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COUNTY BOROUGH



OF SOUTHPORT



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# ANNUAL REPORT

of the

Medical Officer of Health

and

Principal School Medical Officer

for the Year 1958

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Health Department,  
2 Church Street,  
Southport.

Telephone No.: Southport 5523.





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ROBT. JOHNSON & CO. LTD., TULKETH STREET  
SOUTHPORT

1959





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## THE HEALTH COMMITTEE

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The Worshipful the Mayor  
(Councillor R. WOOD, J.P.)

*Chairman:* Councillor L. F. SPENCE

*Vice-Chairman:* Alderman W. PAULDEN

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

Alderman W. BERWICK

Alderman DR. H. COATES, J.P.

Alderman MRS. E. SMITH

Councillor J. CAMPION

Councillor M. F. DRURY

Councillor R. B. HUGHES

Councillor G. W. KENDALL, J.P.

Councillor E. McCABE

Councillor R. MOLYNEUX

Councillor MRS. F. M. TURNER

Councillor G. S. WILKINS

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



## SUB-COMMITTEES AS AT 31st DECEMBER, 1958

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### Mental Health Services

Chairman	Councillor J. CAMPION
Vice-Chairman	Councillor R. B. HUGHES
Alderman W. BERWICK	Councillor G. W. KENDALL, J.P.
Alderman DR. H. COATES, J.P.	Councillor R. MOLYNEUX
Alderman MRS. E. SMITH	Councillor MRS. F. M. TURNER

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

### Joint Health and Education

The Worshipful the Mayor  
(Councillor R. WOOD, J.P.)

Chairman	Alderman W. BERWICK
Vice-Chairman	Councillor G. W. KENDALL, J.P.
	Councillor MRS. F. M. TURNER

### Home Nursing Joint Sub-Committee

Chairman	Alderman W. BERWICK
Vice-Chairman	Councillor G. W. KENDALL, J.P.
	Councillor MRS. F. M. TURNER

### National Assistance Act, 1948

(Section 47 Cases)

Chairman	Alderman W. BERWICK
Vice-Chairman	Alderman MRS. E. SMITH
	Councillor MRS. F. M. TURNER

### Accounts

All Members of the Health Committee  
(Except Councillor R. Molyneux)

# STAFF OF THE HEALTH DEPARTMENT ON THE 31st DECEMBER, 1958

## Medical Staff (Full-Time)—

Medical Officer of Health and Principal School Medical Officer	G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health and School Medical Officer	J. A. G. WATSON, M.B., B.S., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	ANNA I. DAVISON, M.B., CH.B.
Assistant Medical Officer of Health and School Medical Officer	BRENDA JONES, 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	N. E. LAURENCE, F.R.C.S.
Eye Clinic	D. RANKINE, M.B., CH.B.
Ear, Nose and Throat Clinic	R. V. TRACY-FORSTER, F.R.C.S., M.B., CH.B., D.L.O.
Skin Clinic	H. BARDSLEY, M.R.C.S., L.R.C.P.

## Dental Staff—

Principal Dental Officer	W. MARTLAND, L.D.S., R.C.S. (Eng.)
Dental Officer	W. L. ROTHWELL, L.D.S. (Liv.)
Dental Officer	P. L. HEATHCOTE, L.D.S. (Liv.)
Orthodontist (part-time)	H. POGREL, L.D.S. (Liv.), L.D.S.R.C.S. (Eng.), D.Ortho.R.C.S. (Eng.)
Attendants	Mrs. M. E. BALL Mrs. A. D. MEADOWS and Mrs. S. F. CORNICK

**Sanitary Staff**—Chief Public Health Inspector, S. D. BURGE (a)(b)(h); Deputy Chief Public Health Inspector, G. E. HADLEY (a)(b); Meat and Food Inspector, W. FOSTER (a)(b); Food Hygiene Inspector, T. W. ROBERTSHAW (a)(b); Meat and Foods Sampling Officer, W. VICKERS (a)(b)(h); District Public Health Inspectors, J. BELL (a), G. CAYTON (a)(b), A. H. GELDER (a)(b); Pupil Public Health Inspector D. TABERON; Infectious Diseases Enquiry Officer, W. R. LLOYD; Rodent Officer, J. S. AMERY; Mortuary Technician, J. GOULDER.

**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 J. HOLLIDAY (c)(f)(e), M. A. TURVEY (d)(e), A. COWPER (c)(d)(e), E. POTTS (c)(d)(e), A. MULLAN (c)(d)(e), Mrs. F. M. HOWARD (c)(f)(e), Mrs. A. GREGORY (c)(f)(e), Misses E. J. MURRAY (c)(d)(e), A. BIGGS (c)(f)(e)(n), P. SCAMBLER (e)(f), A. CAPPER (c)(f)(e)(n), G. SCHOLES (c)(d)(e), F. CURTIS (c)(d)(e), W. G. GRIMSTONE (c)(d)(e) and Mrs. A. V. WILLIAMS (c)(f)(e).



**Physiotherapist**—Mrs. K. BYARS (m).

**Speech Therapist**—(Vacant)

**Midwifery Staff**—Supervisor of Midwives and Inspector of Nursing Homes, Miss M. McALEAVY (d)(e);

DISTRICT MIDWIVES, Miss S. A. CRYER (d)(e), Mrs. K. B. HARRISON (d)(e); and Mrs. E. SHAWCROFT (d) (part-time).

**Mental Health Staff**—Senior Mental Health Visitor and Duly Authorised Officer, K. BAIN (p)(j); Mental Health Visitors and Duly Authorised Officers, Miss A. L. BENNETT (p)(j) and K. W. HARWOOD (p)(e)(o); Teacher for Mentally Handicapped, Mrs. I. H. BAYLEY; Assistant Teachers for Mentally Handicapped, Mrs. M. A. TOWNLEY (q), H. G. TAYLOR-LOWE and Miss V. FLANAGAN.

**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. MALTBY, B. PARKER, H. SMITH, R. SHEPHERD, P. M. MANSELL, K. RIMMER, P. M. WHITAKER, A. STOTT, S. BRIDGE and S. COULTON.

**Day Nurseries—**

Southport Day Nursery    Matron: MRS. A. WILLIAMS (e)

Bedford Park Day Nursery Matron: MISS A. K. BAXTER (e)(d)(l)

*Notes re Qualifications:—*

- (a) Public Health 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.
- (l) State Registered Children's Nurse.
- (m) Member of the Chartered Society of Physiotherapy.
- (n) Tuberculosis Association Certificate.
- (o) Queen's Nurse.
- (p) State Registered Mental Nurse.
- (q) State Enrolled Assistant Nurse.

**Ambulance Service—**

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

**Public Analyst**

G. H. WALKER, P.H.D., F.R.I.C.

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# ANNUAL REPORT

OF THE

## MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1958

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TO THE MAYOR, ALDERMEN AND COUNCILLORS  
OF THE COUNTY BOROUGH OF SOUTHPORT

Your Worship, Ladies and Gentlemen,

I have the honour to present my report for the year 1958. It is now ten years since the National Health Service Act, 1946, came into force and during this time great changes have been made in the Health Services of this country. I have been asked by the Minister of Health in Circular 22/58 to include in this report a brief general review of the manner in which the local health authority services have functioned in the wider setting of the National Health Service and this report is given on pages 34 to 38.

According to the mid-year estimate of the Registrar General, the population of the town is now 81,760 whereas in the census year 1951 it was 84,039. At the time of the census, the mid-year estimated figure of the Registrar General was some 600 less than the census figure but even taking this into account, it would appear that the population of the town is slowly decreasing. If other factors such as the high relative proportion of people in the older age groups are also taken into account it will be seen that the town is becoming increasingly one catering for older people. Whether this is a good thing or not, it must influence many municipal affairs, e.g. the demand for the home nursing and the domestic help services as well as the types of housing and hospital accommodation which are necessary. It has also a profound effect on the many voluntary activities carried on in the town of which the Darby and Joan clubs are a very good example. From the point of view of preventive medicine it is a well recognised fact that the mental and physical deterioration which often comes with advancing age, can frequently be kept at bay by leading as full and active a life as possible. Many people who have retired, are busier than ever in voluntary service and derive great benefit themselves from their activities. There is, I believe, also a need for remunerative part-time work, of a light character, to be provided for those over pensionable age, who are willing and able to do it. Some thought might also be given to any positive measures which might be taken to obtain a more balanced population age range in the borough: the proposed development of an area for industrial purposes at Dock Lane might eventually attract young families to the town as well as provide work within the borough for those whose homes are here already but who have to travel to work.

I am glad to be able to report that the infantile mortality rate has again fallen and that the figure of 21.23 per 1,000 live births is the lowest ever to be recorded in Southport. It is an interesting fact that the rate for babies born illegitimately was lower than that for those born in wedlock: this would seem to indicate that with the services at present



available to protect and help the unmarried mother and her child, the latter will have as good a chance of survival as a legitimate baby, a situation which did not obtain in the past. I am delighted to record that no mother died in childbirth. Congenital malformation and prematurity, the causes of which are not yet fully understood, were again responsible for the deaths of most of the babies who died in the first year of life.

During the year more vaccination and immunisation than ever before has been carried out by the staff of the department. Indeed the promotion of health by these methods has become in the child welfare centres, at least as important as the traditional supervision of baby welfare and the health education work which is the main responsibility of the health visitors in the centres. Preventive inoculation is available, subject to certain restrictions, against smallpox, diphtheria, whooping cough, tetanus, tuberculosis and poliomyelitis and the aim is so to protect all children. Many general medical practitioners actively support this work and they have vaccinated about half the total number of children so far protected against poliomyelitis. A small amount of help has been given to general practitioners by the loan of local authority staff, premises and equipment for poliomyelitis vaccination sessions. The number of injections given annually is growing and the introduction of a sterile syringe service for clinic and domiciliary work would be a worthwhile improvement.

The report of the Cranbrook Committee is likely to be available shortly. One of the recommendations is expected to advise as to the proportion of births which should take place in hospital. In Southport about 90% of babies are born in hospital, probably the highest percentage of any town in the country. The town is fortunate in having two maternity hospitals to one of which general medical practitioners have access and I do not think it would be sensible or expedient at present to alter the 'status quo', which allows a mother to have her baby in hospital in the care of a doctor of her choice.

Much discussion has taken place about the Report of the Royal Commission on the Law in relation to Mental Illness and Mental Deficiency and it is evident that when the recommendations made in this Report are incorporated into the proposed Mental Health Act, considerable and weighty new responsibilities will be placed on local health authorities. You have already gone some way to meet these expected responsibilities by encouraging development in connection with the proposed new Training and Industrial Centre for Mentally Handicapped Persons in the Ainsdale-Woodvale area; but it must be realised that expenditure on mental health matters will markedly increase if the work envisaged is properly carried out. Advances in medical knowledge of mental disorder have been great in the past ten years and may in the future make it possible for patients to remain at home, or to return home after a short period in hospital, much more frequently than has been the case in the past. Such patients will require support and help of many kinds. Local authorities have had much success in the past in their efforts to combat disease but the opportunity which is now open will provide a very difficult problem to solve and a great challenge. A first essential will be to overcome the very real fear in which the mental patient is still held by many members of the community.

I have again to report recurring difficulties in the proposed scheme to improve the facilities at Nos. 44 and 46 Hoghton Street. It seems likely that it may eventually be necessary to abandon this scheme and consider the building of new premises on the site adjoining 2 Church Street. The increasing amount and variety of work which the department is required to carry out will eventually make some extension of accommodation imperative.

The work of the sanitary section of the Department, which is of great importance to the well being of the town, has gone on steadily and well throughout the year. In order to mark the occasion when the 1,000th student attended the Food Hygiene Courses jointly organised by the St. John Ambulance Association and the Health Committee, it was decided to ask the Viscountess Mountbatten of Burma in her capacity as Commandant of the St. John Ambulance Brigade, to visit the town and present prizes to students.



This she very graciously did. Plans are now on foot to link these courses and also the advanced courses with the examinations held by the Royal Institute of Public Health and Hygiene. It is of interest to note that Her Majesty's Inspectors of Schools when visiting the Southport Technical College gave high praise to this section of the work in the College.

The School Health Service has continued to carry out its valuable work during the year and the importance of the preventive side of this service cannot be rated too highly. The sessional time of the consultant orthodontist has now been increased which will further improve the dental section of the department.

I wish to express once more my appreciation of the work done during the year by all the staff and my thanks to the members of Council as well as to my medical colleagues in the town 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.*

Part I

# STATISTICAL MEMORANDA

AND

## VITAL STATISTICS

### General Statistics

### Vital Statistics

### Births and Stillbirths

### Deaths—

### General

### Infantile

### Maternal

### Mortality Trends



## GENERAL STATISTICS

Area of County Borough (including Foreshore) ... ..	18,333 acres
Area of County Borough (excluding Foreshore) ... ..	9,426 acres
Population (1951 Census) ... ..	84,039
Population (estimated by the Registrar General), middle of 1958 ... ..	81,760
Density of Population per acre (excluding Foreshore) ... ..	8.7
Number of Inhabited Houses, 1st April, 1958 ... ..	26,398
Number of Permanent Houses and Flats erected and completed during 1958	122
Rateable Value, 1st April, 1958 ... ..	£1,475,261
Sum represented by a penny rate ... ..	£5,796
Average domestic consumption of water per head per day (year ending 31/3/58) ... ..	31.24 galls.
Total consumption of water per head per day (year ending 31/3/58) ...	41.02 galls.

## VITAL STATISTICS

Live Births ... ..	989
Live birth rate per 1,000 population ... ..	12.10
	(Adjusted rate 13.67)
Still-births ... ..	30
Still-births rate per 1,000 live and still-births ... ..	29.44
Total live and still-births ... ..	1019
Infant deaths ... ..	21
Infant mortality rate per 1,000 live births—total ... ..	21.23
Infant mortality rate per 1,000 live births—legitimate ... ..	21.46
Infant mortality rate per 1,000 live births—illegitimate ... ..	17.54
Neo Natal mortality rate per 1,000 live births ... ..	17.19
(first four weeks)	
Illegitimate live births per cent of total live births ... ..	5.7%
Maternal deaths (including abortion) ... ..	Nil
Maternal mortality rate per 1,000 live and still-births ... ..	—
Total Deaths (Males, 646; Females, 777) ... ..	1,423
Death Rate (per 1,000 population) ... ..	17.45
Adjusted Death Rate (per 1,000 population) ... ..	12.74
Maternal Deaths ... ..	Nil
Maternal Mortality Rate (per 1,000 total births) ... ..	—
Deaths from Whooping Cough (all ages) ... ..	Nil
Deaths from Measles, all ages ... ..	Nil
Deaths from Diarrhoea, under 2 years of age ... ..	Nil
Deaths from Pulmonary Tuberculosis (Males, 4; Females, 2) ... ..	6
Death Rate from Pulmonary Tuberculosis (per 1,000 population) ... ..	0.07
Deaths from Non-pulmonary Tuberculosis (Males, 1; Females, Nil) ... ..	1
Death Rate from Non-pulmonary Tuberculosis (per 1,000 population) ... ..	0.01
Deaths from Cancer (Males, 111; Females, 99) ... ..	210
Death Rate from Cancer (per 1,000 population) ... ..	2.57

**Births**—The number of live births allocated to the area after adjustment for inward and outward transfers was 989, an increase of 17 on the total for 1957.

Average number of births, 1948-1957 ... ..	955
Births in 1958 ... ..	989
Average crude birth rate, 1948-1957 ... ..	11.52 per 1,000 population
Crude birth rate, 1958 ... ..	12.10 per 1,000 population
Birth rate, England and Wales (1958) ... ..	16.40 per 1,000 population



**Stillbirths—**

Average number of stillbirths, 1948-1957	...	...	...	25
Stillbirths in 1958	...	...	...	30
Average stillbirth rate, 1948-1957	...	...	...	25.82 per 1,000 total births
Stillbirth rate 1958	...	...	...	29.44 per 1,000 total births
Stillbirth rate, England and Wales (1958)	...	...	...	21.60 per 1,000 total births

**Illegitimate Births—**Illegitimate births account for 5.7% of the total births, compared with the national figure for 1958 of 4.9%.

Average number of illegitimate births, 1948-1957	...	...	...	...	56
Illegitimate births during 1958	...	...	...	...	57

**Prematurity—**(i.e., babies weighing  $5\frac{1}{2}$  lbs. or less at birth, irrespective of the period of gestation).

During 1958, 104 premature births (11 per cent. of the total births) were notified in Southport, as follows:—

							Live		Stillborn		Total
Born at home	...	...	...	...	...	...	6	...	1	...	7
Born in hospital	...	...	...	...	...	...	77	...	18	...	95
Born in nursing homes	...	...	...	...	...	...	2	...	—	...	2
							85		19		104

A summary of the place of treatment of these small babies and the results obtained is shown on page 14.



WEIGHT AT BIRTH (1)	PREMATURE LIVE BIRTHS															PREMATURE STILLBIRTHS		
	Born in Hospital			Born at Home and Nursed entirely at Home			Born at Home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day			Born in Hos- pital	Born at Home	Born in Nursing Home
	Total (2)	Died within 24 hours (3)	Sur- vived 28 days (4)	Total (5)	Died within 24 hours (6)	Sur- vived 28 days (7)	Total (8)	Died within 24 hours (9)	Sur- vived 28 days (10)	Total (11)	Died within 24 hours (12)	Sur- vived 28 days (13)	Total (14)	Died within 24 hours (15)	Sur- vived 28 days (16)			
3 lbs. 4 ozs. or less ... ..	7	6	—	—	—	—	—	—	—	1	1	—	—	—	—	10	1	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs. ... ..	14	1	13	2	—	2	—	—	—	—	—	—	—	—	—	4	—	—
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs. ... ..	17	—	16	1	—	1	—	—	—	—	—	—	—	—	—	2	—	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs. ... ..	39	1	37	2	—	2	1	—	1	1	—	1	—	—	—	2	—	—
TOTALS ... ..	77	8	66	5	—	5	1	—	1	2	1	1	—	—	—	18	1	—



**Infant Mortality**—During the year 21 infants died in the first year of life, giving an infant mortality rate of 21·23 per 1,000 live births.

Average infant mortality rate, 1948-1957 ... 31·54 per 1,000 live births

Infant mortality rate, 1958 ... 21·23 per 1,000 live births

Infant mortality rate, England and Wales (1958) ... 22·50 per 1,000 live births

Of the 21 infants, 17 died in their first month of life giving a neo-natal mortality rate of 17·19 per 1,000 live births as compared with a rate of 16·20 per 1,000 live births for England and Wales.

The following table gives the details of the total deaths registered under one year:—

CAUSE OF DEATH	AGE (weeks)										AGE (months)										ALL IN- FANT D'THS
	Under 1 week		1 to 2		2 to 3		3 to 4		Total under 4 wks.	1 to 3		3 to 6		6 to 9		9 to 12		Total 1 to 12 mths.			
	M	F	M	F	M	F	M	F		M	F	M	F	M	F	M	F				
1. <b>Prematurity Unqualified</b> ... ..	3	1							4										4		
Prematurity plus multiple pregnancy	1								1										1		
Prematurity plus ante partum haemorrhage		1							1										1		
TOTALS ... ..	4	2							6										6		
2. <b>Congenital Malformations:</b>																					
(a) Nervous System		1							1										1		
(b) Circulatory System ... ..																1		1	1		
(c) Ill defined and multiple ... ..	1								1										1		
TOTALS ... ..	1	1							2							1		1	3		
3. <b>Infectious Diseases:</b>																					
(a) Pneumonia ...										1	1							2	2		
(b) Ac. Gastro Enteritis ... ..										1								1	1		
TOTALS ...										2	1							3	3		
4. <b>Others:</b>																					
(a) Birth Injuries ...	3	2							5										5		
(b) P.N. Asphyxia and Atalectasis	1	2							3										3		
(c) Haemolytic disease of the newborn ... ..		1							1										1		
TOTALS ...	4	5							9										9		
GRAND TOTALS ... ..	9	8							17	2	1					1		4	21		
TOTAL DEATHS UNDER ONE YEAR ... ..										Male 11		Female 10		Total 21							

**Note:** In addition to the six deaths from "prematurity" shown in (1) above, this was also a subsidiary cause in six other cases, viz:—Birth injuries 2, Post-Natal asphyxia 3, Haemolytic disease 1.

**Maternal Mortality**—The following table gives details of maternal deaths which have occurred within the Borough during the last 20 years, together with the rates per 1,000 live and stillbirths.

Year	No. of Live and Stillbirths	RATES PER 1,000 LIVE AND STILLBIRTHS					
		Sepsis		Other Causes		Total	
		No.	Rate	No.	Rate	No.	Rate
1939	780	2	2.44	1	1.22	3	3.66
1940	911	—	—	1	1.08	1	1.80
1941	989	1	0.88	2	1.77	3	2.65
1942	1112	1	0.90	2	1.80	3	2.70
1943	1083	—	—	1	0.92	1	0.92
1944	1198	—	—	2	1.67	2	1.67
1945	1058	1	0.95	3	2.83	4	3.78
1946	1268	1	0.79	—	—	1	0.79
1947	1351	—	—	2	1.48	2	1.48
1948	1195	—	—	2	1.67	2	1.67
1949	1008	—	—	2	1.98	2	1.98
1950	907	—	—	—	—	—	—
1951	906	—	—	—	—	—	—
1952	991	—	—	2	2.02	2	2.02
1953	982	—	—	—	—	—	—
1954	908	—	—	—	—	—	—
1955	933	—	—	1	1.07	1	1.07
1956	984	—	—	1	1.02	1	1.02
1957	994	—	—	—	—	—	—
1958	1019	—	—	—	—	—	—



# PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1958

Total Deaths — 1,423

CAUSE OF DEATH	1957		1958	
	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system ... ..	534	39·74	597	41·96
Vascular Lesions of nervous system... ..	205	15·26	231	16·23
Cancer ... ..	240	17·85	210	14·75
Respiratory Diseases... ..	129	9·60	143	10·05
Violence, including suicide ... ..	52	3·87	52	3·66
Tuberculosis, all forms ... ..	10	0·74	7	0·49
Ulcer of Stomach and Duodenum ... ..	19	1·41	10	0·70
All Other Causes ... ..	155	11·53	173	12·16
	1,344	100·00	1,423	100·00

**DEATHS (Table 1)**  
**Causes of, and Ages at, Death for year 1958**

CAUSES OF DEATH	Totals at all ages	AGE DISTRIBUTION																	
		MALES									FEMALES								
		under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Totals	under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	Totals
1. Tuberculosis—Respiratory ...	6	—	—	—	—	2	1	1	4	—	—	—	—	—	1	1	—	—	—
2. Tuberculosis—Other ...	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease ...	4	—	—	—	—	—	1	—	1	2	—	—	—	—	—	1	1	—	—
4. Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
8. Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and parasitic diseases	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
10. Malignant Neoplasm, Stomach ...	27	—	—	—	—	7	5	4	16	—	—	—	—	—	3	1	7	—	—
11. Malignant Neoplasm, lung bronchus ...	54	—	—	—	2	20	14	9	45	—	—	—	—	—	4	3	2	—	—
12. Malignant Neoplasm, breast ...	13	—	—	—	—	—	—	—	—	—	—	—	—	—	5	4	4	—	—
13. Malignant Neoplasm, uterus ...	11	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	3	—	—
14. Other Malignant and Lymphatic Neoplasms ...	99	—	—	—	2	13	19	14	48	—	—	—	—	2	19	13	17	—	—
15. Leukaemia ...	6	—	—	1	—	—	1	—	2	—	—	—	—	—	2	—	2	—	—
16. Diabetes ...	17	—	—	—	—	—	1	2	3	6	—	—	—	—	—	1	4	6	—
17. Vascular lesions of Nervous System	231	—	—	—	—	14	20	42	76	—	—	—	—	1	15	44	95	—	—
18. Coronary Disease—Angina ...	295	—	—	—	4	64	61	44	173	—	—	—	—	—	17	41	64	—	—
19. Hypertension with Heart Disease ...	21	—	—	—	—	3	2	3	8	—	—	—	—	—	3	4	6	—	—
20. Other Heart Disease ...	222	—	—	—	4	10	16	37	67	—	—	—	—	—	6	27	122	—	—
21. Other Circulatory Disease ...	59	—	—	—	—	2	6	15	23	—	—	—	—	—	5	15	16	—	—
22. Influenza ...	4	—	—	—	1	1	1	—	3	—	—	—	—	—	—	—	1	—	—
23. Pneumonia ...	45	1	—	1	—	4	6	4	16	1	—	—	—	—	2	7	19	—	—
24. Bronchitis ...	82	1	—	—	—	15	23	17	56	—	—	—	—	—	2	9	15	—	—
25. Other Diseases of Respiratory System ...	12	—	—	—	1	5	2	1	9	—	—	—	—	—	—	1	2	—	—
26. Ulcer of Stomach and Duodenum ...	10	—	—	—	—	3	2	1	6	—	—	—	—	—	—	1	3	—	—
27. Gastritis, Enteritis and Diarrhoea ...	7	—	—	—	—	1	1	2	4	—	—	—	—	—	1	—	2	—	—
28. Nephritis and Nephrosis ...	10	—	—	—	2	1	1	1	5	—	—	—	1	—	—	3	1	—	—
29. Hyperplasia of Prostate ...	11	—	—	—	—	1	6	4	11	—	—	—	—	—	—	—	—	—	—
30. Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31. Congenital Malformations ...	8	2	—	—	—	—	—	—	2	2	1	2	—	—	1	—	—	—	—
32. Other defined and ill-defined Diseases ...	114	7	1	—	—	11	7	16	42	7	—	—	—	3	7	12	43	—	—
33. Motor Vehicle Accidents ...	6	—	—	—	1	1	1	—	3	—	—	—	—	—	—	1	2	—	—
34. All Other Accidents ...	32	—	—	1	2	4	1	3	13	—	—	—	—	—	2	4	13	—	—
35. Suicide ...	13	—	—	—	2	2	—	—	4	—	—	—	—	—	4	2	3	—	—
36. Homicide and Operations of War ...	1	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
TOTALS—(All Causes) ...	1423	11	1	2	3	22	188	197	222	646	10	1	2	2	6	104	202	450	757



## Deaths due to Accident, Suicide, Homicide, etc.

Totals	Male	21
	Female	31
		—
		52

						Male		Female		Total
Motor Vehicle Accidents	...	...	...	...	...	3	...	3	...	6
All other Accidents	...	...	...	...	...	13	...	19	...	32
Suicide	...	...	...	...	...	4	...	9	...	13
Homicide	...	...	...	...	...	1	...	0	...	1
						21	...	31	...	52

## By age groups

	0—15 years		15—65 years		65 and over	
	M	F	M	F	M	F
Motor Vehicle Accidents	0	0	2	0	1	3
Other Accidents	1	0	8	2	4	17
Suicide	0	0	4	3	0	6
Homicide	0	0	1	0	0	0
	1	0	15	5	5	26

## Other Accidents

	Male	Female	Total
1. <u>FALLS</u>			
Falls on the level	1	1	16
Falls down stairs	1	3	
Falls and Fractures—no details specified	2	8	
2. Accidental drowning	2	2	4
3. Electrocution	1	0	1
4. Railway accidents	1	0	1
5. <u>Accidental poisoning:</u>			
Carbon monoxide gas	5	3	8
Barbiturates (amytal)	0	1	1
6. Scalds and Burns	0	1	1
	13	19	32

## Suicide

	Males	Females
Carbon monoxide—coal gas	3	9
Barbiturates (seconal)	1	0
	—	—
	4	9
	—	—

# DEATHS (Table 3)

## Numbers and Rates per 1,000 population and per 1,000 births—years 1939—1958

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	INFANTS					Rate per 1,000 Pulm'ry Tuber- culosis	Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation
							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			
1939	81840	606	732	1338	16.34	13.56	41	52	37	47	4	70	0.49	7	0.09
1940	88550	608	810	1418	16.01	12.65	40	43	33	38	7	121	0.27	9	0.10
1941	95410	641	774	1415	14.80	11.69	65	57	58	54	7	115	0.40	7	0.07
1942	90480	584	739	1323	14.60	12.11	41	38	36	36	5	75	0.41	9	0.10
1943	85140	619	791	1410	16.60	13.77	49	47	43	45	6	67	0.50	9	0.10
1944	82860	565	739	1304	15.74	13.06	52	44	45	42	7	67	0.32	6	0.07
1945	81360	561	739	1300	15.98	12.63	29	28	25	27	4	35	0.44	5	0.06
1946	84010	470	686	1256	14.95	11.81	40	32	33	27	7	69	0.37	3	0.04
1947	84240	651	721	1372	16.29	12.87	55	42	50	40	5	64	0.46	5	0.06
1948	85800	566	706	1272	14.82	11.71	41	35	35	32	6	76	0.31	3	0.04
1949	85540	623	721	1344	15.71	12.10	38	39	33	35	*5	102	0.30	5	0.06
1950	85500	622	778	1400	16.37	12.44	24	27	22	26	2	34	0.17	5	0.09
1951	83400	737	876	1613	19.34	14.70	36	41	33	40	1	60	0.26	5	0.06
1952	82980	626	728	1354	16.32	12.32	29	20	28	30	1	20	0.15	6	0.07
1953	82400	606	704	1310	15.89	12.07	20	21	19	21	1	21	0.16	5	0.06
1954	82440	606	751	1357	16.46	11.34	31	35	29	34	2	39	0.20	—	—
1955	82240	682	870	1552	18.87	13.20	32	35	28	33	4	67	0.16	—	—
1956	82100	637	750	1387	16.89	12.16	26	27	25	28	1	21	0.07	—	—
1957	81900	636	708	1344	16.41	11.98	24	25	22	24	2	31	0.11	1	0.01
1958	81760	646	777	1423	17.45	12.74	21	21	20	21	1	18	0.07	1	0.01

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



# ENGLAND AND WALES—SOUTHPORT—CERTAIN VITAL STATISTICS

PERIOD	BIRTH RATE (per 1,000 population)		DEATH RATE (per 1,000 population)		INFANTILE MORTALITY RATE (per 1,000 live births)		EXPECTATION OF LIFE
	England & Wales	Southport	England & Wales	Southport	England & Wales	Southport	
1871—1880	35.4	30.69	21.4	23.43	149	161	M.—48; F.—52
1881—1890	32.4	24.37	19.1	17.78	142	132	
1891—1900	29.9	22.31	18.2	17.23	153	143	
1901—1910	27.2	17.49	15.4	14.43	128	121	
1911—1920	21.8	13.95	14.4	13.86	100	84	M.—59; F.—63
1921—1930	18.3	12.71	12.1	12.66	72	65	
1931—1940	14.9	10.30	12.3	15.07	59	56	
1941—1950	16.9	12.68	12.4	15.59	43	39	M.—66; F.—71
1951	15.4	*11.96	12.5	*14.70	30	41	
1952	15.3	*12.22	11.3	*12.32	28	30	
1953	15.4	*12.23	11.4	*12.07	27	21	M.—67; F.—73
1954	15.1	*12.31	11.3	*11.34	25	35	
1955	15.0	*12.64	11.7	*13.20	24.9	35	
1956	15.7	*13.12	11.7	*12.16	23.8	27	
1957	16.1	*13.41	11.5	*11.98	23.0	24	M.—67; F.—73
1958	16.4	*13.67	11.7	*12.74	22.5	21	

\*Corrected Rates





## Part II

# INFECTIOUS DISEASES

Tuberculosis

Veneral Diseases

Infectious Diseases—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 68. Of these 62 were found to be suffering from pulmonary disease and 6 from non-pulmonary disease. The following table shows the age and sex of these patients together with similar information regarding the number of persons who died of tuberculosis during the year.

AGE PERIODS (in years)	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ...	—	—	—	—	—	—	—	—
1 to 5 ...	—	—	—	—	—	—	—	—
5 to 15 ...	—	1	1	1	—	—	—	—
15 to 25 ...	7	10	—	1	—	—	—	—
25 to 45 ...	11	12	1	2	—	—	1	—
45 to 65 ...	8	4	—	—	2	1	—	—
65 to 75 ...	8	—	—	—	1	1	—	—
75 and over	—	1	—	—	1	—	—	—
TOTALS ...	34	28	2	4	4	2	1	—

**Treatment Clinic**—The 68 new cases came to the notice of the Department in the following ways:—

(a) By primary notifications ...	...	...	...	...	...	...	...	39
(b) By transfers from other areas ...	...	...	...	...	...	...	...	26
(c) From Death Returns ...	...	...	...	...	...	...	...	1
(d) Lost sight of cases returned ...	...	...	...	...	...	...	...	2
TOTAL ...								68

All the cases for which 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 1958 was 424, and 97 of these patients were found to have sputum containing tubercle bacilli. During the year, 51 Treatment Clinics were held and 715 visits were made by patients; the total number of X-ray examinations of patients was 892.

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

The following summary of notifications and deaths from tuberculosis during the last ten years shows very little variation in the notifications of pulmonary tuberculosis, a gradual decline in the notifications of non-pulmonary tuberculosis and a marked fall in the number of deaths from both forms of the disease.

YEAR	NEW CASES		DEATHS	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
1949 ...	60	13	23	1
1950 ...	68	16	15	5
1951 ...	79	13	22	5
1952 ...	71	13	12	6
1953 ...	67	9	13	5
1954 ...	68	9	16	—
1955 ...	65	10	13	—
1956 ...	61	—	—	—
1957 ...	46	3	9	1
1958 ...	62	6	6	1



**Contact Clinic**—The Health Committee 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 43 clinics were held and 982 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 950. Five contacts were found to be suffering from pulmonary tuberculosis in 1958.

**Domiciliary Visiting**—A Health Visitor is employed by the Health Committee for the purpose of visiting cases in their own homes to give help and advice to patients and their families.

The following table shows the number of visits made by this Health Visitor during the year:—

To Patients—	First Visits	...	...	...	...	...	...	...	...	41
	Re-Visits	...	...	...	...	...	...	...	...	984
To Contacts—	First Visits	...	...	...	...	...	...	...	...	117
	Re-Visits	...	...	...	...	...	...	...	...	1,027
										<hr/> 2,169
										<hr/> 265
	"No Access" Visits	...	...	...	...	...	...	...	...	

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 Committee's Service.

During 1958, the Health Visitor made 93 attendances at the Tuberculosis Treatment and Contact Clinics.

**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 or her family.

During 1958, one case was referred to the Housing Department with a recommendation that alternative accommodation would be helpful.

**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 Committee loan open-air chalets to suitable patients, thereby enabling treatment to be continued in a more satisfactory manner.

These chalets are equipped with Calor gas lighting and three were in use at the end of the year.

**Mass Miniature Radiography Unit**—The following statement shows the numbers of persons who attended for miniature X-ray examination and the results obtained when the No. 2 Mass Radiography Unit of the Liverpool Regional Hospital Board was in Southport during 1958.

**1. Total X-rayed by age group analysis.**

								Male	Female
14 years	...	...	...	...	...	...	...	1497	1862
15 to 24 years	...	...	...	...	...	...	...	562	904
25 to 34 years	...	...	...	...	...	...	...	219	264
35 to 44 years	...	...	...	...	...	...	...	238	272
45 to 59 years	...	...	...	...	...	...	...	254	308
60 years and over	...	...	...	...	...	...	...	89	155
TOTAL	...	...	...	...	...	...	...	2859	3765

**2. Classified Cases**

								Male	Female
Hiatus Hernia	...	...	...	...	...	...	...	—	1
Pneumonitis	...	...	...	...	...	...	...	18	4
Bronchiectasis	...	...	...	...	...	...	...	4	1
Inactive primary tuberculosis	...	...	...	...	...	...	...	20	15
Inactive pulmonary tuberculosis	...	...	...	...	...	...	...	12	10
Heart Abnormalities	...	...	...	...	...	...	...	4	17
Pulmonary Congestion	...	...	...	...	...	...	...	—	1
Retrosternal Thyroid	...	...	...	...	...	...	...	—	1
Pulmonary tuberculosis (occasional out-patient supervision)	...	...	...	...	...	...	...	4	3
Awaiting Chest Clinic reports	...	...	...	...	...	...	...	3	—

**Number of Patients on Register**—The following table gives details of the patients on the register during the last five years and bears out the remarks made earlier in this Report regarding the incidence of notifications and deaths.



	1954			1955			1956			1957			1958		
	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total
1. No. of patients on register at beginning of year ... ..	388	84	472	388	65	453	396	61	457	420	67	487	391	35	426
2. No. of patients added during the year:															
(a) primary notifications of new cases ... ..	49	7	56	41	4	45	42	10	52	30	1	31	34	5	39
(b) transfers from other areas ... ..	12	1	13	19	4	23	18	2	20	12	2	14	26	—	26
(c) lost sight of cases returned ... ..	2	—	2	1	—	1	1	1	2	1	—	1	2	—	2
TOTALS (1) ... ..	451	92	543	449	73	522	457	74	531	463	70	533	453	40	493
3. No. of patients deleted during the year:															
(a) died (from all causes) ... ..	10	—	10	12	—	12	8	—	8	10	1	11	14	—	14
(b) transferred to other areas ... ..	18	3	21	21	1	22	21	2	23	18	1	19	21	—	21
(c) recovered ... ..	20	15	35	7	8	15	6	5	11	29	24	53	26	6	32
(d) lost sight of or refused further assistance ... ..	15	9	24	13	3	16	2	—	2	15	9	24	2	—	2
TOTALS (2) ... ..	63	27	90	53	12	65	37	7	44	72	35	107	63	6	69
4. No. of patients on register at the end of year (i.e., totals (1), less totals (2) ... ..	388	65	453	396	61	457	420	67	487	391	35	426	390	34	424
5. Summary of new patients found during the year:															
(a) Primary notifications of new cases ... ..	49	7	56	40	4	45	42	10	52	30	1	31	34	5	39
(b) Transfers from other areas ... ..	12	1	13	19	4	23	18	2	20	12	2	14	26	—	26
(c) Patients found from death returns (figures <b>not</b> included in items (1) to (4) above) ... ..	5	1	6	5	2	7	1	—	1	3	—	3	—	1	1
(d) Lost sight of cases returned ... ..	2	—	2	1	—	1	1	1	2	1	—	1	2	—	2
TOTAL NUMBER OF NEW PATIENTS ... ..	68	9	77	66	10	76	62	13	75	46	3	49	62	6	68

**Voluntary Tuberculosis 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 tuberculous patients and all the medical and nursing staff who are engaged in the service are members of this organisation. The administrative assistant in the Health Department acts as Hon. Case Secretary and the Chief Clerk undertakes the duties of Hon. Treasurer. Assistance is also received from other members of the staff of the Health Department in organising the Christmas Seal Sale.

During 1958 the Care Committee provided financial and other assistance to patients and their families to the value of £356 16s. 2d.

**B.C.G. Vaccination**—The number of persons vaccinated during the year 1958 is shown below :—

(1) (a) At B.C.G. Clinics	...	...	...	...	...	...	...	42
(b) Babies seen by the Consultant Paediatrician	...	...	...	...	...	...	...	24
(c) School children	...	...	...	...	...	...	...	497
TOTAL								563
(2) Number of B.C.G. Clinics	...	...	...	...	...	...	...	7
Number of attendances made by contacts	...	...	...	...	...	...	...	43
Number of Mantoux and Patch tests	...	...	...	...	...	...	...	87
Number of sessions by Tuberculosis Visitor at B.C.G. Clinics	...	...	...	...	...	...	...	6

#### VACCINATION SINCE SCHEME COMMENCED IN APRIL, 1951

	1951	1952	1953	1954	1955	1956	1957	1958
(a) At B.C.G. Clinics	96	44	47	30	48	45	27	42
(b) Babies seen by the Consultant Paediatrician	6	6	6	13	10	9	9	24
(c) School Children	—	—	—	79	427	391	500	497
TOTALS	102	50	53	122	485	445	536	563



## VENEREAL DISEASES

At the end of the year, 75 new cases were under treatment at the clinic, as compared with 85 cases at the end of 1957.

These new cases were classified as follows:—

	Male	Female	Total
(1) Syphilis ... ..	2	3	5
(2) Gonorrhoea ... ..	8	—	8
(3) Non-Venereal Infections ... ..	44	17	61
	54	20	74
(4) Cases transferred from other clinics:—			
Syphilis ... ..	—	1	1
Gonorrhoea ... ..	—	—	—
Observation ... ..	—	—	—
TOTALS ...	54	21	75

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

YEAR	SYPHILIS					GONORRHOEA		
	Number of new cases during the year			Number of cases on register at end of year	Total number of attendances during year	Number of new cases during the year	Number of cases on register at end of year	Total No. of attendances during year
	Congenital	Others	Total					
1944	12	38	50	182	3063	85	96	3730
1945	6	39	45	156	2991	90	114	3751
1946	8	30	38	169	2740	130	111	4343
1947	3	32	35	147	2751	76	116	3362
1948	6	29	35	151	2321	77	102	2395
1949	3	26	29	163	1892	37	106	1420
1950	—	16	16	155	1795	15	72	639
1951	5	11	16	92	1496	15	21	206
1952	6	9	15	84	1535	9	7	107
1953	2	10	12	62	1184	8	2	84
1954	1	6	7	57	1412	3	2	18
1955	1	7	8	56	1625	4	5	46
1956	3	7	10	49	1336	6	4	85
1957	—	7	7	55	1152	10	3	78
1958	—	5	5	48	1151	8	5	43

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

During the year the Health Visitor made 30 follow-up visits and also attended 42 V.D. Clinics. At the commencement of the year there were 5 male defaulters on the register and 54 other names were added during the course of the year. The male nurse dealt successfully with 50 of these, leaving 9 patients as defaulters at the end of the year. 75 home visits were made by the male nurse during the period under review.



**INFECTIOUS DISEASES (Table 1)**  
**Classification of Cases notified during the year 1958**

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED Ages in Years								TOTAL CASES NOTIFIED IN EACH WARD													Total No. of cases removed to Hospital		
	At all ages	Under 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 upwards	Central	Craven	Heslith	Marine	Park	Scarisbrick	South	Sussex	Talbot	West	Birkdale East	Birkdale North	Birkdale South		Birkdale West	Ainsdale
Chicken Pox	173	3	47	105	5	12	1	—	6	4	18	6	6	2	5	2	10	6	25	11	46	11	15	8
Dysentery	13	—	6	6	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	12	—	11
Erysipelas	6	—	—	—	1	—	3	2	1	—	—	—	1	—	—	—	1	1	—	1	—	—	—	1
Food Poisoning	26	—	—	—	1	23	—	2	23	—	—	—	—	2	—	—	—	—	—	—	1	—	—	4
German Measles	86	3	29	31	14	9	—	—	3	4	5	6	6	—	5	2	6	4	10	15	13	6	1	1
Measles	124	5	33	81	2	3	—	—	6	5	5	5	32	13	7	20	12	1	1	5	9	1	2	13
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Paratyphoid	1	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	12	—	1	—	1	4	5	1	—	3	—	1	—	—	—	—	—	1	—	—	1	3	3	—
Poliomyelitis	3	—	1	—	1	1	—	—	—	1	—	—	1	—	—	—	—	—	1	—	—	—	—	3
Puerperal Pyrexia	1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Scarlet Fever	53	—	14	35	3	1	—	—	3	10	1	1	1	—	3	1	1	3	5	6	10	3	5	5
Whooping Cough	50	5	22	23	—	—	—	—	6	2	3	2	1	2	—	17	11	—	4	1	—	1	—	7
TOTALS	549	17	153	281	29	55	9	5	48	30	33	21	48	19	20	42	41	17	46	39	80	38	27	54



**INFECTIOUS DISEASES (Table 2)**  
**Number of Notified Cases and number of Deaths for the years 1949 to 1958 inclusive**

NOTIFIABLE DISEASE	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED										DEATHS FROM INFECTIOUS DISEASE										Total Deaths during 10 years 1949 to 1958	Case Mortality for 10 years 1949—1958	
	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	Total Cases for 10 years 1949 to 1958	1949	1950	1951	1952	1953	1954	1955	1956	1957			1958
Chicken Pox ... ..	543	345	295	992	225	1395	286	498	746	173	5498	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria ... ..	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery ... ..	6	282	155	9	18	154	35	134	—	13	806	—	—	2	—	—	—	—	—	—	—	2	0.25%
Encephalitis ... ..	—	—	1	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas ... ..	34	24	15	17	22	10	9	12	6	6	155	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ... ..	1	23	4	—	26	2	16	5	—	26	103	—	1	—	—	—	—	—	—	—	—	1	0.97%
German Measles ... ..	55	45	76	330	1505	60	57	110	169	86	2493	—	—	—	—	—	—	—	—	—	—	—	—
Malaria ... ..	1	1	1	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Measles ... ..	896	595	1272	345	1202	457	238	813	476	124	6418	2	—	1	—	—	1	—	—	—	—	4	0.06%
Meningococcal Infect'n	1	3	4	4	—	1	3	3	1	—	20	—	1	—	—	—	1	—	2	—	—	4	20.00%
Ophthalmia Neonatorum ... ..	—	1	—	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Tuberculosis ... ..	13	16	13	13	9	9	10	13	3	6	105	5	5	5	6	5	—	—	—	1	1	28	26.66%
Para-Typhoid Fever ... ..	6	2	1	—	—	—	1	1	—	—	11	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia ... ..	70	46	69	51	32	15	31	37	41	12	404	31	40	51	38	22	27	58	50	52	45	414	102.47%
Polioencephalitis ... ..	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis ... ..	1	2	2	1	7	2	9	6	4	3	37	—	—	—	—	—	1	1	—	—	1	3	8.11%
Puerperal Pyrexia ... ..	2	2	2	1	5	1	—	4	1	1	19	—	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis ... ..	58	68	77	71	67	68	65	62	46	62	644	26	15	22	12	13	16	13	6	9	6	138	21.43%
Scarlet Fever ... ..	125	167	94	213	176	55	32	26	40	53	981	—	—	—	—	—	—	—	—	—	—	—	—
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever ... ..	2	—	—	1	—	—	—	—	—	—	3	1	—	—	—	—	—	—	—	—	—	1	33.33%
Typhus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough ... ..	277	352	192	179	206	452	43	198	63	50	2012	1	2	—	1	—	—	—	—	—	—	4	0.20%





## **Part III**

# **LOCAL HEALTH SERVICES**

### **Special Survey of 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**

## NATIONAL HEALTH SERVICE

Special Report of the manner in which the Local Health Services have functioned in the wider setting of the National Health Service. (Reference Ministry of Health Circular 22/58 dated 9th December, 1958).

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A detailed special survey of the first five years' working of the local health services was included in the Annual Report for 1952 and it is understood that the present brief survey need not repeat details included in that report unless there have been marked differences in the services.

### 1. Administration

(Co-ordination and co-operation with other parts of the National Health Service.)

The general pattern laid down in the 1946 Act which divided the local responsibility for the three main branches, the hospital, the family doctor and the public health services, between three different administrative bodies, the Hospital Management Committee, the Local Executive Council and the Local Health Authority, has in practice provided a sound base on which to build. There has been much criticism from many bodies but I think it true to say that, taking into account the financial state of the country since 1948, considerable progress has been made. Much requires to be done and for this a great deal of money and effort will be required. The present administrative structure can only function satisfactorily if there is a high level of liaison and personal effort by those engaged in the three main branches. The size of this County Borough lends itself well to interlocking membership of committees such as were detailed in my 1952 report. It is not always possible for busy doctors, whose conjoined advice is so necessary to the smooth working and development of the service, to give time to voluntary work on committees and there are those who feel that time spent in this way should be remunerated. It has also become abundantly obvious that the Medical Officer of Health can, if he so wishes, do much good liaison work in the administrative structure. It is, I think, true to say that the steadily increasing responsibilities of the local health authorities have more than compensated for the loss of hospital administration which occurred in 1948 and indeed there is more administrative work to do now in this department than there was at that time. This and the additional clinical work in connection with B.C.G. vaccination against tuberculosis, made it necessary to increase the whole time medical staff from three to four in 1955.

A comprehensive review of the local services for the elderly, sick and infirm took place following the receipt of circular 14/57 dated 7th October, 1957, and resulted in the provision of additional beds for geriatric cases in hospital, in a better understanding of the degree of need for hostels for the frail ambulant elderly person and in a steady increase in the amount of domestic help given.

### 2. Joint Use of Staff

There has not been much change in the local position since 1952, when it was shown that there was a good deal of working together between hospital and local health authority staffs. Most of this is done on an agreed basis without financial adjustment between the administrative bodies responsible.

Much closer co-operation has been noticed recently in respect of work with mentally disordered persons.

The appointment of the Medical Officer of Health as the physician in charge of beds in the Infectious Disease Hospital is, in spite of the diminishing need for hospital care of some types of fever, still of very great value.

There are few domiciliary midwifery cases in this town and for some years now the consultant obstetrician has been in charge of the ante-natal and post-natal clinics at which these expectant and nursing mothers are seen.







With the Compliments  
of the  
Medical Officer of Health

Health Department  
2 Church Street  
Southport



### 3. Voluntary Organisations

Social services provided by voluntary organisations are highly developed in Southport. The community benefits very much from this work and such efforts as the provision of 'Meals on Wheels' for the elderly, infirm and chronically sick persons; the chiropody service with 8,000 appointments annually; the twelve Darby and Joan Clubs; to mention only a few, are greatly to be commended. These services provide points of contact with statutory social workers and the staff of the department have good liaison with the voluntary workers.

### 4. Care of Expectant and Nursing Mothers and Children under School Age.

The arrangements for ante-natal and post-natal care, for child welfare and for the supervision of unmarried mothers have not required alteration and appear to fit well into the present needs of the town. The absorption of the distribution of welfare foods into the Local Authorities Service has resulted in many more young mothers coming to the department and has made opportunities for health education which has resulted in a better response for dental treatment for expectant mothers.

The Day Nursery places remain at 100 and this is sufficient to meet the need now that the Council have a very good building for the main nursery.

### 5. Domiciliary Midwifery

There is little of this in Southport but a number of mothers still prefer to be confined at home. The midwives frequently act as maternity nurses, as the family doctors are now usually booked for almost all confinements.

### 6. Health Visiting

My comments, after detailing the service, in 1952 were as follows:—

"There is much lack of knowledge amongst doctors in consultant and general practice as well as amongst lay people, and consequent lack of appreciation, of the Health Visitor's work. This arises from many factors but one of the greatest is that the Hospital Service, the General Practitioner Service, and the Public Health Service have been allowed to develop separately and this isolation has to some extent been encouraged by recent legislation. Many doctors do not know that the Health Visitor must be a State Registered Nurse, having in addition at least the 1st Part of the Central Midwives' Board Examination as well as the Health Visitors' Certificate of the Royal Sanitary Institute. The training, therefore, of these special nurses is an extensive one. Much of their work lies in the undramatic sphere of preventive medicine, such triumphs as the successful completion of a course of diphtheria immunisation after many visits to a defaulting or hesitating parent, visits which may have been disagreeable to carry out, do not command the gratitude and recognition which the nursing of a sick child frequently engenders. Nevertheless, there is often affection and respect for the conscientious Health Visitor, even from the problem families in her district. Her work, which is so much more difficult and which demands so much more than ordinary nursing, deserves much more recognition and appreciation especially from medical practitioners. As some of the work of the Health Visitor is also the concern of the General Practitioner, it is essential that every effort be made to encourage co-operation. This is not so easy to accomplish as it is between the General Practitioner and the Home Nurse or Maternity Nurse, largely owing to the lack of personal contact. The establishment of Health Centres on the suggested pattern would encourage such co-operation but these will not be available for a very long time. In the meantime, however, much could be accomplished by maintaining a high standard in Health Visiting work and by showing the greatest willingness to co-operate with medical practitioners in general and hospital practice. It is especially important that the confidence of General Practitioners should be gained so that they would be prepared, as some do now, to encourage mothers to make use of the Health Visiting Services administered by the Local Health Authority. Such confidence will only be gained when there is full knowledge of these services by all concerned and when the doctors in the area are satisfied that cases requiring treatment will be referred to them".



I am more than ever convinced that the work which the Health Visitors do is of great value to the community but there is still difficulty in integrating their work with that of the family doctor. As it seems unlikely that there will be any early development of comprehensive health centres here, further thought must be given to the attachment of Health Visitors to partnership or to group medical practices: the difficulty is chiefly a geographical one. During recent years a prepaid lettercard addressed to the Medical Officer of Health was evolved to encourage the use of local authority staff by family doctors. The card is as follows:—

---

Name of Patient .....

Address .....

..... Age.....

Please arrange for this patient to be provided with the following services:

(Place a cross in the appropriate squares)

HOME HELP ..... ☐ DISTRICT NURSE ..... ☐

HEALTH VISITOR ..... ☐ MIDWIFE..... ☐

SICK ROOM HELP (Night Service)..... ☐

SICK ROOM EQUIPMENT..... ☐

(Please state articles required)

OTHER INFORMATION (if any):

Please place a cross in this square if you require a further supply of these cards..... ☐

Date..... Signed.....

---

A reply is sent to the doctor as to the action taken. Several of the family doctors make regular use of this service. The appointment of a special health visitor for elderly people and her attendance at the geriatric out-patient hospital clinic working under the



consultant geriatrician has proved to be a most excellent arrangement. Increasing numbers of patients and beds will require in all probability an additional appointment of this nature in the future.

In Southport where the care of the elderly is an increasing and grave problem it is imperative that the closest possible liaison of a practical kind should exist between the family doctors, the hospital physicians and the health and welfare staffs of the local authority.

## **7. Home Nursing**

In Southport, this service is provided by the Southport and Birkdale District Nursing Association on behalf of the local health authority. The work has increased since 1952 and the nurses are now called upon to do a very large number (63,963 in 1958) of visits annually. A male nurse has been added to the staff. The provision of a sterile syringe service would be of value. Doctors and patients are unfailing in their expressions of gratitude for the work done by the home nurses.

## **8. Vaccination and Immunisation**

The prevention of many diseases by immunological methods is a steadily growing practice and medical practitioners expect the local health department to be able to supply a vast amount of advice and material. It is essential that the medical staff of the department should be fully up to date and able to deal with developments in this field. A start has been made to provide doctors with practical help such as presterilised equipment for poliomyelitis vaccination clinics but much more could be done if equipment and staff were available. The following table shows that health education has been responsible for a rising percentage of acceptances for smallpox vaccination of infants.

Year	Total vaccinated against smallpox	No. vaccinated who were under 1 year of age	% Vaccinated under 1 year of age of total vaccinated
1953	448	115	25.7
1954	310	109	35.1
1955	368	151	41.0
1956	523	216	41.3
1957	629	407	64.7
1958	710	462	65.1

## **9. Ambulance Service**

It is not easy to administer this service with efficiency and humanity. It has been suggested from time to time that there is a good deal of wilful abuse of the service and careful supervision has been necessary. The co-operation with the other medical services is very good, and detailed investigation of reported incidents of abuse has not indicated that misuse of the ambulances is in any degree widespread.

## **10. Prevention of Illness—Tuberculosis**

The duty of the local health authority in this regard has proceeded on the lines described in 1952 and has been satisfactorily discharged.

## **11. Domestic Help**

The family doctors and the general public have shown an increasing interest in provision of this kind which can often be a deciding factor in whether a patient can remain at home or must go to a hostel or hospital. The burdens of infirmity and old age which are of such pressing importance in this town have resulted in an increasing demand for domestic help. It is in some ways an expensive provision but it is difficult to see how it could be refused and it would appear that it must increase as our population ages.

## 12. Mental Health

The essentials required by law have been satisfactorily discharged and the liaison between general practitioners, hospital medical staff and local authority staffs is good. A very great amount of additional responsibility will be placed on local authorities if development of the kind envisaged in the Royal Commission Report on the Law in relation to mental illness takes place and will require not only effort but large expenditure of money both in capital and revenue.

## 13. Conclusion

In conclusion, it is my view that the local health authority provides the public with many services of very real value to the health of the community. In Southport, these services are well integrated with the requirements of the family doctors and the hospital staffs. I believe that there is a growing awareness amongst those connected with health matters of what the local health authority is expected to provide and that the demands on the various services are likely to go on increasing for some time to come. The success of the services in future will depend more and more on the sense of responsibility and the humanity of those in charge of administration, on the personal standards of work set themselves by the doctors, nurses and other staffs, and on the degree to which the local ratepayer and the government are prepared to find the necessary funds.



## CARE OF MOTHERS AND YOUNG CHILDREN

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**Ante-Natal Care**—A weekly Ante-Natal Clinic was held at 44 Hoghton Street during 1958 for those mothers who had booked to have their confinements 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 have a blood test for Kahn reaction, haemoglobin estimation, blood grouping and are examined for Rhesus factor as a routine measure.

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

During the year, 49 clinic sessions were held and 22 mothers who had booked to have their confinements at home made a total of 39 attendances.

**Ministry of Health Circular 9/56**—The joint meetings between representatives of the Hospital, General Medical Practitioners and Local Health Authority Services which were held in 1956 following the issue by the Ministry of Health Circular 9/56 on ante-natal care, served to ventilate some of the matters which may contribute to safety for the mother and her baby. It led also to a concerted effort to ensure that all mothers were given the opportunity of a blood group, haemoglobin, Rh factor and Kahn test and in general these important tests are carried out. The town is unique in that all mothers wishing to have their babies in hospital are able to do so: because of this, the expected report of the Cranbrook Committee on the Maternity Services will be of particular importance to Southport.

**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 395 mothers attended during 1958. In addition, 235 re-visits were made, making a total of 630 visits during the year; 45 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 Clinic 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 1958 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 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 1958:—

	Hamp- ton Road	High Park	Liver- pool Road	Cros- sens	Derby Road	Ains- dale	TOTALS
INFANTS — under 1 year—							
No. of New Cases ...	174	166	119	94	150	73	776
No. of Re-attendances	1926	1886	1285	1134	1879	827	8937
CHILDREN — over 1 and under 5 years—							
No. of Attendances ...	565	692	588	786	772	667	4070
Total No. of Attendances	2665	2744	1992	2014	2801	1567	13783
No. of Sessions ...	47	94	46	46	47	47	327
Average Attendance per Session ...	57	30	43	44	60	33	42
Total No. of Children who attended during the year	397	426	337	312	367	267	2106
Average attendance per child ...	6.7	6.4	5.9	6.5	7.6	5.9	6.5
No. of attendances made by Health Visitors ...	141	183	97	92	140	95	748

**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.

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

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

(a) Number of Cases Treated

	Examined	Found to be in need of treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ...	44	44	44	21
Children under 5 ...	185	129	122	86
TOTALS ...	229	173	166	107

(b) Classification of Treatment provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Com- plete	Partial
Expectant and Nursing Mothers	86	28	9	74	17	—	25	2	6	6
Children under 5	125	22	47	225	3	92	27	1	—	—
TOTALS ...	211	50	56	299	20	92	52	3	6	6



**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 following fees are 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 3/0d. for each child attending the Day Nurseries.

The Nursery Nurses' Training Scheme was continued in 1958 in conjunction with the Education Committee and 4 further students were appointed for the two year course which commenced in September.

The following table shows the attendances at the Day Nurseries during 1958:—

	Southport	Bedford Park	Totals
(1) Number of places provided ... ..	60	40	100
(2) Mondays to Fridays—			
(a) Total attendances ... ..	13484	8961	22445
(b) Number of days open ... ..	254	254	254
(c) Average daily attendance ... ..	53	35	88
(3) Mondays to Saturdays—			
(a) Total attendances ... ..	14501	9402	23903
(b) Number of days open ... ..	304	304	304
(c) Average daily attendance ... ..	48	31	79

**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 one of the district health visitors until the infant reaches normal weight and after this stage the usual routine visits are made as in other cases.

The table on page 14 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 ante-natal 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 66 new cases and the Health Committee paid the maintenance costs in voluntary homes for 9 mothers during the ante and post-natal period.

**Prevention of the Break-Up of Families**—A Sub-Committee with representatives from the Health, Estates, Welfare, Children's and Finance Committees, is available to consider serious individual family problems, when it seems probable that the best solution can only be found by concerted action by a number of Committees.

### Welfare Foods.

**DISTRIBUTION.** Welfare foods were distributed from the Centre at the Health Department and the six Welfare Centres in the town.

The following figures show the amounts of welfare foods issued during 1958 :—

ISSUED FROM	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
<b>HEALTH DEPARTMENT—</b>				
(a) Counter Issues ... ..	5,703	15,006	1,430	1,845
(b) Issues to National Health Service Institutions ... ..	13	132	—	—
(c) Issues to Day Nurseries ... ..	—	60	72	—
<b>Total Issues from Health Department... ..</b>	<b>5,716</b>	<b>15,198</b>	<b>1,502</b>	<b>1,845</b>
<b>WELFARE CENTRES—</b>				
(a) Ainsdale ... ..	445	2,699	378	192
(b) Liverpool Road ... ..	365	3,662	504	312
(c) Crossens ... ..	405	2,799	305	201
(d) Poulton Road ... ..	354	3,655	534	407
(e) Hampton Road ... ..	396	3,483	400	321
(f) Derby Road ... ..	293	1,333	195	108
<b>Total Issues from Welfare Centres ... ..</b>	<b>2,258</b>	<b>17,631</b>	<b>2,316</b>	<b>1,541</b>
<b>GRAND TOTALS ... ..</b>	<b>7,974</b>	<b>32,829</b>	<b>3,818</b>	<b>3,386</b>



## Domiciliary Midwifery

The Staff consists of a non-medical Supervisor of Midwives; two full-time midwives and one half-time midwife, appointed on April 1st, 1959, to relieve off-duty, holidays and sick leave. All the staff are fully qualified to administer analgesia, i.e. gas and air and trilene, and are in possession of the individual apparatus. Patients wishing to book for home confinement may do so at the Ante-Natal Clinic, 44 Houghton Street, or directly with the midwife for the area in which they live. Arrangements can be made for patients who have not engaged the services of their own doctor to have ante-natal care from the obstetrician in attendance at the Clinic which is held on Thursday afternoons. Regular visits are made by the midwives irrespective of having engaged a doctor to attend under the Maternity Medical Service. Arrangements can also be made for all patients to have routine blood tests carried out. The domiciliary midwives also visit certain patients who have been delivered in hospital but have been discharged home before the 14th day. Notification of these discharges is sent to the Health Dept. by the Matrons of the individual Maternity hospitals. The number of these patients has decreased in 1958; 18 were discharged and 91 visits made. The Gas and Air Analgesia apparatus has also been provided on two occasions for general practitioners for their private patients.

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

					Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries attended:—							
(a) Doctor not booked	...	...	...	—	...	4	4
(b) Doctor booked	...	...	...	6	...	66	72
TOTALS	...	...	...	6		70	76*
2. Number of patients in (1) above who received:							
(a) gas and air analgesia	...	...	...	—	...	—	—
(b) pethidine	...	...	...	5	...	58	63
(c) trilene	...	...	...	6	...	68	74
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 medical services under the National Health Service Act	...	...	...			6	
(b) Others	...	...	...			—	
TOTAL	...	...	...			6	
4. Number of visits made by the midwives during the year:—							
(a) Ante-natal visits	...	...	...	...	...	...	920
(b) Nursing visits	...	...	...	...	...	...	1,389
TOTAL	...	...	...	...	...	...	2,309
5. Number of attendances made by the Supervisor at ante-natal clinics held at 44 Houghton Street	...	...	...	...	...	...	49



6. Domiciliary Midwives also attend at Ante-Natal clinics conducted by private G.P's.:-

Attendance at these Clinics—total	...	...	...	...	...	...	49
Attendance at circumcision	...	...	...	...	...	...	1
Attendance at miscarriage	...	...	...	...	...	...	1
Number of visits paid by midwives	...	...	...	...	...	...	27

#### 7. Premature Infants

3 Babies were born at home prematurely (one set of twins). The twins were transferred with their mother to hospital. The other premature baby was successfully nursed at home and made good progress.

\*91 mothers were booked for home confinement. Of these, 2 left the district and 13 were transferred to hospital for reasons stated below:—

Miscarriage...	...	...	...	...	...	...	...	1
Placenta praevia	...	...	...	...	...	...	...	1
Obstructed labour	...	...	...	...	...	...	...	1
Toxaemia of pregnancy	...	...	...	...	...	...	...	1
Malpresentation	...	...	...	...	...	...	...	2
Changed to hospital	...	...	...	...	...	...	...	7

**Midwives in Private Practice**—During the year five private midwives notified their intention to practise on the district. Only one of these, however, was actually engaged in midwifery work and the following statement shows the work done in 1958. This midwife is qualified to administer gas and air analgesia.

					Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries attended:—							
(a) Doctor not booked	...	...	...	...	—	—	—
(b) Doctor booked	...	...	...	...	2	3	5
					2	3	5
2. Number of patients in (1) above who received:							
(a) gas and air analgesia	...	...	...	...	—	—	—
(b) pethidine	...	...	...	...	2	2	4
(c) trilene	...	...	...	...	2	1	3
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	...	...	...	...	...	—	—
(b) Others	...	...	...	...	...	—	—
						Nil	Nil
TOTAL	...	...	...	...			
4. Number of visits of inspection made by non-medical supervisor to midwives in their own homes	...	...	...	...	...	...	27

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



	Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries ... ..	19	—	19
2. Number of patients in (1) above who received gas and air analgesia ... ..	1	—	1
3. Number of patients in (1) above for whom medical aid was summoned ... ..	2	—	2
(a) Number of practising midwives employed at 31st December, 1958 ... ..	5		
(b) Number of midwives in (a) above who are qualified to administer gas and air analgesia...	2		

**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 1958. These figures are for residents and non-residents.

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	TOTAL
(1) Number of Patients ... ..	644	447	1091*
(2) Number of Patients in (1) above who received gas and air analgesia ... ..	570	440	1010
(3) Number of Patients in (1) above for whom medical aid was summoned ... ..	95	23	118
(4) Number of practising midwives on the staff at the end of the year ... ..	8	7†	15
(5) Number of Midwives in (4) above who are qualified to administer gas and air analgesia ... ..	8	7	15

\*Includes 875 Southport residents and 216 non-residents.

†5 full-time and 2 part-time.

**Distribution of Maternity Cases**—The following table shows the percentage of maternity cases dealt with during 1958 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.

	1957		1958	
	No. of Cases	%	No. of Cases	%
<b>District</b>				
Municipal Midwives ... ..	88	9.24	76	7.79
Private Midwives ... ..	4	0.42	5	0.51
TOTALS (a) ... ..	92	9.66	81	8.30
<b>Institutions</b>				
Christiana Hartley Mat. Hospital	378	39.71	509	52.20
St. Katharines Maternity Hospital	465	48.84	366	37.54
Nursing Homes ... ..	17	1.79	19	1.96
TOTALS (b) ... ..	860	90.34	894	91.70
GRAND TOTALS (a) and (b) ...	952	100.00	975	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 establishment consists of a Superintendent Health Visitor, who also supervises the school nursing work, 2 Clinic Nurses, 1 Tuberculosis Health Visitor, 1 Health Visitor for Elderly People, and 12 Health Visitors/School Nurses, making a total of 17.

Each of the 12 Health Visitors is responsible for a district and based on the estimated figures for the year 1958, the average case load of the 0-14 years age group is 1,183.

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 1958:—

	First Visits	Revisits	Total Visits
Expectant Mothers ... ..	633	764	1,397
Children under 1 year—			
Routine ... ..	942	7,105	8,047
Prematurity ... ..	24	26	50
Stillbirth ... ..	16	—	16
Illness ... ..	—	4	4
Miscellaneous ... ..	9	202	211
	991	7,337	8,328
Children 1 to 2 years—			
Routine ... ..	10	4,307	4,317
Illness ... ..	—	6	6
Miscellaneous ... ..	—	52	52
	10	4,365	4,375
Children 2 to 5 years—			
Routine ... ..	21	6,384	6,405
Illness ... ..	—	19	19
Miscellaneous ... ..	—	92	92
	21	6,495	6,516
Other Cases—			
Infectious Disease ... ..	2	11	13
Other Illness ... ..	2	6	8
Old People ... ..	421	1,795	1,216
Miscellaneous ... ..	315	117	432
	740	1,929	2,669
SUMMARY			
EXPECTANT MOTHERS ... ..	633	764	1,397
CHILDREN UNDER 1 YEAR ... ..	991	7,337	8,328
CHILDREN AGED 1 TO 2 YEARS ... ..	10	4,365	4,375
CHILDREN AGED 2 TO 5 YEARS ... ..	21	6,495	6,516
OTHER CASES ... ..	740	1,929	2,669
TOTALS ... ..	2,395	20,890	23,285



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

Attendances at Welfare Centres	...	...	...	...	...	...	...	781
Attendances at the Post-Natal Clinic, 44 Hoghton Street	...	...	...	...	...	...	...	49
Attendances at B.C.G. Clinics	...	...	...	...	...	...	...	14
Attendances at the Geriatric Out-Patients' Clinic, Promenade Hospital	...	...	...	...	...	...	...	41
Attendances at the Paediatric Clinic and	...	...	...	...	...	...	...	92
Attendances at the V.D. Clinic, both of which are held at the Southport Infirmary	...	...	...	...	...	...	...	47
<hr/>								
Total number of clinic attendances made by Health Visitors	...	...	...	...	...	...	...	1024
<hr/>								

## 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 Superintendent 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 Superintendent.

The Nursing Staff at the end of the year consisted of 1 Superintendent, 1 Assistant Superintendent, and 16 District Nurses. 3 Nurses, including the Superintendent and Assistant Superintendent were resident in the District Nurses' Home, while the remaining 15 were non-resident. Five motor cars are available, one being allocated to the Superintendent, the other four being used by the District Nurses. The remaining Nurses use bicycles.

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 1958:—

	Classification of Cases						TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	
No. of Cases on Register at commencement of period ... ..	432	113	1	6	—	—	552
Add No. of New Cases during period ... ..	1,572	262	2	27	8	—	1,871
TOTALS ... ..	2,004	375	3	33	8	—	2,423
Deduct No. of cases discontinued during period	1,558	269	3	24	8	—	1,862
No. of Cases on Register at end of period ... ..	446	106	—	9	—	—	561
Total No. of Visits made	55,305	6,635	16	1958	49	—	63,963

Classification of Cases:—

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

	No. of Cases	No. of Visits
(a) Number of new patients included above who were aged 65 or over at the time of the first visit during the year ... ..	1,095	6,731
(b) Number of children included above who were under 5 years of age at the time of the first visit during the year ... ..	43	342
(c) Number of patients included above who have had more than 24 visits during the year ... ..	575	39,946

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

Year	Total number of patients visited					Total number of visits				
1953 ... ..	...	...	...	...	2256	...	...	...	...	49287
1954 ... ..	...	...	...	...	2227	...	...	...	...	50798
1955 ... ..	...	...	...	...	2278	...	...	...	...	47530
1956 ... ..	...	...	...	...	2334	...	...	...	...	49794
1957 ... ..	...	...	...	...	2487	...	...	...	...	55443
1958 ... ..	...	...	...	...	2423	...	...	...	...	63963

## DIPHTHERIA IMMUNISATION

When a baby has attained the age of 4 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.



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

In addition to the work done by the General Medical Practitioners, regular immunisation sessions are held at the Health Department and children are also protected in this way at the Welfare Centres.

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

	Primary Immunisations	Re-Inforcing Injections
<b>CHILDREN AGED—</b>		
(a) Under 1 year ... ..	590	—
(b) 1 to 4 years ... ..	150	41
(c) 5 to 14 years ... ..	36	530
<b>TOTALS ... ..</b>	<b>776</b>	<b>571</b>
<b>DONE BY:—</b>		
(a) General Practitioners ... ..	386	226
(b) Health Department's Staff ... ..	390	345
<b>TOTALS ... ..</b>	<b>776</b>	<b>571</b>

The percentage of children immunised at the end of 1958 is shewn below, together with similar figures for the previous year:—

	1957			1958		
	Age Groups			Age Groups		
	0—4	5—14	Total 0—14	0—4	5—14	Total 0—14
Total number of children who had completed full course of primary immunisation at any time up to the 31st December ... ..	2,670	8,232	10,902	2,767	8,118	10,885
Estimated child population (Mid-Year) ... ..	4,400	9,700	14,100	4,400	9,800	14,200
Percentage of children immunised...	60·68	84·87	77·32	62·90	82·84	76·65

### Immunity Index

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

Age Group	1957	1958
Under 1 year ... ..	9·25	16·14
1—4 years ... ..	74·47	76·83
5—14 years ... ..	46·87	47·41
0—14 years ... ..	51·17	52·18



## SMALLPOX 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.

Vaccination was also carried out at Welfare Centres and 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 1958 and the previous year:—

	1957						1958					
	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	407	34	37	47	104	629	462	82	39	37	90	710
(b) Revaccinated	—	—	12	36	312	360	—	1	11	41	357	410

## 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 first made during 1954 and 753 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 information 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 18 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 1953, is set out below.

	1953	1954	1955	1956	1957	1958
Total No. of Cases ...	26,275	28,651	29,303	28,845	28,399	34,220
Other Work ... ..	654	715	710	584	576	698
GRAND TOTAL ...	26,929	29,366	30,013	29,429	28,975	34,918
Mileage* ... ..	123,554	128,818	120,171	111,548	107,596	121,329
*Analysis of Mileage:						
(a) Inside the Boro.	77,040	77,544	78,015	75,130	74,812	85,222
(b) Outside the Boro.	46,514	51,274	42,156	36,418	32,784	36,107
	123,554	128,818	120,171	111,548	107,596	121,329

Until 1956 there was 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 weekday 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, discharge 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.



**Sickroom Equipment**—When a patient is being nursed at home sickroom equipment may be required for a temporary period. The smaller items such as bedpans, urinals, back rests, etc., are issued from the District Nurses' Home and the larger items such as hospital beds, wheel chairs, etc., are issued from the Health Department.

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

During 1958 sickroom equipment was supplied to 259 patients as compared with 231 in the previous year.

**Diphtheria Immunisation**—The publicity scheme in regard to diphtheria immunisation was continued throughout 1958 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 4 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**

Alongside the Home Help Service is the Sick Room Helpers Scheme. This is a little known service which we are not often called upon to provide, and there are only 3 Sick Room Helpers on the staff. The purpose of these helpers is to give a night's relief to relatives of patients who are being nursed at home and awaiting admission to hospital. The helpers are directly responsible for the care of the patient during their time on duty and must be prepared to obtain medical help should the occasion arise and help in any other way to relieve the anxiety and distress of the patient and the burden on relatives.

The hours during which the Service is provided are 10 p.m. to 8 a.m., and the cost is 3/- per hour, but this may be reduced or even cancelled having regard to the financial circumstances of the person concerned.

During 1958, sickroom help was provided for 20 patients, as compared with 22 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.

**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 186 patients was dealt with in this manner and the necessary help was arranged as compared with 175 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, 8 patients were sent to Convalescent Homes, the details being as follows:—

1.	Female	3 weeks	General debility
2.	„	2 „	General debility following operation.
3.	„	2 „	Recuperative holiday.
4.	„	9 days	Debility following miscarriage.
5.	Male	3 weeks	General and nervous debility.
6.	„	2 „	Recovering from cataract operation.
7.	Female	2 „	Debility following shingles.
8.	„	2 „	Recovering from severe influenza.

### HOME HELP SERVICE

The Home Help Service is designed to help those in urgent need of assistance in the home, such as expectant and nursing mothers who are unable to call on relatives to help; elderly persons who can no longer carry out all the work required; and homes where illness has so upset the normal routine that help is required.

The duties consist of keeping the house clean; sometimes doing the necessary cooking and shopping; and if there are young children, attending to their needs. It must be understood however, that the work done is that which is absolutely necessary to keep the home going during a difficult period, and therefore the help is only temporary.

The Home Helps take a great interest in their old people and do many personal things for them such as visiting them if in hospital; taking them out in bath chairs if the weather is good; doing their washing and mending, and even taking a cooked meal in to them during the weekends. All these duties are entirely voluntary and are done out of working hours. This Service has been growing steadily throughout the year and in consequence the number of Home helps on the staff has increased. The hours worked are as follows:—

Monday to	} 9 a.m. to 12 a.m. 2 p.m. to 5 p.m.	Saturday	9 a.m. to 12 a.m.
Friday			

The cost of the Service is 3/6 per hour, but this may be reduced or cancelled, having regard to the financial circumstances of the person concerned.



The following statement shows the work done by the Service during 1958:—

	Classification of Cases						Total
	Maternity	Sickness	Old Age	Infectious Disease	Mental Illness	Mental Deficiency	
No. of Cases on register at beginning of year ... ..	1	71	178	1	1	—	252
No. of New Cases during year ... ..	30	89	150	2	1	1	273
No. of Cases discontinued during year	31	160	328	3	2	1	525
	25	69	121	1	1	—	217
No. of Cases on register at end of year ...	6	91	207	2	1	1	308
No. of Applications received... ..	30	96	154	2	1	1	284
No. of Cases assisted	30	89	150	2	1	1	273
No. of Cases not assisted ... ..	—	7	4	—	—	—	11*

\*In 11 Cases the request for help was withdrawn by the applicants.

Number of Helps employed at beginning of year (45 part-time and 1 full-time) ...	46
Number appointed during year (28 part-time and 1 full-time) ... ..	29
	75
Number leaving during year (all part-time) ... ..	15
Number of Helps employed at end of year (58 part-time and 2 full-time) ... ..	60
Number of visits to homes by Organiser ... ..	1,259
Number of persons interviewed at Office ... ..	836

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

	1953	1954	1955	1956	1957	1958
Number of households provided with Home Helps ... ..	304	352	414	462	490	525
Number of hours worked by Home Helps ... ..	22,923	35,700	41,700	48,350	64,000	69,000

It will be seen that the number of households helped has increased by 73% from 304 in 1953 to 525 in 1958, and that the number of hours worked has increased by 201% from 22,923 to 69,000 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 72 hours per household in 1953 to 131 hours per household in 1958.



## MENTAL HEALTH SERVICE

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**Sub-Committee**—Ten members of the Council serve as a Mental Health Sub-Committee and one of these members is a doctor; in addition, a medical practitioner has also been co-opted on to 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 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**—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.

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 1958, three defectives were dealt with in this way and the details are as follows:—

One was a boy aged 4 classified as an imbecile provided with short term care for 7 weeks when mother was admitted to Ormskirk Mental Hospital.

One was a boy aged 11 who was provided with short term care for a period of two weeks to relieve the parents.

The remaining one was a boy aged 2 classified as an epileptic idiot who was provided with short term care for 16 weeks whilst awaiting institutional accommodation.

The arrangements for short-term care in Hospital, by agreement with the Regional Hospital Board, are of great benefit.

The following statistics show the cases dealt with during 1958:—

(A) MENTAL ILLNESS (Lunacy and Mental Treatment Acts, 1890 to 1930)	Male	Female	Total
(1) Number of Admissions to Hospital:—			
for observation—Sec. 20 Lunacy Act, 1890... ..	65	87	152
for observation—Sec. 21(1) do. ... ..	3	11	14
as urgent patients—Sec. 11 do. ... ..	—	—	—
as certified patients—Sec. 16 do. ... ..	—	1	1
as certified private patients—Sec. 4, 5 and 6 do. ... ..	1	—	1
as voluntary patients—Sec. 1 Mental Treatment Act, 1930	40	89	129
as temporary patient—Sec. 5 do. ... ..	4	8	12
TOTALS ... ..	113	196	309
(2) Number of admissions to mental hospitals from observation wards at County Hospital, Ormskirk ... ..	23	40	63
(3) Number of certifications for continued detention of patients already in County Hospital, Ormskirk... ..	4	10	14
(4) Number of cases referred to the department for investigation during the year ... ..	163	347	510
(5) Action taken in regard to cases mentioned in (4) above:—			
admitted to hospital for observation ... ..	68	98	166
(of these, 77 were subsequently certified)			
direct admission to Hospital—Sec. 16 Lunacy Act, 1890 ...	—	1	1
admitted to hospital as voluntary patients ... ..	40	89	129
referred to Psychiatric Out-Patients' Clinic ... ..	28	58	86
referred to Welfare Service ... ..	6	6	12
admitted to hospital as senile dementia cases ... ..	11	28	39
no further action indicated after investigation ... ..	10	67	77
TOTALS ... ..	163	347	510
(6) Total number of visits made by Duly Authorised Officers:—			
(a) After-Care Visits ... ..	262	401	663
(b) All Other Visits ... ..	511	935	1446
TOTAL NUMBER OF VISITS ...	773	1336	2109
(7) Total number of discharges and deaths from mental hospitals notified during 1958:—			
(a) Discharges ... ..	91	159	250
(b) Deaths ... ..	26	36	62

In addition, the Duly Authorised Officers dealt with 474 enquiries at the Health Department.



(B) MENTAL DEFICIENCY (Mental Deficiency Acts, 1913-1938)		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
(1) PARTICULARS OF CASES REPORTED DURING 1958:—					
(a) Cases at 31st December, 1957, ascertained to be defectives "subject to be dealt with" ... ..					
Number in which action taken on reports by:—					
(1) Local Education Authorities on children					
(i) While at school or liable to attend school...	...	1	—	—	—
(ii) On leaving special schools...	...	—	—	—	—
(iii) On leaving ordinary schools	...	2	1	—	—
(2) Police or by Courts	...	—	—	—	—
(3) Other sources	...	4	1	4	5
(b) Cases reported who were found to be defectives but were not, at 31st December, 1958, regarded as "subject to be dealt with" on any ground	...	—	—	—	1
(c) Cases reported who were not regarded as defectives and excluded from (a) or (b)	...	1	—	1	—
(d) Cases reported in which action was incomplete at 31st December, 1958, and are thus excluded from (a) or (b)	...	3	—	1	—
TOTAL	...	11	2	6	6
(2) DISPOSAL OF CASES REPORTED DURING 1958:—					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e., at (1)(a)), number:—					
(i) Placed under Statutory Supervision	...	4	2	—	2
(ii) Placed under Guardianship	...	—	—	—	—
(iii) Taken to "Places of Safety"	...	—	—	—	—
(iv) Admitted to Hospitals...	...	3	—	4	3
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e., at (1)(b)), number:—	...	—	—	—	—
(i) Placed under Voluntary Supervision	...	—	—	—	—
(ii) Action unnecessary	...	—	—	—	1
TOTAL	...	7	2	4	6
(3) NUMBER OF MENTAL DEFECTIVES FOR WHOM CARE WAS ARRANGED BY THE LOCAL HEALTH AUTHORITY UNDER CIRCULAR 5/52 DURING 1958, AND ADMITTED TO:—					
(a) National Health Service Hospitals	...	1	—	2	2
(b) Elsewhere	...	2	—	—	—
TOTAL	...	3	—	2	2
(4) TOTAL CASES ON AUTHORITY'S REGISTER AT 31/12/58:—					
(i) Under Statutory Supervision	...	11	7	10	23
(ii) Under Guardianship	...	—	—	—	1
(iii) In "Places of Safety"	...	1	—	1	—
(iv) In Hospital (including patients on licence)	...	9	1	61	45
(v) Under Voluntary Supervision	...	—	—	7	9
TOTAL	...	21	8	79	78
(5) NUMBER OF DEFECTIVES UNDER GUARDIANSHIP ON 31ST DECEMBER, 1958, WHO WERE DEALT WITH UNDER THE PROVISIONS OF SECTION 8 OR 9, MENTAL DEFICIENCY ACT, 1913 (included in (4)(ii)): ... ..					
	...	—	—	—	—
(6) CLASSIFICATION OF DEFECTIVES IN THE COMMUNITY ON 31/12/58 (according to need at that date):—					
(a) Cases included in (4)(i)—(iii) in need of hospital care and reported accordingly to the hospital authority					
(1) In urgent need of hospital care:—					
(i) "cot and chair" cases	...	—	—	—	—
(ii) ambulant low grade cases	...	3	—	1	—
(iii) medium grade cases	...	—	—	—	—
(iv) high grade cases	...	—	—	—	—
TOTAL urgent cases	...	3	—	1	—

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
(2) Not in urgent need of hospital care:—				
(i) "cot and chair" cases ... ..	—	—	—	—
(ii) ambulant low grade cases ... ..	—	—	—	—
(iii) medium grade cases ... ..	1	—	—	—
(iv) high grade cases ... ..	—	—	—	1
TOTAL non-urgent cases ...	1	—	—	1
TOTAL urgent and non-urgent cases ...	4	—	1	1
(b) Of the cases included in items (4)(i), (ii) and (v), number considered suitable for:—				
(i) occupation centre ... ..	10	7	7	8
(ii) industrial centre ... ..	—	—	—	—
(iii) home training ... ..	—	—	—	—
TOTAL ... ..	10	7	7	8
(c) Of the cases included in (6)(b), number receiving training on 31/12/58:—				
(i) In occupation centre ... ..	8	5	5	8
(ii) In industrial centre ... ..	—	—	—	—
(iii) At home ... ..	—	—	—	—
TOTAL ... ..	8	5	5	8

(7) NUMBER OF HOME VISITS MADE BY MENTAL HEALTH VISITORS DURING 1958 TO CASES UNDER STATUTORY SUPERVISION, GUARDIANSHIP OR ON LICENCE FROM INSTITUTIONS ... .. 460

### Training of Mentally Handicapped Persons

#### Woodvale Training Centre

Number of cases on Register at beginning of year ... ..	44
Number of cases added to Register during year ... ..	10
	54
Number of cases taken off Register during year ... ..	6
Number of cases on Register at end of year ... ..	48
Number of sessions held during year ... ..	211
Number of attendances at Centre during year ... ..	7,411
Average attendance per session ... ..	35

Kinds of training provided:—

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

Two children were attending at the end of the year from the County area, for whom a charge is made by arrangement with the Lancashire County Council.



1958 has been a year of considerable progress. The most encouraging item of progress has been the increasing public interest in our Centre and the work being carried on there. The public are exhibiting a healthy interest in the welfare of the mentally handicapped. The desire to discharge the public conscience behind the brick walls of an institution is waning, and the wish to help the mentally handicapped to lead a useful life within the community is increasing.

This has been reflected in many ways. Many visitors have come to see what can be done for and with these children. Many generous gifts of equipment and money have been made.

In June an Industrial Training and Sheltered Workshop scheme was inaugurated. A great deal of the credit for this must go to Mr. Frederick Bradley of the Excelsior Firework Company who, in his capacity as Hon. Secretary of the Southport and District Area of the National Union of Manufacturers, gave a great deal of help and encouragement. Mr. Bradley also arranged for 'firework labelling' to become the basic work in the centre. Other work for various firms in the town has been undertaken as well, but firework labelling has provided a steady all the year round employment.

Earnings for each individual are relatively small. Payment is at the usual piece work rate. A total of approximately £70 was earned by an average of 19 persons working for approximately 25 weeks. Some of these 25 weeks were not, in fact, full 5 day weeks. The weekly earnings showed a gradual increase over the period. It is expected, particularly as new lines of work are introduced, that they will continue to rise. The effect on the morale of the taking home of a wage packet, is out of all proportion to the sum contained in the packet.

There is no doubt that the success of this scheme has finally disposed of the idea that we should provide 'pastimes' and 'occupation' for the older mentally handicapped.

"All work and no play makes Jack a dull boy". Whilst the emphasis has been placed on work—the scholars and workers also know how to play.

The annual holiday at Lytham was, once again, a great success. The Open Day at the centre was enjoyed by the goodly crowd that assembled at Woodvale on 9th September. The main hall was filled for a concert given by the children on the evening of 19th December, and the year ended with an extremely enjoyable Christmas Party on 23rd December.

One 'improvement' has not been quite so popular in certain quarters, but has been essential. The transport provisions have been streamlined by insisting on a definite time table, and a limited number of pick up points. This has reduced the time taken for the trip from 1½ hours to 50 minutes.





# **Part IV**

## **SANITARY CIRCUMSTANCES**

### **OF THE AREA**

**Water Supply**

**Public Baths**

**Public Mortuary**

**Sanitary Inspection**

**Factories**

**Rodent Control**

**Summary of Visits**

**Inspection of Rag Flock and other Filling Materials**

**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.

Substantial progress is being made in connection with the Water Board's scheme for additional supplies from deep boreholes at Mill Brow (Scarisbrick) and Primrose Hill (Halsall). The continually increasing demand for water for domestic and other essential purposes can only be met by maintaining the ban on the use of hosepipes for gardens and car washing. The highest day's consumption ever recorded, 6,626,000 gallons, was on June, 17th, 1957.

Examination of samples of water from the new borings indicate that the bacterial purity will be fully equal to the high standard of the existing sources.

Samples of the water are taken regularly.

### Chemical Analysis, 14th October, 1958

									Parts per Million
Total solid matter in solution	...	...	...	...	...	...	...	...	436
Oxygen absorbed	}	in 15 minutes	...	...	...	...	...	...	0.08
from Permanganate		in 3 hours	...	...	...	...	...	...	0.16
Ammonia	...	...	...	...	...	...	...	...	Nil
Albuminoid Ammonia	...	...	...	...	...	...	...	...	Nil
Nitrogen as Nitrates	...	...	...	...	...	...	...	...	0.04
Nitrogen as Nitrites	...	...	...	...	...	...	...	...	Nil
Combined Chlorine	...	...	...	...	...	...	...	...	30
Free Chlorine	...	...	...	...	...	...	...	...	Nil
Lead	...	...	...	...	...	...	...	...	Nil
Carbonate Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	238
Total Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	338

(p.H. value: 7.2)

### Bacteriological Examination, 31st March, 1958

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



Thanks are due to Mr. N. B. Bennett, A.M.INST.C.E., M.INST.W.E., the Water Board Engineer and Manager, for providing the following details of the bacteriological results of the water obtained from the various pumping stations.

### Samples of Water taken from the Pumping Stations

	Halsall Lane P.S.	Springfield P.S. (Filtered)	Bickerstaffe P.S. (Filtered)	Blundell House P.S. (Filtered)
<b>Bacteriological Results—17th June, 1958</b>				
Number of Colonies developing:—				
On Agar per c.c. in 3 days at 20°C.	1	1	0	1
1 day at 37°C.	1	0	0	0
2 days at 37°C.	1	0	0	0
Presumptive Coli-aerogenes Reaction				
Present in ... ..	—	—	—	—
Absent from ... ..	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Bact-coli (Type 1)				
Present in ... ..	—	—	—	—
Absent from ... ..	100 c.c.	100 c.c.	100 c.c.	100 c.c.
Clostridium Welchii Reaction ... ..				
Present in ... ..	—	—	—	—
Absent from ... ..	100 c.c.	100 c.c.	100 c.c.	100 c.c.

### Report

The results are indicative of a wholesome water suitable for public supply purposes, and of the highest standard of bacterial purity.

Houses supplied from other sources than the Town's supply:—Seven dwellings, one less than in the previous year, continue to be supplied from six shallow wells adjacent to the premises. During the year action was commenced to deal with these dwellings, either by having them provided with a supply of mains water or by having them declared unfit for human habitation.

**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 December, 1958, was 261,521.

The large Open-Air Bathing Lake in Princes Park is available for mixed bathing, and has a water surface of over 55,000 square feet. The Bathing Lake was visited by 228,031 persons during the year, of whom approximately two-thirds 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 15th July, 1958, are as follows:—

Summary of Findings	Bathing Lake	Victoria Baths
Bacteria per ml. at 37°C. ... ..	1	1
B. coli per 100 ml. ... ..	0	0
Total Coliform Organisms per 100 ml. ... ..	0	0



The smaller Baths at Canning Road and Compton Road continued to be freely used.

The Canning Road Baths had an attendance of 5,912 during the year ending 31st December, 1958, and the Compton Road Baths an attendance of 5,261.

### **PUBLIC MORTUARY**

The improvement of the Mortuary facilities in the town, completed in July, 1956, comprised adaptations to two buildings, one of which is used as a mortuary and the other for the purpose of carrying out post-mortem examinations. The modern equipment installed at the time has proved satisfactory but the site is not ideal.

The facilities were used on one hundred and eighty-eight occasions and one hundred and forty-one post-mortem examinations were carried out during the year.

### **SANITARY INSPECTION OF THE AREA**

**Drainage**—Complaints received regarding choked and defective drainage systems of houses numbered 1,802 and the necessary cleansing, repairs and alterations were supervised. A feature of the year's work in the field of environmental sanitation has been the acceleration of the scheme for the conversion of the Bristol ejector type of water closets into modern washdown pedestal water closets. Service of Notices under Section 47 of the Public Health Act, 1936, were authorised in 95 cases.

**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 Public Health Department and have been dealt with. The number of inspections made during the year totalled 16.

**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 twenty-seven occasions. The conditions under which this house is conducted have on the whole been satisfactory.



## FACTORIES

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

Factories Acts, 1937 and 1948 (Part I).

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

Premises	Number on Register	Number of (3) Inspections (4) Written Notices (5) Owners Prosecuted		
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	272	29	7	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority...	698	493	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises) ... ..	9	9	5	—
TOTAL ... ..	979	531	24	—

\*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.**

Particulars  (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) ... ..	2	2	—	1	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3)...	—	—	—	—	—
Inadequate ventilation (S.4) ...	2	2	—	1	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ... ..	3	3	—	—	—
(b) Unsuitable or defective ...	7	7	—	3	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ... ..	10	10	—	—	—
TOTAL ... ..	24	24	—	5	—

O U T W O R K						
Nature of Work	Section 110			Section 111		
	(2) Number of outworkers in August list required by Section 110(1)(c).	(3) Number of cases of default in sending lists to the Council.		(5) Number of instances of work in unwholesome premises.	(6) Notices served.	
	(4) Number of prosecutions for failure to supply lists.	(7) Prosecutions.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel:— Making, etc. ...	21	—	—	—	—	—
TOTAL ... ..	21	—	—	—	—	—

### RODENT CONTROL

Apart from the vast amount of destruction caused by mice and rats, rodents may be carriers of disease germs, which can be transmitted to man by the contamination of food. It is consequently of the utmost importance that all practical steps be taken to eliminate these rodents.

Under the Prevention of Damage by Pests Act of 1949, the Local Authority is charged with the responsibility of carrying out such inspections and surveys as may be necessary to ascertain that land (which includes land covered with water and any building or part of a building) within their district is kept free of rodents. It is the duty of occupiers to notify the Local Authority in writing if rats or mice are found in substantial numbers on their premises or land. The occupier is responsible for the work of disinfection of his property; the services of an operator are available on application.



# Prevention of Damage by Pests Act, 1949

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				(5) AGRI- CULTURAL
	(1) Local Authority	(2) Dwelling- Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
I. Number of properties in Local Authority's District	236	26,417	4,610	31,263	44
II. Number of Properties inspected as a result of:					
(a) Notification ... ..	61	189	117	367	1
(b) Survey under the Act...	404	378	577	1359	85
(c) Otherwise (e.g., when visited primarily for some other purpose) ...	138	212	284	634	11
III. Total inspections carried out — including re-inspections ... ..	603	779	978	2360	97
IV. Number of properties inspected (in Sec. II) which were found to be infested by:					
(a) Rats (Major) ... ..	—	—	—	—	—
(Minor) ... ..	38	85	30	153	3
(b) Mice (Major) ... ..	—	—	—	—	—
(Minor) ... ..	21	63	75	159	—
V. Number of infested properties (in Sec. IV) treated by the Local Authority ...	59	66	77	202	—
VI. Total treatments carried out — including retreatments ... ..	67	71	80	218	—
VII. Number of notices served under Section 4 of the Act:					
(a) Treatment ... ..	—	—	—	—	—
(b) Structural Work (i.e., Proofing) ... ..	—	—	—	—	—
VIII. Number of cases in which default action was taken following the issue of a notice under Sec. 4 of the Act... ..	—	—	—	—	—
IX. Legal proceedings ...	—	—	—	—	—
X. Number of "Block" control schemes carried out ...	13	—	—	13	—

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, 1959.

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

### Nuisances

#### COMPLAINTS—NUMBER INVESTIGATED:—

(1) Housing Defects	...	...	...	...	...	658
(2) Choked and Defective Drains	...	...	...	...	...	1802
(3) Emission of Smoke	...	...	...	...	...	21
(4) Accumulation of Offensive Matter	...	...	...	...	...	84
(5) Miscellaneous	...	...	...	...	...	532
TOTAL						3,097

#### INSPECTIONS:—

Dwelling Houses	...	...	...	...	...	918
Common Lodging Houses	...	...	...	...	...	27
Houses let in Lodgings	...	...	...	...	...	11
Common Yards, Back Roads and Passages	...	...	...	...	...	188
Horse-Manure Middensteads	...	...	...	...	...	39
Pigstyes	...	...	...	...	...	62
Offensive Trades	...	...	...	...	...	72
Rag Flock and Upholstery Premises	...	...	...	...	...	62
Places of Public Entertainment	...	...	...	...	...	20
Public Sanitary Conveniences	...	...	...	...	...	255
Tents, Vans and Sheds	...	...	...	...	...	67
Abattoir	...	...	...	...	...	827
Food Vehicles	...	...	...	...	...	12
Ashes Receptacles (Ashpits and Dustbins)	...	...	...	...	...	45
Conversions (Earth Closets and Bristol Ejects to W.C.'s)	...	...	...	...	...	364
Smoke Observations	...	...	...	...	...	107
Testing Drains:—						
By Inspection	...	...	...	...	...	739
By Smoke	...	...	...	...	...	63
By Breaking Down	...	...	...	...	...	69
By Coloured Water	...	...	...	...	...	25
Insufficient Water Supply	...	...	...	...	...	10
Factories Acts, 1937/48:—						
Factories with mechanical power	...	...	...	...	...	493
Factories without mechanical power	...	...	...	...	...	29
Outworkers' Premises	...	...	...	...	...	2
Workplaces	...	...	...	...	...	1
Shops Act, 1950	...	...	...	...	...	16
Fried Fish Shops	...	...	...	...	...	41
Fishmongers and Greengrocers	...	...	...	...	...	162
Butchers' Shops	...	...	...	...	...	428
Grocers' Shops	...	...	...	...	...	572
Bakehouses	...	...	...	...	...	227
Public Houses, Beer Houses, etc.	...	...	...	...	...	92
Food Preparing and Storing Places	...	...	...	...	...	2445
Dairies	...	...	...	...	...	553
Ice Cream Premises	...	...	...	...	...	419
Pet Animals Act, 1951	...	...	...	...	...	44
Infectious Disease Visits	...	...	...	...	...	145
Prevention of Damage by Pests Act, 1949	...	...	...	...	...	2343
Samples of Rag Flock, etc.	...	...	...	...	...	10
Clean Air Act—Samples of Gauge Deposits	...	...	...	...	...	23



Samples procured for Bacteriological Examination:—

Milk	...	...	...	...	...	...	...	...	...	247
Ice Cream	...	...	...	...	...	...	...	...	...	30
Other Foodstuffs	...	...	...	...	...	...	...	...	...	112
Water	...	...	...	...	...	...	...	...	...	7
Samples of Milk procured for Biological Examination	...	...	...	...	...	...	...	...	...	4
Samples obtained under the Food and Drugs Acts, 1955:—										
Milk	...	...	...	...	...	...	...	...	...	195
Other Foodstuffs	...	...	...	...	...	...	...	...	...	106
Samples of Water (chemical analysis)	...	...	...	...	...	...	...	...	...	4
Samples of Swimming Bath Water (chemical analysis)	...	...	...	...	...	...	...	...	...	16
Samples of sea water (chemical analysis)	...	...	...	...	...	...	...	...	...	6
Samples of Swimming Bath water (bacteriological examination)	...	...	...	...	...	...	...	...	...	19
Samples of Sewage Effluent (bacteriological examination)	...	...	...	...	...	...	...	...	...	13
Inspections of Dwelling Houses and other premises for vermin infestation	...	...	...	...	...	...	...	...	...	52
Visits to work in progress	...	...	...	...	...	...	...	...	...	1,641
Visits re Housing Survey	...	...	...	...	...	...	...	...	...	444
Miscellaneous Visits (Interviews, etc.)	...	...	...	...	...	...	...	...	...	1,953
TOTAL										16,876

**Nuisances**—The number of schedules of cases recorded for abatement was 3,097.

In all cases the usual verbal request for the abatement of nuisances found was made, but in 1,124 instances it was necessary to serve written notices as follows:—

Preliminary	...	...	...	...	...	...	...	...	...	994
Statutory	...	...	...	...	...	...	...	...	...	130
TOTAL										1,124

The number of preliminary and statutory notices complied with during the year was 909.

Legal proceedings were instituted under the Public Health Act, 1936, against the owners of four properties. After the summonses were issued but before the hearing of two of the cases by the Court, the work required to be undertaken was done and in both instances the costs to the Local Authority were paid. Abatement Orders were made in the other two instances.

**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.

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

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

## SMOKE ABATEMENT

All the provisions of the Clean Air Act, 1956, are now in force, applying to chimneys a higher standard of "smokelessness" than hitherto.

It will be remembered that the Act virtually gave the occupiers of factories a period of grace of 7 years in which to put their houses in order, by providing them with a very strong defence in the event of legal proceedings for smoke emission which is caused by the nature of their buildings or equipment.

This period commenced in July, 1956, and the occupiers of premises whose chimneys occasionally give rise to complaint, have been made aware of the requirements of the Act, and have been urged to consider now what alterations and improvements to their buildings and equipment are necessary in order to enable them to comply fully with the new standards.



In fact, the number of chimneys in the Borough which give rise to complaint is very small and, during the period under review, the furnace served by one such chimney was converted at considerable expense from hand-firing with bituminous coal to fully automatic oil-burning, with a very great improvement in smoke emission.

It might be thought by many people that Southport is almost a smokeless town already and that little action need be taken under the Clean Air Act, but the two Standard Deposit Gauges which are maintained by the Department in the Borough tell a different story. Situated in the town centre and at Woodvale respectively, these gauges resemble ordinary rainfall gauges, but their contents are analysed monthly by the Public Analyst.

It will surprise many to learn that, during the month of February, these gauges indicated that  $15\frac{1}{2}$  tons of deposit fell on each square mile in the town centre, and almost 9 tons per square mile at Woodvale.

If it is accepted that our town is almost free from industrial smoke, it must follow that the chimneys of dwelling houses are to blame for most of this pollution. The open coal fire, beloved by so many, is a notorious producer of a particularly offensive type of smoke, and this position is greatly aggravated by the popular practice of "banking" overnight-burning fires with coal slack.

The housewife who complains bitterly of the condition of her washing on washing day must, before blaming her neighbours or the nearby factory, examine the contents of her own fuel store. If this contains bituminous coal, (as the vast majority do,) the smuts disfiguring the sheets are just as likely to have come from her own chimney as from any other source.

It has not yet been decided to establish a Smoke Control Area in Southport but, in the meantime, it is hoped that the householders in the town will voluntarily change over from the use of bituminous coal to one or other of the smokeless fuels.

One hundred and seven observations of factory chimneys were made during the year. No legal proceedings were instituted.

During the year, publicity has been given to the advantages of the use of smokeless fuels in the home, and it is hoped that an increasing number of householders will be persuaded to use these fuels. Twenty-three samples of soot gauge deposits were submitted for examination.

## HOUSING

**General**—The number of inhabited houses totalled 26,417.

The following table shows the number of houses built during the period 1949 to 1958, plus additional accommodation made available as a result of adaptations and additions to existing properties:—

Year ... ..	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Number of Houses built ... ..	126	102	67	113	235	155	186	253	305	122

**Fitness for habitation**—In reports for previous years it has been stated that the fitness of houses in the Borough was generally fairly satisfactory.

This view appears to be confirmed by the result of the operations of the Rent Act, which came into force on the 6th July, 1957, as during the year under review, of the 13,705 houses having a rateable value not exceeding £30, applications for certificates of disrepair numbered 145 against the figure of 119 for the year 1957, making a total of 264 for the eighteen months since the Act came into force, a percentage of 1.92.



The 145 applications for certificates of disrepair received during the year were dealt with as follows:—

Work done within the period allowed	...	...	...	...	5
Undertakings given by owners	...	...	...	...	62
Certificates not granted	...	...	...	...	1
Certificates granted	...	...	...	...	77
TOTAL	...	...	...	...	145

**Overcrowding**—The number of complaints regarding alleged overcrowding received during the year was 17, of which 11 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.

**Demolition and Closing Orders**—The task of dealing with the houses in the Borough which appear to be unfit for human habitation, and which were the subject of a return to the Ministry of Housing and Local Government under Section 1 of the Housing Repairs and Rents Act, 1954, continued.

This work has been dealt with through the Housing Maintenance Committee which was specially formed for this purpose, and 21 further houses were represented to the Committee during the year under review.

During the year the formal procedure prescribed by the Housing Acts had been commenced in respect of 23 of these houses.

In 3 cases, owners of such houses came forward with proposals to make the house in all respects reasonably fit for human habitation and, after carefully considering the works proposed, the Committee accepted undertakings from the owners that they would satisfactorily carry out these works within a specified period.

In this way, 3 houses which would otherwise have been demolished or closed have been given a further useful life of at least 15 years, and the Department has been very pleased with the condition of the houses when the works had been completed. In 2 other cases, the owners of houses on the above mentioned list voluntarily put forward proposals to make them fit for habitation without waiting for formal action by the Local Authority, and these proposals were also accepted.

In one case, the owner went further than he was legally required to do and, taking advantage of the Improvement Grant Scheme, provided the dwelling with a bathroom and hot water supply.

The Local Authority are in favour of as many as possible of these houses being saved in this way, and it is hoped that the existing Improvement Grants and the proposed new Standard Grants will encourage owners of old houses to bring them up to a reasonable standard and save them from Demolition or Closing Orders.





# Part V

## INSPECTION AND SUPERVISION OF FOOD

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

## FOOD STANDARDS

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

The results showed that 274 were genuine and 27 were adulterated or otherwise giving rise to irregularity; the latter being informal samples, except two.

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
3095 Informal ...	BREAD, PART OF A SLICED LOAF— Stained portion contained 77 parts per million iron against 16 parts per million in normal portion. Appearance of dough having been in contact with a rusty iron surface. No dirty lubricating oil present.	Bakers interviewed.
3105 Informal ...	JAM— Soluble solids only 66.5 per cent and contained a slight film of mould on part of the surface of the jam.	Packers communicated with.
3131 Informal ...	PORTION OF MEAT PIE— Contained a pellet of mouse excreta.	Legal proceedings taken under Section 2, Food and Drugs Act, 1955. Defendant fined £5 and £3 3s. 0d. costs.
3136 Informal ...	TABLE JELLY— Fruit juice absent but pictures of Blackcurrants on carton and word "Blackcurrant" in heavier type than the word "flavour".	Correct wording and printing now in use on cartons.
3153 Informal ...	FRESH FRUIT (APPLES)— Lead content 4 parts per million Arsenic (as As) 1.7 parts per million. General limits are 2 parts per million lead and 1 part per million arsenic.	Importers communicated with.
3157 Informal ...	MILK— Deficient 1.6 per cent fat.	Vendor notified. Other samples taken at same time genuine.
3167 Informal ...	MILK— Freezing point indicated 0.6 per cent. extraneous water.	Vendor notified. Further sample advised.
3169 Informal ...	CHIPS AND FISH WITH FOREIGN BODY— Contained one dead cockroach (from which the head and four of the six legs were missing).	Vendor communicated with.



Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
3170 Informal ...	MILK— Deficient 3.3 per cent fat.	} Same Vendor. Vendor notified.
3173 Informal ...	MILK— Deficient 6.6 per cent fat.	
3174 Informal ...	MILK— Deficient 6.6 per cent fat.	
3181 Informal ...	MILK— Deficient 3.3 per cent fat.	
		Vendor notified. Other sample taken at same time genuine.
3182 Informal ...	VEGETABLES CANNED— Contained 610 parts per million tin. Recommended maximum limit 250 parts per million.	Appearance of old stock. Stock surrendered.
3188 Informal ...	VINEGAR— Contained a trace of deposit consisting of mother of vinegar, vegetable debris, etc. Otherwise genuine.	No action advised.
3235 Informal ...	MILK— Deficient 5.0 per cent fat.	Vendor notified. Other samples taken at same time genuine.
3246 Informal ...	MILK— Deficient 5.0 per cent fat.	Vendor notified. Other samples taken at same time genuine.
3247 Informal ...	OPENED PACKET OF BREAKFAST FOOD— Contained 0.69 gramme of a dried felted mass of fungus mycellium and spores, maize structures, and oxide of iron. Appearance of an old deposit detached from an iron surface.	Vendor communicated with.
3270 Informal ...	BREAD— The eight slices contained numerous particles of bread- crumb discoloured with traces of oxide of iron.	Advised bakers be communicated with.
3272 Informal ...	BEEF SUET, SHREDDED— Beef fat content only 69.3 per cent. Food Standards (Suet) Order, 1952, requires not less than 83 per cent.	Advised further sample from same stock.
3279 Informal ...	PART TIN OF FISH, CANNED— Contained 4 crystals of struvite (magnesium ammon. phosphate).	No action advised.
3280 Informal ...	MILK— Deficient 26.6 per cent fat. Freezing point indicated 36.8 per cent extraneous water.	Formal sample advised.
3283 Informal ...	MILK— Deficient 1.6 per cent fat. Freezing point indicated 2.0 per cent extraneous water.	Vendor notified. Further sample genuine.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
3297 Informal ...	BREAD— Contained a piece of cotton impregnated with a mixture of edible oil and used mineral oil weighing in all, 0.14 gramme.	Bakers notified.
3331 Informal ...	BREAD— Contained two fragments of partially charred wood.	Bakers notified.
3349 Informal ...	VEGETABLES CANNED (PEAS)— Contained two permitted coal tar dyes yet ingredients included the words "Vegetable Colouring Matter".	Packers agreed to alter label.
3369 Informal ...	BREAD FINGER HAM SANDWICH— Contained one pellet of mouse excreta.	Legal proceedings taken. Defend- ants fined £5.
3379 Informal ...	CHEESE SPREAD— Contained 15 milligrammes of phosphate crystals due to crystallising out of emulsifying salts. Otherwise genuine.	No action advised.



# Food and Drugs Acts—Records, 1939—1958

Year	Number of samples taken			ANALYTICAL RESULTS OF SAMPLES						Ratio (%) of samples adulterated	Number of Prosecutions
				Number genuine			Number adulterated*				
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1939 ... ..	203	158	361	183	131	314	20	27	47	13.01	2
1940 ... ..	181	182	363	156	161	317	25	21	46	12.67	9
1941 ... ..	161	212	373	146	197	343	15	15	30	8.04	11
1942 ... ..	168	199	367	161	184	345	7	15	22	5.99	2
1943 ... ..	172	191	363	157	156	313	15	35	50	13.77	9
1944 ... ..	178	203	381	163	178	341	15	25	40	10.49	6
1945 ... ..	75	305	380	68	275	343	7	30	37	9.73	1
1946 ... ..	50	291	341	48	269	317	2	22	24	7.03	1
1947 ... ..	50	280	330	48	262	310	2	18	20	6.06	—
1948 ... ..	44	291	335	42	275	317	2	16	18	5.37	1
1949 ... ..	48	334	382	35	312	347	13	22	35	9.16	10
1950 ... ..	92	227	319	86	216	302	6	11	17	5.32	3
1951 ... ..	131	237	368	123	221	344	8	16	24	6.52	—
1952 ... ..	103	386	489	88	362	450	15	24	39	7.97	8
1953 ... ..	26	377	403	21	358	379	5	19	24	5.95	—
1954 ... ..	27	474	501	14	427	441	13	47	60	11.97	4
1955 ... ..	12	323	335	2	286	288	10	37	47	14.02	—
1956 ... ..	1	341	342	1	318	319	0	23	23	6.72	—
1957 ... ..	2	349	351	0	320	320	2	29	31	8.57	1
1958 ... ..	1	300	301	1	273	274	0	27	27	8.97	2

\*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 1958**

Nature of Samples and Specimens	Number of Samples and Specimens procured for submission to bacteriologist for bacteriological examination				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year
FOOD AND DRINK—					
Ice Cream ... ..	0	11	19	0	30
Milk ... ..	77	80	41	49	247
Other Foods ... ..	33	26	19	34	112
*Water ... ..	1	3	0	3	7
TOTALS ... ..	111	120	79	86	396
MISCELLANEOUS—					
†Water ... ..	5	6	23	12	46
GRAND TOTALS ...	116	126	102	98	442

\*Intended for human consumption. All these samples were taken from the town's main supply.

†Includes nineteen samples taken from the swimming baths, eight of sea and sluice waters, five from local streams, and fourteen of water used in connection with the preparation of food for marketing.



## DISTRIBUTION OF MILK

There were 147 distributors of milk on the register of the Local Authority of whom 145 have their premises inside the Borough. The premises were inspected regularly. Samples were frequently submitted for bacteriological examination, with the following results:—

CLASS OF MILK	Number of Samples Tested	Appropriate Tests	Number of Samples	
			Passed	Failed
Pasteurised ** ... ..	136	Phosphatase ... .. Methylene Blue ... ..	131† 133	4 3*
Sterilised ... ..	13	Turbidity ... ..	13	—
Tuberculin Tested ... (Pasteurised)	88	Phosphatase ... .. Methylene Blue ... ..	88 88	— —
Turberculin Tested ... (Certified)	6	Methylene Blue ... .. Inoculation ... ..	4 6	2 —

\*Average shade Temperature more than 65°F in two cases.

†Result not given in one case.

\*\* Excluding 4 samples submitted for biological examination.

In all instances where Pasteurised Milk failed the Phosphatase Test, the milk was examined by means of guinea pig inoculation for Tubercle Bacilli. In addition, 4 samples of milk were submitted for biological examination, in no instance was Tubercle Bacilli found.

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 195, of which 10 were reported by the Public Analyst to be adulterated or otherwise giving rise to irregularity. Details of the 10 are given on pages 74 to 75. 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.



## Sale of Milk under Designation

Classification of Licences issued	Number of Licences issued during the year	
	1957	1958
<b>(1) Milk (Special Designation) (Raw Milk) Regulations.</b>		
<i>"Tuberculin Tested"</i>		
Dealers' Licences authorising the use of the special designation <i>"Tuberculin Tested"</i> in relation to milk sold from the holder's premises ... ..	34	32
Supplementary Licences authorising the use of the special designation <i>"Tuberculin Tested"</i> in relation to milk sold by retail from the holder's premises outside the Borough ... ..	2	2
<b>(2) Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations.</b>		
<i>"Pasteurised"</i>		
Dealers' (Pasteurisers') Licences authorising the use of the special designation <i>"Pasteurised"</i> in relation to milk treated by the pasteurising process at the holder's premises ... ..	6	5
Dealers' Licences authorising the use of the special designation <i>"Pasteurised"</i> in relation to milk sold from the holder's premises ...	104	103
Supplementary Licences authorising the use of the special designation <i>"Pasteurised"</i> in relation to milk sold by retail from the holder's premises outside the Borough ... ..	3	3
<i>"T.T. Pasteurised"</i>		
Dealers' Licences authorising the use of the special designation <i>"Tuberculin Tested (Pasteurised)"</i> in relation to milk sold from the holder's premises ... ..	56	58
Supplementary Licences authorising the use of the special designation <i>"Tuberculin Tested (Pasteurised)"</i> in relation to milk sold by retail from the holder's premises outside the Borough ... ..	1	1
<i>"Sterilised"</i>		
Dealers' Licences authorising the use of the special designation <i>"Sterilised"</i> in relation to milk sold from the holder's premises ...	112	113
Supplementary Licences authorising the use of the special designation <i>"Sterilised"</i> in relation to milk sold by retail from the holder's premises outside the Borough ... ..	3	3
<b>TOTALS</b> ... ..	<b>321</b>	<b>320</b>

## FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption during 1958 are set out below:—

### Carcases Inspected and Condemned

PARTICULARS	PUBLIC ABATTOIR					
	Cattle (exclg. Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number of animals killed ... ..	3,204	318	85	13,540	4,890	—
Number of carcasses inspected... ..	3,204	318	85	13,540	4,890	—
<b>RESULTS</b>						
All diseases except tuberculosis and cysticerci:—						
Number of whole carcasses condemned ... ..	1	—	2	8	10	—
Number of carcasses of which some part or organ was condemned ... ..	740	65	1	396	348	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ... ..	23·12	20·44	3·52	2·98	7·32	—
Tuberculosis only:—						
Number of whole carcasses condemned ... ..	2	—	—	—	1	—
Number of carcasses of which some part or organ was condemned ... ..	252	48	1	—	129	—
Percentage of the number inspected affected with tuberculosis ... ..	7·92	15·09	1·17	—	2·61	—
Cysticercosis:—						
Number of carcasses of which some part or organ was condemned ... ..	—	—	—	—	—	—
Number of carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned ... ..	—	—	—	—	—	—



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

	Cwts.	Qrs.	Lbs.
Beef ... ..	137	0	11
Veal ... ..	—	2	18
Mutton ... ..	11	1	9
Pork ... ..	38	0	13
Fish ... ..	3	3	2
Poultry, Game and Rabbits...	1	1	26
Fruit and Vegetables ... ..	52	1	1½

#### Tinned Goods

Milk ... ..	4	1	24¾
Meat ... ..	30	1	6
Fish ... ..	33	3	12
Vegetables ... ..	8	3	0½
Fruit ... ..	27	0	1
Miscellaneous ... ..	48	0	3¼
	397	0	16

TOTAL ... 19 tons 17 cwts. 16 lbs.

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

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

### PUBLIC ABATTOIR

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 3,204 cattle (excluding cows), 318 cows, 85 calves, 13,540 sheep and lambs, and 4,890 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 carcasses 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.

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, and plans for the provision of additional lairage facilities are well advanced.

In 1957 the local Authority passed a resolution under Section 75 of the Food and Drugs Act, 1955, determining that no fresh slaughterhouse licence shall be granted by them, on the grounds that they have provided a public slaughterhouse giving adequate facilities within their district.

After the Public Abattoir had been inspected by inspectors of the Ministry of Agriculture, Fisheries and Food, this resolution was approved by the Minister.

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

The summary of improvements effected clearly shows that vigilance is being maintained and, whilst the general standard of hygiene is good, the Department strives for yet higher standards. As the hands of food workers are a frequent vehicle of food poisoning, it is particularly pleasing to note the striking increase in the provision of adequate washing facilities for food handlers—141 in 1958 as against 42 in the preceding year. It cannot be stressed too strongly that efficient hand washing is essential if food is to be served in a safe condition. Whilst food producers are playing their part, it must be remembered that many thousands of day visitors to Southport bring their food with them and it is a matter of grave concern that adequate free washing facilities are not available to them in our public conveniences.

During the period under review I am able to report that there has been an increased use of laminated plastics for working surfaces and equipment generally is maintained in a satisfactory condition of repair and cleanliness.

In two instances it was necessary to resort to legal action under the Food Hygiene Regulations, 1955. In the first case action was taken against the occupier of a bakehouse under Regulations 6, 14(5), 16 and 23, convictions were obtained and the defendant was fined £5 on each charge and costs totalling £3 3s. 0d. were allowed to the Local Authority.

In the second instance proceedings were taken under Regulation 23 against a firm of local bakers, the defendant being fined £30.

The incidence of rodents in food premises still gives cause for anxiety and a letter was sent to the occupiers of all food premises in the area drawing attention to this problem, outlining the responsibilities of the occupiers and offering advice and assistance in eliminating these dangerous pests.

Education continues to play its part and during the twelve months a further 120 students took a course in elementary food hygiene and of the 96 who took an examination in the subject, 66 were successful. Since these courses commenced 9 years ago 1,113 students have attended and 544 have passed the examination.

The course in Advanced Food Hygiene continues to be well supported and in Autumn, 1958, the Health Committee, in conjunction with the Education Committee, launched a course in the Bacteriology of Food Hygiene. This course is unique and 22 students enrolled.

The Southport Food Hygiene Association continues to flourish and its work is of immeasurable value. This voluntary organisation elected Councillor L. F. Spence as its first President and continues to give its full support to officials of the Health Department in its own particular sphere of operations.

### (A) Summary of Food Hygiene Inspections

INSPECTIONS								Number
Hotels, Restaurants and Kitchens	...	...	...	...	...	...	...	2,445
Bakehouses	...	...	...	...	...	...	...	227
Butchers' Shops	...	...	...	...	...	...	...	428
Confectioners' and Grocers' Shops	...	...	...	...	...	...	...	572
Fried Fish Shops	...	...	...	...	...	...	...	41
Fishmongers', Greengrocers' and Poulterers'	...	...	...	...	...	...	...	162
Public Houses, etc.	...	...	...	...	...	...	...	92
Miscellaneous	...	...	...	...	...	...	...	12
TOTAL								3,979



### (B) Summary of Improvements Effectuated

	Number
Major reconstructions of cafe, kitchens and bakehouses ... ..	2
Minor structural improvements, cleansing and repairs ... ..	91
Improved food storage facilities ... ..	11
Equipment renewed, repaired and cleansed ... ..	75
Improved washing-up facilities and procedure ... ..	12
Improved sanitary accommodation for staff including personal washing facilities ... ..	141
Improved sanitary accommodation for patrons ... ..	7
Improved refuse storage facilities ... ..	37
Vermin eliminated ... ..	24
Miscellaneous... ..	9
<b>TOTAL</b> ... ..	<b>409</b>

### THE SHELLFISH INDUSTRY

Five wholesale shellfish premises have been registered under the Food and Drugs Act, 1955.

Notwithstanding frequent sampling of the shellfish and the securing of improvements in the bacteriological standard—a considerable amount of work has still to be carried out before all the shellfish premises in the Borough can be regarded as satisfactory.

During the Summer of 1957, members of the Food Hygiene Advisory Council visited Southport in connection with the proposed amendment to Regulation 7 of the Food Hygiene Regulations, 1955 which, in its original form, would have prohibited the giving out of shrimps to persons for "picking" in their own homes.

This regulation, the operation of which had been postponed, has been viewed with apprehension by everyone concerned with the Shellfish Industry; many people believing that if it eventually comes into force in its original form it will result in the death of Southport's oldest industry.

By December of that year, the Food Hygiene (Amendment) Regulations, 1957, had been made. These have the effect of permitting the giving out of shrimps for "picking" on domestic premises if the premises are registered with the Local Authority, and certain other requirements are complied with.

In sending these new regulations to Local Authorities, however, the two Ministers concerned intimated that they intend to review the position with the object of re-considering the possibility of ending "home-picking".

### ICE CREAM

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

PARTICULARS	Number
For the purpose of manufacture and sale ... ..	15
For the purpose of sale ... ..	180
For the purpose of storage ... ..	1
<b>TOTAL</b> ... ..	<b>196</b>

Compared with the previous year the results of the bacteriological quality of ice cream on sale in the Borough showed an improvement.



Year	Percentage of Samples found to be unsatisfactory								
1949 ...	...	...	...	...	...	...	...	...	52.20
1950 ...	...	...	...	...	...	...	...	...	26.95
1951 ...	...	...	...	...	...	...	...	...	19.78
1952 ...	...	...	...	...	...	...	...	...	22.90
1953 ...	...	...	...	...	...	...	...	...	29.50
1954 ...	...	...	...	...	...	...	...	...	9.17
1955 ...	...	...	...	...	...	...	...	...	8.82
1956 ...	...	...	...	...	...	...	...	...	19.04
1957 ...	...	...	...	...	...	...	...	...	29.09
1958 ...	...	...	...	...	...	...	...	...	10.00

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.

Thirty samples of ice cream were procured and submitted for bacteriological examination.

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

GRADE I the ice cream, after incubation, does not decolourise Methylene Blue in 4 hours.

GRADE II the ice cream, after incubation, decolourises Methylene Blue in 2 hours to 4 hours.

GRADE III the ice cream, after incubation, decolourises Methylene Blue in  $\frac{1}{2}$  hour to 2 hours.

GRADE IV the ice cream, after incubation, decolourises Methylene Blue immediately.

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

The following table shows the gradings of the samples examined:—

YEAR	RESULTS OF SAMPLES TAKEN						GRAND TOTAL
	NUMBER SATISFACTORY			NUMBER UNSATISFACTORY			
	Grade I	Grade II	Total	Grade III	Grade IV	Total	
1949 ...	10	11	21	9	14	23	44
1950 ...	42	42	84	12	19	31	115
1951 ...	70	39	109	17	26	43	152
1952 ...	67	71	138	26	15	41	179
1953 ...	65	21	86	22	14	36	122
1954 ...	83	16	99	9	1	10	109
1955 ...	49	13	62	5	1	6	68
1956 ...	22	12	34	8	0	8	42
1957 ...	30	9	39	10	6	16	55
1958 ...	22	5	27	3	0	3	30
TOTALS	460	239	699	121	96	217	916

Overall Results: Satisfactory, 76.32%; Unsatisfactory, 23.68%.



## DISEASES OF ANIMALS

An Order made in 1957 by the Minister of Agriculture, Fisheries and Food, imposed additional responsibilities on Local Authorities.

Known as "The Diseases of Animals (Waste Foods) Order, 1957", this legislation prohibits the feeding of unboiled waste foods to certain animals or to poultry.

Collectors of waste foods must boil them for one hour in a plant licensed by the Local Authority.

Nineteen licences have been granted, and twenty-one inspections of the plants were carried out by the Public Health Inspectors.





# **Part VI**

## **OTHER INFORMATION**

**Health Education**

**Blindness**

**Cerebral Palsy**

**Epilepsy**

**List of Centres and Clinics**

**Medical Examinations**

**Private Day Nursery**

**Nursing Homes**

**Nurses Agencies**

**Persons requiring Care and Attention**

**Riding Establishments**

**Special Surveys**

**Civil Defence Ambulance Service**

**Work done on behalf of the Children's Committee**

## HEALTH EDUCATION

### 1. General

Demonstrations have taken place in the Child Welfare Centres and leaflets have been made available for the general public both from the Health Department and the Central Library.

Lectures have been arranged from time to time to various organisations such as the Young Wives Groups at Christ Church and St. Andrews Church, the Parent Teachers Association, Meols Cop School, the Civil Defence Ambulance Section, etc.

The subjects included the work of the Health Department, Vaccination and Immunisation, Mentally Handicapped Children, etc., and were illustrated by means of appropriate films.

### 2. Smoking and Lung Cancer

The action taken in this matter was to make available to the public through the normal channels for the distribution of health education literature, e.g. offices, clinics and public libraries, the Medical Research Council's Report on the subject. It was also agreed to make reference to the deleterious effect that smoking might have in relation to physical fitness as a whole, but not to lung cancer, in the letter which is sent annually by the Chairman of the Education Committee to all school leavers.

## 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 207 persons on the Blind Register and 56 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	3
Langho Colony, Manchester	...	...	...	...	2	1

**Centres and Clinics**—The following list shows the Centres and Clinics which were in operation during 1958:—

ADDRESS	DAY	TIME
<b>CHILD WELFARE CENTRES:—</b>		
1. Methodist Church, Ainsdale ... ..	Mondays	2 to 4 p.m.
2. North Road, Crossens ... ..	Wednesdays	2 to 4 p.m.
3. Methodist School, Liverpool Road ...	Tuesdays	2 to 4 p.m.
4. Poulton Road, High Park ... ..	Tuesdays	2 to 4 p.m.
do. do. ... ..	Wednesdays	2 to 4 p.m.
5. Hampton Road ... ..	Thursdays	2 to 4 p.m.
6. Methodist School, Derby Road ... ..	Fridays	2 to 4 p.m.
<b>ANTE-NATAL CLINICS:—</b>		
44 Hoghton Street ... ..	Thursdays	2 to 4 p.m.
<b>POST-NATAL CLINICS:—</b>		
44 Hoghton Street ... ..	Mondays	2.30 to 3.15 p.m.
<b>TUBERCULOSIS CONTACT CLINIC:—</b>		
Southport Infirmary ... ..	Mondays	2 to 5 p.m.



**Medical Examinations**—the following table shows the work done by the medical staff of the department during 1958 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

Department	NUMBER OF MEDICAL EXAMINATIONS			
	Super-annuation Scheme	Sickness Pay Scheme	Re-Examinations	Total
(a) CORPORATION DEPARTMENTS:—				
Borough Architect ... ..	2	—	—	2
Borough Engineer ... ..	7	32	12	51
Borough Treasurer ... ..	4	—	1	5
Children's... ..	—	2	—	2
Education ... ..	57	23	6	86
Estates and Baths ... ..	—	—	—	—
Fire Service ... ..	1	—	3	4
Flower Show ... ..	—	—	—	—
Health ... ..	10	19	—	29
Libraries ... ..	6	—	—	6
Lighting ... ..	—	—	—	—
Police ... ..	—	—	—	—
Publicity ... ..	1	10	—	11
Parks and Cemeteries ... ..	3	14	1	18
Town Clerk's ... ..	4	2	—	6
Transport ... ..	2	14	4	20
Water Board ... ..	—	8	2	10
Weights and Measures ... ..	—	—	—	—
Welfare Services ... ..	3	4	—	7
(b) OTHER DEPARTMENTS:—				
Electricity ... ..	2	—	—	2
District Nursing Association ... ..	5	—	—	5
TOTALS ... ..	107	128	29	264

**Private Day Nursery**—One private day nursery consisting of 3 ground floor rooms of a private house continued with a maximum number of six children, the age range being 2 years to 5 years.

**Nursing Homes**—At the end of the year there were 14 Nursing Homes registered with the Local Authority.

**Classification**—3 Maternity Homes—accommodation 8 beds. 2 Homes—Maternity accommodation 4 beds—Medical and Surgical 23 beds. 9 Homes—accommodation 188 beds. Medical only.

Only Nursing Homes registered by the Local Authority under Section 187 of the Public Health Act, 1936, are permitted to admit patients requiring nursing and medical attention.

The number of inspections made to nursing homes during the year was 51.

**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 1958, one existing agency closed during the year and inspection reports showed that the one remaining establishment was being conducted in a satisfactory manner.

**Persons in need of Care and Attention**—No cases were dealt with during 1958, under the powers contained in Section 47 of the National Assistance Act, 1948.



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

During the twelve months period to the 30th September, 1958, Mr. Hewetson made thirty-seven visits to ten riding establishments and carried out two hundred and thirty-one 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 Medical Research Council's investigation on poliomyelitis.

## CIVIL DEFENCE AMBULANCE and CASUALTY COLLECTING SECTION

During the year, 43 training sessions of 1½ to 2 hours duration were held at the Civil Defence Headquarters, Birch Street. The sessions were arranged so that in the majority of instances, the older members were attending revisionary courses whilst newer members were given instruction on all basic subjects.

First Aid, Map Reading, Vehicle Maintenance and Driving Instruction were the principal subjects given interspersed with demonstrations, films and no fewer than seven evening outdoor exercises.

295 hours were devoted to driving tuition which took place at times other than at normal training sessions. Of the twelve trainees, three, after 16 hours' tuition, were found to have no real aptitude for driving and so their training was discontinued. Of the remaining nine trainees only four passed the Ministry of Transport's test.

During the year 24 new enrolments were received but of this number only 14 are attending for training. Many old members have resigned, some for domestic reasons, others to get married and others have left Southport.

Although the register shows only 55 active members, many who have resigned are fully trained and it is anticipated that in a national emergency they would take an active part within the Corps.

Of the active members, 25 have current driving licences and 32 have full First Aid qualifications.

Mr. W. R. A. Lloyd, a member of my staff, has attended an Instructors' Course at one of the Home Office Civil Defence Schools and I am pleased to record that he is now fully qualified as a Section Instructor.

**Work done on behalf of Children's Committee**—During the year, 98 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 homes	...	...	...	77
Examination of children admitted to Institutions	...	...	...	12
Admissions to Links Avenue	...	...	...	2
Discharges from Links Avenue	...	...	...	1
Routine Medical Inspection of Children in Care	...	...	...	6

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



## Part VII

# SCHOOL HEALTH SERVICE

(The Fiftieth Annual Report of the  
Principal School Medical Officer)

## EDUCATION COMMITTEE

1957/58

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The Mayor (Councillor R. WOOD, J.P.)  
Councillor G. B. WOOLFENDEN (*Chairman*)  
Alderman MRS. E. SMITH (*Vice-Chairman*)  
Alderman T. BALL, J.P.  
Alderman W. BERWICK  
Alderman P. CARTER  
Alderman W. PAULDEN  
Alderman W. TATTERSALL, J.P.  
Councillor J. W. BROWN  
Councillor J. CAMPION  
Councillor H. H. GLAISHER  
Councillor MRS. S. GOLDBERG  
Councillor G. W. KENDALL, J.P.  
Councillor MRS. F. M. TURNER  
Councillor MRS. G. P. WILLIAMSON  
MR. G. F. DIXON  
MR. A. LOVERIDGE  
MR. D. G. PRITCHARD  
THE REV. O. TUDOR HUGHES  
THE VERY REV. MGR. J. PARK  
THE REV. F. H. PICKERING

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### Representatives on Joint Health and Education Sub-Committee

Councillor G. B. WOOLFENDEN	Alderman MRS. E. SMITH
Councillor J. W. BROWN	Councillor J. CAMPION
Councillor MRS. S. GOLDBERG	



## SCHOOL HEALTH SERVICE

The work of the School Health Service has proceeded satisfactorily during the year. This service is of great value to children and is complementary to the work of the family doctors. It is not generally realised how much is done to ensure that each child is able to obtain the utmost benefit according to his age, aptitude and ability from the education provided. Some of the medical work carried out is highly specialised in nature and requires an intimate knowledge of the educational system in this country. Increasing medical knowledge is enabling more children to survive during the first year of life, a dangerous period, but a proportion of such infants are either physically or mentally handicapped and require special care and attention. One important aspect of the School Health Service is that children requiring attention are followed up to ensure that, whenever possible, they obtain the necessary treatment.

The average number of children on the register of the Education Authority is listed below. The figures for the previous year are given for comparison.

	1957	1958
Primary Schools ... ..	5,945	5,880
Secondary Modern, Technical and Grammar Schools ... ..	3,591	3,717
	<u>9,536</u>	<u>9,597</u>

**Routine Medical Inspections**—The method used in previous years was continued. It ensures that children are examined by a school medical officer at least three times during their school life, viz.:—

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.

All schools were visited during the year and 3,528 children in the 3 groups mentioned above were listed for inspection, out of which number 190 were absent.

The Nursery School at Crossens is visited each term, and toddlers admitted to nursery classes in ordinary schools are examined on admission and again at five years when they enter the infant school.

The number of children in each age group is given below.

### PRIMARY SCHOOLS—

	1958
Entrants ... ..	607
Leavers ... ..	994

### SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—

Leavers ... ..	867
Additional Medical Inspections ... ..	870

In addition to these periodic examinations by the school medical officers, each child is inspected annually by the school nurse. The survey of the school children takes place just before the medical inspection. Each child is weighed and measured, eye sight tested and any other defect noted. Any child found to be suffering from a defect is later seen by



a school medical officer. This year the number of children examined by the school nurses was 9,450 and of these 785 were brought forward for further examination.

As in previous years, one of the mobile Mass Radiography Units of the Regional Hospital Board visited all senior schools, maintained and independent, and offered X-ray examination to all children and to the staffs of the schools. Most of the children were examined and all reports were satisfactory.

**B.C.G. VACCINATION:**—This is the fourth year that B.C.G. vaccination against tuberculosis has been offered to thirteen year old school children in all schools, maintained and independent, in the area.

The acceptance rate has fallen from 71.5% to 65.5%, which is disappointing, although this is still a reasonably satisfactory level for a voluntary vaccination scheme.

Year	% Acceptance Rate	No. of children tested	% Positive Skin Test	% Negative Skin Test	No. Vaccinated
1955	73.7	695	35.5	61.9	427
1956	58.8	602	31.2	65.5	391
1957	71.5	756	30.0	66.3	500
1958	65.5	631	18.2	78.8	497

A more detailed list is given in the statistical tables at the end of the report.

It is interesting to note that the percentage of positive skin tests, showing previous infection, has fallen from 35.5% in 1955 to 18.2% in 1958. This means that a higher percentage of children in this age group are skin test negative, and are, therefore, able to take advantage of the protection offered by B.C.G. vaccination. It may also indicate a decreasing reservoir of infectious cases in the community.

Chest X-ray is offered to all these children when the Mass Radiography Unit visits Southport. This serves as a check on the positive skin test children—the results from these X-Rays were normal.

**SKIN TESTING OF SCHOOL ENTRANTS:**—This is the third year that new entrants to school have been offered skin tests to find if they have at any time been exposed to tuberculosis infection.

The percentages of positive skin tests, in children whose parents wished the test to be carried out, (excluding those due to previous B.C.G. vaccination) are shown below.

Year	No. tested	No. positive	%
1956	626	15	2.4
1957	719	17	2.3
1958	514	7	1.4

The children with positive tests, their parents and the remainder of the family, are offered opportunity for chest X-ray. This year, as in the previous two, no new cases of tuberculosis were revealed by the X-rays taken.

**ROUTINE MEDICAL INSPECTIONS:**—The usual pattern of inspection has been followed—parents being notified of the time and place of medical inspections and invited to attend. Child welfare centres and church halls have been used when conditions in school have been unsuitable and the arrangements have, on the whole, worked well.

There is an apparent decrease in the number of parents attending medical inspections, but an accurate assessment is impossible because of the revised method of compiling the statistical records.



The percentage attendance of parents at examinations is given below with the figures of last year for comparison:—

	1957	1958
PRIMARY SCHOOLS—	%	%
Entrants ... ..	90.88	80.89
Leavers ... ..	60.56	55.13
SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—		
Leavers ... ..	11.04	8.42
ADDITIONAL MEDICAL INSPECTIONS	—	52.99

### FINDINGS AT ROUTINE MEDICAL INSPECTIONS

**Nutrition**—Of the children examined only .7% were thought to be badly nourished.

**School Meals**—During the year, 1,025,774 meals were given to Southport school children. About 6% of these meals were supplied free or on partial payment. On an average 58% of the school children are having dinner in school. This is understood to be one of the highest percentages in the country.

**Cleanliness, Clothing and Footwear**—The School nurses visit each school as early in the term as possible. Each child is examined for pediculosis, cleanliness of body, clothing and condition of footwear. 24 children were excluded during the year because of uncleanness.

**Defects found at Routine Medical Inspections.** A detailed list of all defects is to be found at the end of this Report.

Below are the numbers of defects in each age group found to require treatment.

	Entrants	Primary Leavers	Secondary Modern Technical and Grammar School Leavers	Additional Inspections	TOTALS
Number of children examined ...	607	994	867	870	3338
Number of children requiring treatment ... ..	114	159	105	117	495
Percentage requiring treatment ...	18.78	16.00	12.11	13.45	14.83

### HANDICAPPED PUPILS

**Physically Defective Children**—Very good liaison still continues between this department and Hawkshead Street Hospital Special School. Nine children were attending as day pupils at the end of the year. Some of these children are crippled by congenital defects, e.g., spasticity, and if such facilities were not available, would require residential care in special schools away from their homes. Most of the children are taken to and from the school by taxi. The school is a very happy one, and the staff do all in their power to make it so.

One boy, over 12 years of age, is leaving Hawkshead Street Hospital Special School to become a boarder in a special school for physically handicapped pupils in the Midlands.

Two children have had lessons while they have been patients at a local hospital, where treatment has been necessary for a long time. Parents appreciate this provision, as they realise that the children will not be so backward in lessons when they return to school.



**Blind and Partially Sighted Children**—One blind and one partially sighted child are accommodated in residential special schools.

**Deaf and Partially Deaf Children**—Eight deaf children and two partially deaf children are in residential schools. One child attends a special school for the partially deaf as a day pupil.

**Educationally Sub-Normal Children**—This group still presents difficulties. The Authority has no day special school, and there are some children for whom adequate arrangements cannot be made.

The "Opportunity" classes continued to do very good work, but these are not intended for severely sub-normal children, but for children who, after a period of special teaching, are able to return to their own age-groups and classes.

Five children are in residential schools for educationally sub-normal children. Places in such schools are difficult to find and this combined with the high cost makes some local provision desirable.

**Maladjusted Children**—There is as yet no Child Guidance Clinic in Southport. Children requiring psychiatric investigation have to attend one of the child guidance clinics in Liverpool. Naturally, this limits the amount of help the psychiatrists are able to give because of the travelling time involved. There is still a small number of severely maladjusted children for whom residential accommodation in special schools must be recommended, and this accommodation is difficult to find.

There are five such children attending residential special schools.

The arrangements under these two headings are at present being carefully reviewed, and it is hoped to submit a programme to the Committee at an early date.

**Arrangements for Treatment**—Most of the clinics are held at 2 Church Street. The weekly time-table for the clinics is as follows:—

DAY	TIME	CLINIC
Monday	9.15 a.m. to 12.45 p.m. ... ..	Dressings Clinic
	9.30 a.m. ... ..	*Ear, Nose and Throat Clinic
	2 p.m. to 4 p.m. ... ..	Doctors' Minor Ailment Clinic
	1.15 p.m. to 4.45 p.m. ... ..	Dressings Clinic
Tuesday	9.15 a.m. to 12.45 p.m. ... ..	Dressings Clinic
	9 a.m. ... ..	*Eye Clinic
	1.15 p.m. to 4.45 p.m. ... ..	Dressings Clinic
	2 p.m. ... ..	*Eye Clinic
Wednesday	9.15 a.m. to 12.45 p.m. ... ..	Dressings Clinic
	1.15 p.m. to 4.45 p.m. ... ..	Dressings Clinic
Thursday	9.15 a.m. to 12.45 p.m. ... ..	Dressings Clinic
	2.30 p.m. to 4 p.m. ... ..	Skin Clinic
	1.15 p.m. to 4.45 p.m. ... ..	Dressings Clinic
Friday	9.15 a.m. to 12.45 p.m. ... ..	Dressings Clinic
	1.15 p.m. to 4.45 p.m. ... ..	Dressings Clinic
	2 p.m. to 3.30 p.m. ... ..	Immunisation
Saturday	9 a.m. to 12 noon ... ..	Dressings Clinic

\*By Appointment only.



Remedial exercise clinic sessions at Hampton Road Child Welfare Centre are arranged by the physiotherapist.

The Ainsdale health visitor/school nurse continues to use part of the buildings at Woodvale as a centre and arranges with the local schools to see children there, instead of sending them on the long journey into town.

**Nurses' Treatment Clinic**—This clinic is open every day and arrangements for treatment ensure that every effort is made to try to reduce waiting time and time lost from school.

The numbers attending continue to be high and the clinic is obviously useful.

**Minor Ailments Clinic**—This is a weekly clinic and the children and parents are seen by the school medical officers. Parents are advised about their children and if further investigation or treatment is required, they are referred to hospital with the knowledge and consent of the child's general medical practitioner. The number of children seen at this clinic during the year was 811, and these children made 2,187 attendances. 89 cases were referred to the Southport Infirmary for further investigation, 1 to the Royal Liverpool Children's Hospital and 1 to Alder Hey Children's Hospital.

**Eye Clinic**—Mr. D Rankine, the Ophthalmologist, continued to attend on Tuesday morning and afternoon, and during the year he held 72 clinics. 274 new cases were examined and 649 were seen for supervision and revision of spectacles. 15 cases were referred for further treatment at the Southport Infirmary.

**Skin Clinic**—Dr. Bardsley, the Dermatologist, continued to hold a clinic each week, and during the year 907 attendances were made. A wide variety of skin diseases, usually in the early stages, are treated at the clinic.

**Ear, Nose and Throat Clinic**—Mr. Tracy Forster, the Ear, Nose and Throat Surgeon, held a clinic each week for school children. Cases were referred to him from the Minor Ailment Clinic, routine medical inspections and also from general practitioners.

Children with ear defects are seen in the very early stages and the effectiveness of modern therapy and the follow-up system is reflected in the small number of cases of gross otorrhoea in the school population.

In most cases treatment is required and this is given by the nurse at the school clinic; if an operation is necessary children are admitted to the Ear, Nose and Throat Ward at the Promenade Hospital.

In 1958, 225 new cases were examined and 84 attended for observation of progress from previous years. 124 cases were admitted to the Promenade Hospital for the removal of tonsils and/or adenoids.

Children who may have any loss of hearing are referred to the Liverpool School for the Partially Deaf, Birkdale, or to Professor Ewing in Manchester, for audiometric examination.

**Artificial Sunlight**—Children are referred from the Chest Clinic and the 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.

93 school children were treated; these children made a total of 2,280 attendances.

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

Cases notified in 1958 were as under:—

Pulmonary	...	...	...	2
Non-Pulmonary	...	...	...	2



**Speech Therapy**—Treatment for defective speech is given at the North West School of Speech and Drama by arrangement with the Local Authority and 121 sessions were held during the year.

No. of children listed for treatment in 1958	...	...	...	...	...	22
No. of children admitted to regular classes in 1958	...	...	...	...	...	25
No. of children discharged as cured.	...	...	...	...	...	19

Sixty-four children attended these classes; the reasons for the defects in speech were:—

Dyslalia	...	...	...	...	...	1
Stammering	...	...	...	...	...	22
Slow and Abnormal Speech development	...	...	...	...	...	38
Lisp	...	...	...	...	...	3

Total attendances at the school were 1,050.

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 and the physiotherapist attends this clinic and sees the cases along with the Orthopaedic Surgeon. There is in this way good co-operation between the two departments and a very easy exchange of information.

**Remedial Exercises Clinic**—Children are referred to this clinic by the orthopaedic surgeon at the Promenade Hospital and by the school medical officers. 3,699 attendances were made during the year.

**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 Inspections. Some cases are also referred by the probation officer and by the children's officer. The number of cases referred in 1958 was 4.

**Infectious Diseases**—There were again no cases of diphtheria. Notifications were as follows, with figures for 1957 for comparison:—

	1957	1958
Measles	214	20
Rubella	66	18
Scarlet Fever	26	24
Chicken Pox	413	63
Diphtheria	—	—
Whooping Cough	33	20
Tuberculosis	—	4

#### Miscellaneous School Medical Work

	1958
Examination for fitness to take part in public entertainment	22
Examinations by nurses prior to admission to school	823

#### Home Visits by School Nurses

Follow-up of routine medical inspections	41
On account of illness	64
To infectious cases	13
To infectious contacts	3
About immunisation of children	63



### Health Education in School

Regular mothercraft classes are held at all the Secondary Modern Schools at which girls attend, viz., Meols Cop, Our Lady of Lourdes, Stanley and Birkdale.

The syllabus is a comprehensive one and includes hygiene, diet and nutrition of children, clothing and footwear, simple first-aid and home nursing, as well as practical classes in cot-making, baby bathing, dressing and feeding. The classes are very popular with the girls, and it is hoped that some of the knowledge gained will be useful to them in later life.

A number of the girls were successful in passing a national examination in mothercraft.

### PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT, 1958

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 two of the schools have been revisited. The period between inspection and re-inspection, and treatment and re-treatment of all the schools is approximately 48 weeks.

During the year, all attending the Day Nurseries, Occupation Centre and the Hospital Special School have received a dental inspection, and those consenting to treatment have been made dentally fit.

Mr. Pogrel, the consultant orthodontist, now attends one session each week, and during the year 18 cases were completed and 44 new cases were accepted and treatment commenced.

In addition, the Department's dental officers are gaining experience in orthodontic work, and during the year they have dealt with 33 cases in which treatment was completed. In addition 36 children were still receiving treatment of this kind at the end of the year.

Apart from arrangements made to deal with emergency cases, one whole week was set aside for instruction in dental health. The dental officers and attendants visited 14 schools, the Hospital Special School and the Liverpool Road Child Welfare Centre. The well produced sound and colour films 'Let's Keep our Teeth' and 'A Tooth in Time', were shown. Liveley interest was evoked and the pupils asked many questions.

Health Education of this kind has influenced a number of pupils, who had previously avoided conservative treatment, to attend for full dental treatment. The number of extractions of permanent teeth found necessary in these cases reduces the ratio of teeth saved compared with teeth extracted.

#### 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
1956 ...	2,485	1,379	1.8	3,765	173	21.7
1957 ...	2,027	1,372	1.4	4,135	202	20.4
1958 ...	1,944	1,487	1.3	3,878	267	14.5

In the environment of their own schools, pupils are more receptive to instruction in dental hygiene by the dental officers, and will enter fully into discussions. A few well chosen words can often change their way of thought, that teeth need not be 'just a nuisance' if they will, on their side, look after their maintenance, leaving less and still less for the dental surgeon to repair.



## PART I

## MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A  
PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By years of birth) (1)	No. of pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1954 and later	180	179	99.44	1	.56
1953	375	374	99.73	1	.27
1952	434	428	98.62	6	1.38
1951	86	84	97.67	2	2.33
1950	59	58	98.31	1	1.69
1949	31	30	96.78	1	3.22
1948	89	89	100.	—	—
1947	520	516	99.24	4	.76
1946	572	568	99.30	4	.70
1945	67	67	100.	—	—
1944	685	684	99.85	1	.15
1943 and earlier	240	239	99.58	1	.42
TOTAL	3338	3316	99.34	22	.66

TABLE B

PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin)

Age groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1954 and later	—	16	15
1953	—	56	51
1952	1	108	95
1951	—	12	12
1950	1	4	5
1949	—	3	3
1948	1	14	14
1947	14	122	111
1946	8	60	61
1945	3	14	15
1944	19	92	93
1943 and earlier	4	20	20
TOTAL	51	521	495

TABLE C  
OTHER INSPECTIONS

Number of Special Inspections ... ..	1437
Number of re-inspections ... ..	1764
TOTAL	3201



TABLE D

## INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....7651
- (b) Total number of individual pupils found to be infested..... 120
- (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)..... —
- (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)..... —

## PART II

## DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A

Defect Code No. (1)	Defects or Disease (2)	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		(T)† (3)	(O)* (4)	(T)† (5)	(O)* (6)	(T)† (7)	(O)* (8)	(T)† (9)	(O)* (10)
4	Skin ... ..	9	2	61	1	19	1	89	4
5	Eyes— <i>a.</i> Vision ...	1	—	37	9	13	5	51	14
	<i>b.</i> Squint ...	9	—	—	2	3	—	12	2
	<i>c.</i> Other... ..	4	1	10	—	10	—	24	1
6	Ears— <i>a.</i> Hearing ...	4	1	5	2	2	—	11	3
	<i>b.</i> Otitis Media...	6	3	6	2	4	3	16	8
	<i>c.</i> Other... ..	6	3	6	1	2	2	14	6
7	Nose and Throat ...	25	26	16	22	23	26	64	74
8	Speech ... ..	8	5	3	—	2	7	13	12
9	Lymphatic Glands ...	1	5	4	5	2	5	7	15
10	Heart ... ..	2	4	7	6	2	2	11	12
11	Lungs ... ..	12	2	9	3	4	3	25	8
12	Developmental—								
	<i>a.</i> Hernia ...	3	1	2	—	1	3	6	4
	<i>b.</i> Other... ..	2	16	21	6	6	16	29	38
13	Orthopaedic—								
	<i>a.</i> Posture ...	2	9	37	39	7	12	46	60
	<i>b.</i> Feet ... ..	7	19	24	21	8	20	39	60
	<i>c.</i> Other... ..	3	9	16	12	9	15	28	36
14	Nervous System—								
	<i>a.</i> Epilepsy ...	—	—	—	—	—	—	—	—
	<i>b.</i> Other... ..	—	—	3	1	—	—	3	1
15	Psychological—								
	<i>a.</i> Development	—	3	2	1	3	—	5	4
	<i>b.</i> Stability ...	2	—	1	—	—	3	3	3
16	Abdomen ... ..	8	—	2	—	1	3	11	3
17	Other ... ..	13	7	38	7	14	14	65	28
	TOTAL ... ..	127	116	310	140	135	140	572	396

† Treatment

\* Observation

TABLE B  
SPECIAL INSPECTIONS

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin ... ..	193	20
5	Eyes—		
	a. Vision ... ..	11	4
	b. Squint ... ..	3	3
	c. Other ... ..	47	3
6	Ears—		
	a. Hearing ... ..	7	5
	b. Otitis Media ... ..	19	—
	c. Other ... ..	24	5
7	Nose and Throat ... ..	79	91
8	Speech ... ..	11	16
9	Lymphatic Gland ... ..	2	28
10	Heart ... ..	2	3
11	Lungs ... ..	19	8
12	Developmental—		
	a. Hernia ... ..	1	1
	b. Other ... ..	8	15
13	Orthopaedic—		
	a. Posture ... ..	27	47
	b. Feet ... ..	46	39
	c. Other ... ..	149	47
14	Nervous System—		
	a. Epilepsy ... ..	—	—
	b. Other ... ..	2	1
15	Psychological—		
	a. Development ... ..	32	19
	b. Stability ... ..	11	3
16	Abdomen ... ..	22	4
17	Other... ..	200	37
	TOTAL ... ..	915	399



# PART III

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

TABLE A

### EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	190
Errors of refraction (including squint) ... ..	794
Total	984
Number of pupils for whom spectacles were prescribed ... ..	230

TABLE B

### DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear ... ..	8
(b) for adenoids and chronic tonsillitis ... ..	124
(c) for other nose and throat conditions ... ..	31
Received other forms of treatment ... ..	234
Total	397
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1958 ... ..	—
(b) in previous years ... ..	8

TABLE C

### ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments—	
Specialist clinics ... ..	11
By Local Authority Medical Staff ... ..	291
(b) Pupils treated at school for postural defects ... ..	—
Total	302

TABLE D

## DISEASES OF THE SKIN

(excluding uncleanness, for which see Table D of Part I)

										Number of cases known to have been treated
Ringworm—(a)	Scalp	...	...	...	...	...	...	...	...	—
	(b) Body	...	...	...	...	...	...	...	...	1
Scabies	...	...	...	...	...	...	...	...	...	4
Impetigo	...	...	...	...	...	...	...	...	...	18
Other skin diseases	...	...	...	...	...	...	...	...	...	402
Total										425

TABLE E

## CHILD GUIDANCE TREATMENT

										Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	...	...	...	...	...	...	...	...	...	4

TABLE F

## SPEECH THERAPY

										Number of cases known to have been treated
Pupils treated by speech therapists	...	...	...	...	...	...	...	...	...	64

TABLE G

## OTHER TREATMENT GIVEN

										Number of cases known to have been dealt with
(a)	Pupils with minor ailments	...	...	...	...	...	...	...	...	811
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	...	...	—
(c)	Pupils who received B.C.G. vaccination	...	...	...	...	...	...	...	...	412
(d)	Artificial Sunlight	...	...	...	...	...	...	...	...	93
(e)	Remedial Exercises	...	...	...	...	...	...	...	...	249
(f)	No. of 5 year old entrants who have had Skin Tests	...	...	...	...	...	...	...	...	514
Total										2079



## PART IV

## DENTAL INSPECTION AND TREATMENT CARRIED OUT

1.	Number of pupils inspected by the Dental Officers:—									
	(a)	At Periodic Inspections	...	...	...	...	...	...	(416 re-insp.)	9365
	(b)	With Special Appointments	...	...	...	...	...	...	...	1593
	TOTAL (1)								...	10958
2.	Number found to require treatment ... 6393									
3.	Number offered treatment ... 6393									
4.	Number actually treated ... 2881									
5.	Number of attendances made by pupils for treatment, including those recorded at 11(h) overleaf ... 8746									
6.	Half days devoted to:—									
	(a)	Periodic (School) Inspection	...	...	...	...	...	...	...	94
	(b)	Treatment	...	...	...	...	...	...	...	1226
	TOTAL (6)								...	1320
7.	Fillings:—									
	(a)	Permanent Teeth	...	...	...	...	...	...	...	4418
	(b)	Temporary Teeth	...	...	...	...	...	...	...	2152
	TOTAL (7)								...	6570
8.	Number of Teeth filled:—									
	(a)	Permanent Teeth	...	...	...	...	...	...	...	3878
	(b)	Temporary Teeth	...	...	...	...	...	...	...	1944
	TOTAL (8)								...	5822
9.	Extractions:—									
	(a)	Permanent Teeth	...	...	...	...	...	...	...	547
	(b)	Temporary Teeth	...	...	...	...	...	...	...	2251
	TOTAL (9)								...	2798
10.	Administration of general anaesthetics for extraction ... 356									
11.	Orthodontics:—									
	(a)	Cases commenced during the year	...	...	...	...	...	...	...	80
	(b)	Cases carried forward from previous year	...	...	...	...	...	...	...	65
	(c)	Cases completed during the year	...	...	...	...	...	...	...	51
	(d)	Cases discontinued during the year	...	...	...	...	...	...	...	2
	(e)	Pupils treated with appliances	...	...	...	...	...	...	...	86
	(f)	Removable appliances fitted	...	...	...	...	...	...	...	103
	(g)	Fixed appliances fitted	...	...	...	...	...	...	...	18
	(h)	Total attendances	...	...	...	...	...	...	...	681
12.	Number of pupils supplied with artificial teeth ... 19									
13.	Other operations:—									
	(a)	Permanent teeth	...	...	...	...	...	...	...	819
	(b)	Temporary teeth	...	...	...	...	...	...	...	429
	TOTAL (13)								...	1248



TABLE I  
HANDICAPPED PUPILS

CATEGORY	NUMBER ASCERTAINED			TYPE OF EDUCATION PROVIDED			Requiring Special School Accommodation but unplaced at end of year		Refusal by Parent	Total
	Up to 31st Dec., 1957	During year 1958	Total on register at end of year	Ord. School (re-quiring observation)	Special Schools		DayClass or School	Sp. School		
					Day (Class) or School	Resi- dential				
Blind ... ..	1	—	1	—	—	1	—	—	—	1
Partially Sighted	1	1	2	—	—	1	—	1	—	2
Deaf ... ..	8	—	8	—	—	8	—	—	—	8
Partially Deaf ...	8	2	10	6	1	2	—	1	—	10
Delicate ... ..	21	—	21	6	—	1	14	—	—	21
Diabetic ... ..	1	—	1	1	—	—	—	—	—	1
Educationally Sub-Normal...	46	11	57	2	26	5	23	—	1	57
Epileptic ... ..	7	2	9	6	—	2	1	—	—	9
Mal-Adjusted ...	11	2	13	7	—	5	—	1	—	13
Physically Handicapped	68	24	92	71	10	7	4	—	—	92
TOTALS ... ..	172	42	214	99	37	32	42	3	1	214

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR ENDED 31ST DECEMBER, 1958, 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) ... ..	4
Section 57, Sub-Section (5) ... ..	4

*The Sub-section concerned reads 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 purpose 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 II

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 heights and weights of children in 1958 compared with those in 1938.

Age last Birthday	1938		1958	
	Height ft. ins.	Weight st. lbs.	Height ft. ins.	Weight st. lbs.
Age 5 years				
Boys ... ..	3 6	3 0	3 8	3 3
Girls ... ..	3 6	2 13	3 7	3 1
Age 10 years				
Boys ... ..	4 5	4 10	4 8	5 3
Girls ... ..	4 7	5 0	4 7	5 5
Age 14 years				
Boys ... ..	5 2	7 6	5 3	7 10
Girls ... ..	5 4	7 12	5 2	7 11
Age 15 years				
Boys ... ..	5 6	8 7	5 6	8 11
Girls ... ..	5 3	8 2	5 3	8 8

TABLE III

B.C.G. VACCINATION OF SCHOOL CHILDREN

	Maintained Schools	Independent Schools	Totals
1. No. of consent forms issued to parents... ..	823	173	996
2. (a) No. of parental consents received... ..	534	118	652 (65.5%)
(b) No. of definite refusals ... ..	31	12	43 (4.3%)
(c) No. of parents who did not reply ... ..	258	43	301 (30.2%)
TOTALS (to agree with No. 1) ... ..	823	173	996 (100%)
3. (a) No. of children tested ... ..	516	115	631
(b) No. of children with consent forms but not tested ... ..	18	3	21
TOTALS (to agree with 2(a)) ... ..	534	118	652
4. No. of children tested and found to be:—			
(a) Positive reactors ... ..	85	30	115 (18.2%)
(b) Negative reactors ... ..	412	85	497 (78.8%)
(c) No. not read ... ..	19	—	19 (3.0%)
TOTALS (to agree with 3(a)) ... ..	516	115	631 (100%)
5. No. of negative reactors vaccinated ... ..	412	85	497

TABLE IV

## TUBERCULIN SKIN TESTING OF ENTRANTS TO MAINTAINED PRIMARY SCHOOLS

1.	Number of eligible children	...	...	...	...	...	...	828
2.	(a) Number of children already tested	...	...	...	...	...	61	(7·3%)
	(b) Number of "no replies"	...	...	...	...	...	100	(12·1%)
	(c) Number of definite refusals	...	...	...	...	...	95	(11·5%)
	(d) Number of consents received	...	...	...	...	...	572	(69·1%)
	Total of (1)	...	...	...	...	...	828	
3.	(a) Number of children tested	...	...	...	...	...	514	
	(b) Number of children absent	...	...	...	...	...	58	
	Total of 2(d)	...	...	...	...	...	572	
4.	Number of children tested 3(a) above who were found to be:—							
	(a) (i) positive	...	...	...	...	...	7	(1·4%)
	(ii) positive from previous B.C.G. Vaccination	...	...	...	...	...	5	(0·9%)
	(b) negative	...	...	...	...	...	451	(87·8%)
	(c) absent for reading	...	...	...	...	...	51	(9·9%)
	Total of 3(a)	...	...	...	...	...	514	
5.	Number of children referred to the Chest Clinic	...	...	...	...	...	—	
6.	Number of contacts found to have active disease	...	...	...	...	...	—	



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