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#### **Contributors**

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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 1960

Health Department,

2 Church Street,

Southport.

Telephone No.: Southport 5523.



COUNTY BOROUGH



### OF SOUTHPORT

## ANNUAL REPORT

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### Medical Officer of Health

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## Principal School Medical Officer

for the Year 1960

Health Department,
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### THE HEALTH COMMITTEE

The Worshipful the Mayor (Councillor L. F. Spence, J.P.)

Chairman: Alderman W. PAULDEN

Vice-Chairman: Councillor G. S. WILKINS

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

Alderman W. BERWICK

Alderman Dr. H. Coates, J.P.

Alderman Mrs. E. SMITH

Councillor J. CAMPION

Councillor R. B. HUGHES

Councillor G. W. KENDALL, J.P.

Councillor Dr. W. LIMONT, J.P.

Councillor E. McCabe

Councillor Mrs. B. Pogson

Councillor MRS. I. D. SELL

Councillor Mrs. F. M. TURNER

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

### SUB-COMMITTEES AS AT 31st DECEMBER, 1960

### Mental Health Services

Chairman Councillor J. CAMPION

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

Alderman W. Berwick Councillor Mrs. I. D. Sell

Alderman Dr. H. Coates, J.P. Councillor Mrs. F. M. Turnel

Alderman Mrs. E. Smith Dr. P. Y. Lyle, M.C.

### Joint Health and Education

The Worshipful the Mayor (Councillor L. F. Spence, J.P.)

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

Vice-Chairman Councillor Mrs. F. M. Turner

### Home Nursing Joint Sub-Committee

Chairman Councillor Mrs. I. D. Sell

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

Councillor Mrs. F. M. Turner

### National Assistance Act, 1948 (Section 47 Cases)

Chairman Alderman Mrs. E. Smith

Vice-Chairman Councillor Mrs. F. M. TURNER

#### Accounts

All Members of the Health Committee

#### Certificates of Disrepair

Chairman Vice Chairman

### STAFF OF THE HEALTH DEPARTMENT ON THE 31st DECEMBER, 1960

### Medical Staff (Full-Time)-

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

D. J. ROBERTS, M.A., M.B., B.Chir. M.R.C.S., L.R.C.P., D.P.H.

Anna I. Davison, m.B., ch.B.

H. GORDON, M.B., CH.B., D.P.H.

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

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

### Visiting Medical Staff-

Ante-Natal and Post-Natal Clinic Eye Clinic Ear, Nose and Throat Clinic

Skin Clinic

N. E. LAURENCE, F.R.C.S. D. RANKINE, M.B., CH.B.

R. V. TRACY-FORSTER, F.R.C.S., M.B., CH.B., D.L.O.

A. ROBY JONES, M.D.

### Dental Staff—

Principal Dental Officer Dental Officer Dental Officer Orthodontist (part-time)

Attendants

W. Martland, L.D.S., R.C.S. (Eng.)
W. L. Rothwell, L.D.S. (Liv.)
P. L. Heathcote, L.D.S. (Liv.)
H. Pogrel, L.D.S.(LIV.),
L.D.S.R.C.S.(ENG.), D.ORTHO.R.C.S.
(ENG.)

Mrs. M. E. Ball Mrs. A. D. Meadows and Miss J. Mellor

- 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, 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), Miss A. Biggs (c)(f)(e)(n), Mrs. V. M. Barton (e), Misses G. Scholes (c)(d)(e), F. Curtis (c)(d)(e), Mrs. A. A. Gregory (e), Miss M. D. Griffiths (c)(d)(e), Mrs. E. K. Briggs (c)(d)(e), Mrs. O. Yates (c)(d)(e), Mrs. P. Rimmer (c)(d)(e), and Miss A. Phillips (c)(d)(e). Student Health Visitor, Mrs. B. E. Weatherall (d)(e).

Midwifery Staff-Supervisor of Midwives, Inspector of Nursing Homes and Hom Help Organiser, Miss M. McAleavy (d)(e);

> DISTRICT MIDWIVES, Miss S. A. CRYER (d)(e), Mrs. E. SHAWCROFT (d) and Mrs. A. A. Watkinson (d).

- Mental Health Staff-Senior Mental Welfare Officer, K. BAIN (p)(j); Mental Welfare 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), Mrs. S. MIREK (q) and Mrs F. O'DONNELL.
- Clerical Staff-Administrative Assistant, F. H. DIX, A.C.I.S., GRAD. A.C.C.A.; Chie Clerk, W. R. HOLGATE; Senior Clerks, Miss M. E. WELLS, Miss N. SOMECH and D. C. Evans. Clerks, Misses B. Maltby, B. Parker, H. Smith, R SHEPHERD, A. STOTT, S. COULTON, P. A. LOMAX, Mrs. B. S. HOLT, Mrs. K HODKINSON. Misses J. B. A. NICHOLAS, J. E. PEET and Mrs. S. TAYLOR

### Day Nurseries-

Southport Day Nursery Matron: Miss A. K. BAXTER (e)(d)(1) Bedford Park Day Nursery Matron: MISS M. RAYNOR (r)

### 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.
- (1) 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.
- (r) Certificate of National Nursery Examination Board.

#### Ambulance Service—

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

Public Analyst

G. H. WALKER, PH.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 1960

# 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 1960.

In general, I am able to repeat what I said last year, that the health of the people of the town as measured by the statistics required by law has been good. It was, however, disturbing to find that the infant mortality rate, i.e. the number of babies per 1,000 live births who died in the first year of life, was 33.61 as compared with a figure of 20.37 in the previous year. The national average figure was 21.7. On occasions like this i is my duty to examine the facilities available in the Maternity and Child Welfare Services in order to determine so far as is possible why these deaths occurred and whether any o them could have been prevented. Broadly speaking the two main group causes were (1) premature birth and (2) congenital abnormality. There was a particularly large number of babies born alive but having such severe malformation that life was only possible for a short time in spite of the facilities for care and treatment which are available It may be that in this latter group the mother suffered from a virus infection such as german measles or influenza early in pregnancy but if this were so, little in the way or prevention was possible. In my view it will always be the case that some babies are born with physical and mental abnormalities of this kind, at least until medical knowledge is more advanced than it is today: fortunately modern equipment and treatment can save the lives of a larger number of premature and congenitally malformed children than was the case in the past and many are enabled to grow up as normal: some however, live, bu are permanently physically or mentally affected and this group, an increasing one, wil require much help in the future from the medical and educational services.

There was a substantial increase in the number of babies born in the town: 1071 as compared with 1031 in 1959 and the total deaths also increased from 1376 to 1431. Other factors than these affect the population of the town but they do indicate the genera trend and this tendency of the population to fall should be born in mind by those who have to govern the town's affairs. It is now well known that the proportion of people in Southport over pensionable age is high in relation to other parts of the country and is now in the region of 20% of the population. Fortunately many of these persons are vigorous, healthy and no burden to their fellows: this, however, is not always so and is reflected in the steadly increasing demand on the Home Nursing and Home Help Services It seems to me that if a means could be found to attract and keep young families in the

town, benefit would accrue to the whole community.

1960 will be remembered as the 'Mental Health Year', a period during which a start was made to implement the measures enacted in the Mental Health Act 1959. It will take a long time before the changes envisaged in the Act can be brought about and will require the expenditure of a lot of money. The underlying principle, that the mentally sick person should remain in the community so far as is possible, requires not only the sympathetic support of the public but also the development of services and the provision of buildings and this cannot be done quickly. A start has, however, been made, and the new Southport Training and Industrial Centre for Mentally Handicapped Persons should be ready for occupation in 1961. One result of the Act, which some doctors view with misgiving, is the ease by which patients requiring treatment can now avoid this by leaving hospital before treatment can be effective. I believe that the new Act will work well and will eventually result in a much better Mental Health Service than has so far been the case. It is, however, important to realise that mental disorder is one of the greatest, if not the greatest, health problem facing us at present and about which medical science can only, so far, help to a limited extent. I am glad to be able to report that the combined Regional Hospital Board and Local Authority Child Guidance Clinic began work on the 1st September, and though it has had to function with an incomplete staff, it should in time provide a useful and effective service, not previously available in South-

1960 was a very heavy year in connection with vaccination and immunisation procedures which are becoming increasingly important. For example 1037 children were protected against tuberculosis as against 698 in 1959 and a total of 8136 injections against poliomyelitis were given compared with 14,471 in 1959. This work makes heavy demands on the available staff and accommodation and must be done well. It has increasingly become evident that the general public are no longer satisfied with an inferior standard and are quick to criticise poor accommodation, 'old fashioned' but quite serviceable furnishings and poor organisation leading to undue waiting. Some progress towards meeting the need was made by evening vaccination sessions but the available accommodation is quite inadequate. Unfortunately the scheme for the improvement of the accommodation at 44/46 Hoghton Street is still in abeyance and is awaiting a decision in respect of the proposed New Town Hall which may eventually accommodate the administrative and part of the clinical sections of the health department. There is now no room for expansion in the present health department buildings and ancillary services such as the Mass Radiography Service will not be able to be accommodated here when the Mass Radiography Unit visits the town in future. Southport with its motto of "Salus Populi" should have the best possible facilities for its health services and this can only be done by providing a modern building either on the present site at 2 Church Street, 44-46 Hoghton Street which has been traditionally used for health purposes and has many advantages or in a separate wing of the proposed New Town Hall. Until a decision is reached it will be necessary to make the best of the present accommodation which is very far from ideal.

The Sanitary Section of the department has carried out the usual considerable volume of work satisfactorily. Much of the educational work in connection with the courses in Food Hygiene and the Bacteriology of Food is the responsibility of this section and continues to arouse interest from other parts of the country and from abroad.

The School Health Service continues to provide a very useful advisory and preventive medical service. In the main this service is not intended to provide treatment except priority treatment in connection with eyesight and hearing and for minor ailments. It is, however, the duty of the school doctors to detect physical and mental abnormalities and to see that any necessary treatment is provided. This can be achieved by good liaison with the family doctors and the system works well in this town.

There have been a number of changes in the medical staff: Dr. J. A. G. Watson went to Oxfordshire as deputy County Medical Officer of Health and Dr. Brenda Jones left to take up an appointment with Lancashire County Council. Dr. D. J. Roberts joined the staff as my deputy and Dr. H. Gordon as an Assistant Medical Officer.

I wish to express 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. The staff of the department have had to make great efforts to cope with the increased volume of work and deserve the praise of the members of the Council and of myself.

I am,

Yours faithfully, G. N. M. WISHART,

Medical Officer of Health and Principal School Medical Officer.

The Minister of Health has asked for special comments to be made about the following:—

### Mental Health Services-

The main progress which has been made is in the preparatory work in connection with the building of the new training and industrial centre for mentally handicapped persons which should be ready for occupation in 1961. This centre will provide initially for up to 75 persons and will meet the need for some years to come.

Preliminary work has been done in the planning of a 24 place hostel but this prospect will take longer to achieve.

Improved arrangements for liaison with hospitals, and the transport of patients requiring day hospital facilities, which at present can only be provided outside the county borough, have been agreed.

Case conferences have been held and attended by hospital and local authority medical staff, mental welfare officers, the senior welfare officer, the officer in charge of the local office of the National Assistance Board, the disablement resettlement officer of the Ministry of Labour local office and others including the probation officers.

The fact that the town has no hospital for mental illness patients within the boundary is a disadvantage and for this reason some consideration has been given to the establishment of a day hospital here: this is, however, not a prospect which it is likely will be implemented in the near future.

Plans have been made to institute an occupational therapy service for patients with mental illness, and it is hoped that this also will be in operation in 1961.

#### Health Education-

With special reference to Smoking and Lung Cancer:

The general policy has been to provide the public with copies of the Medical Research Council's report on this subject and to draw the attention of school children, particularly school leavers, to the effects which excessive smoking can have on physical achievement and on health.

Chiropody Services—

Arrangements have been made for the service provided by the voluntary Old People's Welfare Committee to be continued and to be subsidised to a greater extent than in the past. It is intended that people of pensionable age unable to afford to pay privately for chiropody, should have any necessary treatment at a cost of 2/6d., per clinic visit. Treatment at home will also be provided if the patient is incapable of going to the clinic. A joint Local Authority/voluntary Old People's Welfare Sub-Committee is to be formed and the Local Authority will make good any financial loss incurred by the Voluntary Committee in the day to day conduct of the chiropody work.

Liaison Arrangements designed to avoid Unnecessary Hospital Admissions—
The Consultant Paediatrician has excellent liaison arrangements with general medical practitioners, local authority medical officers and ancillary nursing staff. There is no special nurse designated for children's work on the district but the Home Nurses do a good deal of children's nursing. It is the general practice to discharge children to their homes at the earliest possible opportunity and to continue any necessary supervision at out-patients' clinics or in other ways.

### 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 1960	81,350
Density of Population per acre (excluding Foreshore)	8.6
Number of Inhabited Houses, 1st April, 1960	26,644
Number of Permanent Houses and Flats erected and completed during 19	
Describle Value 1st April 1060	£1 564 604
Come and an analysis of the company and	£6 246
Sum represented by a penny rate	20,240
VITAL STATISTICS	
VI DI I	1051
Live Births	1071
Live birth rate per 1,000 population	13.16
	usted rate 14.87)
Illegitimate live births per cent of total live births	4.9%
Still-births	23
Still-births rate per 1,000 live and still-births	21.02
Total live and still-births	1094
Infant deaths	36
Infant mortality rate per 1,000 live births—total	33.61
Infant mortality rate per 1,000 live births—legitimate	32.48
Infant mortality rate per 1,000 live births—illegitimate	54.54
Neo-Natal mortality rate per 1,000 live births	28.01
(first four weeks)	
Early Neo-natal Mortality Rate	16.80
Perinatal Mortality Rate	37.57
Maternal deaths (including abortion)	1
Maternal mortality rate per 1,000 live and still-births	0.91
Total Deaths (Males, 648; Females, 783)	1,431
Death Rate (per 1,000 population)	17.59
Adjusted Death Rate (per 1,000 population)	12.84
Deaths from Whooping Cough (all ages)	Nil
Deaths from Measles, (all ages)	Nil
Deaths from Diarrhoea, under 2 years of age	2
Deaths from Pulmonary Tuberculosis (Males, 3; Females, 1)	4
Death Rate from Pulmonary Tuberculosis (per 1,000 population)	0.05
Deaths from Non-pulmonary Tuberculosis	Nil
Death Rate from Non-pulmonary Tuberculosis (per 1,000 population)	–
Deaths from Cancer (Males, 104; Females, 120)	224
Death Rate from Cancer (per 1,000 population)	2.75
(For short Population) iii iii	2.13
Births—The number of live births allocated to the area after adjust	stment for inward
and outward transfers was 1071, an increase of 40 on the total for 1959	
Pieths in 1060	
	1 000 nonviorie
	1,000 population
Birth rate, England and Wales, 1960 17·10 per	1,000 population

# Stillbirths— Stillbirths in 1960 ... ... ... 23 Stillbirth rate 1960 ... ... ... 21 · 02 per 1,000 total births Stillbirth rate, England and Wales, 1960 ... ... ... 19 · 70 per 1,000 total births

**Illegitimate Births**—Illegitimate births accounted for 4.9% of the total births, and numbered 53.

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

During 1960, 89 premature births (8.3 per cent. of the total births) were notified in Southport, as follows:—

				Live	S	tillbor	n	Total
Born at home	 	 		6		1		7
Born in hospital	 	 		69		12		81
Born in nursing homes	 • • • •	 		1		_		1
			_	76		13		89
			_					

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

						P	REMATU	PREMATURE LIVE BIRTHS	Віктня							PREMAT	PREMATURE STILLBIRTHS	BIRTHS
Weight at Riber	Воги	Born in Hospital	pital	Born at Nurse at	Sorn at Home and Nursed entirely at Home	e and rely	Born a trar Hos befor	Born at Home and transferred to Hospital on or before 28th day	and to or lay	Nursin	Born in Nursing Home and nursed entirely there	e and ely	Nursir tran Hos befor	Born in Nursing Home and transferred to Hospital on or before 28th day	e and to or day	Born	Born	Born
(1)	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)	pital (17)	Home (18)	Home (19)
3 lbs. 4 ozs. or less	7	9	1	1	1	1	1	1	1	1	ı	1	1	1	1	4	1	1
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	14	6	10	1	1	1	1	1	1	1	1	1	1	1 -	1	9	1	1
Over 4 lbs. 6 ozs. up to and including 4 lbs.	п	1	11	1	1	1	-	ı	1	1	1	1	1	1	1	1	-	1
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs	37	1	37	r.	1	10	1	1	1	1	1	1	1	1	-1	71	1	1
Тотакз	69	6	59	5	1	5	1	1	1	1	1	1	1	1	1	12	1	1

**Infant Mortality**—During the year 36 infants died in the first year of life, giving an infant mortality rate of 33.61 per 1,000 live births.

Infant mortality rate, 1960 ... ... ... 33.61 per 1,000 live births
Infant mortality rate, England and Wales (1960) ... 21.70 per 1,000 live births

Of the 36 infants, 20 died in their first month of life giving a neo-natal mortality rate of 28.01 per 1,000 live births as compared with a rate of 15.60 per 1,000 live births for England and Wales.

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

Infants	und	ier -	4 w	eeks	_		_		L	Infants 4 w	reek	s to	12	mon	ths		_			
Cause of Death		der hrs.	t	0	1	days to wks.	un	otal der vks.		Cause of Death		-3 ths.		-6 ths.		-9 ths.		12 hs.	4 v	otal wks
	M	F	M	F	M	F	M				M	F	M	F	M	F	M	F	12n	nth:
(a) Unqualified (b) Hydrops foetalis (c) Associated with Ante partum haemorrhage		3 1			1		5	3 1	1.	Diseases of Respiratory System (a) Bronchopneumonia (b) Bronchitis and broncholitis (c) Respiratory Failure	2	1	2	1		1			2 2	3
TOTALS (1)	4	5			1		5	5		Totals (1)	2	2	2	1		1			4	4
2. Congenital Malformations (a) Heart (b) Multiple			3	1	1		4 1	1	2.	Congenital Malformations (a) Heart (b) Multiple	1			1				1	1	1 1
Totals (2)	1		3	1	1		5	1		Totals (2)	1			1				1	1	2
3. Intracranial Haemorrhage (a) Unqualified (b) Associated with difficult forceps delivery		1	1	1			1	2	3.	Other Causes  (a) Enteritis  (b) Myocarditis  (c) Misadventure  (d) Infanticide	1			1	1 1	1			1 1 1	1
Totals (3)	1	1	1	1			2	2		Totals (3)	1			1	2	1			3	2
GRAND TOTALS	6	6	4	2	2		12	8		GRAND TOTALS	4	2	2	3	2	2		1	8	8
GRAND TOTALS MALE AND FEMALE	1	12		6		2	2	0		GRAND TOTALS MALE AND FEMALE		6		5		4		1	1	16

#### SUMMARY

Deaths of Infants	M.	F.	TOTAL
(a) Under 1 week	10	8	18
(b) Under 4 weeks (Includes (a)	12	8	20
(c) Under 1 year (Includes (a & b)	20	16	36

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

	1949			RATES PE		L DEATHS VE AND STI	LLBIRTHS	
V	No. of Live	No. of	Sep	sis	Other	Causes	То	tal
Year	Births	Live and Stillbirths	No.	Rate	No.	Rate	No.	Rate
1941	949	989	1	0.88	2	1.77	3	2.65
1942	1075	1112	1	0.90	2	1.80	3	2.70
1943	1048	1083	-	_	1	0.92	1	0.92
1944	1168	1198	-	-	2	1.67	2	1.67
1945	1018	1058	1	0.95	3	2.83	4	3.78
1946	1237	1268	1	0.79	-	-	-1	0.79
1947	1325	1351	-	-	2	1.48	2	1.48
1948	1167	1195	-	_	2	1.67	2	1.67
1949	986	1008	-	_	2	1.98	2	1.98
1950	890	907	-	_	-	_	-	-
1951	884	906	-	-	-		-	_
1952	957	991	-	_	2	2.02	2	2.02
1953	951	982	-	_	-	-	-	-
1954	890	908	-	_	-	-	-	_
1955	912	933	-	_	1	1.07	1	1.07
1956	945	984	-	_	1	1.02	1	1.02
1957	972	994	-	_	-	_	-	-
1958	989	1019	-	_	-	_	-	_
1959	1031	1059	-	-	-	-	-	-
1960	1071	1094	-	_	1	0.91	1	0.91

# PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1960 Total Deaths — 1,431

Cause of Death	19	959	19	960
CAUSE OF DEATH	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system	533	38 · 74	592	41 · 37
Vascular Lesions of nervous system	224	16.28	219	15.30
Cancer	240	17 - 44	224	15.65
Respiratory Diseases	133	9.67	135	9.44
Violence, including suicide	61	4.43	51	3.57
Ulcer of Stomach and Duodenum	7	0.51	23	1.61
Tuberculosis, all forms	7	0.51	4	0.28
All Other Causes	171	12.42	183	12.78
	1,376	100.00	1,431	100.00

### DEATHS (Table 1)

### Causes of, and Ages at, Death for year 1960

								1000		A	GE D	ISTRIE	UTIO	N					
		To- tals	_				MAL	ES				-				FEMA	LES		
	Causes of Death	at all ages	under 1 yr.	to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	To- tals	under 1 yr.	to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	0
1	Tuberculosis—Respiratory	4	_	_	_	_	_	2	_	1	3	_	_	_	_	_	_	1	
2	Tuberculosis—Other	-	_	-	_	_	_	_	-	_	_	_	_	_	-	-	_	_	. 4
3	Syphilitic Disease	6	-	_	_	_	-	1	1	1	3	-	_	_	_	_	-	1	
4	Diphtheria	-	_	_	_	_	-	_	-	-		-	_	_	-	-	-	-	4
5	Whooping Cough	-	-	-	723	-	-	-	_	-	_	-	-	-	-	-	-	-	-
6	Meningococcal Infections	-	_	_	_	_	_	2	_	10	_	_	_	_	-	_	_	_	
7	Acute Poliomyelitis	-	-	-	-	-	_	-	_	-	-	-	_	-	-	_	-	-	
8	Measles	-	_	-	-		_	_	_	-	_	-	_	_	_	_	_	_	
9	Other Infective and parasitic																		
10	diseases Malignant Neoplasm,	2	_	-	-	_	-	1	_	_	1	-		-	-	77.	_	1	
11	Stomach Malignant Neoplasm,	30	-	T		_	_	5	5	5	15	_		_		_	4	6	
10	lung bronchus	39	_	-	_	_	-	12	17	3	32	-		-		-	4	3	
	Malignant Neoplasm, breast	28	_	_	_	-	-	-	-	-	-	_	-	-	-	-	9	11	
	Malignant Neoplasm, uterus	5	-	-	-	_	_	-	-	_	-	-	-	-	-	-	2	2	
14	Other Malignant and Lymphatic Neoplasms	115	-	-	-	-	3	14	22	16	55	-	-	-	-	-	17	22	2
15	Leukaemia	7	-	-	-	-	-	-	1	1	2	-	-	-	-	2	-	2	
16	Diabetes	8	-	-	-	-	-	1	2	-	3	-	-	-	-	-	-	2	
	Vascular lessions of Nervous System	219	_	_	-	-	-	15	18	45	78	-	-	-	-	1	15	40	8
	Coronary Disease—Angina	268	_	-	_	-	2	49	57	53	161	-		- 3		-	19	34	5
	Hypertension with Heart Disease	27	-	-	-	-	_	_	4	3	7	-	-	-	-	-	1	8	1
	Other Circulates Di	228	1	-		-	1	7	24	49	82	-	-	-	_	-	10		11
	Other Circulatory Disease Influenza	69		_	_	_	1	3	6	18	28	_	_	-		_	3	6	3
		-	_	_	_		_	-	-	-		_	-	-		-			Ī
	Preumonia	51	3	1	_	_	1	1	6	13	25	3	_	_	_	-	5	4	1
	Orber Discours of Paral	73	_	_	_	_	_	10	16	15	41		_	-	_	-	5	9	1
	Other Diseases of Respiratory	11	-	1	_	-	-	3	2	3	9	-	_	-	-	1	-	-	
	Ulcer of Stomach and Duodenum Gastritis, Enteritis and	23	-	-	-	-	-	1	6	7	14	-	_	-	-	-	3	2	
21	Diarrhoea	12	1	_	-	-	-	-	2	2	5	1	_	-	1	_	-	2	
28	Nephritis and Nephrosis	8	-	-	-	-	-	2	_	1	3	-	_	1	-	-	2	1	
29	Hyperplasia of Prostate	16	-	-	-	-	-	1	5	10	16	-	-	-	-	-	-	-	-
30	Pregnancy, Childbirth, Abortion	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
31	Congenital Malformations	11	6	-	-	-	-	1	-	1	8	3	-	-	-	-	-	-	-
32	Other defined and ill-defined Diseases	119	8	_	_	2	3	9	4	13	39	8	1	_		_	11	14	4
33	Motor Vehicle Accidents	10	-	_	_	-	2	1	1	2	6	_	_	_	-	2	2	_	-
34	All Other Accidents	23	_	_	_	_	1	1	_	1	3	1	1	_	_	1	7	3	
35	Suicide	17	-	_	_	1	1	3	2	1	8	_	_	_	-	1	5	3	-
36	Homicide and Operations of War	1	1	_	_	_	_	_	_	_	1	_		_	_	_	_	_	
To		-				_	-	1.00	-	_		-	-		-	-	-		-
10	TALS—(All Causes)	1431	20	2	-	3	15	143	201	264	648	16	2	1	1	9	124	199	43

### DEATHS DUE TO VIOLENCE

Tatala	Male	 	 18
Totals	Female	 	 33
			51

### Classification

	Male	Female	Total
Motor Vehicle Accidents	 6	4	10
All other accidents	 3	20	23
Suicide	 8	9	17
Homicide and Operations of War	 1	-	1
	18	33	51

### By Age Groups

	0-1	5 yrs.	15—	65 yrs.	65 an	id over
	М.	F.	М.	F.	М.	F.
Motor Vehicle Accidents	-	-	3	4	3	_
All other accidents	-	2	2	8	1	10
Suicide	_	_	5	6	3	3
Homicide & Operations of War	1	_	-	-	_	_
	1	2	10	18	7	13

DEATHS (Table 3)

Numbers and Rates per 1,000 population and per 1,000 births-years 1941-1960

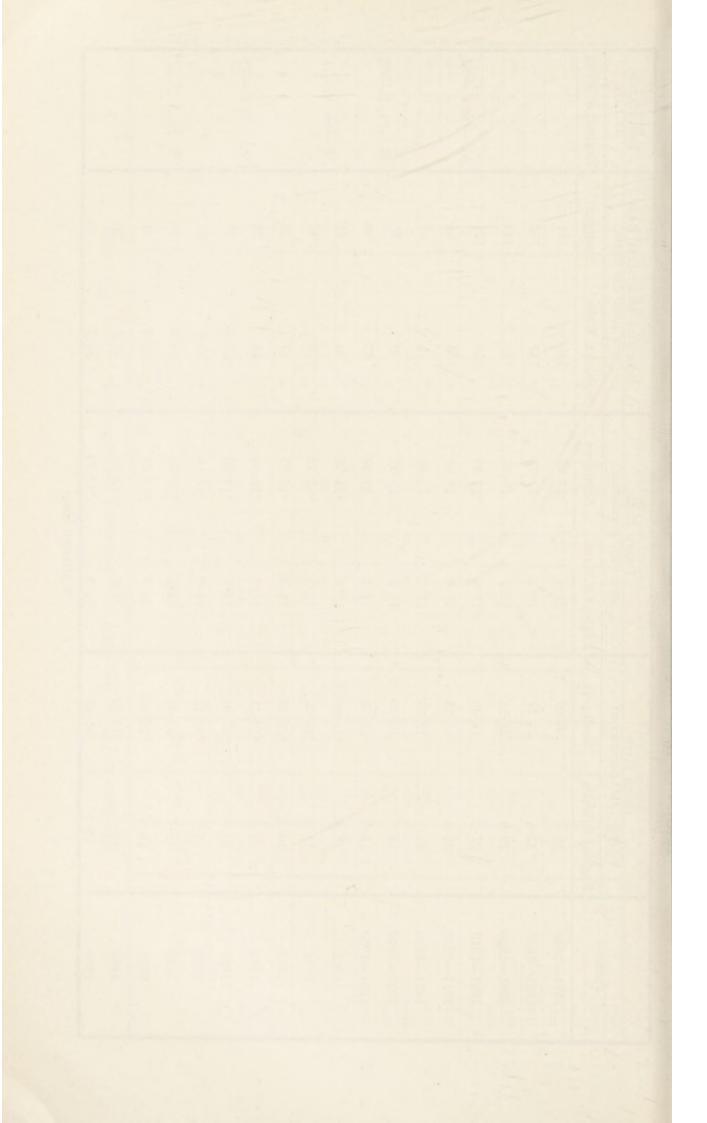
		Rate per 1.000 Popu- lation	20.0	0.10	0.10	20.0	90-0	0.04	90-0	0.04	90.0	06-0	90.0	0.07	90-0	1	1	1	0.01	0.01	0.05	1
		Other Forms T.B.	7	6	6	9	5	3	2	3	5	10	10	9	2	1	1	1	1	1	2	1
		Rate per 1,000 Popu- lation	0.40	0.41	0.50	0.32	0.44	0.37	0.46	0.31	0.30	0.17	0.26	0.15	0.16	0.20	0.16	0.07	0.11	0.07	80.0	0.05
		Pulm'ry Tuber- culosis	38	37	43	27	36	31	39	27	26	15	22	12	13	16	13	9	6	9	7	4
		Rate per 1,000 Illegiti- mate Births	115	75	67	67	35	69	. 64	92	102	34	09	20	21	39	19	21	31	18	63	55
		Illegiti- mate	7	5	9	7	4	7	5	9	*5	2	1	1	1	2	4	1	2	1	3	3
Outer	INFANIS	Rate per 1,000 Legiti- mate Births	54	36	45	42	27	27	40	32	35	26	40	30	21	34	33	28	24	21	18	32
1	INFA	Legiti- mate	58	36	43	45	25	33	50	35	33	22	33	28	19	29	28	25	22	20	18	33
-		Rate per 1,000 Births	57	38	47	44	28	32	42	35	39	27	41	20	21	35	35	27	25	21	20	34
-		Under One Year	65	41	49	52	29	40	55	41	38	24	36	29	20	31	32	26	24	21	21	36
		Cor- rected for Age and Sex	11.69	12.11	13.77	13.06	12.63	11.81	12.87	11-71	12.10	12.44	14.70	12.32	12.07	11.34	13.20	12.16	11.98	12.74	12.51	12.84
		Rate per 1,000 Popu- lation	14.80	14.60	16.60	15.74	15.98	14.95	16.29	14.82	15.71	16.37	19.34	16.32	15.89	16.46	18.87	16.89	16.41	17.45	16.91	17.59
Ī		Total	1415	1323	1410	1304	1300	1256	1372	1272	1344	1400	1613	1354	1310	1357	1552	1387	1344	1423	1376	1431
		Female	774	739	791	739	739	989	721	200	721	778	876	728	704	751	870	750	708	777	773	783
		Male	641	584	619	595	561	470	651	566	623	622	737	626	909	909	682	637	636	646	603	648
-		Popu- lation	95410	90480	85140	82860	81360	84010	84240	85800	85540	85500	83400	82980	82400	82440	82240	82100	81900	81760	81370	81350
		Year	1941	1942	1943	1944	1945	1946	1947	1948		:		:	1953	:	1955	1956		:		

\*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 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

EXPECTATION OF LIFE	England & Wales				M 40. T	M.—46; F.—52		M 50. T	M. —39; F. —03	M 46. 17	M.—00; F.—/1		M 67. E	M.—07; F.—73					
RTALITY RATE ive births)	Southport	161	132	143	121	84	99	92	39	41	30	21	35	35	27	24	21	20	34
INFANTILE MORTALITY RATE (per 1,000 live births)	England & Wales	149	142	153	128	100	72	59	43	30	28	27	25	24.9	23.8	23.0	22.5	22.0	21.7
RATE opulation)	Southport	23.43	17.78	17.23	14.43	13.86	12.66	15.07	15.59	*14.70	*12.32	*12.07	*11.34	*13.20	*12.16	*11.98	*12.74	*12.51	*12.84
Dearn Rate (per 1,000 population)	England & Wales	21.4	19.1	18.2	15.4	14.4	12.1	12.3	12.4	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5
RATE oppulation)	Southport	30.69	24.37	22.31	17.49	13.95	12.71	10.30	12.68	*11.96	*12.22	*12.23	*12.31	*12.64	*13.12	*13.41	*13.67	*14.32	14.87
BIRTH RATE (per 1,000 population)	England & Wales	35.4	32.4	29.9	27.2	21.8	18.3	14.9	16.9	15.4	15.3	15.4	15.1	15.0	15.7	16.1	16.4	16.5	17.1
Presion	TENIOD	1871—1880	1881—1890	1891—1900	1901—1910	1911—1920	1921—1930	1931—1940	1941—1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960

\*Corrected Rates



# Part II INFECTIOUS DISEASES

Tuberculosis

Venereal 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 33. All 33 were found to be suffering from 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.

		New	Cases			DEA	ATHS	
Age Periods (in years)	Pulme M.	onary F.		on- onary F.	Pulme M.	onary F.	Pulme M.	
0 to 1 1 to 5 5 to 15 15 to 25 25 to 45 45 to 65 65 to 75		- 1 8 2 1				_ _ _ _ _ 1		
75 and over Totals	20	13		=	3	1		_

**Treatment Clinic**—The 33 new cases came to the notice of the Department in the following ways:—

(a) By primary notifications	 			 	 16
(b) By transfers from other areas	 			 	 15
(c) From Death Returns	 			 	 1
(d) Lost sight of cases returned	 			 	 1
		T	OTAL	 	 33

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 1960 was 287, and 33 of these patients were found to have sputum containing tubercle bacilli. During the year, 52 Treatment Clinics were held and 627 visits were made by patients; the total number of X-ray examinations of patients was 586.

It should be mentioned that the Southport and District Hospital Management Committee is 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 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.

v	EAR	New	CASES	Di	EATHS
1	EAR	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
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
1959		 40	4	7	2
1960		 33		4	_

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 44 clinics were held and 787 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 763. One contact was found to be suffering from pulmonary tuberculosis in 1960.

**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			 	 	 	13
	Re-Visits			 	 	 	960
	Other Chest	Cases		 	 	 	1
To Contacts—	-First Visits			 	 	 	72
	Re-Visits			 	 	 	602
							1,648
	"No Access"	' Visits	s	 	 	 	184

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 1960, the Health Visitor made 84 attendances at the Tuberculosis Treatment and Contact Clinics, and 5 attendances at B.C.G. 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. This concession is of benefit to those cases where improved housing accommodation is essential for the patient and his or her family.

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 1960.

(i)	Total persons x-rayed					 Males 1,584	Females	Total
(1)	Total persons a rayou		200					
(ii)	Classified Cases							
102 10	Pulm. T.B. requiring o	lose su	pervis	ion		 1	-	1
	Pulm. T. B. requiring				on	 6	4	10
	Sarcoidosis					 -	1	1
	Pneumoconiosis					 2	-	2
	Pneumonitis					 1	_	1
	Bronchiectasis					 2	1	3
	Inactive Pulm. T.B.					 21	14	35
	Inactive primary T.B.					 8	4	12
	Osteochondroma					 -	1	1
	Failed to attend for La	rge Fil	m			 _	2	2
	Cardiac abnormalities					 9	17	26

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.

	Total	2	15	7	111	00	=	80	1	16		100
	1	335		367	1 14		-	00	287			23
1960	Non- Pul.	23	111	23	11.5	2	1	00	15	11	11	1
	Pul.	312	16 15	344	3 10 42	9	11	72	272	16		33
	Total	424	26	465	4 112 96	7	11	130	335	26 15	w 1	44
1959	Non- Pul.	34	4	38	122	-	1	15	23	4	11	4
	Pul.	390	15	427	4 10 84	9	11	115	312	22 15	w 1	40
	Total	426	39	493	14 21 32	2	1	69	424	39	7 7	89
1958	Non- Pul.	35	5	40	119	1	1	9	34	70	-	9
	Pul.	391	34 26 2	453	14 26 26	2	1	63	390	34	12	62
	Total	487	31 14 1	533	11 19 53	24	1	107	426	31	1 3	49
1957	Non- Pul.	29	121	02	1 24	6	1	35	35	2 2 1	11	3
	Pul.	420	30 12 1	463	10 29 29	15	1	72	391	30	3	46
	Total	457	52 20 2	531	8 23 11	2	1	44	487	52 20	7 7	75
1956	Non- Pul.	19	10	74	1210	1	1	7	29	10	1-	13
	Pul.	396	42 18 1	457	8 21 6	2	1	37	420	42	11	62
	1 No of nationte on register at beginning	of year of patients added during the year:	(a) primary notifications of new cases (b) transfers from other areas (c) lost sight of cases returned	TOTALS (1)	3. No. of patients deleted during the year: (a) died (from Tuberculosis) (b) transferred to other areas (c) recovered to or refused further		of death	TOTALS (2)	4. No. of patients on register at the end of year (i.e., totals (1), less totals (2)	5. Summary of new patients found during the year:  (a) Primary notifications of new cases (b) Transfers from other areas (c) Patients found from death re-	turns (hgures <b>not</b> included in items (1) to (4) above) (d) Lost sight of cases returned	TOTAL NUMBER OF NEW PATIENTS

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. The Committee forms an essential part of the general scheme for tuberculous patients and all the medical and nursing staff who are engaged in this service are members of the 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 1960 the Care Committee provided financial and other assistance to patients and their families to the value of £298 2s. 7d.

**B.C.G. Vaccination**—The number of persons vaccinated during the year 1960 is shown below:—

2110	wii below.—				
(1)	(a) At B.C.G. Clinics			 	43
	(b) Babies seen by the Consultant Paediatrician			 	27
	(c) School children			 	1037
		TOTAL		 	1107
(2)	Number of B.C.G. Clinics			 	5
	Number of attendances made by contacts			 	43
	Number of Mantoux and Patch tests			 	86
	Number of sessions by Tuberculosis Visitor at E	.C.G. Clin	ics	 	5

### VACCINATION SINCE SCHEME COMMENCED IN APRIL, 1951

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
(a) At B.C.G. Clinics	96	44	47	30	48	45	27	42	56	43
(b) Babies seen by the Consultant Paedia- trician	6	6	6	13	10	9	9	24	35	27
(c) School Children	_	_		79	427	391	500	497	698	1037
TOTALS	102	50	53	122	485	445	536	563	789	1107

#### VENEREAL DISEASES

At the end of the year, 93 new cases were under treatment at the clinic, as compared with 71 cases at the end of 1959.

These new cases were classified as follows:-

							Male		Female		Total	
(1)	Syphilis					 	1		6		7	
(2)	Gonorrhoea					 	12		2		14	
(3)	Non-Venerea	al Infe	ections			 	50		21		71	
(4)	Transferred	from (	other ar	eas—S	Syphilis	 	_		1		1	
			T	otals		 	63	100	30	No.	93	

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

			SYPH	ILIS		GONORRHOEA						
YEAR	Number	of new of the year		Number of cases on	number of	new cases	Number of cases on	of				
	Congenital	Others	Total	register at end of year	attendances during year	during the year	register at end of year	attendance during year				
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	-	55	1152	10	3 5	78				
1958		5	5	48 45	1151 657	8 10	2	43 73				
1959 1960	2	6	8	47	769	14	5	92				

During 1960 71 non-venereal cases made 435 attendances and there were 19 such cases on the register at the end of the year.

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.

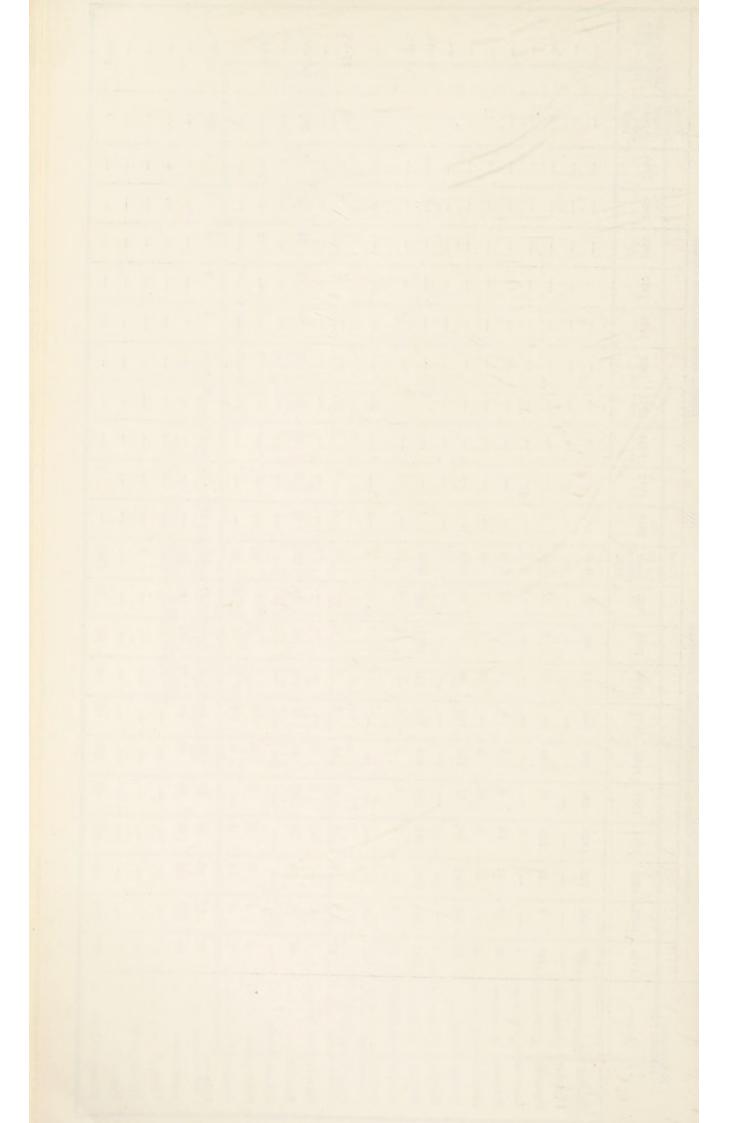
During the year the Health Visitor made 34 follow-up visits and also attended 44 V.D. Clinics. At the commencement of the year there were 4 male defaulters on the register and 47 other names were added during the course of the year. The male nurse dealt successfully with 45 of these, leaving 6 patients as defaulters at the end of the year. 56 home visits were made by the male nurse during the period under review.

INFECTIOUS DISEASES (Table 1)
Classification of Cases notified during the year 1960

1		Total No. of cases removed to Hospital	19	18	6	1	1	14	1	7	1	1	6	9	1	72
١		Ainsdale	25	12	1	1	9	31	1	9	1	1	3	4	1	146
١		Birkdale West	57	1	-	1	3	10	1	3	1	1	-	1	1	75
ı		Birkdale	152	4	1	-	21	20	1	1	1	1	9	-	-	256
١		Birkdale North	72	1	1	1	14	9/	1	1	1	1	63	3	1	167
١	WARD	Birkdale East	70	00	1	3	16	80	1	-	1	1	-	9	1	185
١	EACH	18∋W	26	1	4	1	3	16	1	1	1	1	-	-	1	51
١	Z	JodleT	24	4	-	1	3	3	1	-	1	1	3	3	1	42
ı	NOTIFIED	Sussex	21	1	1	1	50	7	1	-	1	1	9	10	1	45
١		South	31	1	-	1	-	13	1	1	1	1	3	10	1	54
ı	CASES	Scarisbrick	6	1	1	1	2	2	1	1	1	1	3	3	1	19
ı	TOTAL	Park	27	1	1	1	7	00	-	-	i	1	7	90	1	59
ı	To	Marine	26	1	-	1	-	14	1	1	1	1	4	3	1	48
ı		Hesketh	19	00	-	1	9	=	1	1	-	1	61	3	1	51
١	1	Craven	24	1	-	1	-	4	1	1	1	1	4	6	1	43
ı		Central	7	1	64	1	63	3	1	-	1	1	63	9	1	30
١		e5 upwards	-	-	3	1	1	1	1	00	1	1	1	1	1	12
١	9	59 01 5%	4	-	7	3	1	1	1	63	1	1	1	1	1	17
١	NOTIFIED	25 to 45	22	00	-	1	1	-	1	7	1	1	1	1	1	36
ı	ear	15 to 25	17	1	-	1	10	3	1	1	1	1	-	1	1	27
١	196	51 01 5	427	16	i	-	39	138	1	-	1	1	20	33	1	675
١	Ages	2 01 I	174	=	1	1	37	192	1	-	1	1	24	25	1	465
ı	NUMBER OF Ages	Under 1	12	1	1	1	6	14	1	1	1	1	-	2	-	39
I		At all ages	959	37	12	4	16	348	1	14	1	1	46	09	1	1271
			:	:	:	:	:	:	:	:	:	:	:	:	:	:
ı			:	:	:	:	:	:	:	:	:	:	:	:	:	:
ı			:	:	:	:	:	:	:	-	:	:	:	:	:	
ı			-	:	:	- 1			:	-	-	1	-	-		
١		BLE	:	:	:			:	-							!
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			Pox		as .	ison	Mea		00000	nia .	elitis	al Py	Fever	ng C	mia	
-			Chicken Pox	Dysentery	Erysipelas	Food Poisoning	German Measles	Measles	Meningococcal Infection	Pneumonia	Poliomyelitis	Puerperal Pyrexia	Scarlet Fever	Whooping Cough	Ophthalmia Neonatorum	TOTALS
1			5	Dy	Ery	Fo	Ge	Me	Me	Pne	Pol	Puk	Sca	W	Op	To
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	Case Mortality for 10 years 1951—1960	1	1	0.36%	1	1	1	1	1	0.03%	15.79%	1	25-0%	1	130 - 65%	1	8-33%	1	18.27%	1	1	1	1	7690.0
				0						0	15		54		130		90		18					0
	Total Deaths during 10 years 1951 to 1960	1	1	5	1	1	1	1	١	63	3	1	20	1	422	1	3	1	108	1	1	1	1	-
	1960	1	1	1	1	1	1	1	1	1	1	1	1	1	51	1	1	1	4	1	1	1	1	1
	1959	1	1	1	1	1	1	1	1	1	1	-1	64	1	28	1	1	1	7	1	1	1	1	1
ISEASE	1958	1	1	1	1	1	1	1	1	1	1	1	1	1	45	1	1	1	9	1	1	1	1	1
DEATHS FROM INFECTIOUS DISEASE	1957	1	1	1	1	1	1	1	1	1	1	1	1	1	52	1	1	1	6	1	1	1	1	1
INFECT	1956	1	1	1	1	1	1	1	1	1	2	1	1	1	20	1	P	1	9	1	1	1	1	1
IS FROM	1955	1	1	1	1	1	1	1	1	1	1	1	1	1	58	Ī	-	1	13	1	1	1	1	1
DEATH	1954	1	1	1	1	1	1	1	1	-	-	1	1	1	27	1	-	1	16	1	1	1	1	1
	1953	1	1	1	1	1	1	1	1	1	1	1	10	1	22	1	1	1	13	1	1	1	1	1
	1952	1	1	1	1	1	1	1	1	1	1	1	9	1	38	1	1	1	12	1	1	1	ı	1
	1951	1	1	2	1	1	1	1	1	1	1	1	15	1	51	1	1	1	22	1	1	1	1	1
	Total Cases for 10 years 1951 to	5649	1	999	53	1114	82	2554	1	6830	19	2	80	3	323	1	36	17	591	879	1	-	1	1556
	1960	959	1	37	1	12	4	16	1	348	1	1	-1	1	14	1	1	-	33	46	1	1	1	09
TIFIED	1959	383	1	10	1	10	3	70	1	1554	2	1	4	1	21	1	2	-	40	144	1	1	1	113
EASE NO	1958	173	1	13	1	9	26	98	1	124	1	1	9	1	12	1	3	-	62	53	1	1	1	50
us Disi	1957	746	1	1	1	9	1	169	1	476	-	1	60	1	41	1	4	1	46	40	1	1	1	63
CASES OF INFECTIOUS DISEASE NOTIFIED	1956	498	1	134	1	12	10	110	1	813	3	1	13	-	37	1	9	4	62	36	1	1	1	198
ES OF I	1955	286	1	35	1	6	16	57	1	238	3	1	10	-	31	1	6	1	9	32	1	1	1	43
OF CAS	1954	1395	1	154	-	10	7	09	1	457	1	1	6	1	15	1	2	-	89	55	1	1	1	452
NUMBER OF	1953	225	1	18	1	22	26	1505	1	1202	1	1	6	1	32	1	7	2	67	176	1	1	1	206
4.	1952	992	1	6	1	17	1	330	1	345	4	1	13	1	51	1	1	-	71	213	1	-	1	179
	1951	295	1	155	-	15	4	92	1	1272	4	1	13	-	69	1	61	63	1	96	1	1	1	192
	Northable Disease	Chicken Pox	Diphtheria	Dysentery	Encephalitis	Erysipelas	Food Poisoning	German Measles	Malaria	Measles	Meningococcal Infect'n	Ophthalmia Neonatorum	Other Forms of Tuberculosis	Para-Typhoid Fever	Pneumonia	Polioencephalitis	Poliomyelitis	Puerperal Pyrexia	Pulmonary Tuberculosis	Scarlet Fever	Smallpox	Typhoid Fever	Typhus	Whooping Cough
		Chi	Dip	Dy	Enc	Ery	Foc	Ger	Ma	Me		ÖZ	P. I	Par	Pnc	Pol	Pol	Puc	Pel	Sca	Sm	Tyl	Tyr	-



### Part III

### LOCAL HEALTH SERVICES

Care of Mothers and Young Children

Welfare Foods

Midwifery

Health Visiting

Home Nursing

Vaccination and Immunisation

Ambulance

Prevention of Illness, Care and After-Care

Home Help

Mental Health

#### CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Care—A weekly Ante-Natal Clinic was held at 44 Hoghton Street during 1960 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, 52 clinic sessions were held and 27 mothers who had booked to have their confinements at home made a total of 69 attendances.

The town is unique in that all mothers wishing to have their babies in hospital are able to do so.

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 391 mothers attended during 1960. In addition, 171 re-visits were made, making a total of 562 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 1960 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 Centres in the High Park and Hampton Road districts.

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 five sessions are conducted by the Health Department's medical staff; the lady Asssistant Medical Officer is responsible for the Centres at Crossens, Hampton Road and Derby Road, while the Assistant 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 1960:—

	Hamp- ton Road	High Park	Liver- pool Road	Cros- sens	Derby Road	Ains- dale	TOTALS
INFANTS — under 1 year— No. of New Cases No. of Re-attendances CHILDREN — over 1 and	182 1987	162 1707	147 1460	148 1425	189 1967	86 1104	914 9650
under 5 years— No. of Attendances	818	1007	851	888	844	692	5100
Total No. of Attendances	2987	2876	2458	2461	3000	1882	15664
No. of Sessions	75	93	46	47	47	47	355
Average Attendance per Session	40	31	53	52	64	39	44
Total No. of Children who attended during the year	456	480	426	391	466	310	2529
Average attendance per child	6.55	6.0	5.8	6.3	6.4	6.1	6.2
No. of attendances made by Health Visitors	212	199	138	118	141	94	902

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	35	33	33	10
Children under 5	212	152	153	109
TOTALS	247	185	186	119

### (b) Classification of Treatment provided

Parametro Follo	ıs	Anaes	thetics		s or and reatment	Nitrate nent ngs		hs		tures rided
edeen ngint sell breede	Extractions	Local	General	Fillings	Scalings or Scaling and Gum Treat	Silver Nitra Treatment	Dressings	Radiographs	Com- plete	Partial
Expectant and Nursing Mothers	39	17	10	54	15	_	25	-	2	2
Children under 5	152	31	59	215	1	53	25	- L	-	_
TOTALS	191	48	69	269	16	53	50	-	2	2

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:-

			From 1	/1/60	From 8	/8/60
			Full Day	Half Day	Full Day	Half Day
(a)	Minimum Fee	 	1/6	1/0	2/-	1/3
(b)	Maximum Fee	 	6/3	3/3	7/6	4/-

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 3/7d. for each child attending the Day Nurseries up to 7th August and 4/5d. from 8th August, when the increased charges came into operation.

The Nursery Nurses' Training Scheme was continued in 1960 in conjunction with the Education Committee with 4 students who were appointed for the two year course commencing in September 1960.

The following table shows the attendances at the Day Nurseries during 1960:-

		Southport	Bedford Park	Totals
(1) Number of places provided	 	 60	40	100
(2) Mondays to Fridays—  (a) Total attendances  (b) Number of days open  (c) Average daily attendance	 	 12923 254 51	8413 254 33	21336 254 84
(3) Mondays to Saturdays—  (a) Total attendances  (b) Number of days open  (c) Average daily attendance	 	 13736 304 45	8678 304 29	22414 304 74

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 72 new cases and the Health Committee paid the maintenance costs in voluntary homes for 7 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 1960:-

Issued from	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT—  (a) Counter Issues  (b) Issues to National Health Service	4,121	13,792	1,331	2,115
Institutions	35	108	_	_
(c) Issues to Day Nurseries	3	60	72	-
Total Issues from Health Department	4,159	13,960	1,403	2,115
Welfare Centres—				
(a) Ainsdale	317	2,452	335	328
(b) Liverpool Road	396	3,394	453	376
(c) Crossens	436	2,468	274	202
(d) Poulton Road	506	3,644	452	359
(e) Hampton Road	301	3,205	429	356
(f) Derby Road	164	1,511	229	170
Total Issues from Welfare Centres	2,120	16,674	2,172	1,791
GRAND TOTALS	6,279	30,634	3,575	3,906

#### **Domiciliary Midwifery**

The Staff consists of a non-medical Supervisor of Midwives: and three full-time midwives. 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 Hoghton 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 10th 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 increased in 1960; 33 were discharged and 141 visits made. The gas and air analgesia apparatus has also been provided on two occasions for general practitioners for their private patients.

The number of Domiciliary cases attended by midwives during 1960 shows an increase. 95% of the mothers had engaged the services of their general practitioners under the National Health Service.

A number of the doctors conducting their own Ante-Natal Clinics have the assistance of the domiciliary midwives at these Clinics, and a firm liaison is formed between doctor, midwife and patient, and is invaluable to the patient's welfare, and the domiciliary service.

The case load is not considered to be large and no night rota system is in operation because it is felt that in these cases each midwife prefers to deal with her own patient.

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

	year.—					Doctor required to be	no	Doctor ot requir to be	red	Total
1	Manahan	of delineries atten	dad.			present		present		
1.		of deliveries attend						-		-
		Doctor not booke		•••		24	• • • •	5		5
	(0)	Doctor booked	***			24		84	•••	108
			TOTALS			24		89		113*
2.	Number	of patients in (1) a	bove who	o rece	ived:					
		gas and air analge						_		_
	(b)					25		73		98
	(c)	- 44				17		86		103
	(a) (b)	Where the medical arranged to provimedical services Health Service A Others	ide the m under th ct	other	with			20 1		
			TOTAL					21		
4.	Number	of visits made by	the midw	ives d	luring	the year:-				
	(a)	Ante-natal visits								1385
	(b)	Nursing visits								2,278
				Т	OTAL					3,663
5.	Numbe	r of attendances ma	ade by th	e Sun	erviso	r at ante-n	atal.	clinice h	ald at	
	44 Hog	hton Street								49

6.	Dominiliams Midwisson ales									
	Domiciliary Midwives also private G.P's.:—	atten	d at I	Ante-N	latal cli	inics co	onducte	ed by		
	Attendance at these Clinics	-total								65
	Attendance at circumcision									9
	Attendance at miscarriage	•••					•••			8
7.	Premature Infants									
	6 Babies were born at he hospital. The other prema od progress.	ature b	abies	were s	uccessfi	ılly nu	rsed at	home	and	made
20	*135 cases were actually were admitted to hospital, a						but for	r vario	ous re	asons
	mmary of Cases admitte									
	For Caesarean section									3
	Antepartum haemorrhage									2
										2
	Doctor's recommendation									6
	Complications of Labour (	unspec	ified)							3
										2
	Heart condition									1
	Uterine inertia									1
										20
in mi	midwifery work and the fo	ister ga	g state	ment air an	shows algesia.				960.	gaged This
mi	dwife is qualified to admin	ister ga	g state	air an	shows algesia. Docto require to be	r ed no	Docto ot requi to be presen	r ired	To	This tal
mi	dwife is qualified to admin	ister ga led:— d	is and	air an	shows algesia. Docto require to be presen	r ed no	Docto to be presen	r ired it		This
mi	Number of deliveries attended  (a) Doctor not booke	ister ga led:— d	is and	air an	shows algesia. Docto require to be presen	r ed no	Docto to be presen	r ired it	To	This tal
mi	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked	led:— d	 	air an	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) al  (a) gas and air analge	led:— d	 	air an	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) al  (a) gas and air analge  (b) pethidine	led:— d	 	air an	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) al  (a) gas and air analge	ister ga		air an	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi 1.	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) at  (a) gas and air analge  (b) pethidine  (c) trilene  Number of patients in (1) and  and the patients in (1) and  where the medical air analge arranged to proving maternity medical	led:— d bove whesia ) above:— al pracede the ral serv	or o	eived: whom r had r with	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi 1.	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) at  (a) gas and air analge  (b) pethidine  (c) trilene  Number of patients in (1 medical aid was summoned  (a) Where the medical	led:— d bove whesia ) above:— al pracede the ral serv	or o	eived: whom r had r with	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi 1.	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) at  (a) gas and air analge  (b) pethidine  (c) trilene  Number of patients in (1) and  and the patients in (1) and  where the medical air analge arranged to proving maternity medical	led:— d bove whesia ) above:— al pracede the ral serv	or o	eived: whom r had r with	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi 1.	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) al  (a) gas and air analge  (b) pethidine  (c) trilene  Number of patients in (1) medical aid was summoned  (a) Where the medical arranged to provide maternity medical the National Heal	led:— d bove whesia ) above:— al pracede the ral serv	of for vitione mother rices rice Ac	eived: whom r had r with	shows algesia. Docto require to be presen	r ed no t 	Docto to be presen	ired it 	To	This
mi 1. 2.	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) at  (a) gas and air analge  (b) pethidine  (c) trilene  Number of patients in (1) medical aid was summoned  (a) Where the medical arranged to provide maternity medical the National Heal  (b) Others  Number of visits of inspections	led:— d bove whesia ) above :— al pracede the ral serv th Serv Total	of for vititione mother rices rice Ac	air an  eived: whom r had r with under t	shows algesia.  Docto require to be presented in the pres	r ed no	Docto ot require to be presen	ired	To:	This tal
mi 1. 2.	Number of deliveries attend  (a) Doctor not booke  (b) Doctor booked  Number of patients in (1) al  (a) gas and air analge  (b) pethidine  (c) trilene  Number of patients in (1) medical aid was summoned  (a) Where the medical arranged to provide maternity medical the National Heal  (b) Others	led:— d bove whesia above:— al pracede the real serveth Serventh Se	of for vititione motherices ice Ac	eived: whom r had r with under t	shows algesia.  Docto require to be presented in the pres	r ed no	Docto ot require to be presen	ired	To:	This tal

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	ne	Doctor ot required to be present	i	Total
1. Number of deliveries	14		1		15
2. Number of patients in (1) above who received					
gas and air analgesia			-		_
3. Number of patients in (1) above for whom					
medical aid was summoned	-		1000		_
(a) Number of practising midwives employed at					
31st December, 1960		1			
(b) Number of midwives in (a) above who are					
qualified to administer gas and air analgesia		-			

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 1960. These figures are for residents and non-residents.

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	Total
(1) Number of Patients	738	487	1225*
(2) Number of Patients in (1) above who received gas and air analgesia	630	441	1071
(3) Number of Patients in (1) above for whom medical aid was summoned	124	8	132
(4) Number of practising midwives on the staff at the end of the year	10	10†	20
(5) Number of Midwives in (4) above who are qualified to administer gas and air analgesia	10	10	20

<sup>\*</sup>Includes 923 Southport residents and 302 non-residents.

**Distribution of Maternity Cases**—The following table shows the percentage of maternity cases dealt with during 1960 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.

	19	59	1960		
	No. of Cases	%	No. of Cases	%	
District		10 0 8 0 10 0			
Municipal Midwives Private Midwives	83	8·3 0·3	113 1	10·74 0·09	
Totals (a)	86	8.6	114	10.83	
Institutions Christiana Hartley Mat. Hospital St. Katharines Maternity Hospital Nursing Homes	532 376 6	53·2 37·6 0·6	532 391 15	50·58 37·17 1·42	
TOTALS (b)	914	91 · 4	938	89 · 17	
GRAND TOTALS (a) and (b)	1000	100.0	1052	100.00	

<sup>†7</sup> full-time and 3 part-time.

#### 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, 2 Health Visitors for Elderly People, and 12 Health Visitors/School Nurses, making a total of 18.

Each of the 12 Health Visitors/School Nurses is responsible for a district and based on the estimated figures for the year 1960, the average case load of the 0-14 years age group is 1,192.

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 1960:—

	 	-		
		First Visits	Revisits	Total Visits
Expectant Mothers	 	. 560	690	1,250
Children under 1 year— Routine		. 13 . 14 . —	6,502 3 — 8 212	7,586 16 14 8 227
		1,126	6,725	7,851
Children 1 to 2 years— Routine	 		3,700 7 87	3,708 7 87
the statement of the statement of		8	3,794	3,802
Children 2 to 5 years— Routine Illness Miscellaneous	 		5,192 12 84	5,204 12 84
		12	5,288	5,300
Other Cases— Infectious Disease Other Illness Old People Miscellaneous	 	. 366	23 3 1,791 71	23 4 2,157 386
		682	1,888	2,570
Summary				
EXPECTANT MOTHERS CHILDREN UNDER 1 YEAR CHILDREN AGED 1 TO 2 YEARS CHILDREN AGED 2 TO 5 YEARS OTHER CASES TOTALS	 	. 1,126 . 8 . 12	690 6,725 3,794 5,288 1,888	1,250 7,851 3,802 5,300 2,570

In addition, the Health Visitors made the Centres:—	follow	ing at	tendanc	es at	Clinics	and
Attendances at Welfare Centres						921
Attendances at the Post-Natal Clinic, 44 Hoghton	Street					45
Attendances at B.C.G. Clinics						33
Attendances at the Geriatric Out-Patients' Clinic,	Promen	ade H	ospital			51
Attendances at the Paediatric Clinic and						108
Attendances at the V.D. Clinic, both of which are	held at	the Se	outhpor	t Infiri	nary	44
	3112223					
Total number of clinic attendances made by Healt	h Visito	rs				1202

#### 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 1960:-

party and the make		Classification of Cases							
	(1)	(2)	(3)	(4)	(5)	(6)	- Totals		
No. of Cases on Register at commencement of period	461	147		5	_	_	613		
Add No. of New Cases during period	1,447	286	2	10	8	_	1,753		
Totals	1,908	433	2	15	8	_	2,366		
Deduct No. of cases dis- continued during period	1,512	271	2	12	8	_	1,805		
No. of Cases on Register at end of period	396	162	_	3	_	_	561		
Total No. of Visits made	52,905	6,403	16	677	89	-	60,090		

#### Classification of Cases:-

Medical.
 Surgical.
 Infectious Diseases.
 Tuberculosis.
 Maternal Complications.
 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	1,016	6,920
(b) Number of children included above who were under 5 years of age at the time of the first visit during the year	28	259
(c) Number of patients included above who have had more than 24 visits during the year	302	38,580

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

Year			_	otal numb of patients visited		T	otal number of visits
1955		 		2278	 	 	47530
1956	 	 		2334	 	 	49794
1957	 	 		2487	 	 	55443
1958	 	 		2423	 	 	63963
1959	 	 		2455	 	 	64767
1960	 	 		2366	 	 	60090

## 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 "reinforcing" injections to maintain immunity throughout school life. Particulars are obtained from the schools each year showing the names of children not immunised and the School Nurses visit the mothers of such children with a view to persuading them to accept immunisation.

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

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

					Primary Immunisations	Re-Inforcing Injections
CHILDREN AGED—  (a) Under 1 year  (b) 1 to 4 years  (c) 5 to 14 years		 	 		652 194 56	
	Totals	 	 	27.5	902	664
Done By:—  (a) General Practition  (b) Health Departmen	ers	 	 		402 500	294 370
	Totals	 	 		902	664

The percentage of children immunised at the end of 1960 is shewn below, together with similar figures for the previous year:—

		1959			1960		
	A	ge Group	s	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	2,825	7,969	10,794	3,011	7,937	10,948	
Estimated child population (Mid-Year)	4,500	9,800	14,300	4,700	9,600	14,300	
Percentage of children immunised	62.77	81 · 32	75 · 48	64.06	82.68	76.60	

# **Immunity Index**

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

		Age	Grou	ıp				1959	1960
Under 1 year	 	 			 	 	 	20 · 42	20.58
1—4 years	 	 			 	 	 	74 · 13	76.42
5—14 years	 	 			 	 	 	47 · 68	50.24
0—14 years	 	 			 	 	 	52 · 44	54.80

#### 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 1960 and the previous year:—

	1959							1960						
	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	514	56	31	47	50	698	523	48	26	30	57	684		
(b) Revaccinated	-	-	1	13	222	236	-	-	5	30	290	325		

#### POLIOMYELITIS VACCINATION

In the autumn the Health Department instituted a poliomyelitis Campaign for persons under the age of 40. This commenced on the 22nd October and the first week consisted of a publicity drive to obtain the registration of persons willing subsequently to have the injections. Registration cards were available at the Southport Football Club's home game against Aldershot, in dance halls and other centres in the town. Leaflets were given out on Lord Street, and local sportsmen consented to pose for photographs while being vaccinated against the disease; they were later entertained by the Worshipful the Mayor. Leading firms in the town contributed towards prizes for 'lucky card' winners, and after they had received two injections the Mayor presented them with their prizes. During this week about 600 people registered.

In the five days commencing Tuesday, 8th November, a Mobile Vaccination Unit loaned by a pharmaceutical company, accompanied by a doctor, nurse and clerk, was in attendance between 2.30 p.m. and 7 p.m. in Ainsdale, Birkdale, High Park and Churchtown and on the Saturday in front of the Cambridge Hall when the hours were extended from 10 a.m. to 5 p.m.; a loudspeaker van toured each district on the day the mobile unit was present. Another 667 persons were registered and vaccinated by the mobile unit. Many general practitioners in the town assisted in the campaign by responding to requests for vaccination at their own surgeries.

The efforts of the Health Department staff and voluntary organisations in the town were certainly worthwhile, but, though the campaign materially added to the pool of immune persons, the general response of the public was rather disappointing.

The table below shews the number of persons vaccinated during the years 1956—1960 inclusive, classified in the various age groups.

	Under 5	5—16	16—25	Over 25	TOTAL
No. who have received two injections	2,790	8,122	4,233	3,644	18,789
No. who have received three injections	2,005	7,022	3,293	1,563	13,883

# Schedule of Vaccination and Immunisation recommended for use in Welfare Centres in Southport.

2—3 months	Smallpox Vaccination.
4 months 5 ,, 6 ,,	Diphtheria, Whooping Cough and Tetanus.
7 " }	Poliomyelitis.
15 "	3rd Poliomyelitis.
(2—3 years)	(Optional not often carried out—Booster Diphtheria).
5 years	Booster Diphtheria.
11 "	Booster Diphtheria.

#### 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 21 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 3 sitting case cars, and a summary of the work done, with comparative figures from 1955, is set out below.

	1955	1956	1957	1958	1959	1960
Total No. of Cases Other Work	29,303 710	28,845 584	28,399 576	34,220 698	42,216 909	46,574 940
GRAND TOTAL	30,013	29,429	28,975	34,918	43,125	47,514
Mileage	120,171	111,548	107,596	121,329	135,429	137,736

The number of cases dealt with has continued to increase due to the change in the method of hospital treatment which results in a more rapid changeover of bed patients and a high increase in the number of patients attending for daily or periodical treatment. The problem was alleviated to some extent by the increase in establishment of three men but the lengthy procedure for this increase together with the delay in using these men due to training meant that they were not available for use until eight months after the need arose, by which time a further increase in the number of patients detracted from the relief which should have been felt.

The number of vehicles was increased during the year by one sitting-case ambulance.

Every endeavour continues to be made to keep pace with demand. Any case which may not appear to necessitate an ambulance is checked and the fullest use is made of trains, joint journeys carrying several patients and other Authorities' ambulances. Unfortunately a large amount of "out of town" work is done where the patient can travel by no means other than ambulance and this restricts one vehicle to one case for several hours, sometimes a whole day, leaving the ambulances left in the Borough working at increased pace to cope with the remainder of the cases.

The Chief Officer, the Secretary of the Hospital Management Committee and his staff, meet periodically to solve mutual problems affecting the Service. These meetings, together with liaison with Doctors through the Medical Officer of Health, have reduced wastage and abuse to an absolute minimum.

During the year the planned replacement of the Ambulance Wireless scheme was commenced. This replacement is necessary due to a change in waveband allocated by the General Post Office but, fortunately, coincides with the necessary replacement due to the age of the sets.

The Ambulance Service deals with an average of 95 accidents each month, of which 22 occur in the home or everyday pursuits. The good work of the Home Safety Committee in their endeavours to reduce these "home accidents" is recognised by the Ambulance Service and every support offered.

# 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 1960 sickroom equipment was supplied to 272 patients as compared with 253 in the previous year.

#### 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 of 3/- per hour, was increased to 3/3 per hour from 8th August but this may be reduced or even cancelled having regard to the financial circumstances of the person concerned.

During 1960, sickroom help was provided for 29 patients, as compared with 24 in the previous year.

**Publicity**—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 169 patients was dealt with in this manner and the necessary help was arranged as compared with 189 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 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 Home Care—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, 11 patients were sent to convalescent homes, the details being as follows:—

1.	Male	3 weeks	Chronic Bronchitis
2.	Female	3 ,,	General Debility
3.	Female	3 "	Debility following bronchitis
4.	Female	2 ,,	Debility and malnutrition
5.	Male	2 ,,	Bronchitis and anaemia
6.	Female	2 ,,	General debility
7.	Female	2 ,,	Broncho-pneumonia
8.	Female	2 "	Herpes of scalp
9.	Female	2 ,,	Gall bladder operation
10.	Female	2 ,,	Hypertension
11.	Female	2 ,,	Bronchitis and emphysema
11.	1 Ciliaic	2 ,,	Dionemas and emphysema

#### 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. Friday 2 p.m. to 5 p.m.

Saturday 9 a.m. to 12 a.m.

The cost of the Service was 3/6 per hour from 1st. Jan., and was increased to 3/9 per hour from 8th August. The full charge may be reduced or cancelled, where there is financial hardship.

The following statement shows the work done by the service during 1960:—

			Classificat	ion of Cases	Editor!		Total
	Maternity	Sickness	Old Age	Infectious Disease	Mental Illness	Mental Deficiency	Tota
No. of Cases on register at beginning of year	1	110	221	1	1	1	335
No. of New Cases during year	43	114	152	3	4	_	316
	44	224	373	4	5	1	651
No. of Cases discon- tinued during year	40	96	116	_	2	-	254
No. of Cases on regis- ter at end of year	4	128	257	4	3	1	397
No. of Applications received No. of Cases assisted	44 43	121 114	159 152	3 3	4 4		331 316
No. of Cases not assisted	1	7	7		_	_	15*

<sup>\*</sup>In 4 Cases the request for help was withdrawn by the applicants.

Number of Helps employed at beginning of year (63 part-time and 2 full-time)  Number appointed during year (33 part-time and 2 full-time)	 65 35
Number leaving during year (35 part-time and 2 full-time)	 100 37
Number of Helps employed at end of year (61 part-time and 2 full-time)	 63
Number of visits to homes by Organiser	 1,900
Number of persons interviewed at Office	 1,027

#### MENTAL HEALTH SERVICE

**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 were:—

- (a) The initial care and removal to hospital of persons who were suffering from mental illness and who were dealt with under the Lunacy and Mental Treatment Acts until the coming into force of the Mental Health Act, 1959 on the 1st November 1960 and afterwards under the provisions of the latter Act.
- (b) The ascertainment and, where necessary, removal to institutions of mentally handicapped persons and the supervision, guardianship and training of those mentally handicapped persons who remained 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 who were redesignated Mental Welfare Officers have to main tain 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 Mental Welfare 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 Mental Welfare 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. These officers maintain close touch with the patients' Family Doctor.

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 Subnormality—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 Hospital and delays occur causing hardship to parents and relatives. The Health Authority's responsibility for the ascertainment, supervision, guardianship and training of mentally subnormal persons is thus increased. Most Authorities now take the view that wherever possible mentally retarded persons should be kept at home rather than cared for in hospitals. There is no doubt that in sheltered employment many such persons are able to do good work.

Close co-operation is also maintained between the Health Authority staff and the Disablement Re-Settlement Officer in order to rehabilitate those who can be trained to be self-supporting in the future.

Regular medical and dental inspections of those attending for training at the Special Centre were carried out.

The Mental Welfare Officers' supervisory work in connection with mentally subnormal persons on the district was continued as in the previous year and periodical progress reports were also prepared for those who were on licence from institutions.

## PART I. (Mental Deficiency Acts, 1913-1938)

The following statistics show the cases dealt with during the period 1st January 1960 to 31st October 1960 and in the new form required by the Ministry of Health for the period 1st November 1960 to 31st December 1960.

	Undage		Aged	
	M.	F.	M.	F.
Particulars of Cases reported during the period 1.1.60 to 31.10.60:—  (a) Cases ascertained to be defective "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  (ii) On leaving special schools  (iii) On leaving ordinary schools  (2) Police or by Courts  (3) Other sources	3 2 2 —	_ _ _ _ 3	<u>=</u> <u>1</u> <u>-</u>	_ _ _ _ 2
Total of 1(a)	7	4	1	2
<ul> <li>(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground</li> <li>(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)</li> <li>(d) Cases reported in which action was incomplete at 31st October, 1960, and are thus excluded from (a) or (b)</li> </ul>	- - 1	-		1 - -
Total of 1(a)—(d) inc	8	4	1	3
2. DISPOSAL OF CASES REPORTED DURING THE PERIOD 1.1.60 to 31.10.60:—  (The total of 2(a), (b) and (c) must agree with that of 1(a) and (b) above).  (a) Of the cases ascertained to be defective "subject to be dealt with" (i.e. at 1(a), number:  (i) Placed under Statutory Supervision  (ii) Placed under Guardianship  (iii) Taken to "Places of Safety"  (iv) Admitted to Hospital	5 - 2	3 - 1	<u>-</u> - <u>1</u>	_ _ _ 2
Total of 2(a)	7	4	1	2
(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  Total of 2(b)	=	=	=	1
			_	_
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged	_			

PART II

Totals	16 16 and over	F M F	(18) (19) (20)			-	1	1	1			-	1	1	1		
	Under Age 16	M I	(17) (1	1	1	1	1	-	1	1	1	1	1	-		1	1
al le	and over	F	(16)	1	1	1	1	1	1	1	1	1	1	ı	1	1	1
ubnorm	16 and	W	(15)	1	1	1	1	1	1	1	ı	1	1	1	1	1	1
Severely Subnormal	1ge 16	H	(14)	1	1	1	1	1	1	1	1	I	1	1	1	1	1
Ser	Under Age 16	M	(13)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	1	F	(12)	1	1	1	1	1	1	1		1	1	1	1	1	
ormal	16 and over	M	(11)	1	1	1	1	I	1	1	1	1	1	1	1	1	1
Subnormal	Age 16	F	(10)	1	1	ı	1	1	ı	1	1	1	1	1	1	1	1
	Under Age 16	M	(6)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	over	ы	(8)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
opath	16 and	W	(7)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Psychopath	Age 16	H	(9)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Under Age 16	W	(5)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
		F	(4)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mentally III	16 and over	W	(3)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Ments	Under Age 16	F	(2)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Under	M	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	to dida	dian during 31.12.60:—	GUARDIAN	(L.H.A.	Other	(L.H.A.	Other	CL.H.A.	Other	(L.H.A.	Other	(L.H.A.	Other	(L.H.A.	Other	(L.H.A.	Other
	1. Admissions to Guardianship of	L.H.A. or other Guardian during period 1.11.60 to 31.12.60:	5	( ) YY . 1 . 0	(a) Under Sec: 33	(b) from	Hospitals	om	Mental Nursing Homes		Sec: 87	(b) On Court Orders (L.H.A.	Sec: 60 or 61	(c) by direction of Home (L.H.A.	Secretary, Sec: 79	2. Total Number under (L.H.A.	31.12.60

Items 3, 4 and 5 over

. 1																			1
Over	H	(20)	13	18	1	18	1	18	1	33	1	1.	220	1	321	ın	6	6	1
16 and	M	(19)	10	80	1	80	1	00	1	27	1	1	117		178	1	2	1	1
Age 10	F	(18)	00	23	1	2	1	2	1	2	1	ı	9	1	22	m	1	6	1
Onder	M	(11)	13	1	1	1	1	1	1	1	1	1	4	1	18	-	3	9	1
Over	F	(91)	00	5	1	5	1	20	ı	3	-1	1	5	1	32	1	1	1	1
le and	W	(15)	00	64	1	53	1	2	1	2	1	1	3	1	19	1,	-	1	1
of agi	H	(14)	00	53	1	2	1	2	1	1	1	1	9	1	21	6	1	3	-
Under A	W	(13)	13	1	1	1	1	1	1	1	1	1	4	1	17	-	3	4	1
1	H	(12)	10	9	1	9	1	9	1	11	1	1	14	1	48	1	-	6	1
10 and Over	M	-	2	1	1	1	1	1	1	11	1	1	6	1	22	1	1	1	1
Age 10	П	(10)	1	1	1	1	1	1	1	1	1	1	1	1	1	T	1	1	1
Onder	W	(6)	1	.1	1	1	1	1	i	-	1	1	1	1	-	1	1	23	1
Over	F	(8)	1	1	1	1	1	1	1	1	1	1	14	1	14	1	1	1	1
To and	W	(7)	1	1	1	1	1	1	1	1	1	1	6	1	6	1	1	1	1
Age 10 1	F	(9)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Under A	M	(5)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
-	T	(4)	1	7	1	7	1	7	1	19	1	1	87	1	723	25	00	1	1
o and	M	(3)	1	9	1	9	1	9	T	14	1	1	96	1		1	1	1	1
	H	(2)	1	1		1	1	1	1	1	1	1	1	1	1	1	1	1	
nder A	M	(1)	1	Is	1	1	1	1	1	1	- 1	1	1	1	1	1	1	1	1
-	are at 31.12.60		i) Receiving training or occupa- tion in day centre	Awaiting training or occupa- tion in day centre	5) Receiving training or occupa- tion in residential centre	Awaiting training or occupa- tion in residential centre	() Receiving home training	Awaiting home training	l) Resident in L.A. home/hostel	Awaiting residence in L.A. home/hostel		Resident at L.A. expense by boarding out in private home	Receiving home visits and not included under (a) to (f)	Others (including not yet visited)	) Number of patients involved at (a) to (h)	tumber of Patients in L.H.A. ca on waiting list for admission hospital at 31.12.60 In urgent need of hospital care	Notin urgent need of hospital care	tumber of Patients admitted mporarily for residential care uring 1960 C.To N.H.S. hospitals	(b) Elsewhere
The said of the sa	Number of Datients under 1 H A	Number of Patients under L.H.A. M F M F M F M F M F M F M F M F M F M	Number of Patients under L.H.A. Market of Patients under L.H.A	Number of Patients under L.H.A. Market of Patients under L.H.A	Number of Patients under L.H.A. Market of Patients under L.H.A	Number of Patients under L.H.A.    A	mber of Patients under L.H.A.  M F M F M F M F M F M F M F M F M F M	Number of Patients under L.H.A.  Number of Number of Patients under L.H.A.  Number of Number of Patients under L.H.A.  Number of Number of Number of Patients under Number under Number of Num	Number of Patients under L.H.A. Market in training or occupation in residential centre and in residential centre and in residential centre and in residential centre and a service in the interval of the inte	Number of Patients under L.H.A.    A	Number of Patients under L.H.A. Market by Patients under L.H.A. home/hostel at 31.12.60  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	Number of Patients under L.H.A.  M. F. M.	Number of Patients under L.H.A.  M. F. M.	Number of Patients under L.H.A.  Number of Patients under Number of N	Number of Patients under L.H.A.  M. F. M. F. M. S. M.	Number of Patients under L.H.A.	Number of patients under L.H.A.  (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19	Number of Patients under L.H.A. Availage residential content training or occupation and availage residential content of patients involved or occupation and availage residential content of patients involved or occupation and availage residential content of patients involved or occupation and availage residential content of patients involved or occupation and availage residential content of patients involved or occupation and availage resident of availage residential content of patients involved or occupation and availage residential content of availage resident and availage resident and availage residential content of availage residential	Number of patients under L.H.A. Greet rights and order to the control of the cont

# Training of Mentally Handicapped Persons Woodvale Training Centre

Number of cases on Register at beginning of year	 	 	56
Number of cases added to Register during year	 	 	8
Number of cases taken off Register during year	 	 	64 19
Number of cases on Register at end of year	 	 	45
Number of sessions held during year	 	 	216
Number of attendances at Centre during year	 	 	8,167
Average attendance per session	 .,.	 	38

# Kinds of training provided:-

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

# 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
Clean Air
Housing

#### SANITARY CIRCUMSTANCES OF THE AREA

Geology—The area consists of a bed of blown sand resting on peat, below which lies a bed of laminated blue clay. While the lower strata appear to be undergoing an exceedingly slow subsidence, any loss which might result from that circumstance is much more than made good by the continual accretion of sand derived from the Mersey, and land is rapidly reclaimed on the foreshore at the expense of the navigable channel. The overlying sand on the east and south borders gradually thins out, exposing a margin of peat within the boundary of the area.

The elevation of the built-upon area varies from about 12 feet to 38 feet above Ordnance Datum.

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, 6,805,000 gallons, was on May 25th, 1959.

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, 30th June, 1960

						Pa	rts per
•						M	lillion
Total solid matter in solu	ition				 	 	416
Oxygen absorbed	in 15 m	inutes			 	 	0.04
from Permanganate	in 3 hou	ırs			 	 	0.06
Ammonia					 	 	Nil
Albuminoid Ammonia					 	 	Nil
Nitrogen as Nitrates					 	 	0.16
Nitrogen as Nitrites					 	 	Nil
Combined Chlorine					 	 	30
Free Chlorine					 	 	0.01
Lead					 	 	Nil
Copper					 	 	Nil
Total Iron					 	 	0.15
Carbonate Hardness (as	Calcium (	Carbon	nate)		 	 	230
Total Hardness (as Calcin	um Carbo	onate)			 	 	305
		,		- 41			

(p.H. value: 7.1)

## Bacteriological Examination, 26th October, 1960

Number of Bacteria per ml. on agar at 37° C	 - 100	Nil
B. Coli per 100 ml. in water examined	 =	Nil
Total coliform organisms per 100 ml. in water examined	 =	Nil
Class 1: Highly satisfactory.		

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

# Analyses of Samples of Water taken from the Pumping Stations, 30th June, 1960.

	Halsall Lane P.S.	Springfield P.S. (Filtered)	Bickerstaffe P.S. (Filtered)	Blundell House P.S. (Filtered)
	Chemi	ical Results	in parts per	million
Appearance	Clear and bright	Clear and bright	Clear and bright	Clear and bright, very slight deposi of iron hydro xide on keeping
Turbidity	Nil	Nil	Nil	Nil
0.1	Nil	Nil	Nil	10
0.1	Nil	Nil	Nil	Nil
TI	6.9	7.4	7.2	6.9
Para Carles Disside	45	21	38	34
71	475	640	760	390
Total Calida daied at 100°C	310	425	550	250
CII : CII :I	25	35	23	30
All I'm an Calainer Cashanasa	190	270	315	145
TT 1 TP-1-1	250	345	430	190
Carbonata	190	270	315	145
Man Carbonata	60	75	115	45
Missass Missassas	3.6	1.1	1.0	0.8
Mississ Mississon	less than 0.01	Absent	Absent	Absent
	0.017	0.000	0.020	0.000
Owwen absorbed	0.05	0.05	0.30	0.50
All Street All Allendary	0.000	0.000	0.000	0.000
Desidual Chlorina	Absent	Absent	0.06	Absent
M . 1 Y	0.04	Absent	Absent	0.38
7:	Absent	Absent	Absent	Absent
C	Absent	Absent	Absent	Absent
Tand	Absent	Absent	Absent	Absent
Managemen	0.05	Absent	Absent	0.15
		Bacteriolo	ogical Result	s
Number of Colonies developing:-		0	0	16
On Agar per ml. in 3 days at 20°C.	2	0	0	0
1 day at 37°C		0	0	0
2 days at 37°C		0	0	0
Presumptive Coli-aerogenes Reaction	1		The state of the s	
	1001	1001	100 ml.	100 ml.
	100 ml.	100 ml.	0 mi.	0
	0	0	0	0
Ract-coli (Type 1)				
Bact-coli (Type 1)	1001	100 ml.	100 ml.	100 ml.
Present in			0 mi.	0
Present in Absent from	100 ml.			U
Present in Absent from Probable Number per 100 ml.	0	0		
Present in Absent from Probable Number per 100 ml. Clostridium Welchii Reaction	0	0		to the same of
Present in Absent from Probable Number per 100 ml. Clostridium Welchii Reaction Present in	0	_	_	1001
Present in Absent from Probable Number per 100 ml. Clostridium Welchii Reaction Present in	0	0 — 100 ml.		100 ml.

#### Reports

#### Halsall Lane

This sample is clear and bright in appearance and free from metals apart from negligible traces of iron and manganese.

The water is just on the acid side of neutrality and, from the aspect of corrosive activity, a higher pH is desirable.

The water is hard in character but not unduly so, contains no excess of mineral constituents and organic and bacterial purity are of the highest standard.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

#### Springfield

This sample is clear and bright in appearance neutral in reaction and free from iron and other metals.

The water is very hard in character but not excessively so, contains no excess of mineral constituents and it is of the highest standard of organic and bacterial purity.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

#### Bickerstaffe

This sample is clear and bright in appearance, neutral in reaction and free from iron and other metals. The water is very hard in character though not excessively so and it contains no excess of mineral constituents. It is the highest standard of organic and bacterial purity.

These results are indicative of a pure and wholesome water suitable for public supply purposes.

#### Blundell House

This sample was clear and bright in appearance but it developed a very slight deposit on keeping due to the presence of a trace of iron.

It is free from other metals apart from a minute trace of manganese.

The water is almost neutral in reaction, is moderately hard in character, contains no excess of mineral constituents and it is of the highest standard of organic and bacterial purity.

WATER SUPPLY TO HOUSES

	Particulars	Number of houses	Population
(a)	Mains supply (provided by The Southport and District Water Board)	25823	81337
(b)	Water supply from sources—other than specified above (obtaining a supply of water from shallow wells)	4	13
	Totals	25827	81350*

<sup>\*</sup> Registrar-General's estimate middle of 1960.

**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, 1960, was 258,596. Six estimations of chlorine content of samples of bathing water were taken and these all complied with the Ministry of Health recommendations.

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 255,127 persons during the year, of whom approximately two-thirds were bathers. The sea water with which the lake is filled is first stored in settlement tanks so that any suspended matter is deposited. It is then filtered through fine gravel and sand and finally is carefully chlorinated. Before reaching the lake the water is aerated. This process goes on continuously so that all the water in the lake passes through the filters and chlorinating apparatus once in every 10½ hours. A proportion of fresh sea water, however, is added daily after filtration and chlorination. During the season, six chlorine estimations were made on samples of the water, four of which failed to comply with the recommendations of the Ministry of Health.

All the bacteriological findings in regard to samples from these baths were satisfactory. However, it must be noted, that, when the chlorine content drops below the recommended levels and heavy load bathing occurs, poor bacteriological readings may be anticipated. The results of two, taken in May, 1960, were as follows:

p	1			Summary of	of Findings
Particu	lars			Bathing Lake	Victoria Baths
Water Organisms capable of grow	 th at 3	 87°C p	 	Clear. Very slight deposit	Clear No deposit
Organisms capable of grow				*	
per ml			 ***	0	0
per mi				Alexand	A 1
Coliform Bacilli from 50 ml.			 	Absent	Absent
Coliform Bacilli from 50 ml. Streptococci from 50 ml. Clostridium Welchii			 	Absent	Absent

The smaller Baths at Canning Road, opened in 1903, and Compton Road opened in 1926, continued to be freely used; the former had an attendance of 5,674 during the year ending 31st December, 1960, and the latter 5,363.

PUBLIC BATHS-ATTENDANCES 1952-1960

		Number of Pers	SONS ATTENDING	
v		Indoor		OPEN AIR
Year	Victoria Baths	Canning Road Baths	Compton Road Baths	Bathing Lake
1952	205333	6416	6060	135077
1953	202993	6131	5937	160500
1954	220698	5971	5646	125374
1955	219152	5929	5508	344441
1956	221219	6343	5718	133452
1957	231063	5955	5374	216310
1958	261521	5912	5261	228031
1959	268284	5739	5650	416160
1960	258596	5674	5363	255127

NOTES: The estimated number of actual bathers at the Open Air Bathing Lake varied from 75% to 60% of the persons attending. An interesting feature was the influence of the weather on the number of attendances at the Lake; the year 1959 is an outstanding example.

#### SANITARY INSPECTION OF THE AREA

Land Charges Enquiries—During the year 2,219 enquiries regarding various properties and sites were dealt with.

**Drainage**—Complaints received regarding choked and defective drainage systems of houses numbered 2,097 including 1,909 alleged drain stoppages and the necessary cleansing, repairs and alterations were supervised.

#### DRAIN STOPPAGES

		YEAR	1959		YEAR 1960				
Монтн	Number Reported	Number Not Confirmed	Number Not Freed	Number Freed	Number Reported	Number Not Confirmed	Number Not Freed	Numbe Freed	
January	139	4	26	109	135	3	21	111	
February	103	1	17	85	122	3	20	99	
March	132	2	18	112	168	3	27	138	
April	119	1	11	107	133	4	21	108	
May	112	3	17	92	172	10	29	133	
June	143	3	23	117	156	10	29	117	
July	194	7	30	157	181	9	30	142	
August	141	1	18	122	192	4	37	151	
September	143	3	26	114	132	3	19	110	
October	157	4	30	123	137	4	27	106	
November	182	6	33	143	216	13	46	157	
December	191	4	39	148	165	8	28	129	
TOTALS	1756	39	288	1429	1909	74	334	1501	

NOTE: Where the drain stoppages were not freed by the usual methods, the further work necessary was duly carried out.

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 274 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.

**Pet Animals**—Fifteen visits were made to ensure that the requirements concerning the welfare of animals for sale were observed.

Eight persons were granted licences to keep pet shops.

**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 24.

**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.

Caravans—The Caravan Sites and Control of Development Act, 1960, came into force on 29th August, 1960.

The caravans and the sites were well maintained during the year.

Number	of li	cenced	sites	for	caravans	3
Number	of	carava	ns			63

#### 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 two hundred and four occasions and one hundred and fifty-two post-mortem examinations were carried out during the year.

#### **FACTORIES**

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

Factories Acts, 1937 and 1948 (Part I).

 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	276	35	11	_		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	644	366	15	_		
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	7	7	4	_		
TOTAL	927	408	30	-		

<sup>\*</sup>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.

		h	Number of cases in which		
Particulars (1)	Found (2)	Remedied (3)	Refe To H.M. Inspector	By H.M. Inspector	prose- cutions were instituted (6)
Want of cleanliness (S.1)	2	2	_	_	_
Overcrowding (S.2)	_	_	_	-	_
Unreasonable temperature (S.3)	_	-	_	-	-
Inadequate ventilation (S.4)	_	_	_	-	_
Ineffective drainage of floors (S.6)	_	-	_	-	_
Sanitary Conveniences (S.7) (a) insufficient	2	2	_	_	_
(b) Unsuitable or defective	2	2			
(c) Not separate for sexes	_	-		-1-9	_
Other offences against the Act (not including offences relating to Outwork)	24	24	_	-	_
Total	30	30	-	-	-

Factories Act, 1937 (Part VIII).

		OUT	WORK					
		Section 110			Section 111			
Nature of Work	Augus tion 11 (3) Numb sendin (4) Numb	er of outvert list require 0(1)(c). er of cases of g lists to the er of prosect to supply lists	ed by Sec- f default in the Council.	<ul><li>(5) Number of instances of wor in unwholesome premises.</li><li>(6) Notices served.</li><li>(7) Prosecutions.</li></ul>				
(1)	(2)	(3)	(4)	(5)	(6)	(7)		
Wearing Apparel:— Making, etc	44	_	_	_	_	_		
TOTAL	44	_	_	_				

#### 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 disinfestation of his property; the services of an operator are available on application.

# Prevention of Damage by Pests Act, 1949

				PE OF PROPE	RTY	
		(1) Local Authority	(2) Dwelling- Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	(5) AGRI- CULTURAL
I.	Number of properties in Local Authority's District	236	25,827	4,640	30,703	44
II.	Number of properties in- spected as a result of: (a) Notification	53	216	131	400	4
	(b) Survey under the Act	183	359	665	1207	40
	(c) Otherwise (e.g., when visited primarily for some other purpose)	_	_	_	_	
III.	Total inspections carried out — including re-inspections	572	791	1128	2491	118
IV.	Number of properties inspected (in Sec. II) which were found to be infested by: (a) Rats (Major) (Minor) (b) Mice (Major) (Minor)		- 69 - 63		129 — 160	
v.	Number of infested pro- perties (in Sec. IV) treated by the Local Authority	53	61	74	188	3
VI.	Total treatments carried out — including retreatments	55	61	74	190	3
VII.	Number of notices served under Section 4 of the Act: (a) Treatment		_	_		_
	(b) Structural Work (i.e., Proofing)	_	_	_	_	_
VIII.	Number of cases in which default action was taken following the issue of a notice under Sec. 4 of the Act	_			_	_
IX.	Legal proceedings	_	-	-	-	-
x.	Number of "Block" con- trol schemes carried out	10	_	_	10	_

NOTE: The above Table has been compiled in the form requested by the Ministry of Agriculture, Fisheries and Food.

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

# Nuisances

COMPLAINTS—NUMBER INVESTIGATED:—				
(1) II : D.C.				526
(2) Chalrad and Defeative Drains				2097
(2) Emission of Smoke				8
				76
				588
(5) Miscellaneous				300
TOTAL				3,295
TOTAL				3,293
VISITS:—				
Dwelling Houses				1089
Common Lodging Houses				27
Houses let in Lodgings				8
Common Yards, Back Roads and Passages				179
Horse-Manure Middensteads				46
Pigstyes				46
Offensive Trades				88
Rag Flock and Upholstery Premises				39
Places of Public Entertainment				43
Public Sanitary Conveniences				321
Tents, Vans and Sheds				47
Abattoir				737
Food Vahieles				11
Ashes Receptacles (Ashpits and Dustbins)				37
Conversions (Earth Closets and Bristol Eje	cts to	w C 's		633
Smoke Observations	ets t			24
Shoke Coscivations				24
Testing Drains:—				
By Inspection				897
By Smoke				15
By Breaking Down				82
By Coloured Water				73
Factories Acts 1027/49.				
Factories Acts, 1937/48:—				200
Factories with mechanical power	•••			366
Factories without mechanical power	•••	•••		35
Outworkers' Premises	•••	•••		4
Workplaces	• • • •			15
Shops Act, 1950				24
Fried Fish Shops				30
Fishmongers and Greengrocers				281
Butchers' Shops				302
Grocers' Shops				626
Bakehouses				134
Public Houses, Beer Houses, etc				106
Food Preparing and Storing Places				2019
Dairies				579
Ice Cream Premises				332
Pet Animals Act, 1951				15
Infectious Disease Visits				774
Prevention of Damage by Pests Act, 1949				2609
Samples of Rag Flock, etc				8
Clean Air Act—Samples of Gauge Deposits				22
Diseases of Animals Acts and Orders				10
	7367	100000	100	

Samples procured for Bacteriological Exami						244
Milk						
Ice Cream	•••	•••	•••			63
Other Foodstuffs						122
Water						10
Samples of Milk procured for Biological Ex	amination					2
Samples obtained under the Food and Drug	gs Acts, 195	5:				
Milk						173
Other Foodstuffs						122
Samples of Water (chemical analysis)						42
Samples of Swimming Bath Water (chemic	C.PE. TOPAGO TOPAGO					25
Samples of Water (bacteriological examinat						4
Samples of Water (bacteriological evan	ination)					11
Samples of Sea Water (bacteriological exan	l arraminatio					2
Samples of Sewage Effluent (bacteriological	examinatio	11)	infact	otion.		40
Inspections of Dwelling Houses and other I	premises for	vermi	1 intest	ation		
Visits to work in progress						1,297
Visits re Housing Survey						463
Miscellaneous Visits (Interviews, etc.)						3,010
T	OTAL					18,397
Manufacture Applications of the second second						
Nuisances—The number of schedule	s of cases re	corded	for ab	atemen	t was	2,584

In all cases the usual verbal request for the abatement of nuisances found was made, but in 1,001 instances it was necessary to serve written notices as follows:-

Preliminary					 	 	759
Statutory	 •••	 	•••		 	 	242
			Тот	AL	 	 	1,001

The number of preliminary and statutory notices complied with during the year was 886.

Legal proceedings were instituted under the Public Health Act, 1936, against the owners of three properties. Abatement Orders were made in all 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.

Fourteen 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.

#### CLEAN AIR

Work under the Clean Air Act, 1956, in support of the national campaign to rid this country of the evils of smoke, has continued.

Twenty-four observations of factory chimneys were made. No legal proceedings were instituted.

It is felt that steady progress has been made towards the time when it can be stated that Southport is completely free from industrial smoke. It may be thought by many people that this is a sufficient target at which to aim, but the Ministry of Housing and Local Government has told the country that "about half the smoke in the atmosphere comes from domestic chimneys".

In a town of the nature of Southport, where industrial smoke has been almost entirely eliminated, it follows that domestic chimneys must be supplying nearly all the smoke in the atmosphere. Some indication of what this amounts to, is given by the two Atmospheric Deposit Gauges which are maintained by the Department in the Borough. Twenty-two samples of the deposits were submitted for examination.

During the year under review, these gauges indicated that, on an average, 10.35 tons of solid pollution fell on each square mile of the Town Centre during each month of the year, with 8.4 tons per square mile, per month, at Woodvale. These gauges record solid pollution only, and take no account of gaseous pollution.

It will be seen from this, that Southport is still a long way from being a smokeless

town.

The answer to the domestic smoke problem is to ban the use of raw, bituminous coal in open fireplaces, where it cannot be used without producing a particularly offensive type of smoke. Many local authorities in the country have already commenced to do this, by creating Smoke Control Areas and by planning to cover their entire districts with such Areas in the course of a stated number of years. It is felt that, sooner or later, Southport will have to embark on a similar programme.

In the meantime, a start has been made in this direction by the establishment of the "Southport No. 1 Smoke Control Area" in Dock Lane, at the north end of the Borough. It is hoped to add to this area in the coming year.

#### HOUSING

General—The number of inhabited houses totalled 25,827.

The following table shows the number of houses built during the period 1951 to 1960, plus additional accommodation made available as a result of adaptations and additions to existing properties:—

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Number of Houses built	67	113	235	155	186	253	305	122	214	115

**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 6th July, 1957, as the following details show:—

Number of applications for certificates of disrepair: Year—1957: 119. 1958: 145, 1959: 33. 1960: 22. Total: 319.

The 22 applications for certificates of disrepair under the Rent Act received during the year were dealt with as follows:—

Work done within the pe	 	 	0	
Undertakings given by o	 	 	14	
Certificates not granted	 	 	 	1
Certificates granted	 	 	 	7
TOTAL	 	 	 	22

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 8, of which 7 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 25 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 34 houses.

In 9 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, 9 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.

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 Improvement Grants and the 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

Two hundred and ninety-nine samples of food were taken and submitted to the Public Analyst for chemical analysis.

The results showed that 273 were genuine and 26 were adulterated or otherwise giving rise to irregularity; the latter being informal samples.

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

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

Reference Num and if formal informal samp	or	Nature of sample and report of analysis	Particulars
3692 Informal		MILK: Freezing point indicated 3.1 per cent extraneous water.	Vendor notified. Further sample to be taken.
3700 Informal		MILK: Deficient 5 per cent. fat.	Vendor notified. Other sample taken at same time genuine.
3712 Informal		MILK: Deficient 5 per cent. fat.	Vendor notified. Other sample taken at same time genuine.
3723 Informal		Bread: With foreign body. On surface of "buttered" part slices there were 21 milligrams of dark material of the nature of fragments of overcooked sausage meat.	Complainant informed.
3725 Informal		Bread: Milk loaf. Contained 2.9 per cent. milk solids not fat. Reccommended limit not less than 4.2 per cent. milk solids.	Bakers interviewed.
3737 Informal		MILK: Deficient 3.3 per cent. fats.	Vendor notified. Other samples taken at same time genuine.
3746 Informal		MEAT PIE: Contained foreign body. The 20 milligrams of foreign matter stated to have come from the pie were found to consist of carbonised dough with iron ox- ide and traces of an abrasive probably from an oven plate.	No action.
3760 Informal		MILK: Deficient 3.3 per cent. fat.	Vendor notified. Other samples
3774 Informal		MILK: Contained 24 milligrams of fungus mycelium attached to a fragment of calcium carbonate (moist weight).	taken at the same time genuine.  Dairyman interviewed.

Reference Numb and if formal of informal samp	or	Nature of sample and report of analysis	Particulars
775 Informal		Bread: Contained 0.04 gramme of currant or sultana.	Complainant informed.
796 Informal		VINEGAR: Contained 0.9 per cent. salt without declaration.	Packers communicated with.
820 Informal		MILK: Deficient 8.3 per cent. fat.	Farmer notified. Other samples taken at the same time genuine.
3865 Informal		FRUIT (CANNED): Labelled "White Lotus Nuts". Contained 40 per cent. lotus seeds and 21.6 per cent. added sugar. Vegetables and fruit can- ned outside the United King- dom should be labelled with a list of ingredients.	Importers communicated with.
3868 Informal		Cottage Cheese: Consisted of skimmed curd cheese.	No action.
3869 Informal		BISCUITS Contained 0.36 gram. of carbonised biscuit material.	Manufacturers notified.
3875 Informal		MILK: Deficient 1.6 per cent. fat. Freezing point indicated 1.5 per cent. extraneous water.	Further sample genuine.
3878 Informal		MILK: Freezing point indicated 0.3 per cent. extraneous water.	Further sample genuine.
3886 Informal		Bread and Butter: Consisted of bread and marga- ine.	Vendor interviewed.
3887 Informal		CHEESE SPREAD (CANNED): Can 'blown'. Sample free from metallic contamination but actively generating carbon dio- xide.	Remainder of stock surrendered for destruction.
3892 Informal		Milk: Deficient 1.6 per cent. fat.	Further sample genuine.
3923 Informal		Breakfast Cereal: Contained one live moth grub on wrappings. Appeared to be recent contamination.	No further stock available.
3936 Informal		MINERAL WATER: Found to have a film of brown fungus hyphae and spores attached to the inside of the bottle. Fungus appeared to be dead.	Manufacturers interviewed.
3937 Informal		Bread: Part of sliced loaf. One slice contained 20 milligrams of discoloured dough containing 0.1 milligram iron oxide.	Bakery notified of this irregularity

Reference Num and if formal informal san	l or	Nature of sample and report of analysis	Particulars
3939 Informal		SWEETS (BUTTER CREAMS): Butter fat content only 2.9 per cent.	Further samples genuine. Packer interviewed.
3941 Informal		Pork Sausage: Contained 175 parts per million of sulphite preservative (ex- pressed as sulphur dioxide) without declaration.	Correct notice now displayed is shop.
3982 Informal		Bread: Sliced loaf. Contained a lump of brown faecal matter weigh- ing 1.74 grammes.	Manufacturers interviewed and plant inspected.

#### Food and Drugs Acts-Records, 1941-1960

	·f	Analytical Results of Sample					ES	ted			
		amber o ples tak			Number genuine		Number adulterated*			of Jultera	ofions
Year	Formal	Informal		Formal Informal Total		Total	Formal		Total	Ratio (%) of samples adulterated	Number of Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1941 1942 1943 1944 1945 1946 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959	161 168 172 178 75 50 50 44 48 92 131 103 26 27 12 1 1 10	212 199 191 203 305 291 280 291 334 227 237 386 377 474 323 341 349 300 298 299	373 367 363 381 380 341 330 335 382 319 368 489 403 501 335 342 351 301 309 299	146 161 157 163 68 48 42 35 86 123 88 21 14 2 1 0 1	197 184 156 178 275 269 262 275 312 216 221 362 358 427 286 318 320 273 270 273	343 345 313 341 343 317 310 317 347 302 344 450 379 441 288 319 320 274 280 273	15 7 15 15 7 2 2 2 13 6 8 15 5 13 10 0 2 0	15 15 35 25 30 22 18 16 22 11 16 24 19 47 37 23 29 27 28 26	30 22 50 40 37 24 20 18 35 17 24 39 24 60 47 23 31 27 29 26	8·04 5·99 13·77 10·49 9·73 7·03 6·06 5·37 9·16 5·32 6·52 7·97 5·95 11·97 14·02 6·72 8·57 8·97 9·38 8·69	11 2 9 6 1 1 1 10 3 - 8 - 4 - 1 2

\*Certified by the Public Analyst as being adulterated or otherwise giving rise to irregularity. In addition to the above, eleven private samples from supplies under contract were also submitted for analysis, including one of cooking fat, two of flour, one of margarine, one of dried skimmed milk, one of mincemeat, one of ground nutmeg, one of shredded suet and three of milk. One sample of flour contained creta praeparata above the limit and in another case the interior of one milk bottle had a slight stain of iron oxide. The vendors concerned were notified of the matter.

The other nine private samples were found to be genuine.

Table showing particulars of the number of samples taken for Bacteriological Examination—Year 1960

Nature of	Number of Samples and Specimens procured for submission to bacteriologist for bacteriological examination									
Samples and Specimens	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	63 221 120 4					
FOOD AND DRINK— Ice Cream Milk Other Foods *Water	0 62 61 1	39 84 20 1	18 31 25 1	6 44 14 1						
TOTALS	124	144	75	65	408					
MISCELLANEOUS— †Water	1	8	2	0	11					
GRAND TOTALS	125	152	77	65	419					

<sup>\*</sup>Intended for human consumption. All these samples were taken from the town's main supply. † Includes two samples of mud (sewage effluent).

#### DISTRIBUTION OF MILK

There were 161 distributors of milk on the register of the Local Authority of whom 159 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	Appropriate Tests	Number of Sample		
CLASS OF WILK	Samples Tested	Appropriate Tests	Passed	Failed	
Pasteurised **	105	Phosphatase Methylene Blue	102 102	3 3	
Sterilised	16	Turbidity	16	_	
Tuberculin Tested (Pasteurised)	100	Phosphatase Methylene Blue	100 94	<u>-</u>	
Turberculin Tested (Sterilised)	_	Turbidity	-	-	

In all instances where Pasteurised Milk failed the Phosphatase Test, the milk was examined by means of guineapig inoculation for Tubercle Bacilli. In addition, 17 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 182, 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 72 to 74. 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
Dealers'	Licences authorising the use of the special designation "Tuberculin Tested"	29
Dealers'	Licences authorising the use of the special designation "Pasteurised"	07
Dealers'	Licences authorising the use of the special designation "Tuberculin Tested (Pasteurised)"	F0
Dealers'	Licences authorising the use of the special designation "Sterilised"	117
Dealers'	(Pasteurisers') Licences authorising the use of the special designation "Pasteurised"	5
	Total	306

#### FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption during 1960 are set out below:—

#### Carcases Inspected and Condemned

			Public A	Abattoir		
Particulars	Cattle (excldg. Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number of animals killed	3,587	114	61	12,105	5,315	-
Number of carcases inspected	3,587	114	61	12,105	5,315	_
RESULTS						
All diseases except tuberculosis and cysticerci:—						
Number of whole carcases condemned	-	1	2	3	4	-
Number of carcases of which some part or organ was condemned	1,644	42	. –	88	302	-
Percentage of the number in- spected affected with disease other than tuberculosis and cysticerci	45.81	37 · 72	3.27	0.75	5.75	-
Tuberculosis only:—						
Number of whole carcases condemned	1	-	-	-	-	-
Number of carcases of which some part or organ was condemned	64	1	-	_	50	_
Percentage of the number in- spected affected with tuber- culosis	1.81	0.87	_	_	0.94	_
Cysticercosis:—						
Number of carcases of which some part or organ was con- demned	-	_	_	_	_	_
Number of carcases submitted to treatment by refrigeration	-	_	-	-	-	-
Generalised and totally con- demned	-	-	-	-	-	-

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

					Cwts.	Qrs.	Lbs.
Beef		 	 	 	 195	3	8
Veal		 	 	 	 _	2	2
Mutton		 	 	 	 3	0	10
Pork		 	 	 	 32	0	25
Fish		 	 	 	 8	3	9
Tinned Go	ods						
Milk		 	 	 	 3	2	14
Meat		 	 	 	 27	0	22
Fish		 	 	 	 16	1	24
Vegeta	bles	 	 	 	 13	0	23
Fruit		 	 	 	 39	3	19
Miscel	laneous	 	 	 	 13	0	22
					354	0	10
					334	0	

TOTAL ... 17 tons 14 cwts. 10 lbs.

Whenever possible, meat was sent for salvage and conversion into useful 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 adjoining rural area. The total throughput during the year was 3,587 cattle (excluding cows), 114 cows, 61 calves, 12,105 sheep and lambs, and 5,315 pigs.

The Abattoir consists of one large slaughtering hall containing a two-way stunning pen which communicates with the dressing room. It is possible by means of the stunning pen to slaughter up to a maximum of 50 cattle per day, but this total has not been required since decontrol of livestock. By means of overhead runways, the carcases can be cooled to a temperature of 45°F. in the cooling hall and this facility has been widely used. In addition two other stunning pens are available for use as required. 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. A dehairing machine has been installed in the pig slaughtering hall. 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) Regulations, and additional lairage facilities are being provided.

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

Wear and tear on commercial equipment is extremely heavy and constant vigilance is exercised to ensure that badly worn or defective items are renewed or repaired before they become a danger to health. The improvements effected during the year under review are the result of the attention given to the utensils and equipment in use. The majority of caterers in the town are progressive and make constant efforts to provide modern utensils for use by their staff.

The increased volume of business during the summer months makes necessary the employment of seasonal staff on a considerable scale and some of these workers have neither the ability nor the inclination to become proficient and it is only by close supervision that the required standard is achieved.

Rodents and other vermin infestation tends to be a recurring problem, the solution of which is not easy. A system of daily collection of refuse and of swill from hotels and catering establishments would discourage vermin and facilitate their eradication.

In the catering trade, there is a heavy wastage of labour, with employees entering and leaving the industry in considerable numbers. It is gratifying to be able to report that the various courses of lectures in food hygiene continue to be well supported and that many candidates progress to more advanced courses each year. It must not be overlooked that many of these students who attend because of their work as food handlers, eventually marry and what they have learnt is of great value to them in the role of parent and homemaker.

During the year 70 students attended courses in elementary food hygiene, 55 being successful in the examination. During the same period a record number of 21 students completed the course in Advanced Food Hygiene, whilst a further 7 students took the course in the Bacteriology of Food.

Twenty-one candidates passed the examination of the Royal Institute of Public Health and Hygiene in Hygienic Food Handling, and of these, one candidate obtained the highest total of marks ever achieved in the examination since its inception.

(4)	Summ		Food I	Ivaio	ne Inst	ection	S		
(A)		SPECTION		Tygici	ic msi	,cetion		N	lumber
Hatala Bastaurants an									2,019
Hotels, Restaurants an									134
Bakehouses									302
Butchers' Shops									626
Confectioners' and Gr									30
Fried Fish Shops		d Doule	,						281
Fishmongers', Greeng			cicis						106
Public Houses, etc									700
Miscellaneous		• • • •							
			Тота	L					4,198
						1			
(	B) Sumr	nary o	f Impr	ovemo	ents E	fected			1
Major reconstructions	of cafe ki	tchens	and bak	ehouse	S				1
Minor structural impi	rovements,	cleans	ing and	repair	S				76
Improved food storag	e facilities								14
Equipment renewed,	repaired a	nd clear	nsed						46
Improved washing-ur	facilities	and pro	ocedure						31
Improved sanitary acc	commodat	ion for	staff inc	luding	person	nal was	hing		
0 111 1									45
Improved sanitary acc		ion for	patrons						14
Improved refuse stora	age facilitie	es							16
									10
									29
			Тот	AL					282

#### THE SHELLFISH INDUSTRY

Twenty-four wholesale shellfish premises have been registered under the Food and Drugs Act, 1955.

Measures to secure improvements in the bacteriological standard continued by the frequent sampling of the shellfish, but a certain amount of work has yet to be completed 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. The arrangements have since been reviewed and "home-picking" allowed for the time being.

#### ICE CREAM

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

	N	Number							
For the purpose of manufacture and sale									19
For the purpose of sale		•••	•••	•••					178
For the purpose of storage	•••		•••		•••				1
			Тот	AL					198

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

Year					Pe	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
1959	 	 	 	 		31.57
1960	 	 	 	 		26.98

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.

Sixty-three samples of ice cream were procured and submitted for bacteriological examination.

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

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

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

GRADE III the ice cream, after incubation, decolourises Methylene Blue in ½ hour to 2 hours.

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

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

37	NTerro	BER SATISFAC	TORY	Y NUMBER UNSATISFACTORY					
YEAR	NUM	BER SATISFAC	TORY	NUMBE	R CNSATISFA	CIOKI	GRAND TOTAL		
	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		14	36	122		
1954	83	16	99	9	1	10	109		
1955	49	13	62	22 9 5 8	1	6	68 42 55		
1956	22	12	34	8	0	6 8	42		
1957	30	9	39	10	6	16	55		
1958	22	9 5	27	3	0	16 3 18	30		
1959	29	10	39	6 9	12	18	57		
1960	32	14	46	9	8	17	63		
TOTALS	521	263	784	136	116	252	1036		

Overall Results: Satisfactory, 75.68%; Unsatisfactory, 24.32%.

#### 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.

Seven licences have been granted, and ten 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

Crematorium

Special Surveys

Civil Defence Ambulance Service Workdone 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 Young Wives Groups, Parent-Teacher Associations, Schools, the Civil Defence Ambulance Section, etc.

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

#### 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 218 persons on the Blind Register and 63 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—There is one registered case, that of a boy 16 years of age, who is also included in the figures given for the partially sighted register.

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

				Female	Male
Windsor House, Southport		 	 	-	2
David Lewis Colony, Alderly	Edge	 	 	1	_
Maghull Homes, Maghull		 	 	2	3
Langho Colony, Manchester		 	 	1	1

Centres and Clinics—The following list shows the Centres and Clinics which were in operation during 1960:—

Address	DAY	Тіме
CHILD WELFARE CENTRES:—  1. Methodist Church, Ainsdale	Mondays Wednesdays Tuesdays Tuesdays Wednesdays Tuesdays Thursdays Fridays	2 to 4 p.m. 2 to 4 p.m.
ANTE-NATAL CLINICS:— 44 Hoghton Street	Thursdays	2 to 4 p.m. 2 to 4 p.m. 2 to 3.15 p.m.
TUBERCULOSIS CONTACT CLINIC:— Southport Infirmary	Mondays	2 to 5 p.m.

**Medical Examinations**—the following table shows the work done by the medical staff of the department during 1960 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

	Numb	NUMBER OF MEDICAL EXAMINATIONS				
Department	Super- annuation Scheme	Sickness Pay Scheme	Re- Examina- tions	Total		
(a) CORPORATION DEPARTMENTS:—  Borough Architect	4 13 1 63 7 16 2 		-6 -1 -1 -2 -3 -1 -6 -61 -1	4 44 13 1 81 7 35 4 3 16 20 2 24 8 — 25		
(b) OTHER DEPARTMENTS:—  Electricity  District Nursing Association	6 4	=	Ξ	6 4		
Totals	131	142	27	300		

**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, with 10 maternity beds and 223 others.

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 36.

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 1960, and reports showed that one existing establishment was being conducted in a satisfactory manner.

Persons in need of Care and Attention—No cases were dealt with during 1960, 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, 1960, Mr. Hewetson made thirty-one visits to nine riding establishments and carried out two hundred and five inspections.

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

**Crematorium**—The Southport Crematorium was opened in September 1959 and the Medical Officer of Health was appointed Medical Referee whilst the Deputy Medical Officer of Health was given the position of Deputy Medical Referee.

During 1960 Dr. A. I. Davison, Assistant Medical Officer of Health, was appointed as an additional Deputy Medical Referee.

The number of certificates required in 1960 was 618.

**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 39 training sessions of  $1\frac{1}{2}$  to 2 hours' duration were held in connection with Ambulance and First Aid work at the Civil Defence Headquarters in Birch Street. Many of the sessions were devoted to practical training in First Aid using "faked" casualties with typical war injuries. Out-door map reading exercises were also held.

In June, the Central Government reorganised this feature of the Civil Defence Service and the name of the Civil Defence Ambulance and Casualty Collecting Section was accordingly altered to the Civil Defence Ambulance and First Aid Section. This reorganisation called for extensive changes in the composition of the Unit and since the strength at the time was under 40% of the full establishment, it was not possible to man the section adequately for full training purposes. Lectures about the work of the unit were given to the available personnel and a large scale Rescue and First Aid exercise together with the adjoining Preston Sections took place in October. Other training exercises were arranged including one in which the local Territorial Army Unit assisted to give experience of co-operation in the field.

The members of the Section still retain a measure of enthusiasm and the attendances at meetings and lectures were good. There was, however, a need for many more members and recruitment will have to be actively encouraged in the coming year if anything approaching the full establishment of the unit is to be attained.

Work done on behalf of Children's Committee—During the year, 102 examinations were carried out on behalf of the Children's Committee, the details being as follow:

Examination of children who are boarded-out in fo	mes	 	 72	
Examination of children admitted to Institutions			 	 9
Admissions to Links Avenue			 	 11
Discharges from Links Avenue			 	 8
Routine Medical Inspection of Children in Care			 	 2

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

## Part VII SCHOOL HEALTH SERVICE

(The Fifty-second Annual Report of the Principal School Medical Officer)

## EDUCATION COMMITTEE ON THE 31st December, 1960.

The Mayor, Councillor J. F. SPENCE, J.P.

Alderman R. JOHNSON (Chairman)

Alderman R. Wood (Vice-Chairman)

Alderman T. Ball, J.P.

Alderman W. BERWICK

Alderman W. PAULDEN

Councillor G. L. BEAMAN

Councillor J. CAMPION

Councillor H. H. GLAISHER

Councillor Mrs. M. GOLDBERG

Councillor J. A. HARDEN

Councillor G. W. KENDALL, J.P.

Councillor W. PRESCOTT

Councillor Mrs. F. M. TURNER

Councillor Mrs. G. P. WILLIAMSON

Mr. G. F. DIXON

Mr. E. FORMBY

The Rev. O. Tudor Hughes

Mr. A. LOVERIDGE

The REV. F. H. PICKERING

Mr. D. G. PRITCHARD

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

Alderman W. BERWICK

Alderman R. WOOD

Alderman R. JOHNSON

Councillor J. CAMPION

#### SCHOOL HEALTH SERVICE

The work of the School Health Service has proceeded satisfactorily during the year.

It is not generally realised how much is done to ensure that each child is able to obtain the utmost benefit from the education provided. Steps are taken not only to prevent ill health but also to ensure that any child requiring treatment obtains it quickly. Because eyesight and hearing are of great importance educationally, special attention is given to the School Ophthalmic and Ear, Nose and Throat Departments and the service provided in Southport is of a high order.

Increasing medical knowledge now enables more infants to survive during the first year of life than was formerly the case, but a proportion of these children grow up handicapped physically and mentally. Many such children require special educational arrangements, and this work is often very satisfying to the school doctor.

The School Service is largely advisory in function, and general medical treatment, except for minor ailments, is more properly in the sphere of the family doctor with whom it is essential that the school doctor should have good liaison. The school doctor and nurse have a particular part to play in the "follow up" of children absent from school because of illness, usually minor illness, for which the family doctor may not have been consulted. In this way much unnecessary absence from school may be prevented. There have been many advances in medical treatment since the war, and it is now much less common for the school doctor to discover a child suffering from an untreated chronic septic condition such as a 'running ear' with its resultant danger of deafness, than was formerly the case. Nevertheless, medical inspection does bring to notice physical and mental abnormalities about which the parent may be unaware. Congenital heart disease is particularly important in this respect, and can be quite unknown to the parents until the child's first school medical inspection takes place.

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.

	1959		1960
Primary Schools	 5,684	_	5,506
0 1 W 1 TO 1 1 1 10 Colors	 4,046	_	4,208
	9,730	_	9,714

#### ROUTINE MEDICAL INSPECTIONS

As usual, parents have been notified of the time and place of medical inspections and invited to attend.

Child Welfare Clinic premises and Church Halls have been used when conditions in school have been unsuitable, and the arrangements, on the whole, have worked well.

The method used in previous years was continued, ensuring that children are examined by a School Medical Officer at least three times during their school lives, viz:—

- 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 3,424 children in the three groups mentioned above were listed for inspection, out of which number 192 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	-							1960
Entrants						 	 	539 778
Leavers SECONDARY MODE	 DN TE	CHNICA	I AND	GRAM	MAP S	 	 	110
Leavers						 	 	946
Additional Medi	CAL IN	SPECTIO	ons (A	ll Scho	ools)	 	 	969

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

PRIMARY SCHOOLS	<u>-</u>							1959	1960
Entrants								79.22	84.60
Leavers								53.66	48.33
SECONDARY MODE	RN, TE	CHNICA	L AND	GRAM	MAR S	CHOOLS	_		
Leavers								8.19	10.46
ADDITIONAL MEDI	CAL IN	SPECTION	ons (A	ll Scho	ools)			54.46	59.03

#### Defects found at Routine Medical Inspections.

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 (all schools)	Totals
Number of children examined	539	778	946	969	3232
Number of children requiring treatment	110	146	225	188	669
Percentage requiring treatment	20.41	18.77	23.78	19 · 40	20.69

A detailed list of all defects is to be found in the tables at the end of this report.

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 9,468 and of these 248 were brought forward for further examination, together with 336 referred from last year's medical inspections.

#### CLINICS

The following clinics are held at 2, Church Street:-

DAY	Тіме	CLINIC
	9.15 a.m. to 12.45 p.m 9.30 a.m	Dressings Clinic *Ear, Nose and Throat Clinic
Monday	2 p.m. to 4 p.m	Doctors' Minor Ailment Clinic Dressings Clinic
	9.15 a.m. to 12.45 p.m 9 a.m	Dressings Clinic *Eye Clinic
Tuesday	1.15 p.m. to 4.45 p.m 2 p.m	Dressings Clinic *Eye Clinic
	9.15 a.m. to 12.45 p.m	Dressings Clinic
Wednesday	2 p.m. to 5 p.m 1.15 p.m. to 4.45 p.m	*Chiropody Clinic Dressings Clinic
	9.15 a.m. to 12.45 p.m	Dressings Clinic
Thursday	1.30 p.m. to 2.30 p.m 1.15 p.m. to 4.45 p.m	Skin Clinic (fortnightly) Dressings Clinic
	9.15 a.m. to 12.45 p.m	Dressings Clinic
Friday	1.15 p.m. to 4.45 p.m 2 p.m. to 3.30 p.m	Dressings Clinic 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, in addition to those held at 44 Hoghton Street.

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 ensures that every effort is made to try to reduce waiting time and time lost from school.

During the year, 6,630 attendances were made by children.

Minor Ailments Clinic—This is a weekly clinic at which 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 725 and these children made 2,147 attendances. 123 cases were referred to the Southport Infirmary for further investigation, 1 to the Royal Liverpool Children's Hospital, 3 to Alder Hey Children's Hospital, and 1 to Stanley Hospital.

Eye Clinic—Mr. D. Rankine, the Consultant Ophthalmic Surgeon, continued to attend on Tuesday morning and afternoon, and during the year he held 71 clinics. 282 new cases were examined and 681 were seen for supervision and revision of spectacles. 21 cases were referred for further treatment at the Southport Infirmary.

**Skin Clinic**—During the year 384 attendances were made. A wide variety of skin diseases, usually in the early stages, are treated at the clinic.

Chiropody Clinic—This clinic was started in November, 1959, and has already proved its value by providing an efficient service for the treatment of children suffering from verrucae, corns and similar afflictions. 694 attendances were made during the year.

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 chronic "running ears" in the school population: if an operation is necessary children are admitted to the Ear, Nose and Throat Ward at the Promenade Hospital.

In 1960, 379 new cases were examined and 321 attended for observation of progress from previous years. 199 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 the University Department for the Deaf in Manchester, for audiometric examination. Some audiometry is also carried out in the schools.

Artificial Sunlight Clinic—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.

102 school children were treated; these children made a total of 2,802 attendances.

Remedial Exercises Clinic—Children are referred to this clinic by the orthopaedic surgeon at the Promenade Hospital and by the school medical officers. 2,438 attendances were made during the year.

Orthopaedic Clinic—The physiotherapist continues to deal with the treatment of minor orthopaedic defects. Cases are also referred to the Promenade Hospital for opinion and advice and the physiotherapist attends this clinic and sees the cases with the orthopaedic surgeon. There is in this way good co-operation between the two departments and a satisfactory exchange of information.

**Speech Therapy**—Treatment for defective speech is given at the North West School of Speech and Drama, 129 sessions were held during the year.

No.	of children li	sted for	r treatn	nent in	1960					25
No.	of children ac	dmitted	to reg	ular cla	isses in	1960				24
	of children d									23
Sixty-fiv	e children atte	nded t	hese cla	sses; th	ne reaso	ns for	the de	fects in	speech	were:
(a)	Slow and abi	normal	speech	develo	pment					42
(b)	Stammering									18
(c)	Lisp									4
(d)	Cleft palate									1

During the year 1,042 attendances were made by children requiring treatment. This service is greatly appreciated by the parents as a speech defect is an obvious one and a great handicap in later life.

Child Guidance—Up to the 31st August the same arrangements for cases requiring child guidance continued as in previous years. 9 children were seen at Alder Hey Children's Hospital and at the Notre Dame Child Guidance Clinic in Liverpool for psychological trouble.

During the year, however, it was possible to establish a Child Guidance Service in School Health Department premises at 46 Hoghton Street. This is a combined Local Education and Regional Hospital Board Clinic and was opened on the 1st September, 1960. By arrangement with the Hospital Board, Dr. K. M. Fraser, Consultant Physician in Child Psychiatry, has attended each Thursday morning and afternoon since then. The Authority was fortunate in securing the services of Mr. Edwards as Educational Psychologist, but was unable to recruit a Psychiatric Social Worker. Partly owing to the staffing difficulties, a waiting list of cases soon became evident. It is interesting to note that the majority of the cases were referred by Family Doctors. During this four months' period to the 31st December, 1960, 35 children were referred to the Psychiatrist. Further information about this service is shown in the statistical section of the report.

#### HANDICAPPED PUPILS

Physically Handicapped Children—Very good liaison continues between this department and Hawkshead Street Hospital Special School. Seven 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 facilities were not available at the Hospital Special School, they 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.

There are a few physically handicapped children for whom this type of education is not suitable. All these children have been placed in appropriate residential schools.

Four children have had lessons while they have been patients at a local hospital, where treatment has been necessary for a long time. This provision is much appreciated by parents.

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

**Deaf and Partially Deaf Children**—Four deaf children and two partially deaf children remained in residential schools. Three children attend a special school for the partially deaf as day pupils.

Educationally Sub-Normal Children—This group still presents difficulties as the Education 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.

Six 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 are five children in residential special schools for maladjusted pupils.

As Southport now has its own Child Guidance Service it is hoped, by early treatment to prevent severe maladjustment in children who would then require admission to special residential schools.

Children Unsuitable for Education in School—No. of children notified during the period 1st January, 1961, to the 31st October, 1961, by the Local Education Authority to the Local Mental Deficiency Authority, under Section 57, Sub-Sections (3) and (5) of the Education Act, 1944:—

 No. of children notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959, which came into operation on the 1st November, 1960:—Nil.

#### **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.

Notifications—During 1960, one schoolchild was found to be suffering from pulmonary tuberculosis.

**B.C.G.** Vaccination—This was the sixth 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.

In addition, children over this age, who had previously not taken advantage of this scheme, were given a further opportunity to do so. This is the reason for the large increase in the number of children tested and vaccinated.

The acceptance rate in 1960 was 59.1%.

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
1959	71.4	848	11.9	82.9	698
1960	59.1	1301	16.7	79.9	1,037

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

**Skin Testing of School Entrants**—This is the fifth year that new entrants to school have been offered skin tests to find if they have at any time been exposed to tuberculous infection.

The percentages of positive skin tests, in 5 year old 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
1959	570	5	0.9
1960	561	11	1.9

The children with positive tests, their parents and the remainder of the family, were offered a chest X-ray. This year, no new cases of active pulmonary tuberculosis were revealed by the X-rays taken.

#### INFECTIOUS DISEASES

There were again no cases of diphtheria. Notifications were as follows, with figures for 1959 for comparison:—

Boya Rent Casa			110				1959	1960
Measles	 		 	 	 	 	780	121
Rubella	 		 	 	 	 	41 105	20 24
Scarlet Fever Chicken Pox	 	***	 	 	 	 	203	291
Diphtheria	 		 	 	 	 	<u>-</u>	- 22
Whooping Cough Tuberculosis	 		 	 	 	 	2	1

Miscella	neous S	Schoo	1 Medi	cal W	ork		1960
Examination for fitness to take pa	rt in pu	ıblic e	entertair	nment		 	7
Examinations by nurses prior to a	admissio	on to	school			 	868
Home	e Visits	by S	chool 1	Nurses			
Follow-up of routine medical insp	pections					 	68
On account of illness						 	87
To infectious cases						 	13
To infectious contacts						 	12
About immunisation of children						 	86

#### Health Education in School

Regular mothercraft classes were held at all the secondary modern schools at which girls attend, viz., Meols Cop, Our Lady of Lourdes, Stanley and Birkdale.

The syllabus is comprehensive 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.

#### SCHOOL MEALS

During the year, 1,073,026 meals were given to Southport school children. About 6% of these meals were supplied free or on partial payment. On an average 61% of the school children have dinner in school. This is understood to be one of the highest percentages in the country.

#### PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT, 1960

The authorised professional establishment of one principal school dental officer and two school dental officers has been maintained throughout the year, although unfortunately, through sickness, one of the dental officers was absent from duty for some 12 weeks. The department has thus suffered the loss, when compared with past years, of approximately 120 half-day sessions which would normally have been devoted to individual treatment and to the dental inspections in the schools. Nevertheless, it has been possible during the year to inspect the pupils in all but two of the schools, and these will be visited in January, 1961.

The period therefore, between inspection and re-inspection and treatment and re-treatment of all the schools has extended from approximately 48 weeks to 54 weeks.

It has been possible for the dental officers of the department to familiarize themselves, over a prolonged period, with the technique applicable to the 'air turbine high speed drill'. For a specific purpose this apparatus is now generally accepted by the dental profession, indeed it is another step forward to better and less painful dentistry; it is an addition to existing equipment but displaces none. A plan designed for the piping of compressed air to each of the three surgeries will allow for the use of a portable drill, and it is hoped that the installation will be completed and in full use sometime during 1961.

During the year, Mr. Pogrel, the consultant orthodontist, together with the department's dental officers, have completed the treatment of 62 cases of irregularity of the teeth by appliances and 55 new cases have been accepted.

Of the 794 teeth extracted from the permanent dentition, 470 were extracted for orthodontic purposes.

The department is greatly indebted to Miss Elce for her kindly services. Miss Elce is a W.V.S. officer and since 1956 has escorted many very small children of parents unable to attend. She has made possible full conservative dental treatment, which would have otherwise been denied to these children.

#### ANNUAL FIGURES AS SUPPLIED TO THE MINISTRY OF EDUCATION

#### PART I

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

TABLE A
PERIODIC MEDICAL INSPECTIONS

		Physical Condition of Pupils Inspected							
		S	ATISFACTORY	Unsatisfactory					
Age Groups Inspected	No. of pupils	No.	% of Col. 2	No.	% of Col. 2				
By years of birth) In	Inspected (2)	(3)	(4)	(5)	(6)				
1956 and later	167	167	100						
1955	366	365	99.73	2	0·27 0·43				
1954	461	459 104	99·57 100		0.43				
1953	104 43	42	97.67	1	2.33				
1952 1951	43	43	100	_	_				
1950	108	108	100	-	_				
1949	559	555	99 · 28	4	0.72				
1948	281	279	99 · 29	2 3	0.71				
1947	97	94	96.91	3	3.09				
1946	749	740	98.80	9	1 · 20				
1945 and earlier	254	254	100	_					
TOTAL	3232	3210	99.32	22	0.68				

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)
1956 and later	1	25 91	26 91
1955	- 2	84	85
1954 1953	3	12	15
1953	4	1 7	9
1951	1	6	6
1950	7	24	27
1949	26	75	96
1948	14	50	61
1947	6	12	15
1946	6 38	142	175
1945 and earlier	30	39	63
TOTAL	133	567	669

TABLE C OTHER INSPECTIONS

Number of Special Inspections		TOTAL	1283 1569 2852
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#### TABLE D

#### INFESTATION WITH VERMIN

- (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

n .				Per	riodic I	nspectio	ons		
Defect Code	Defects or Disease	Entr	ants	Lea	vers	Oth	ners	То	tal
No. (1)	(2)	(T)† (3)	(O)* (4)	(T)† (5)	(O)* (6)	(T)† (7)	(O)* (8)	(T)† (9)	(O)* (10)
4	Skin	9	2	50	2	38	1	97	5
5	Eyes—a. Vision b. Squint c. Other	1 6 4	Ξ	63 7 8	3 1 —	69 14 12	4 1 1	133 27 24	7 2 1
6	Ears—a. Hearing b. Otitis Media c. Other	7 5 —	1 2 1	2 8 1	2 2 —	7 8 2	_ 5 1	16 21 3	3 9 2
7	Nose and Throat	44	25	5	7	52	48	101	80
8	Speech	9	-	2	_	14	10	25	10
9	Lymphatic Glands	7	8	-	-	7	13	14	21
10	Heart	7	4	20	4	4	12	31	20
11	Lungs	10	1	6	1	15	3	31	5
12	Developmental—  a. Hernia b. Other	2	1 14	<u></u>	1 6	7 35	8 32	9 59	10 52
13	Orthopaedic—  a. Posture b. Feet c. Other	2 3 4	3 7 11	14 32 21	4 2 2	6 27 27	23 42 34	22 62 52	30 51 47
14	Nervous System— a. Epilepsy b. Other	=	=	=	=	1	<u>_</u>	1 1	<u>-</u>
15	Psychological— a. Development b. Stability	5	4	1	=	21	5 2	27	9 3
16	Abdomen	3	_	3	_	9	2	15	2
17	Other	5	-	2	-	7	1	14	1
	TOTAL	134	85	268	37	383	249	785	371

<sup>†</sup> Treatment

<sup>\*</sup> Observation

TABLE B
SPECIAL INSPECTIONS

				SPECIAL IN	NSPECTIONS
Defect Code No.	Defects or Dise	ease		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin			229	5
	Eyes—a. Vision			7	3
5	b. Squint			5	_
and the second of	c. Other			47	2
,	Ears—a. Hearing			11	2 3 4
6	b. Otitis Medi	ia		27	3
	c. Other		***	38	4
7	Nose and Throat			97	42
8	Speech			21	17
9	Lymphatic Glands			4	14
10	Heart			2	5
11	Lungs			21	10
				AL ORA PERSON	
12	Developmental—				2
	a. Hernia b. Other			28	9
	b. Other				
13	Orthopaedic—			15	10
	a. Posture			15	26
				46 146	35
	c. Other			140	
14	Nervous System—				
14	a. Epilepsy .			1	7.00
156				2	
15	Psychological—			The state of the s	
15	a. Developm	ent		10	8
	b. Stability .			32	1
16	Abdomen			46	8
17	Other			152	36
	TOTAL			987	242

#### PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOL)
(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 Errors of refraction (including squint)	 	 Total	167 853 1020
Number of pupils for whom spectacles were prescribed	 		263

## 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								3
(b) for adenoids and chro								199
(c) for other nose and three	oat con	ditions						66
Received other forms of treatn	nent							353
					1500		Total	621
Total number of pupils in scho hearing aids—	ools wh	o are kn	own to	have !	been pr	ovide	d with	
(a) in 1959								2
								10

## TABLE C ORTHOPAEDIC AND POSTURAL DEFECTS

						Number of cases known to have been treated
(a)	Pupils treated at clinics or out-patient	s depar	tmen	ts—		
	Specialist clinics				 	25
	By Local Authority Medical Staff				 	231
(b)	Pupils treated at school for postural	defects			 	-
					Total	256

#### TABLE D

## Diseases of the Skin (excluding uncleanliness, for which see Table D of Part I)

								Number of cases known to have been treated
Ringworn	n—(a)	Scalp	 	 		 ***		mark and with
	(b)	Body	 	 		 		2
Scabies			 	 		 		-
Impetigo		***	 	 	***	 ***		17
Other ski	n disea	ses	 	 		 		528
							Total	547

#### TABLE E

#### CHILD GUIDANCE TREATMENT

			Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	 	 	 27

#### TABLE F

#### SPEECH THERAPY

				Number of cases known to have been treated
Pupils treated by speech therapists	 	 	 	65

#### TABLE G

#### OTHER TREATMENT GIVEN

									Number of cases known to have been dealt with
(a) (b)	Pupils with minor ai Pupils who received	lments	 		 ler Sch	ool He	alth S	ervice	725
(0)	THE STATE OF THE S								-
10	Pupils who received								1037
(c)									102
(d)									221
(e) (f)	Remedial Exercises No. of 5 year old en	trants w		kin	Tests				561
								Total	2646

#### PART IV

#### SCHOOL DENTAL SERVICE

									1959	196
1.		of pupils inspected		ental O	fficers:—					
		At Periodic Inspe							9265	859
	(b)	With Special App	pointment	S	***				1444	160
					Тота	(1)			10709	1020
2.	Number	found to require tr	eatment .						6233	585
3.	Number	offered treatment							6233	585
4.	Number	actually treated							2909	268
5.	Number	of attendances mad	e by pupil	ls for tre	atment, i	includir	or those	re-		
٠.		ded at 11(h)							8590	775
6.		s devoted to:-								_
	(a)	Periodic (Schools) Treatment (include							91 1240	114
	(b)	Treatment (metuc	illig 47 O	THIOGOII	tic Sessic	1115)			1240	11-1
					TOTAL	(6)			1331	121
7.	Fillings:	_								
	(a)	Permanent Teeth							4211	409
	(b)	Temporary Teeth						•••	1945	184
					TOTAL	(7)			6156	594
8.	Number	of Teeth filled:-								
	(a)	Permanent Teeth							3769	3625
	(b)	FREE T							1769	165
					TOTAL	(8)			5538	5276
9.	Extractio	ne:—				(0)			3330	321
	(a)								769	794
	(b)	Temporary Teeth							2116	2396
	-				Тоти	(0)			2885	2100
					TOTAL	(9)		***	2000	3190
10.		tration of general ar	aesthetics	for ext	raction b	y Den	tal Off	icers		
	of t	he staff							472	573
11.	Orthodo	ntics:—								
	(a)	Cases commenced	during th	e year					60	55
	(b)	Cases carried forw			year				65	68
	(c) (d)	Cases completed d Cases discontinued							50 7	62
	(e)	Pupils treated with							135	137
	(f)	Removable appliar	ices fitted						100	78
	(g)	Fixed appliances fi			• • • •			***	7	13
	(h)	Total attendances							683	565
12.	Number	of pupils supplied v	with artific	cial teeth	ı				15	19
13.	Other on	erations:—								
12.5	(a)	Permanent teeth							874	791
	(b)	Temporary teeth							364	135
					Torus	(13)			1220	026
					TOTAL	(13)			1238	926

<sup>\*</sup> Re item (6) Reduced number of sessions devoted to (a) Periodic (Schools) Inspections and (b) Treatment due to absence from duty, through sickness, of one of the Dental Officers.

#### ADDITIONAL ANNUAL FIGURES

#### TABLE I

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 1960 compared with those in 1938.

								19	938			19	60	
	. A	Age l	ast B	irtho	lay		Hei ft.			ight lbs.	Hei ft.		Wei st.	
Age 5 yea Boys Girls	nrs 					 	 3 3	6	3 2	0 13	3 3	7 <sup>3</sup> / <sub>4</sub> 7 <sup>1</sup> / <sub>4</sub>	3 3	2½ 1
Age 10 ye Boys Girls	ears 					 	 4 4	5	4 5	10 0	4 4	7 74	5 5	6¼ 7¾
Age 14 ye Boys Girls	ears 					 	 5 5	2 4	7 7	6 12	5 5	3 <sup>3</sup> / <sub>4</sub> 2 <sup>3</sup> / <sub>4</sub>	8 8	0 0½
Age 15 ye Boys Girls	ears 					 	 5	6 3	8 8	7 2	5	6½ 3½	8 8	13 7

#### TABLE II

#### CHILD GUIDANCE SERVICE

#### Return for the period 1st September to 31st December, 1960

			School-C	hildren	D . C . L . V		
			L.E.A.S.	P.S.	Pre-School Children	Others	TOTAL
1.	No. of new cases referred		32	2	_	1	35
2.	No. of new cases seen by:-				refull sale		
	(a) Psychiatrist and Psychologist		10 7	1			11 7
	(b) Psychiatrist only (c) Psychologist only		2				2
			-		-		
	(d) Total of (a) (b) and (c)		19	1		_	20
3.	No. of cases on waiting list		13	1	-	1	15
1.	No. of old cases seen by:-						
	(a) Psychiatrist and Psychologist		-	_	_		-
	(b) Psychiatrist only		3		_	-	3
	(c) Psychologist only		1	-	-	-	1
	(d) Total of (a) (b) and (c)		4	_	_	-	4
	TOTAL No. of individual cases seen		19	1	_	_	20
	TOTAL attendances		33	2	_	_	35
	New cases referred by:—		19				19
	(a) S.M.O's (b) G.P's		6	2			8
	(a) Education Office		6	_	_	_	6
	(d) Children's Department		1 _		_	_	_
	(e) Probation Officer		1		_	1	2
	(f) Other L.A's		_	_	_	_	_
	(g) Other agencies		-	_	-	-	_
	(h) Total of (a) to (g) (to agree with	th 1.)	32	2	-	1	35
					100		
8.	Number of cases recommended residential treatment	i for	_	_	_	_	_
			-				
9.	Number of cases awaiting place	ment					
	for residential treatment				_	_	-
0.	Lancashire County Council Cases						
	(a) Number of initial diagnostic views		1				1
	(b) Number of subsequent interview		1		_	_	_
1.	Number of Clinic Sessions (½ day		_	_	_	_	10
		32.00					
2	Number of interviews with parent	s	24	1	-	-	25

<sup>\*</sup> L.E.A.S.—Local Education Authority Schools. \* P.S.—Private Schools.

Table III.

# Handicapped Pupils

Тотаг	-	2	7	=	14	23	49	7	13	66	208
Refusal by Parent	1	1	1	1	1	-	1	1	1	1	1
Special mmodation cd at end cear Sp. School	1	1	1	-	1	1	-	1	1	1	2
Requiring Special School accommodation but unplaced at end of year Day School Sp. School or Class	1	1	1	1	1	1	+31	1	1	2	34
100	1	1	4	2	1	1	9	2	5	6	30
EDUCATION PROVIDED Special Schools Day Resider School tial Scho or Class or Clas	1	1	2	1	1	1	11	1	1	00	23
Type or School (requiring observa-tion)	1	4	1	9	14	2	1	5	7	80	118
Total on register at end of 1960	1	10	7	11	14	2	49	7	13	66	208
Paring Year 1960		1	1	4		1	9	2	1	21	36
No. Ascar Up to 31st Dec.	1	4	7	1	14	1	43	5	12	78	172
CATEGORY	BLIND	PARTIALLY SIGHTED	DEAF	PARTIALLY DEAF	DELICATE	DIABETIC	EDUCATIONALLY SUB-NORMAL	EPILEPTIC	MAL-ADJUSTED	PHYSICALLY HANDICAPPED	TOTALS

† This figure includes children in Opportunity Classes awaiting day Special School accommodation and also children recommended for Opportunity Classes who have been able to manage the work in 'C' stream of a senior school.

TABLE IV

B.C.G. VACCINATION OF SCHOOLCHILDREN

	L.E.A. Schools	Private Schools	Totals
No. of consent forms issued to parents	1923	482	2405
2. (a) No. of parental consents received (b) No of definite refusals (c) No. of parents who did not reply	1124 197 602	298 40 144	1422 (59·1%) 237 (9·9%) 746 (31·0%)
TOTALS (to agree with No. 1)	1923	482	2405 (100%)
3. (a) No. of children tested (b) No. of children with consent forms but not tested	1018 106	283 15	1301 121
Totals (to agree with 2(a))	1124	298	1422
4. No. of children tested and found to be:—  (a) Positive reactors  (b) Negative reactors  (c) No. not read	169 811 38	48 228 7	217 (16·7%) 1039 (79·9%) 45 (3·4%)
TOTALS (to agree with 3(a))	1018	283	1301 (100.0%)
5. No. of negative reactors vaccinated	809	228	1037
6. No. of sessions in schools by:—  (a) Medical staff (b) Nursing staff	19 20	12 13	31 33
TOTALS	39	25	64

#### TABLE V

#### TUBERCULIN SKIN TESTING OF SCHOOL ENTRANTS

1.	Number of eligible children								912
2.	(a) No. of children already (b) No. of "no replys"	tested					25 126		
	(c) No. of definite refusals						101		
	(d) No. of consents received	d					660		
		Тота	ь (То	agree v	vith (1)	)			912
3.	(a) No. of children tested						561		
	(b) No. of children absent						99		
		Тота	AL (To	agree v	with 2(c	i))			660
4.	No. of children tested 3(a)	above	who w	ere fou	nd to b	oe:—			
	(a) (i) positive (ii) positive from previou	us B.C.	 G. Va	 ccinatio	on		11 5	(1·9%) (·9%)	
	(b) negative						474	(84.5%)	
	(c) absent for reading						71	(12.7%)	
		Тот	AL (To	agree	with 3(a	a))			561
5.	No. of children referred to	the Ch	est Cli	nic					None
6.	No. of contacts found to ha	ve acti	ve dise	ase					None

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