it would appear that Warfarin and Tomarin are very suitable poisons for the elimination of rodents.

The sewers in this area are not subject to rodent infestation; this is thought to be due to the surcharging of the sewers which takes place from time to time; on no occasion when manholes have been baited in connection with surface infestations, has a "take" been recorded.

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

				PE OF PROPE	K11	1
	Sale of the production of the	(1) Local Authority	(2) Dwelling- Houses (including Council Houses)	(3) All Other (including Business Premises)	Total of Columns (1), (2) and (3)	(5) Agri- Culturai
I.	Number of properties in Local Authority's District (Notes 1 and 2)	236	25,535	4,387	30,158	44
II.	Number of Properties inspected as a result of: (a) Notification (b) Survey under the Act (c) Otherwise (e.g., when	41 195	152 513	91	284 1715	4 39
	visited primarily for some other purpose)	7	7	3	17	1
III.	Total inspections carried out — including re-inspections (to be completed only if figures are readily available)	785	836	1189	2810	166
IV.	Number of properties inspected (in Sec. II) which were found to be infested by: (a) Rats (Major) (Minor) (b) Mice (Major)		44		101	
v.	(Minor) Number of infested properties (in Sec. IV) treated by the L.A. (figures should NOT exceed those given at Sec. IV)	104	54	68	222	che -
VI.	Total treatments carried out — including retreatments (to be completed only if figures are readily available)	114	57	99	270	
VII.	Number of notices served under Section 4 of the Act: (a) Treatment (b) Structural Work (i.e.;	- m	_		orkplaces	
VIII.	Proofing) Number of cases in which default action was taken following the issue of a notice under Sec. 4 of the Act	eta lione i	constant	Part Inches	de lacentalista de la control	
IX.	Legal proceedings	-		2 Tany	I mand s	-
X.	Number of "Block" con- trol schemes carried out	7	7		7	

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, 1956.

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

Nuisances

(1) Housing Defects	COMPLA	INTS—NUMBER INVESTIGATED:—					
(2) Choked and Defective Drains 1713 (3) Emission of Smoke 355 (4) Accumulation of Offensive Matter 84 (5) Miscellaneous 586 TOTAL 2,860 INSPECTIONS:— Dwelling Houses 1159 Common Lodging Houses 37 Houses Ho	COMPLA						442
Common Formation Common Form							
Accumulation of Offensive Matter					•••		
TOTAL			Matter				
TOTAL 2,860 Inspections:—			viattei				
Dwelling Houses		(3) Wilscenaneous			all Hilmon		500
Dwelling Houses			TOTAL				2,860
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Samples procured for Bacteriological Examination:-		
Milk		335
Ice Cream		67
Other Foodstuffs		98
Water		4
Samples of milk procured for Biological Examination		52
Samples obtained under the Food and Drugs Acts,		
1938-1950:—		
Milk		212
Other Foodstuffs		123
Samples of Water (chemical analysis)		13
Samples of Swimming Bath water (Bacteriological exam	ina-	
tion)		14
Inspections of Dwelling Houses and other premises	for	
vermin infestation		66
Visits to work in progress		2930
Visits re Housing Survey		1080
Miscellaneous Visits (Interviews, etc.)		2843
standards maintenance of the lower-scotted numbers		
TOTAL		20,260

Nuisances—The number of schedules of cases recorded for abatement was 2,852.

In all cases the usual verbal request for the abatement of nuisances found was made, but in 1,091 instances it was necessary to serve written notices as follows:—

Preliminary Statutory			 1014 77
	T	OTAL	 1091

The number of preliminary and statutory notices complied with during the year was 936.

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.

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

SMOKE ABATEMENT

As a result of the application made in 1954 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 was obtained and the byelaws have been in operation since the 1st of August, 1954. The improvement with regard to the emission of smoke from industrial chimneys referred to in the Report for 1954 has continued. Several steam raising plants have been converted for the use of smokeless fuels.

Eighty-five observations were made during the year. No legal proceedings were instituted.

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. Eight samples of soot gauge deposits were submitted for examination.

HOUSING

General—The number of inhabited houses totalled 25,535.

The following table shows the number of houses built during the period 1946 to 1955.

Year	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Number of houses built	310	163	156	126	102	67	113	235	155	186

Fitness for Habitation—The standard of fitness of houses in the Borough continued to be generally fairly satisfactory. 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.

There is no doubt that thorough maintenance of the lower-rented properties is not being carried out and owners are relying on frequent patching and the remedying of small items of disrepair.

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 39, of which 15 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.

Part IV INSPECTION AND SUPERVISION OF FOOD

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

FOOD STANDARDS

Three hundred and thirty-five samples of food were taken and submitted to the Public Analyst for chemical analysis.

The results showed that 288 were genuine and 47 were adulterated or otherwise giving rise to irregularity; the latter included 10 formal and 37 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
2029 Informal	PORK SAUSAGE— Contained an excess of fat. Fat 43%; lean meat 20%.	Formal Sample (No. 2056) taken.
2030 Informal	Sugar Confectionery— Contained an excess of copper. Copper 560 parts per million.	Formal Sample (No. 2055) taken.
2055 Formal	Sugar Confectionery— Contained an excess of copper. Copper 1,200 parts per mill.	The matter was referred to the Town Clerk but the Department was not advised to institute legal pro- ceedings.
2056 Formal	PORK SAUSAGE— Deficient of meat to the extent of $7\frac{1}{2}\%$. Contained an excess of fat. Fat $33\frac{1}{2}\%$. Total meat 60% and lean meat $26\frac{1}{2}\%$.	Further Sample to be taken.
2057 Formal	Pork Sausage— Contained a slight excess of fat. Fat 33½%. Lean meat 30½%.	Further sample to be taken.
2096 Informal	MILK— Deprived of 16% of its original milk fat.	Formal Sample to be taken.
2099 Informal	MILK— Deprived of 8% of its original milk fat.	Formal Sample to be taken.
2101 Informal	MILK— Slightly deficient of fat and slightly watered.	Formal Samples (Nos. 2107 and 2108)
2102 Informal	MILK— Deprived of 8% of its original milk fat, and contained 4% of added water.	taken, which were found to be unsatisfactory.
2107 Formal	MILK— Deprived of 13% of its original milk fat.	Further formal samples to be taken. This matter was referred to the Chief Milk Production Officer of the Lanca-
2108 Formal	MILK— Contained 2% of added water.	shire Agricultural Executive Committee for his attention.
2110 Informal	CHEESE SPREAD, WITH HAM— Sample contained 21 milli- grams of metallic mercury in the form of fine droplets.	Remainder of stock surrendered and destroyed.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
2115 Informal LICORICE CIGARETTES— Coloured tip of wrapping paper contained metallic copper equivalent to 1,000 parts per million of the sample.		See No. 2134. Formal sample taken.
2118 Informal	MILK— Freezing point indicated 0.5 per cent. extraneous water.	Formal sample taken and found to be genuine.
2119 Informal	MILK— Freezing point indicated 0.5 per cent. extraneous water.	Formal sample taken and found to be genuine.
2125 Informal	FLAVOURING ESSENCE— Contained 18.7 per cent. acetic acid.	Old stock which had hydrolysed or decomposed, and the remainder of the stock was surrendered and des- troyed.
2127 Informal	MILK— Deficient of 20% fat.	Formal Samples (Nos. 2135 to 2138) taken.
2134 Formal	Licorice Cigarettes— Metallic copper on the paper tips of the sweet cigarettes, equivalent to 1,100 parts of copper per million parts of the sample.	See remarks re No. 2055.
2135 Formal	Milk— Deficient of fat: 26%.	Same vendor. As a result of these unsatisfactory samples, formal "ap-
2136 Formal	MILK— Deficient of fat: 13·3%.	peal to cow" samples, numbered 2139 to 2142 inclusive, taken which were found to be poor in fat and these were
2137 Formal 2138 Formal	MILK— Deficient of fat: 28·3%. MILK—	notified to the Chief Production Officer of the Ministry of Agriculture Fisheries and Food. Subsequently the producer disposed of his stock of cattle.
2145 Informal	Deficient of fat: 18·3%. MILK—	Formal Sample to be taken.
2146 Informal	Deficient of 1 · 6% fat. MILK— Deficient of 20% fat.	Formal Sample to be taken.
2147 Informal	MILK— Deficient of 1 · 6% fat.	Formal Samples taken and found to be genuine.
2151 Informal	MILK— Freezing point indicated 1·1% extraneous water.	Same vendor. Formal samples taken and found to be genuine.
2152 Informal	MILK— Deficient of 18:3% fat.	Impreconsists
2155 Informal	ICE CREAM— Deficient of 0.7% milk solids other than fat.	Formal Sample to be taken.
2166 Informal	MILK— Deficient of 15% fat.	Formal Sample to be taken.
2175 Informal	MILK— Deficient of 8·3% fat.	Formal Sample to be taken.

Reference Number and if formal or informal sample Nature of sample and report of analysis		Particulars			
2176 Informal	MILK— Deficient of 3·3% fat.	Formal Sample to be taken.			
2178 Informal	MILK— Deficient of 16.6% fat.	Formal Sample to be taken.			
2192 Informal	Orange Drink— No name and address of packers on carton. Genuine.	Packers advised to have name and address printed on carton.			
2205 Informal	JAM (CANNED)— Contained 284 parts per million tin. Recommended maximum limit 250 parts per million.	Sample from very old stock. Six tins voluntarily surrendered.			
2208 Informal	MILK— Deficient of 1 · 6% fat.	Vendor notified. Follow up samples to be taken.			
2217 Informal	MILK— Freezing point indicated 0.5% extraneous water.	Formal follow up samples to be taken from the producer.			
2223 Informal	MILK (Condensed; Full Cream; Unsweetened)— Contained a deposit of calcium citrate weighing 1.6 gram. Otherwise genuine.	No action advised.			
2224 Informal	MINT SAUCE (Bottled)— Genuine. List of ingredients in wrong order.	Manufacturers advised of labelling error.			
2250 Informal	MARGARINE (Part Packet)— The sample gave indications of oxidative rancidity on the surface and at the cut end.	Remainder of stock surrendered for destruction.			
2269 Informal	Milk— Deficient 3·3% fat.	Vendor notified.			
2276 Informal	Contained some polymerised oil in neck of bottle.	Remainder of stock returned to Ministry of Agriculture, Fisheries and Food.			
2289 Informal	Milk— Deficient 5% fat.	Vendor notified.			
2292 Informal	Pork Sausages— Meat content only 59 · 5%.	Vendor communicated with.			
2293 Informal	Pork Sausages— Contained 38 parts per million sulphite preservative (expressed as sulphur dioxide) without declaration.	Vendor communicated with.			

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
2312 Informal	FLOUR CONFECTIONERY: Milk Chocolate Teacakes— Four of the five chocolate tea- cakes and their wrappers	No further stock available.
	showed the presence of insect excreta and cocoon webbing probably from moth grubs. No grubs in sample when re- ceived.	- Andre Date com
2348 Informal	MILK— Deficient 8·3% fat.	Vendor notified.
2371 Informal	MILK (Part Bottle)— Sample contained 0·128 gram. of mineral oil.	Vendor notified.

Food and Drugs Acts-Records, 1936-1955

		Number of			ANALYTICAL RESULTS OF SAMPLES					ited	
Year	san	nples tal	ken		Number Number adultera					o) of adulterated	J su
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total	Ratio (%) of samples adult	Number of Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1936 1937	212 201	112 151	324 352	198 185	100 139	298 324	14 16	12 12	26 28	8·02 7·95	3
937	213	169	382	198	131	329	15	38	53	13.87	1
939	203	158	361	183	131	314	20	27	47	13.01	2 9 11
940	181	182	363	156	161	317	25	21	46	12.67	9
941	161	212	373	146	197	343	15 7	15	30	8.04	11
942 943	168 172	199 191	367 363	161 157	184 156	345 313	15	15 35	22 50	5·99 13·77	0
943	178	203	381	163	178	341	15	25	40	10.49	6
945	75	305	380	68	275	343	7	30	37	9.73	9 6 1
946	50	291	341	48	269	317	2	22	24	7.03	1
947	50	280	330	48	262	310	2	18	20	6.06	_
948	44	291	335	42 35	275	317 347	13	16	18 35	5.37	1
949 950	48 92	334 227	382 319	86	312 216	302	6	22 11	17	9·16 5·32	10
950	131	237	368	123	221	344	8	16	24	6.52	_
952	103	386	489	88	362	450	15	24	39	7.97	8
953	26	377	403	21	358	379	5	19	24	5.95	
954	27	474	501	14	427	441	13	47	60	11.97	4
955	12	323	335	2	286	288	10	37	47	14.02	_

^{*}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 1955

Nature of	Number of Specimens procured for submission to bacteriologist for bacteriological examination								
Samples and Specimens	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year				
FOOD AND DRINK-		trount meant							
Ice Cream	0	42	19	7	68				
Milk	97	85	51	102	335				
Other Foods	44	10	18	26	98				
*Water	1	1	2	0	4				
Totals	142	138	90	135	505				
MISCELLANEOUS-		man and the							
†Water	0	- 0	14	0	14				
‡Containers, etc	5	0	0	0	5				
TOTALS	5	0	14	0	19				
GRAND TOTALS	147	138	104	135	524				

^{*} Intended for human consumption.

† Swimming Baths.

Laboratory Facilities—Specimens for pathological examination are sent to the laboratory of the Southport Infirmary and samples of food and drugs requiring chemical analysis are analysed by the Public Analyst for Southport. The bacteriological examinations of milk, food and water supplies are done by the Public Health Laboratory Service of Liverpool.

DISTRIBUTION OF MILK

There are 164 distributors of milk on the register of the Local Authority of whom 160 have their premises inside the Borough. The premises are inspected regularly and samples were frequently submitted for bacteriological examination, of which 211 were Pasteurised, 7 Sterilised, 64 Tuberculin Tested (Pasteurised), 30 Undesignated, 9 Tuberculin Tested and 14 Tuberculin Tested Certified. Of these samples, 19 Undesignated samples, 1 T.T. and 5 T.T. Certified failed the Methylene Blue Test; 6 Pasteurised samples and 1 T.T. (Pasteurised) failed the Phosphatase Test and the remainder proved to be satisfactory. In all instances where the Pasteurised Milk failed the Phosphatase Test, the milk was examined by means of guinea pig inoculation for Tubercle Bacilli. In addition, 53 samples of raw milk were submitted for biological examination and in two instances Tubercle Bacilli were found. All the milk from the herds was pasteurised until declared free of tuberculous cows, by the Veterinary Surgeon. In two 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 212, of which 28 were reported by the Public Analyst to be adulterated or otherwise giving rise to irregularity. Details of the 28 are given on pages 58 to 61. There is no doubt that many samples of milk giving rise to irregularity are due to the poor quality of milk supplied by the animals. In all instances where this is encountered, the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food, is informed with a view to the quality of the milk being improved.

[‡] Four glass bottles and one cloth examined for sterility.

Sale of Milk under Designation

	Classification of Licences issued	Number of Licences issued during the year			
		1954	1955		
(1)	Milk (Special Designation) (Raw Milk) Regulations, 1949	ela termina			
	"Tuberculin Tested"				
	Dealers' Licences authorising the use of the special designation "Tuberculin Tested" in relation to milk sold from the holder's premises	37	35		
	Supplementary Licences authorising the use of the special designation "Tuberculin Tested" in relation to milk sold by retail from the holder's premises outside the Borough	2	2		
(2)	Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949	lada la			
	"Pasteurised"				
	Dealers' (Pasteurisers') Licences authorising the use of the special designation "Pasteurised" in relation to milk treated by the pasteurising process at the holder's premises	10	9		
	Dealers' Licences authorising the use of the special designation "Pasteurised" in relation to milk sold from the holder's premises	83	95		
	Supplementary Licences authorising the use of the special designation "Pasteurised" in relation to milk sold by retail from the holder's premises outside the Borough	3	3		
	"T.T. Pasteurised"	o shi kasa			
	Dealers' Licences authorising the use of the special designation "Tuberculin Tested (Pasteurised)" in relation to milk sold from the holder's premises	51	57		
	Supplementary Licences authorising the use of the special designation "Tuberculin Tested (Pasteurised)" in relation to milk sold by retail from the holder's premises outside the Borough	2	2		
	"Sterilised"	no bas ber			
	Dealers' Licences authorising the use of the special designation "Sterilised" in relation to milk sold from the holder's premises	94	99		
	Supplementary Licences authorising the use of the special designation "Sterilised" in relation to milk sold by retail from the holder's premises outside the Borough	3	3		
	TOTALS	285	305		

FOOD INSPECTION

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

Carcases Inspected and Condemned

	PUBLIC ABATTOIR								
Particulars	Cattle (excl'n'g Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses			
Number of animals killed	2791	385	212	10273	3005	-			
Number of carcases inspected	2791	385	212	10273	3005	-			
RESULTS					Selection .				
All diseases except tuberculosis and cysticerci:—	ed bline		patro de la color	NO ESIN					
Number of whole carcases condemned	1	1	3	14	14				
Number of carcases of which some part or organ was condemned	745	180	_	720	162	100			
Percentage of the number in- spected affected with disease other than tuber- culosis and cysticerci Tuberculosis only:—	26.72	47.01	1 · 41	7.14	5.85	Ded desp desp L			
Number of whole carcases condemned	4	3	1		-	- Ale			
Number of carcases of which some part or organ was condemned	221	126			103				
Percentage of the number in- spected affected with tuberculosis	8.06	33.50	0.47	_	3.42	-			
Cysticercosis:—	La Com		in the second	orbinists		Mary.			
Number of carcases of which some part or organ was condemned	1	_	_	_	_	_			
Number of carcases submitted to treatment by refrigeration	1		_	Tables at		had.			
Generalised and totally con- demned	-	_	_	_		-			

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

								Cwts.	Qrs.	Lbs.
Beef						 	 	171	2	13
Veal						 	 	1	3	23
Mutton						 	 	14	0	23
Pork						 	 	25	3	25
Fish						 	 	8	1	20
Poultry,	Game,	Rabbi	its			 	 	7	1	19
Fruit an				,	,,,	 	 ,,,	17	3	6

Tinned G	oods:-	_					
					Cwts.	Qrs.	Lbs.
Milk				 	4	3	27
Meat				 	29	0	14
Fish				 	2	3	25
Vegetables				 	7	0	21
Fruit				 	17	0	2
Cereals				 	0	2	27
Jam				 	0	1	24
Egg				 	9	3	17
Cake, etc.				 	99	0	19
Potatoes ar	d Tur	nips		 	2	0	0
Cheese				 	1	2	12
Butter				 	1	2	5
Miscellane	ous			 	5	2	7
					429	1	11
		TO	OTAL	 	21 tons	9 cwts.	39 lbs.

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

Apart from one instance, when it was necessary to obtain a Magistrate's Order, the whole of the food listed was voluntarily surrendered, and no further legal action was required to safeguard public health.

PUBLIC ABATTOIR

The Abattoir is catering for the County Borough of Southport and for parts of the rural area adjoining. The total throughput during the year was 2,791 cattle (excluding cows), 385 cows, 212 calves, 10,273 sheep and lambs, and 3,005 pigs.

The Abattoir consists of one large slaughtering hall containing a two-way stunning pen which communicates with the dressing room. It is possible by means of the stunning pen to slaughter up to a maximum of 50 cattle per day, but this total has not been required since decontrol of livestock. By means of overhead runways, the carcases can be cooled to a temperature of 45 °F. in the cooling hall and this facility has been widely used. In addition, there are abundant facilities for the slaughtering of sheep and lambs and the pig slaughtering hall is quite adequate for the needs of the area served. Each slaughtering room is provided with hot water and steam sterilisation points.

At certain periods of the year there is insufficient lairage accommodation and it is hoped that additional lairage facilities will be provided in the future. All the existing lairs are being provided with constant water supply and hay racks in compliance with the Slaughter of Animals (Prevention of Cruelty) (No. 2) Regulations, 1954.

The area is well served by accommodation for the slaughtering of livestock and the facilities provided are of as high a standard as it is possible to provide in connection with old buildings.

FOOD HYGIENE

There is no doubt that the standard of food preparing premises continues to improve and, though there is still room for improvement in certain sections, the good co-operation which exists between the sanitary department and the representatives of the various trades ensures that improvements will be effected where necessary without resorting to legal action. In addition, the continued good response of the employees of the food industry in attending the food hygiene lectures organised jointly by the Health Committee and the St. John Ambulance Association has assisted in the improvement in the hygienic methods of the food handlers in the area and in the promotion of closer relations between members of the food trades and the staff of the Department.

The catering industry experienced 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, 737 persons have attended, 468 persons have sat for the examination; 306 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. It is interesting to note that one particular food preparing firm makes it a condition of employment that the staff attend the elementary course of lectures in food hygiene; this is a welcome sign, showing that the industry itself is appreciating the value of these courses.

The Health Committee in conjunction with the St. John Ambulance Association, is the first body which has struck a badge for students who have obtained the elementary certificate of the Association, the badge indicates the unity of the arms of the two bodies in the promotion of higher standards in food hygiene and is decorated by the Southport Coat of Arms. 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 Southport Food Hygiene Association, a voluntary body composed of members who have attended the Food Hygiene Courses, has continued to grow and now has a membership of 52. The Association meets monthly for lectures and arranges visits to modern factories and food preparing premises throughout the adjoining area. There is no doubt that this Association is of real value to the town and again has assisted in promoting closer relations between the food trades and the Sanitary Inspectors.

Many requests are made from proprietors of cafes and food premises for advice on reconstruction and types of equipment to be installed and it is not anticipated that the Food Hygiene Regulations, when they become operative, will create a great deal of difficulty, as the Inspectors engaged on this type of work are regarded more as "Advisory Officers" than as officials merely enforcing the legislation in relation to the food industry.

Frequent bacteriological examination of food stuffs has been made and improvements in sterilisation and handling methods have resulted from such examinations.

(A) Summary of Food Hygiene Inspections

	INSP	ECTIONS	3				Number
Hotels, Restaurants a	and Kit	chens					1543
Bakehouses						D	238
Butchers' Shops							463
Confectioners' and C	rocers'	Shops					927
Fried Fish Shops							76
Fishmongers', Green	grocers	and Po	oultere	rs'			307
							100
Miscellaneous							384
		ТО	TAL		dgal	2 10 11	4038

(B) Summary of Improvements Effected

		Number
Major reconstructions of cafe, kitchens and bakehouses		17
Minor structural improvements, cleansing and repairs		108
Improved food storage facilities		17
Equipment renewed, repaired and cleansed		39
Improved washing-up facilities and procedure		16
Improved sanitary accommodation for staff including	per-	
sonal washing facilities		21
Improved sanitary accommodation for patrons		3
Improved refuse storage facilities		14
Vermin eliminated		19
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 steady 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				centage of Samples d to be unsatisfactory
1949	 	 	 	52.20
1950	 	 	 S	26.95
1951	 	 	 	19.78
1952	 	 	 	22.90
1953	 	 	 	29.50
1954	 	 	 	9.17
1955	 	 	 	8.82

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:—

PAI	RTICULA	RS			Number
For the purpose of manufa	cture ar	nd sale		 	9
For the purpose of sale		•••	•••	 	228
	T	OTAL		 	237

Sixty-eight 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 ½ hour to 2 hours.

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	Num	BER SATISFAC	TORY	Numbi	ER UNSATISFA	CTORY	GRAND
	Grade I	Grade II	Total	Grade III	Grade IV	Total	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
953	65	21	86	22	14	36	122
954	83	16	99	9	1	10	109
955	49	13	62	5	1	6	68
Totals	386	213	599	100	90	190	789

Overall Results: Satisfactory, 91.18%; Unsatisfactory, 8.82%.

Part V INFECTIOUS DISEASES

Tuberculosis Venereal Disease Statistical Tables

TUBERCULOSIS

New Cases and Mortality—The number of new cases of tuberculosis which came to the notice of the department during the year was 76. Of these 66 were found to be suffering from pulmonary disease and 10 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.

	۸-	. Deal			New	Cases			Dea	aths	
	Ag (i	e Perio n year	s)	Pulm M.	onary F.		on- onary F.	Pulm M.	onary F.		on- onary F.
0 to 1				 _		_	_	_	_	_	_
1 to 5				 -	-	1	_	_	_		_
5 to 15				 3	3	-	1	_	_	-	-
15 to 25				 3 5	7	-	1	-	_		_
25 to 45				 14	11	2	1	_	2	-	_
45 to 65				 16	2	1	2	7	-	_	_
65 to 75				 2	1	_	_	3	_	_	
75 and ov				 _	2	_	1	_	1	_	-
			TOTALS	 40	26	4	6	10	3	_	-

Treatment Clinic—The 75 new cases came to the notice of the Department in the following ways:—

(a)	By primary notifications		 	 45
(b)	By transfer from other areas		 	23
(c)	From Death Returns		 	 7
(d)	Lost sight of cases returned		 	 1
	T	OTAL	 	 76
	anida F Ta		100	 -

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 1955 was 456 and 58 of these patients were found to have sputum containing tubercle bacilli. During the year, 52 Treatment Clinics were held and 665 visits were made by patients; the total number of X-ray examinations of patients was 727.

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

Contact Clinic—The 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, 48 clinics were held and 882 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 805. Four contacts were found to be suffering from pulmonary tuberculosis in 1955.

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 Guerin. 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 1955 is shown below:—

		· · · · · · · · · · · · · · · · · · ·		•	*		
		At B.C.G. Clinics					48
	(b)	Babies seen by the Consultant Paed	liatric	cian			10
		TOTA	AL				58
	(c)	Total number vaccinated since s	chem	e comr	nenced	in	
	(-)	April, 1951					306
(2)	Nui	nber of B.C.G. Clinics					8
1		nber of attendances made by contac					49
	Nu	mber of Mantoux and patch tests					111
		mber of sessions by Tuberculosis V					12

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 1955, one case was referred to the Housing Department with a recommendation that alternative accommodation would be helpful.

Domiciliary Visiting—A Health Visitor is employed by the 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 during the year:—

To Patients:—	First Visits Re-Visits	 	1111		 42 1006
To Contacts:—	First Visits Re-Visits	 	1112		 126 1378
	re visits			of Visits	 2552

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 Health Authority's Service.

During 1955, the Tuberculosis Health Visitor made 88 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 17th October to the 28th December.

					mit i	Male	Female	Total
1)	Total number of persons exami	ined				5000	6651	11651
2)	Age Groups of persons examine	ed:-			1000		A property links	also Till
-/	77 1 14					1502	1820	3322
	15 . 01					824	1911	2735
	25					747	814	1561
	25 44					707	711	1418
						839	955	1794
	(0)					381	440	821
	Totals .					5000	6651	11651
)	Classifications:—				anice)	alds4a.7a	77.700 12,71	
	Tuberculosis:—						10	==0
	Tuberculosis—presumed he			***		38	40	78
						2	1	3
				***		17	10	27
						1	2 3	3
	Requiring immediate treatn					3	3	6
	Tuberculosis, already know	n to C	hest	Clinic			1	1
						8 2 2	3	11
						2		2
	Carcinoma of lungs and bronch	ius .				2		2
						6	10	16
	No abnormality			***		4921	6581	11502
						5000	6651	11651

Of the total numbers examined, 11,502 or $98 \cdot 1\%$ showed no radiological evidence of disease of the chest at the time of examination.

It is hoped that the next visit will be made in the autumn of 1956.

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 Health Authority loan open-air chalets to suitable patients on the advice of the Tuberculosis Officer, thereby enabling 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 £427.

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

-		Total	453	1 23	522	15222	16	65	457	23	1 -1	92
	1955	Non- Pul.	65	44	73	1-8	3	12	61	44	61	10
		Pul.	388	41 19 1	449	12 21 7	13	53	396	41	1 2	99
		Total	472	56 13	543	10 21 35	24	06	453	56 13	56	77
	1954	Non- Pul.	84	1	92	15.21	6	27	65	1	-	6
		Pul.	388	49 12 2	451	10 18 20	15	63	388	49	50	89
		Total	463	56 14 2	535	19 15 21	00	63	472	56	50	92
	1953	Non- Pul.	96	135	104	5 15	1	20	84	10.60	-1	6
		Pul.	367	111	431	14 15 6	00	43	388	51	5 2	29
		Total	415	63	497	188	7	34	463	63	61	84
	1952	Non- Pul.	68	12	102	9	1	9	96	12	11	13
0		Pul.	326	51	395	122 9	2	28	367	51	61	71
		Total	384	50 19 2	455	23	9	40	415	50	22	73
	1951	Non- Pul.	92	401	66	- 14	5	10	68	40	11	7
		Pul.	292	46 16 2	356	22 6 1	1	30	326	46	22	99
			No. of patients on register at begin- ning of year	(a) primary notifications of new cases (b) transfers from other areas (c) lost sight of cases returned	TOTALS (1)	3. No. of patients deleted during the year:— (a) died (from all causes) (b) transferred to other areas (c) recorded (d) lost eight of or reduced from	ther assistance	TOTALS (2)	4. No. of patients on register at the end of year (i.e., totals (1), less totals (2)	5. Summary of new patients found during the year:— (a) Primary notifications of new cases (b) Transfers from other areas (c) Patients found from death	ed in items (1) to (4) above) (d) Lost sight of cases returned	TOTAL NUMBER OF NEW PATIENTS

VENEREAL DISEASES

At the end of the year 1955, 91 new cases were under treatment at the clinic, as compared with 57 cases at the end of 1954.

These new cases were classified as follow:-

Male	Female	Total
4	4	8
4	_	4
56	21	77
64	25	89
-	1	1
_	1	1
64	27	91
	4 4 56 64 —	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$

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

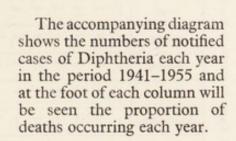
			SYPHI	ILIS	18		GONORRHOE	1
YEAR	Number	of new o		Number of cases on register	Total number of attendances	new cases	Number of cases on register	Total No. of attendance
	Congenital	Others	Total	at end of year	during year	the year	at end of year	during
1941	7	26	33	145	1891	77	121	6826
1942	10	34	44	150	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
946	8	30	38	169	2740	130	111	4343
947	3	32	35	147	2751	76	116	3362
948	6 8 3 6 3	29	35	151	2321	77	102	2395
949	3	26	29	163	1892	37	106	1420
950	5	16	16	155	1795	15	72	639
050	5	11	16 15	92	1496	15 9	21 7	206
OFO	6 2	10	12	84 62	1535 1184	9		107 84
954	1	6	7	57	1412	3	2	18
955	1	7	8	56	1625	8 3 4	2 2 5	46

An important feature of the prevention and treatment of venereal disease is he 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 the arrangement is of great value in maintaining a close liaison between the district 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 76 follow-up visits and also attended 50 V.D. Clinics. At the commencement of the year there were 9 male defaulters on the register and 72 other names were added during the course of the year; the male nurse dealt successfully with 78 of these, leaving 3 patients as defaulters at the end of the year. During the course of the year, 76 home visits were made by the male nurse.

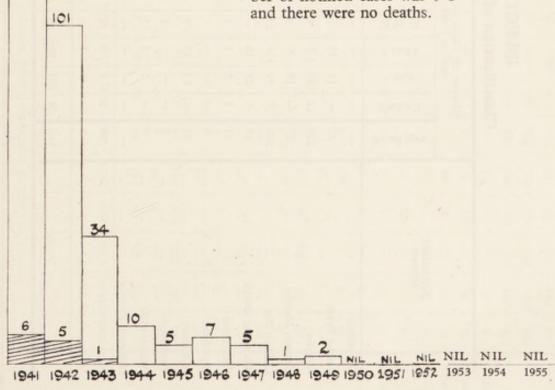
DIPHTHERIA

Number of notified cases and number of deaths during years 1941 to 1955 inclusive



During the five years from 1941 to 1945 the average number of notified cases was 76.8 and the average number of deaths was 2.4.

These figures should be compared with those of the ten year period from 1946 to 1955 when the average number of notified cases was 1.5 and there were no deaths.



- Notified Cases

234

INFECTIOUS DISEASES (Table 1) Classification of Cases notified during the year 1955

	Total No. of cases removed to Hospital	1	14	7	1	6	1	1	60	59	-	10	1	6	1	80
	Ainsdale	1	61	23	61	48	10	9	1	-	-1	1	1	10	1	92
-	Birkdale West	1	1	7	9	19	I	1	1	63	1	-	1	1	1	35
	Birkdale South	1	10	38	13	45	4	4	-	-	1	1	1	64	1	114
A	Birkdale Morth	1	-	29	00	11	90	1	60	63	1	-	1	1	1	63
WARD	Birkdale East	1	4	29	00	19	00	1	-	4	1	1	1	1	1	73
EACH	West	1	13	14	-	00	-	1	1	1	1	1	1	-	1	59
Z	Talbot	1	61	7	1	18	2	-	61	1	1	1	1	1	-	34
Notified	Sussex	1	2	2	3	19	-	6	1	1	1	1	1	-	1	38
	gonth	1	3	14	3	7	7	1	-	-	1	1	1	63	1	38
CASES	Scarisbrick	1	60	12	1	==	1	2	1	1	1	-	1	1	1	29
TOTAL	Park	1	3	27	60	22	1	10	1	3	1	1	1	1.	-	62
H	Marine	1	3	7	64	24	61	1	-	20	1	1	1	4	1	63
	Hesketh	1	1	23	4	20	4	1	1	1	1	-	1	1	1	52
	Craven	1	-	5	-	10	-	3	1	-	1	64	1	1	1	16
	Central	1	1	4	3	10	1	9	1	1	1	-	1	1	-	22
	e5 upwards	1	1	1	1	1	1	14	-	1	1	1	1	1	-	17
						100	1.	in	9	60	1	1	1	100	1	18
8	59 01 SF	1	1	1	1	_	1								1	
NOTIFIED	25 to 45	1	1	1	5	12	-	20	1	1	1	60	1	-	1	31
SES NOTIFIED Years		1	2 2	4 1 -	6 5 -		1	-	1 1	3	1	1 3	1		1	35 31
Q'H	25 to 45					12	10 - 1 -	-	- 1 1	15 3 —	1 -	3 1 3	1 1 1	1	1	31
- 00	15 to 25	1 1 1	64	01 4	9	15 12	1	-	1 1 1	900	 - -	-	1 1 1	1 1	1 1	356 35 31
	51 01 5 52 01 51 25 01 65		15 2	101 4	30 6	174 15 12	10 -	1 1 5	1 1 1	15	1 1 1	3 1	1 1 1 1 1	6 1 1	- 1 1	35 31
- 00	2 or 1 5 to 15 5 to 25 5 to 45		15 2	120 101 4	30 6	77 174 15 12	27 10 —	3 1 1 5	9 1 1 1	13 15	1 1 -	3 1	1 1 1 1	3 6 1 1	3 - 1 1	275 356 35 31
- 00	Under 1 5 or 1 5 to 15 15 to 25 25 to 45		- 13 15 2	12 120 101 4	- 16 30 6	7 77 174 15 12	5 27 10 —	2 3 1 1 5	1 1	- 13 15	1 1 1 1	_ 2 3 1	1 1 1 1 1 1 1	2 3 6 1 1	1	28 275 356 35 31
- 00	Under 1 5 or 1 5 to 15 15 to 25 25 to 45	1	32 — 13 15 2	238 12 120 101 4	57 — 16 30 6	286 7 77 174 15 12	43 5 27 10 —	31 2 3 1 1 5	9 1	35 - 13 15		9 - 2 3 1	1 1 1 1 ::	16 2 3 6 1 1	3 -	28 275 356 35 31
- 00	At all ages Under 1 1 to 5 2 to 15 15 to 25 15 to 45	1 ::	32 — 13 15 2	238 12 120 101 4	57 — 16 30 6	286 7 77 174 15 12	43 5 27 10 —	31 2 3 1 1 5	9 1	35 — 13 15		9 — 2 3 1		16 2 3 6 1 1	3 –	760 28 275 356 35 31
- 00	Under 1 5 or 1 5 to 15 15 to 25 25 to 45	1 ::	32 — 13 15 2	238 12 120 101 4	57 — 16 30 6	286 7 77 174 15 12	43 5 27 10 —	31 2 3 1 1 5	9 - 1	35 — 13 15	:	9 — 2 3 1	:	16 2 3 6 1 1	3 –	760 28 275 356 35 31

INFECTIOUS DISEASES (Table 2)

5 inclusive
1955
1946 to
years
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number o
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Cases
Notified
jo
Number

	Case Mortality for 10 years 1946—1955	61.38%	1.39%	1	1	1	1	33.33%	1	1	1	0.43%	1	12.50%	15.38%	1	33.28%	26.81%	1	1	%01.0	1	0.22%	1
	Total Deaths during 10 years 1946 to 1955	348	-	1	ı	1	1	1	1	1	1	6	1	3	9	1	214	37	1	1	7	1	9	ı
1	1955	58	1	1	1	1	1	1	1	1	1	1	1	1	-	1	13	1	1	1	1	1	1	1
	1954	27	1	ı	1	1	-1	1	1	1	1	1	ı	1	-	1	16	1	I	1	1	I	1	1
ag s	1953	22	1	1	1	1	1	1	1	1	1	1	1	1	i	1	13	10	1	1	1	1	1	L
5 Distea	1952	38	1	1	ı	1	1	1	ı	1	1	1	ı	1	1	1	12	9	1	1	I	1	-	1
ECTIOUS	1951	51	1	1	1	1	1	1	1	1	1	61	1	1	ı	1	22	10	1	1	1	1	1	1
DEATHS FROM INFECTIOUS DISEASE	1950	40	1	1	1	1	1	1	1	1	ı	1	1	1	1	1	15	10	1	1	1	1	7	1
ATHS FR	1949	31	1	1	1	1	1	1	1	1	1	1	1	1	1	1	26	ın	1	1	63	1	1	1
DE	1948	31	1	1	1	1	1	1	1	1	1	1	1	1	2	1	27	6	1	1	1	1	1	1
	1947	23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	39	20	1	1	5	1	-	1
	1946	27	1	1	1	1	1	1	1	1	1	-	1	1	-	1	31	6	1	1	1	1	1	1
	Total Cases for 10 years 1944 to	292	72	1301	1	15	1	3	12	221	6	702	15	24	39	1	643	138	20	5419	7021	2834	2734	7
	1955	31	16	32 1	1	1	1	1	-	6	1	35	1	6	6	1	99	10	1	286 5	238 7	57 2	43 2	1
PIED	1954	15	2	55	1	1	1	1	1	10	1	154	1	-	64	1	89	6	1	1395	457	09	452	-
NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED	1953	32	56	176	1	1	1	1	1	22	1	18	2	1	7	1	29	6	1	225	1202	1505	206	1
DISEAS	1952	51	1	213	1	1	1	-	1	17	1	6	-	4	-	1	71	13	1	992	345 1	330 1	179	1
BCTIOUS	1921	69	4	94	1	1	1	1	1	15	1	155	7	4	2	1	11	13	1	295	1272	92	192	-
or Ine	1950	46	23	167	1	1	1	1	63	24	-	282	63	6	2	1	89	16	-	345	595 1	45	352	1
CASES	1949	70	-	125	1	73	1	63	9	34	-	9	63	1	1	1	58	13	1	543	968	55	277	1
ABER OF	1948	82	1	210	1	7	1	1	1	33	1	60	1	1	6	1	51	17	1	909	788	191	457	1
Nux	1947	93	1	167	1	10	1	1	1	25	1	4	63	4	00	1,	62	22	1	234	1000	462	200	1
	1946	78	1	62	1	7	1	1	63	32	1	36	1	4	4	1	99	91	3	865	228	83	92	1
		:	:	:	:	:	:	:	:	:	-	:	:	uo	:	-	sis	cul's	ш	:		-	:	
		:	:	:	:	:	:		Fever	:	:	:	xia	Infecti	:	si	berculo	f T'ber	conator	:	:		ugh	
		Pneumonia	Food Poisoning	Scarlet Fever	Smallpox	Diphtheria	Typhus	Typhoid Fever	Para-Typhoid Fever	2 Erysipelas	Malaria	Dysentery	Puerperal Pyrexia	Meningococcal Infection	Poliomyelitis	Polioencephalitis	Pulmonary Tuberculosis	Other Forms of T'bercul's	Ophthalmia Neonatorum	Chicken Pox	Measles	German Measles	Whooping Cough	Encephalitis

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Part VI OTHER INFORMATION

Blindness
Cerebral Palsy
Epilepsy
List of Centres and Clinics
Medical Examinations
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

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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 181 persons on the Blind Register and 46 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	 	2	4
Langho Colony, Manchester	 	3	1

Centres and Clinics—The following list shows the Centres and Clinics which were in operation during 1955:—

Address	DAY	Тіме
CHILD WELFARE CENTRES:— 1. Methodist Church, Ainsdale 2. North Road, Crossens 3. Methodist School, Liverpool Road 4. Poulton Road, High Park do. do 5. Hampton Road 6. Methodist School, Derby Road	Mondays Wednesdays Tuesdays Tuesdays Wednesdays Thursdays Fridays	2 to 4 p.m. 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.

The establishments administered by the Department were visited by members of the Health Committee on the 28th and 30th June.

Medical Examinations—The following table shows the work done by the medical staff of the department during 1955 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

	Departmen	nt			Super- annuation Scheme	Sickness Pay Scheme	Re- Examina- tions	Total
a) Coi	RPORATION DEPARTM	ENITE .						ALC: NO
1) CO	Borough Architect				5	_	_	5
	Borough Engineer				2	53	11	66
	Borough Treasurer			***	12	_	i	13
	Children's					_		_
	Education				50	22	1	73
	Fire Service				1	1	î	3
	Health				13	16		29
	Libraries				3		_	3
	Lighting					7	_	7
	Publicity				3	11	100-10	14
	Parks and Cemeteri				3 2 6	14	1	17
	Town Clerk's				6	1	_	7
	Transport				_	21	5	26
	Water Board				3	11	a size—alt al	14
	Welfare Services				3 2 2	11	_	13
	Estates and Baths				2	20	1	
	Police				1	4	VIII STED	3 5
	Weights and Measu				1	O PER POLIT	0 11 -0 6	1
					er edmissie		o both other	
b) OTI	HER DEPARTMENTS:	-			0			0
	Electricity				9	-		9 2
	District Nursing As	sociat	ion		2		n sa tring i	2
		TALS			117	172	21	310

Nursing Homes—At the end of the year there were 19 nursing homes on the Council's register, the total number of beds provided being as follows:—

Maternity Cases		 		eds
Medical, Surgical and General	Cases	 	 233	beds
	TOTAL	 	 245	beds

During the year the Supervisor of Nursing Homes made 46 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 1955, and inspection reports showed that the two existing establishments were being conducted in a satisfactory manner.

Persons in need of Care and Attention—Two patients were dealt with during 1955 under the powers contained in Section 47 of the National Assistance Act, 1948.

One was the case of a woman aged 75, living alone in insanitary conditions, who had twice fallen and who had sustained a right leg fracture and scalds. After much persuasion she eventually agreed to go into hospital but discharged herself immediately after treatment. A Court Order was obtained for her re-admission to hospital for a period of 3 weeks but she died one week after admission.

The other case was that of a woman aged 71 who was living in insanitary conditions and who was unfit to give herself the care and attention she required; a Court Order was obtained for her removal into hospital in January. After two renewals of the Order, it was allowed to lapse as the patient agreed to stay in hospital voluntarily.

Riding Establishment Act, 1939—The purpose of this Act is to prevent the illtreatment of horses used in riding establishments and Mr. H. R. Hewetson is the registered Veterinary Surgeon appointed by the Health Authority to carry out the necessary inspections.

During the twelve months period to the 30th September, 1955, Mr. Hewetson made twenty-nine visits to eight riding establishments and carried out two hundred and ten 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 which was completed in February; 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, 1955, was 101 women and 36 men.

The number of members fully trained and effective was 36. To this number should be added a further 18 who have completed their Basic General Training but have not quite completed their Section Training.

Of the present members who regularly attend the Monday evening sessions, 26 have First Aid Certificates, 13 have Vouchers, i.e., Second Year Certificates, and 13 members have First Aid Medallions denoting success in the Third Year Examinations of the St. John Ambulance Association.

During the year Section Training was mainly revisionary with many opportunities for practical work.

Two all-day exercises were well received, and the Section also participated in a local demonstration of the Corps which was staged as a recruiting campaign. The Section has also assisted in the several "House-to-House" canvassing campaigns for more recruits.

Social events were well attended, and on two occasions, films on Civil Defence and allied subjects were screened.

In September, Mr. W. J. Grace attended the Home Office, Ambulance and Casualty Collecting Section's Instructors' Course at Falfield, and was successful in obtaining the Section Instructor's Certificate.

1956 will see training operating on an entirely new syllabus as submitted by the Home Office School.

Work done on behalf of Children's Committee—During the year, 191 examinations were carried out on behalf of the Children's Committee, the details being as follows:

Examination of children who are boarded-out in foster hor	nes	95
Examination of children admitted to Institutions		19
Examination of children discharged from Institutions		3
Admission to Children's Homes, Eversley House and	53	
Scarisbrick New Road		19
Discharge from Children's Homes ditto		20
Routine Medical Inspection of Children in Care		35

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

demonstration of the Lorge which was stated at a reconting compation. The Section the first the second property of the second Scarinfield New Road The second secon

Part VII SCHOOL HEALTH SERVICE

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

EDUCATION COMMITTEE

The Mayor (Councillor A. E. TOWNEND, J.P.)

Alderman W. TATTERSALL, J.P. (Chairmon)

Councillor G. B. WOOLFENDEN (Vice-Chairman)

Alderman T. BALL, J.P.

Alderman W. BERWICK

Alderman P. CARTER

Alderman W. PAULDEN

Alderman Mrs. E. SMITH

Alderman F. Worswick

Councillor H. CARR

Councillor R. E. HINDS

Councillor G. W. KENDALL, J.P.

Councillor Mrs. B. Pogson

Councillor R. Wood

Councillor Mrs. R. G. 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. R. G. Wood

SCHOOL HEALTH SERVICE

The average number of children on the Education Authority Schools' Register during 1955 was 9,460. Of these 6,083 were in Primary Schools and 3,377 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.

Every school except one small Primary-School was visited during the year. 3,110 children were listed for inspection, out of which 131 were absent. The number of children inspected in the age groups is given below with the figures for 1954 for comparison:—

P	RIMARY SCHOOLS	S				1954	1955
	Entrants				 	1,064	1,123
	Leavers				 	973	1,016
S	ECONDARY, MODE	ERN, TE	CHNICA	L			
	ND GRAMMAR SO						
	Leavers				 	649	840

In addition to the inspection by a School Medical Officer, every child is examined by the School Nurse. On this occasion the children are also weighed and measured and their eye-sight is tested. If any abnormality is found or suspected by the school nurses, these children are later examined by a School Medical Officer. This year 9,064 children were seen by the school nurses and of these 1,539 were brought forward for further examination.

The Mass Radiography Unit of the Regional Hospital Board visited all the senior schools and offered X-ray examination to all pupils. A similar arrangement was made for the non-maintained schools. Nearly all the children were examined and the reports were satisfactory.

B.C.G. Vaccination against Tuberculosis

Following a pilot scheme last year, the routine then worked out has been followed and has been found to work successfully. There was a good response to the scheme—73·7% of the parents concerned giving consent for testing and vaccination if necessary. From a total of 695 children tested, 430 were found to be negative reactors and 427 of these were vaccinated. A table giving more detailed figures will be found at the end of the Report with the other statistical tables.

Case Finding by Jelly Testing

In 1956 it is proposed to test 5 year old children to find out how many of this group have already been exposed to tuberculous infection. The test is a very simple one and the time of testing will be linked up with the routine medical inspection of the new entrants in the infant schools. In the event of any child reacting positively to the test, arrangements will be made for the child, parents and home contacts to be given an X-ray examination.

Routine Medical Inspections

The scheme for Medical Inspection remains unchanged. The parents are notified of the date and place of the inspection and invited to attend. It is gratifying to find that so many parents make an effort to come to the school and discuss their problems with the School Medical Officer.

Percentage Attendance of Parents at Examination:-

				1954	1955
PRIMARY SCH	OOLS			%	%
Entrants		 		 81.02	82.62
Leavers		 		 48.62	46.76
SECONDARY N GRAMMAN		HNICAL	AND		
Leavers		 		 4.62	6.07

Findings at Routine Medical Inspections

Nutrition—This year's figures show a further fall in the number of children described as poorly nourished.

The table below gives the figures of 1955 with those of the past three years for comparison:—

Year	Children examined during the year	Good %	B Fair %	Poor %
1952	2,862	49.08	48.58	2.34
1953	2,455	45.91	49 · 13	4.96
1954	2,455 2,686	50.38	46.38	3.24
1955	2,979	54.65	43.27	2.08

School Meals—The number of meals supplied to children during 1955 was approximately 1,055,400, of these 73,600 being free. These figures mean that 60% of the children who attend school are having dinner in school.

Cleanliness, Clothing and Footwear—A cleanliness inspection of all children is carried out in all schools each term and as early in the term as is possible. Each child is examined for pediculosis—cleanliness of body, clothing and condition of footwear. Only 46 children were excluded during the year because of these conditions.

Vaccination against Smallpox—The number of children vaccinated is very low, i.e., 32.63%, but this shows a slight increase on last year's figures.

Diphtheria Immunisation—A high percentage (93·75) of school children have been immunised against diphtheria but not all of these children have had reinforcing doses and so are not fully protected against the disease.

Defects found at Routine Medical Inspections—Detailed lists of all defects are to be found in the statistical tables at the end of this report.

Below are the numbers of defects found to require treatment:—

	Entrants	Primary Leavers	Secondary, Modern, Technical and Grammar School Leavers	Totals
Number of Children examined	1,123	1,016	840	2,979
Number of Children requiring treatment	238	187	91	516
Percentage requiring treatment	21.19	18.40	10.83	17.32

Handicapped Pupils—When Hawkshead Street Children's Hospital became a hospital school a very happy arrangement was made with the Hospital Authorities. It was agreed that about 15 places should be allocated to local children who would not be resident in hospital but attend as day pupils. Many of these children are severely crippled and previously had had lessons at home but had been deprived of the company of other children in school activities. The Matron of the hospital and the Teachers have been most helpful and co-operative and the children obviously enjoy themselves.

10 children were attending the school at the end of the year and 1 child was having home tuition, as she was not fit to attend the hospital school.

During the year the Education Department has arranged to send a teacher into the local hospitals to give lessons to children who were having long spells of treatment. This was applied to 5 children during the year.

Residential accommodation has been found for two other handicapped children.

Educationally Sub-Normal Children—Although the Authority's "Opportunity" classes continue to do good work, there remains a small group of children for whom adequate arrangements cannot be made in the absence of a Day Special School, and in view of the existing difficulty of getting residential school places.

Maladjusted Children—The Consultant Psychiatrists at the Child Guidance Clinics in Liverpool have given much help with these children. Because of the distance it is impossible for treatment to be given at the play centres there, and it is unfortunate that there is as yet no local arrangement for providing such treatment which could then be given in the very early stages of maladjustment.

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	namité.
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 Hoghton 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.

	ATTEN	ATTENDANCES							
	KII	ND OF	CLINIC					1954	1955
Nurses' Treatment								6978	6960
Minor Ailment								2125	2141
Skin								1215	893
Ear, Nose and Thr	oat				***		***	990	935
On balantaria								1393	1458
Orthopaedic (a) Do								227	138
	ysiotherapist							3435	3314
Doctor's Cases: Su								79	45
	tificial Sunli	ght						2244	2439
Dental								8498	8463
Immunisation (con	plete Cours		1955) 1954)	***		***	***	150	140
Immunisation (re-i	nforcing dos							211	177
TOTAL NUMBER OF	ATTENDANO	CES						27545	27103

Minor Ailment Clinic—This clinic is held weekly and children are seen by the School Medical Officers. Cases requiring further treatment or investigation may be referred to the family doctor or to the hospital consultants with the general practitioner's knowledge and consent. The clinic is also used for supervision and observation of children with defects found at Routine Medical Inspection.

The numbers attending remain fairly steady; this year 2,141. Of these, 144 were referred to Southport Infirmary, 4 to the Royal Southern Hospital, 1 to Liverpool Royal Infirmary and 1 to Alder Hey Children's Hospital.

Skin Clinic—Dr. Bardsley attends once weekly. During the year, 893 children attended. A wide variety of skin diseases, usually in the early stages, are treated at the clinic.

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.

76 specialist clinics were held during the year, 241 new cases were examined and 662 were seen for supervision and revision of their spectacles. 32 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.

90

In 1955, 400 new cases were examined and 99 attended for observation of progress from previous years. 237 cases were admitted to Hospital for the removal of tonsils and/or adenoids.

Cases suspected to have any loss of hearing are referred to Mr. Denmark at the Liverpool School for the Partially Deaf, Birkdale, or to Professor Ewing in Manchester, for audiometric examination.

Artificial Sunlight—Children 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.

104 school children were treated; these 104 children made a total of 2,439 attendances.

Tuberculosis—6 new cases were notified in 1955, as under:—
Pulmonary

There is a 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 78 sessions were held during the year.

47 children attended classes; the reasons for the defects in speech were:-

Cleft Palate	 				 	 1
Dyslalia	 				 	 1
Stammering	 				 	 16
Slow and Ab		ch Dev	relopme	ent	 	 24
Lisp	 				 	 5

Total attendances at the school were 784.

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—The physiotherapist continues to deal with the treatment of minor orthopaedic defects. Cases were also referred to the Promenade Hospital for opinion and advice.

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 1955 was 20.

Infectious Diseases—There were again no cases of diphtheria. Notifications were as follows, with figures for 1954 for comparison:—

					1954	1955
Measles		 	 	 	250	69
Rubella		 	 	 ***	21	20
Scarlet Fever		 	 	 	41	18
Chicken Pox		 	 	 ***	890	134
Diphtheria		 	 	 	_	
Whooping Cou	gh	 	 	 	167	12
Tuberculosis		 	 	 	5	6

Miscellaneous School Medical Work

Special Medical Examinat	ions					 	 94
Examination for Entertain						 	 12
National Survey Examina	tions					 	 _
Examinations of children	going aw	vay with	n the so	chool		 	 -
Examinations for admission	n to sch	ool				 	 894
	Home	Visits	by Sci	hool N	urses		
Follow-up R.M.I						 	 44
On Account of Illness						 	 355
To Infectious Cases						 	 19
To Infectious Contacts						 	 10
Re-Immunisation of Child	iren					 	 55

PRINCIPAL DENTAL OFFICER'S REPORT, 1955

The authorised professional establishment of one Principal School Dental Officer and two School Dental Officers has been maintained throughout the year.

All the schools have been visited during the year for Dental Inspection, and in addition, three of the schools have been revisited. The period between inspection and re-inspection of all the schools has thus been reduced to eleven months.

This reduction has not been achieved at the expense of the well-tried principle of selection and treatment of children whose teeth require more constant supervision. These cases are, in addition to the routine school dental inspection and treatment, inspected and treated at frequent intervals by appointment, particularly during the holiday periods.

The steady rise shown since 1952 in the ratio of teeth saved, compared with the extraction of unsavable teeth in the permanent dentition, has shown an impressive increase during 1955.

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
1955	3231	1502	2.1	3659	142	25.7

With the appointment in May, on a sessional basis, of Mr. Pogrel, specialist in orthodontics, the department is in a position to accept children whose dentitions are extremely malformed. During the year, 21 cases have been accepted and treatment commenced.

Since 1952 the treatment of orthodontic cases of simple and moderate malformation has been undertaken by the staff, and during 1955, 47 appliances have been made, and 26 patients have had their malformations satisfactorily corrected.

The general condition of the children's teeth in the Southport area is good, as judged by the ratios given in the above table. With the present incidence of dental caries, particularly in younger children, conservative work will continue to take up most of the Dental Officer's day. Every opportunity is taken to give instruction in Oral Hygiene, and to stress the importance of cleansing and of fibrous foods, both individually to parents and children at the chairside, and collectively in small groups during school inspection.

STATISTICAL TABLES

TABLE I

MEDICAL INSPECTIONS OF CHILDREN ATTENDING PRIMARY,

SECONDARY AND GRAMMAR SCHOOLS

Year ended 31st December, 1955

A-Routine Medical Inspections

Number of Inspections in the prescribed Groups:-

ramoer of mopeetions in the p	reserro	cu Gio	ups.—				
Entrants						 	1123
Primary Leavers						 	1016
Secondary Modern, Te	chnica	l and G	ramma	r Leave	ers	 	840
		Тот	AL			 	2979
	В—С	ther In	spection	ıs			
Number of Special Inspections			*			 	1539
Number of Re-Inspections						 	3215
		Тот	AL			 	4754

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 Primary Leavers Secondary and Grammar Leavers	 	1 19 12	237 168 79	238 187 91
Total (Prescribed Groups) Other Routine Inspections	 	32	484	516
Totals	 	32	484	516

TABLE II A-Return of Defects found by Medical Inspection in the year ended 31st December, 1955

	Routine	Inspections	Special I	nspections	
	Number	of Defects	Number of Defects		
DEFECT OR DISEASE	Requiring Treatment	Requiring to be kept under ob- servation but not re- quiring treatment	Requiring Treatment	Requiring to be kept under ob- servation but not re- quiring treatment	
Skin:— (1)	(2)	(3)	(4)	(5)	
Ringworm: Scalp	 _	- salbular	The Late	Constitution	
do. Body	 _		2	_	
Scabies	 _	_	1	_	
Impetigo	 _	_	45	-	
Other Diseases (non-T.B.)	62	2	255	5	

	Routine I	nspections	Special I	nspections
	Number	of Defects	Number	of Defects
DEFECT OR DISEASE	Requiring Treatment	Requiring to be kept under ob- servation but not re- quiring treatment	Requiring Treatment	Requiring to be kept under ob- servation but not re- quiring treatment
(1)	(2)	(3)	(4)	(5)
Еув:—				
Blepharitis	9	1	- 8	_
Conjunctivitis	_	_	6	
Keratitis	_	-	_	_
Corneal Opacities	-		_	_
Other Conditions (excluding De- fective Vision and Squint)	1	- argin	34	3
Defective Vision (excluding		1 2 2 2	in respirition	15 35 50000
Squint)	32	2	30	_
Squint	10	-	8	1
BAR:— Defective Hearing	9	3	6	3
Otitis Media	19	9	24	_
Other Ear Diseases	9	2	31	5
Nose and Throat:—		6.1		7.75223.000
Chronic Tonsillitis only	51	108	25	16
Adenoids only Chronic Tonsillitis and Adenoids	3 34	15	1 29	5
Other Conditions	24	8	94	20
Enlarged Cervical Glands (Non-				
T.B.)	12	13	6	9
Defective Speech	6	16	14	5
HEART AND CIRCULATION:— HEART DISEASE:—	A THE COLUMN TO	A STATE OF		
Organic	5	7	4	7
Functional	1	1	_	-
Anaemia	_	-	-	-
Lungs:— Bronchitis	2	1	,	
Other Non-Tuberculous Diseases	23	1 14	20	7
TUBERCULOSIS:—	2,	1.7	20	
Pulmonary:—Definite	_	-	1	_
Suspected	4	-	20	1
Non-Pulmonary:—Glands	_	1	_	_
Bones and Joints	TLALIBAT			
Skin	or non-dear		10 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	BUULDI-A
Other Forms	_	-	_	_
NERVOUS SYSTEM:—				
Epilepsy Chorea			1	1
Other Conditions	4	4	4	2
ORTHOPAEDIC:—				
Posture	42	52	18	4
Flat Foot Other Forms	69	75	50	20
DEVELOPMENTAL:—	34	38	142	12
Hernia	1	1	_	1
Other	10	13	8	2
SYCHOLOGICAL:—				
Development	5 2	1	22	31
Stability Other Diseases and Defects (excluding	2		3	4
Uncleanliness and Dental Di-	1-3 3			
seases)	33	12	253	63
T.				
Totals	516	400	1166	227

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

Age Groups	Number of	1	A ood	B Fair		Poor	
AGE GROUPS	Pupils Inspected	No.	%	No.	%	No.	%
Entrants	1123	610	54.30	501	44.60	12	1.10
Primary Leavers	1016	575	56.60	423	41.63	18	1.77
Secondary, Modern, Technical and Grammar Leavers	840	443	52.74	365	43.45	32	3.81
Other Routine Inspections	_	-	-	_	_	_	_
Totals	2979	1628	54.65	1289	43.27	62	2.08

TABLE III

INFESTATION WITH VERMIN

(i)	Total Number of Examinations in the schools by the School Nurses	18103
(ii)	Total Number of Individual Pupils Examined	7675
(iii)	Total Number of Individual Pupils found to be infested	81
(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 Educa-	
	tion Act, 1944	_

TABLE IV—CLEANLINESS INSPECTIONS CONDITION OF CHILDREN IN DECEMBER, 1955

	COTTOO		Done	198	Boys			GIRLS	
	CHOOL		Dept.	Clean	Nits	Vermin	Clean	Nits	Vermin
FY-09		10		%	%	%	%	%	%
			Mixed	100.	_	_	94.64	5.36	_
***			Infants	100.	_	-	100.	_	-
			Mixed	100.		_	97.62	2.38	_
			23	100.		-	100.	- Language (1997)	-
			,,	98.93	1.07	_	99.04	.96	-
			33	99.17	.83	-	93.28	5.88	.84
			Infants	100.	_	_	100.	_	_
			Boys	100.	2000	_		-	_
			Mixed	100.		_	100.	_	_
			Infants	100.		_	100.	_	_
			Mixed	100.		-	100.	_	_
			Infants	100.	11000	_	100.	-	_
			Mixed	91.67	6.66	1.67	100.	_	_
			Infants	100.	_		100.	_	_
			Mixed	96.67	3.33	_	97.82	2.18	
			Infants	98.62	1.38	_	99.03	.97	
			Mixed	100.	1.50		100.	_	_
				100.			99.44	.56	_
			Infants	100.		Lands .	100.		_
			Girls	100.		-	99.14	.43	.4
			Boys	100.		_			
			Mixed	99.42	.58		100.		
	***	***	Infants	100.	.50	_	98.75	1.25	10 10 100
		***	Senior	97.06	2.94		93.37	6.63	
		6			.99		96.59	3.41	
	***		Junior	99.01	.99		100.	3.41	
	***		Mixed	100.		_	100.		
		***	33	100.		100		.84	
			33	100.	1.05	_	99.16		_
	***		33	95.75	4.25	_	95.65	4.35	
			,,	100.	_	-	100.	_	_

			Boys		GIRLS		TOTAL	
			No.	%	No.	%	No.	%
Nits	 	 	31	.76	46	1 · 25	77	-99
Verminous	 	 	1	.02	3	-08	4	.05
Clean	 	 	4036	99.22	3639	98 · 67	7675	98-96

TABLE V
SUMMARY OF IMMUNISATION RETURNS—1955

SCHOOL	Dept.	Number on Roll	Number Immun- ised	Number Unimmun- ised	Immun- ised
All Saints C.E	Mixed	159	145	14	91 · 19
33 33 33	Infants	100	94	6	94.00
Ainsdale C.E	Mixed	253	230	23	90.91
" R.C	33	81	76	5	93.83
Birkdale Mod. Sec	,,,	370	356	14	96.22
Birkdale Council	Infants	205	186	19	90.73
" "	Mixed	227	208	19	91 · 63
Christ Church Mod. Sec	Boys	233	225	8	96.56
Churchtown Council	Mixed	540	514	26	95 · 19
33 33	Infants	177	167	10	94.35
Crossens C.E	Mixed	334	303	31	90.72
" Nursery	,,	40	36	4	90.00
Dean Cooke R.C	,,,	140	123	17	87.86
Emmanuel C.E	Infants	202	184	18	91.08
Farnborough Road Council	Mixed	602	576	26	95.68
,, ,, ,,	Infants	435	404	31	92.87
Holy Trinity C.E	Mixed	366	339	27	92.62
Linaker Street Council	33	409	373	36	91.20
	Infants	250	226	24	90.40
Meols Cop (Boys) Mod. Sec	_	334	311	23	93 - 11
" " (Girls) " "	_	425	399	26	93.88
Norwood Road Council	Mixed	346	326	20	94.22
22 22 22	Infants	204	194	10	95 · 10
Our Lady of Lourdes Mod. Sec.	Mixed	334	314	20	94.01
R.C	7 + .	202	191	11	94.55
St. Marie's R.C	Mixed	147	138	9	93.88
St. Philip's C.E	>>	275	254	21	92.36
S.S. Simon and Jude's C.E	,,	190	179	11	94.21
St. Teresa's R.C	,,,	187	184	3	98 · 40
Stanley Mod. Sec	- >>	370	353	17	95 - 41
High School for Girls	_	525	502	23	95.61
King George V	Boys	581	553	28	95 - 18
Fechnical College	Mixed	210	198	12	94.29
School of Art	>>>	15	15	-	100.00
TOTALS		9468	8876	592	93.75

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 I—Diseases of the skin (excluding uncleanliness, for which see Table III)

						Number of cases treated or under treatment durin the year			
						By the Authority	Otherwise		
Ringworm—(i) Scalp (ii) Body	 					_	_		
(ii) Body	 	***	***		***	2	_		
caules	 			***		1	_		
mpetigo	 ***	***	***	***	***	43	_		
Other Skin Disease	 					307	_		
						353			

Group 2-Eye Diseases, Defective Vision and Squint

						Number of C	ases dealt with
						By the Authority	Otherwise
External and other, ex Errors of Refraction (cluding Error including Squ	s of Rei	fraction	and S	quint	182 *785	=
	TOTAL					967	_
Number of Pupils for (a) Prescribed (b) Obtained	whom Specta	cles we	re:— 			*256 *295	_
						551	_

^{*}Including cases dealt with under arrangements with the Supplementary Ophthalmic Services

Group 3-Diseases and Defects of Ear, Nose and Throat

	7 (15)	Number of	Cases treated
		By the Authority	Otherwise
Received Operative Treatment:—			
(a) For Diseases of the Ear	 	2	-
(b) For Adenoids and Chronic Tonsillitis	 	237	_
(b) For Adenoids and Chronic Tonsillitis(c) For other Nose and Throat Conditions	 	53	_
Received other forms of Treatment	 	309	M. Jules Tales
TOTAL	 	601	

TABLE VI (continued)

Group 4—Orthopaedic and Postural Defects

(a)	Number treated as in-patients in hospitals		Nil
		By the Authority	Otherwise
(b)	Number treated otherwise, e.g., in clinics or out-patient departments	271	21

Group 5-Child Guidance Treatment

	Number of Cases trea		
	In the Authority's Child Guidance Clinics	Elsewhere	
Number of Pupils treated at Child Guidance Clinics	-	20	

Group 6—Speech Therapy

			Number of Cases treat			
	-	e datas	By the Authority	Otherwise		
Number of Pupils treated by Speech Therapists			7 =	47		

Group 7-Other Treatment given

			Number of Cases treated			
			By the Authority	Otherwise		
Miscellaneous Minor Ailments	 	 	969	T sall to Levis		

TABLE VII

HANDICAPPED PUPILS

	Numb	ER ASCER	TAINED		OF EDUC PROVIDED		Requiring Special School		
CATEGORY	No. rem- aining on register	During	Total on regis-	Ordinary School	Special Schools		Accommodation but unplaced at end of year		Totals
	on the 31st Dec., 1954	year 1955	ter at end of 1955	(re- quiring observa- tion)	Day (Class)	Resi- dential	Day Class	Special School	
Blind	1	-	1	_	_	1	_	_	1
Partially Sighted	1	-	1	_	1	_	-	_	1
Deaf	12	_	12	2	_	10	_	_	12
Partially Deaf	8	3	11	4	_	7	-	_	11
Delicate	41	2	43	9	1	_	_	33	43
Diabetic	2	1	3	2	_	1	-	-	3
Educationally Sub-Normal	52	35	87	2	32	9	33	11	87
Epileptic	6	1	7	6	_	1	_	_	7
Maladjusted	10	6	16	6	-	3	-	7	16
Physically Handicapped	54	24	78	54	10	3	11	_	78
Defective Speech	19	27	46	46	_	_	_	_	46
TOTALS	206	99	305	131	44	35	44	51	305

TABLE VIII

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31st DECEMBER, 1955, 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)	 	 	 	3

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, SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS
AVERAGE HEIGHTS AND WEIGHTS (Age last birthday)

Heights and Weights—Tables are also given which show the weights and heights of children in 1955 compared with those in 1938.

	Age last Birthday						1938				1955			
	Age	ast Bir	inday				ight ins.		ight lbs.		ight ins.	We st.	ight lbs.	
Age 5 years														
Boys						3	6	3	0	3	7	3	2	
Girls						3	6	3 2	0	3	7	3	0	
Age 10 years														
Boys						4	5	4	10	4	7	5	6	
Girls						4 4	5	4 5	0	4	7 6	5 5	3	
age 14 years														
Boys						5	2	7	6	5	2	7	8	
Girls						5 5	2	7 7	6	5	2 2	7 7	11	
Age 15 years												1000		
Boys						5	6	8	7 2	5	6	8	8	
Girls						5	6	8 8	2	5	6	8	8	

TABLE X

B.C.C. VACCINATION OF SCHOOLCHILDREN

Year Ended 31st December, 1955

	monapale monapale	L.E.A.'s Schools	Private Schools	Totals	
(1) Number of consent forms issued to parents	s	822	172	994	
(2) (a) Number of parental consents received (b) Number of definite refusals (c) Number of parents who did not reply		605 128 89	128 28 16	733 (73·7%) 156 (15·7%) 105 (10·6%)	
Totals		822	172	994 (100 %)	
(c) Number not read	:	196 356 15	51 74 3	247 (35·5%) 430 (61·9%) 18 (2·6%)	
Total number of children tested		567	128	695 (100 %)	
(4) Number of negative reactors vaccinated		353	74	427	

SCHOOL DENTAL SERVICE

Report for the Year 1955

1.	Number of children listed for inspection							9446
2.	Total Number of Schools							33
3.	Half-days devoted to (a) Inspection (b) Treatment							78 1353
		Тота	LS (3)					1431
4.	Number of Children examined at (a) Schools (b) Special		 tions at	 Clini				9199 1368
	de la company de	Тота	LS (4)					10567
5.	Number of Children found to require treatme				 spectio	ns at C	Clinic	5879 1126
		Тота	LS (5)					7005
6.	Number of Children actually treated							3092
7.	Number of attendances made at Clinic by Chi	ldren r	mention	ed in	(6) abo	ve:—		
	New (a) Routine		***	***				1948
	(b) Special RE-VISITS (a) Routine			***	***		•••	1144
	(I-) C1-1			***				1991 2391
	Number of Children examined an	d treat	tment d	eferre	d			989
	Total visits made by Children to	Clinic	during	the ve	ar			8463
-	Kinds of treatment provided for Children men							
8.	Number of teeth filled:—(a) Permanent Teet		111 (0) 6	oore.				3659
	(b) Temporary Tee					***		3231
		Тота	LS (8)					6890
9.	Number of fillings:—(a) Permanent Teeth							4264
	(b) Temporary Teeth							3568
		Тота	LS (9)					7832
10.	Extractions:—(a) Ordinary:—	14						T. Park
	(1) Permanent Teeth							142
	(2) Temporary Teeth							1502
	(b) For regulation purposes:-							
	(1) Permanent Teeth							161
	(2) Temporary Teeth							580
		Тота	LS (10)					2385
11.	Miscellaneous:—(a) Dressings							260
	(b) Scalings							265
	(c) Root Treatments						***	3
	(d) Oral Affections							51
	(e) Miscellaneous							356
12.	Administration of Anaesthetics:—(a) General							121
	(b) Local							1745

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