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Contributors

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COUNTY BOROUGH



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OF SOUTHPORT

ANNUAL REPORT

of the

Medical Officer of Health

and

Principal School Medical Officer

for the Year 1961

Health Department,
2 Church Street,
Southport.

Telephone No.: Southport 5523.

HEALTH COMMITTEE,

The Worshipful the Mayor

Councillor R. J. DAINTREE, 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 L. F. SPENCE

Councillor Mrs. F. M. TURNER

Co-opted Member: Dr. P. Y. LYLE, M.C.

SUB-COMMITTEES

Accounts.

Certificates of Disrepair.

Chiropody Joint.


Health and Education Joint.

Home Nursing Joint.

Mental Health Services.

National Assistance Act, 1948 (Section 47).

Workable Area Committee (Rodent Control).



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ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1961

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 1961. I have pleasure in reporting that the health of the people of the town, as measured by the various statistics which must be kept, has been good. In this way one might say that the town has lived up to its motto, "Salus Populi". Nevertheless, much more could be done to foster good health, and I have tried to indicate in this report some of the progress which has been made during 1961, and some of the developments which are envisaged for the future.

The population of the town as recorded by the 1951 census was 84,039. The preliminary figure taken at the 1961 census, which is available at the time of writing this report, is 81,976. The estimated figure for 1961 given by the Registrar General before the results of the 1961 census were available was 81,020. It is encouraging to know that the decline in population has apparently been rather less than was thought, but it has still fallen by 2.5% in the last ten years. The 1961 preliminary census figures show that 15,340 persons were over the age of 65 years. These figures are of great importance to those who have to govern the affairs of the town. For some years there has been a national drift of population towards the South of England, and the whole of the North West has lost residents. In many ways this is not a good thing, and thought should be given to the steps which might be taken to ensure a more even distribution of population. In order to keep the matter in the right perspective, it should perhaps be mentioned that the population in the town in 1938 was 78,600. Our population structure must affect many of the decisions which have to be made in municipal affairs. It is a particularly apt problem at present in view of the forthcoming visit of the Local Boundary Commission.

The infantile mortality rate, i.e. the number of babies who died during the first year of life, per thousand live births, was 17.41. This is most encouraging, and the figure for 1960, 33.61, a bad year in this respect, has been almost halved. The general trend in recent years has been downward, but this is the best result so far achieved in Southport, and is below the national average figure which was 21.4. We can hardly expect the year 1962 to be so good. I am also delighted to report that no mother lost her life in childbirth.

It is of interest to note that some progress was made during the year in the mental health field. The combined Regional Hospital Board and Local Authority Child Guidance Clinic had its first complete year in operation, and became fully staffed for the first time in the Autumn. The detailed figures in the report indicate how much this clinic was needed. The new Southport Training and Industrial Centre for mentally handicapped children and adults was formally opened by the Rt. Honourable the Earl of Derby on the 9th October, 1961; this was a very happy day. The planning of the hostels and other mental health proposals has proceeded, but they are not likely to materialise for some time to come. The occupational therapy service for the after-care of patients discharged from mental hospitals was able to make a start.

The new combined Training School, operated jointly by the Southport and District Hospital Management Committee together with the Preston and Southport Local Authorities, began to function during the year, and provided local approved training facilities for the Part 2 Certificate of the Central Midwives Board. The service which the local authority provides for the care of mothers and young children gives a great opportunity for education in matters of health. Particular advantage can be taken of this in the Child Welfare Centres, and it is of note that the mothers in the Marshside area made a special request during the year for centre facilities to be made available nearer to the Radnor Drive area, than the centre at Crossens. At the time of the implementation of the 1946 National Health Service Act, it was thought by many doctors that this work would vanish when every child was entitled to be registered with a family doctor. However, experience has shown that these clinics are very popular with young mothers, even when held in unsuitable buildings, and latterly there has been a tendency for attendances to rise. In Southport, one of the chief functions of these clinics is to encourage parents to accept immunisation against such diseases as smallpox, poliomyelitis and diphtheria for their children. Work on the proposed new Child Welfare Centre in the Birkdale area on the Lincoln House site has not yet begun as was hoped, but it is very likely that a start will be made early in 1962.

The Government altered the arrangements during the year for the supply of welfare foods, such as orange juice, cod liver oil and vitamins, which are available for children and young mothers. The result has been a considerable fall in the demand for these welfare foods, and also to some extent for National Dried Milk. It seems unlikely, however, that the nutrition of the babies will suffer, but one would like to be assured that all babies in the town are getting their minimum requirements of protective vitamins. It is probable that the dietary standard of most households is now sufficiently good to ensure the adequate nutrition of children. None of us would like to see a return of the nutritional diseases, such as rickets and scurvy, which affected so many children 30 to 40 years ago.

I cannot allow this opportunity to pass without saying that the steadily increasing work which the Department is being called upon to do cannot be performed efficiently in the present buildings. No progress has been made during the year in the plans to improve the accommodation for the various services. This matter was considered in 1959 and has been in abeyance since then pending a decision about the building of the new Town Hall. It is, in my view, essential, if full efficiency is to be obtained, not to divorce the administrative offices from the central clinics. Therefore, if it is decided to incorporate the Health Department in the proposed new Town Hall, it should be done by housing the office and clinic accommodation together, in a separate wing of the new building. There is much to be said for retaining a separate Health Department in new buildings on the present site at 2 Church Street—44/46 Hoghton Street, which has been used for so long for Health Services.

I wish to express my thanks to the members of the Council, as well as to my medical colleagues in the town for their support and consideration throughout the year. The staff also deserve the thanks of the Council, and of myself, for the constant efforts which they put forth to give good service.

I am,

Yours faithfully,

G. N. M. WISHART,

Medical Officer of Health.

SPECIAL COMMENTS

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

(1) Progress of the development of the Mental Health Service. This has been dealt with partly in my introductory letter and partly in the body of the report on page 43.

(2) Arrangements for Health Visitors to follow up persons discharged from hospital. There is excellent co-operation in paediatric cases since one of the Assistant Medical Officers and the majority of the Health Visitors in turn attend at the Paediatric Out-Patient Clinic and Ward Rounds.

There is also excellent co-operation about the after care of persons discharged from Mental Hospitals though the visiting in these cases is more commonly carried out by the Mental Welfare Officers.

The Consultant and Specialist Staff of the general hospitals are well aware of the facilities which the Local Authority can provide and request such help sometimes directly by letter, but more commonly through the Hospital Almoners.

During the year improved arrangements for notifying the discharge of mothers and babies from maternity hospitals were discussed at meetings of the Maternity Liaison Committee.

(3) Arrangements for Health Visitors to work in conjunction with a particular general medical practitioner or group of practitioners.

Such arrangements are not easy to put fairly into operation in an urban area such as Southport. One general practitioner has the services of a Health Visitor to help him with the social problems of young mothers living on a small housing estate and she reports to him. Some enquiries have been made by practitioners as to whether such services might be available to them in the future but this would not be possible without an increase in staff and transport. The matter is under consideration.

(4) Arrangements for Health Education.

The scope and demand for this kind of instruction increases year by year. There is, of course, a well established and remarkably well supported training scheme in food hygiene. This is based on the Technical School and in my view there should be facilities of the same kind in similar schools throughout the country.

PRINCIPAL STAFF OF THE HEALTH DEPARTMENT
AT 31st DECEMBER, 1961

MEDICAL STAFF

Medical Staff (Full-Time)—

Medical Officer of Health	G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H.
Deputy Medical Officer of Health	D. J. ROBERTS, M.A., M.B., B.Chir. M.R.C.S., L.R.C.P., D.P.H.
Assistant Medical Officer of Health	ANNA I. DAVISON, M.B., CH.B.
Assistant Medical Officer of Health	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.
Consultant Physician to the Child Guidance Clinic	K. M. FRASER, M.B., CH.B., D.C.H., D.P.M.

Visiting Consultant Medical Staff—

Ante-Natal and Post-Natal Clinic	N. E. LAURENCE, F.R.C.S.
Eye Clinic	D. RANKINE, M.B., CH.B.
Ear, Nose and Throat Clinic	R. V. TRACY-FORSTER, F.R.C.S., M.B., CH.B., D.L.O.
Skin Clinic	A. ROBY JONES, M.D.

DENTAL STAFF

Principal Dental Officer	W. MARTLAND, L.D.S., R.C.S. (Eng.)
Dental Officer	W. L. ROTHWELL, L.D.S. (Liv.)
Dental Officer	P. L. HEATHCOTE, L.D.S. (Liv.)
Consultant Orthodontist (part-time)	H. POGREL, L.D.S. (Liv.), L.D.S.R.C.S. (Eng.), D.ORTH.R.C.S. (Eng.)
3 Attendants	

NURSING STAFF

Superintendent Health Visitor/ School Nurse.	Miss. E. DOWD, S.R.N., S.C.M., H.V. Cert.
12 Health Visitors/School Nurses.	
1 Tuberculosis Health Visitor.	
1 Geriatric Health Visitor.	
1 State Registered Nurse for geriatric duties.	
2 Clinic Nurses.	
Non-medical Supervisor of Midwives, Inspector of Nursing Homes and Domestic Help Service Organiser	Miss M. McALEAVY, S.R.N., S.C.M.
3 District Midwives.	

Home Nursing

Superintendent, District Nurses' Home.	Miss A. BURROWS, S.R.N., S.C.M., Q.I.D.N.
Deputy Superintendent, District Nurses' Home.	Miss S. DUGDALE, S.R.N., S.C.M., Q.I.D.N.
13 Home Nurses.	

(Under Agency arrangements)

Day Nurseries

Matron, Southport Day Nursery	Miss A. K. BAXTER, S.R.N., S.C.M., S.R.C.N.
Matron, Bedford Park Day Nursery	Miss M. RAYNOR, C.N.N.

Medical Auxiliaries

Physiotherapist	Mrs. V. A. McLEOD, M.C.S.P.
Occupational Therapist	Miss J. C. NUTTALL, M.A.O.T.
Speech Therapist	Vacant
Chiropodist (part-time)	W. H. ROGANS, M.CH.S.

Mental Health Service

Senior Mental Welfare Officer	K. BAIN, S.R.M.N., R.M.P.A.
2 Mental Welfare Officers	
Supervisor, Training and Industrial Centre.	Mrs. I. BAYLEY
3 Assistant teachers.	
1 Craftsman/teacher.	

Child Guidance Service

Educational Psychologist	A. E. N. FAWCETT, B.SC.
Psychiatric Social Worker	Miss E. MURPHY, B. Soc. Sc., A.A.P.S.W.

Public Health Inspectors

Chief Public Health Inspector	S. D. BURGE, M.P.S.H., M.A.P.H.I.
Deputy Chief Public Health Inspector	G. HADLEY, Public Health Inspec- tors' Cert.
3 Specialist Inspectors.	
3 District Inspectors.	
1 Pupil Inspector.	

Miscellaneous Staff

1 Infectious Diseases Enquiry Officer.
1 Rodent Officer.
1 Mortuary Technician

Domestic Help Service

Domestic Help Organiser	Miss M. McALEAVY, S.R.N., S.C.M. (Non-medical Supervisor of Midwives and Superintendent of Nursing Homes).
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Clerical Staff

Administrative Assistant	F. H. DIX, A.C.I.S., Grad. A.C.C.A.
Chief Clerk	W. R. HOLGATE
3 Senior Clerks.	
12 Clerks and shorthand/typists.	

Ambulance Service

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

Public Analyst	G. H. Walker, PH.D., F.R.I.C.
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Part I

STATISTICAL INFORMATION

Summary of Statistics

Births—

General

Still

Illegitimate

Premature

Deaths—

Infantile

Maternal

General

Certain Vital Statistics

Comparative figures with England and Wales

GENERAL STATISTICS

Area of County Borough (including Foreshore)	18,333 acres
Area of County Borough (excluding Foreshore)	9,426 acres
Population (1961 Census, Preliminary Report)	81,976
Population (estimated by the Registrar General), middle of 1961	81,020
Density of Population per acre (excluding Foreshore)	8.6
Number of Inhabited Houses	25,929
Number of Permanent Houses and Flats erected and completed during 1961	102
Rateable Value, 1st April, 1962	£1,578,544
Sum represented by a penny rate	£6,315

VITAL STATISTICS

Live Births	1,091
Live birth rate per 1,000 population	13.46
	(Adjusted rate 15.11)
Illegitimate live births per cent of total live births	6%
Still-births	30
Still-births rate per 1,000 live and still-births	26.76
Total live and still-births	1,121
Infant deaths	19
Infant mortality rate per 1,000 live births—total	17.41
Infant mortality rate per 1,000 live births—legitimate	15.61
Infant mortality rate per 1,000 live births—illegitimate	45.45
Neo-Natal mortality rate per 1,000 live births	13.75
(first four weeks)	
Early Neo-natal Mortality Rate	10.99
Perinatal Mortality Rate	37.47
Maternal deaths (including abortion)	Nil
Maternal mortality rate per 1,000 live and still-births	—
Total Deaths (Males, 656; Females, 824)	1,480
Death Rate (per 1,000 population)	18.27
Adjusted Death Rate (per 1,000 population)	13.34
Deaths from Whooping Cough (all ages)	Nil
Deaths from Measles, (all ages)	Nil
Deaths from Diarrhoea, under 2 years of age	Nil
Deaths from Pulmonary Tuberculosis (Males, 4; Females, 0)	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, 105; Females, 113)	218
Death Rate from Cancer (per 1,000 population)	2.69

Births—The number of live births allocated to the area after adjustment for inward and outward transfers was 1,091, an increase of 20 on the total for 1960.

Births in 1961	1,091
Crude birth rate, 1961	13.46 per 1,000 population
Birth rate, England and Wales, 1961	17.40 per 1,000 population

Stillbirths—

Stillbirths in 1961	30
Stillbirth rate 1961	...	...	...	...	...	...	26·76 per 1,000 total births
Stillbirth rate, England and Wales, 1961	...	...	...	...	...	...	18·70 per 1,000 total births

Illegitimate Births—Illegitimate births accounted for 6% of the total births, and numbered 66.

Prematurity—(i.e., babies weighing 5½ lbs. or less at birth, irrespective of the period of gestation).

During 1961, 83 premature births (7.6 per cent. of the total births) were notified in Southport, as follows:—

							Live		Stillborn		Total
Born at home	...	...	...	...	...	...	5	...	2	...	7
Born in hospital	...	...	...	...	...	...	60	...	14	...	74
Born in nursing homes	...	...	...	...	...	...	2	...	—	...	2
							67		16		83

A summary of the place of treatment of these small babies and the results obtained is shown on page 16.

WEIGHT AT BIRTH										PREMATURE LIVE BIRTHS												PREMATURE STILLBIRTHS						
										Born in Hospital			Born at Home and Nursed entirely at Home			Born at Home and transferred to Hospital on or before 28th day			Born in Nursing Home and nursed entirely there			Born in Nursing Home and transferred to Hospital on or before 28th day			Born in Hos- pital	Born at Home	Born in Nursing Home	
										Total (2)	Died within 24 hours (3)	Survived 28 days (4)	Total (5)	Died within 24 hours (6)	Survived 28 days (7)	Total (8)	Died within 24 hours (9)	Survived 28 days (10)	Total (11)	Died within 24 hours (12)	Survived 28 days (13)	Total (14)	Died within 24 hours (15)	Survived 28 days (16)				
3 lbs. 4 ozs. or less (1)										7	5	2	—	—	—	—	—	—	—	—	—	—	—	10	2	—		
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.										12	1	9	1	—	1	1	—	—	—	—	—	—	—	—	3	—	—	
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.										15	—	14	—	—	—	—	—	—	—	—	1	—	—	—	—	—		
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.										26	1	24	2	—	2	1	—	1	—	1	1	—	—	—	1	—	—	
TOTALS										60	7	49	3	—	3	2	—	—	1	2	—	—	—	—	—	14	2	—

Infant Mortality—During the year 19 infants died in the first year of life, giving an infant mortality rate of 17·41 per 1,000 live births.

Infant mortality rate, 1961 ... 17·41 per 1,000 live births

Infant mortality rate, England and Wales (1961) ... 21·4 per 1,000 live births

Of the 19 infants, 15 died in their first month of life giving a neo-natal mortality rate of 13·75 per 1,000 live births as compared with a rate of 15·50 per 1,000 live births for England and Wales.

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

Infants under 4 weeks									Infants 4 weeks to 12 months										
Cause of Death	Under 24 hrs.		24 hrs. to 7 days		7 days to 4 wks.		Total under 4 wks.		Cause of Death	1-3 mths.		3-6 mths.		6-9 mths.		9-12 mths.		Total 4 wks. to 12mths M F	
	M	F	M	F	M	F	M	F		M	F	M	F	M	F				
1 Prematurity									1. Diseases of Respiratory System										
(a) Unqualified ...	1	6	1	-	1	-	3	6	(a) Capillary Bronchitis	1	-	-	-	-	-	-	-	1	-
(b) Associated with:									(b) Bronchopneumonia	-	-	1	-	-	-	-	-	1	-
(i) Atelectasis ...	-	1	-	-	-	-	-	1	(c) Aspiration pneumonia associated with micrognathia with cleft palate ...	1	-	-	-	-	-	-	-	1	-
(ii) Cerebral haemorrhage ...	-	-	1	1	-	-	1	1	2 Intestinal obstruction due to volvulus ...	-	-	1	-	-	-	-	-	1	-
2. Pneumonia ...	-	-	1	-	1	-	2	-											
3 Infective hepatitis ...	-	-	-	-	1	-	1	-											
TOTALS ...	1	7	3	1	3	-	7	8	TOTALS ...	2	-	2	-	-	-	-	-	4	-
TOTALS MALES AND FEMALES ...	8		4		3		15		TOTALS MALES AND FEMALES ...	2		2		-		-		4	

SUMMARY

Deaths of Infants	M.	F.	TOTAL
(a) Under 1 week... ..	4	8	12
(b) Under 4 weeks (Includes (a))	7	8	15
(c) Under 1 year (Includes (a & b))	11	8	19

Comparative Infant Death Rates per 1,000 Live Births

Year	Rate
1871	170
1881	100
1891	124
1901	163
1911	113
1921	70
1931	68
1941	57
1951	41
1961	17*

* Lowest year on record since 1871

Perinatal Mortality—

The perinatal mortality rate is the number of stillbirths added to the number of infant deaths during the first week of life, expressed as a rate per thousand births, both live and still. The rate for Southport during 1961 was 37·47.

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 still births.

Year	No. of Live Births	No. of Live and Stillbirths	MATERNAL DEATHS RATES PER 1,000 LIVE AND STILLBIRTHS					
			Sepsis		Other Causes		Total	
			No.	Rate	No.	Rate	No.	Rate
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
1961	1091	1121	-	—	—	—	-	—

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1961
Total Deaths — 1,480

CAUSE OF DEATH	1961		1960	
	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system	623	42·10	592	41·37
Vascular Lesions of nervous system...	236	15·94	219	15·30
Cancer	218	14·73	224	15·65
Respiratory Diseases...	163	11·01	135	9·44
Violence, including suicide	65	4·39	51	3·57
Ulcer of Stomach and Duodenum	13	0·88	23	1·61
Tuberculosis, all forms	4	0·27	4	0·28
All Other Causes	158	10·68	183	12·78
	1,480	100·00	1,431	100·00

DEATHS (Table 1)
Causes of, and Ages at, Death for year 1961

CAUSES OF DEATH	Totals at all ages	AGE DISTRIBUTION																	
		MALES									Totals	FEMALES							
		under 1 yr.	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	under 1 yr.		1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 to 75	75 & over	
1 Tuberculosis—Respiratory...	4	—	—	—	—	—	3	1	—	4	—	—	—	—	—	—	—	—	
2 Tuberculosis—Other ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3 Syphilitic Disease ...	6	—	—	—	—	—	1	1	2	4	—	—	—	—	—	—	—	2	
4 Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5 Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6 Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7 Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8 Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9 Other Infective and parasitic diseases ...	3	1	—	—	—	—	1	—	—	2	—	—	—	—	—	—	—	1	
10 Malignant Neoplasm, Stomach ...	28	—	—	—	—	—	4	5	2	11	—	—	—	—	3	7	7	7	
11 Malignant Neoplasm, lung bronchus ...	51	—	—	—	—	1	24	15	3	43	—	—	—	—	2	4	2	2	
12 Malignant Neoplasm, breast	25	—	—	—	—	—	—	—	—	—	—	—	—	4	10	6	5	5	
13 Malignant Neoplasm, uterus	10	—	—	—	—	—	—	—	—	—	—	—	—	—	5	2	3	3	
14 Other Malignant and Lymphatic Neoplasms ...	98	—	—	—	—	2	13	17	16	48	—	—	—	3	20	14	13	13	
15 Leukaemia ...	6	—	—	—	1	1	1	—	—	3	—	—	—	—	1	1	1	1	
16 Diabetes ...	13	—	—	—	—	—	1	1	2	4	—	—	—	1	—	2	6	6	
17 Vascular lesions of Nervous System ...	236	—	—	—	—	1	16	17	46	80	—	—	—	1	24	37	94	94	
18 Coronary Disease—Angina...	278	—	—	—	—	1	43	50	48	142	—	—	—	—	17	54	65	65	
19 Hypertension with Heart Disease ...	16	—	—	—	—	—	—	—	6	6	—	—	—	—	—	1	9	9	
20 Other Heart Disease ...	251	—	—	—	—	2	6	28	59	95	—	—	—	1	6	26	123	123	
21 Other Circulatory Disease ...	78	—	—	—	—	—	5	8	13	26	—	—	—	1	3	11	37	37	
22 Influenza ...	29	—	—	—	—	—	1	4	7	12	—	—	—	—	1	2	14	14	
23 Pneumonia ...	67	3	—	—	—	—	11	8	20	42	—	—	—	1	1	7	16	16	
24 Bronchitis ...	58	—	—	—	—	—	12	14	11	37	—	—	—	—	1	9	11	11	
25 Other Diseases of Respiratory System ...	9	—	—	—	—	—	1	3	2	6	—	—	—	—	1	1	1	1	
26 Ulcer of Stomach and Duodenum ...	13	—	—	—	—	1	1	3	5	10	—	—	—	—	1	1	1	1	
27 Gastritis, Enteritis and Diarrhoea ...	4	—	—	—	—	—	—	—	1	1	—	—	—	—	—	1	2	2	
28 Nephritis and Nephrosis ...	3	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	2	2	
29 Hyperplasia of Prostate ...	10	—	—	—	—	—	—	2	8	10	—	—	—	—	—	—	—	—	
30 Pregnancy, Childbirth, Abortion ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31 Congenital Malformations ...	6	1	1	1	—	—	—	—	—	3	1	1	—	—	1	—	—	—	
32 Other defined and ill-defined Diseases ...	113	6	1	1	1	3	10	6	15	43	7	2	—	2	14	8	37	37	
33 Motor Vehicle Accidents ...	17	—	—	—	2	1	2	1	—	6	—	—	—	1	2	4	4	4	
34 All Other Accidents ...	34	—	—	—	—	3	3	—	3	9	—	—	1	—	3	3	18	18	
35 Suicide ...	13	—	—	—	—	1	4	3	—	8	—	—	1	—	3	1	—	—	
36 Homicide and Operations of War ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	
TOTALS—(All Causes) ...	1480	11	2	3	4	17	163	187	269	656	8	3	1	2	15	119	202	474	

DEATHS DUE TO VIOLENCE

Totals	Male	...	...	...	23
	Female	...	...	...	42
					65

Classification

					<i>Male</i>	<i>Female</i>	<i>Total</i>
Motor Vehicle Accidents	...	...	...		6	11	17
All other accidents	...	...	...		9	25	34
Suicide	...	...	...	...	8	5	13
Homicide and Operations of War	...	...			—	1	1
					23	42	65

By Age Groups

	0—15 yrs.		15—65 yrs.		65 and over	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
Motor Vehicle Accidents	—	—	5	3	1	8
All other accidents	—	—	6	4	3	21
Suicide	—	—	5	4	3	1
Homicide & Operations of War	—	1	—	—	—	—
	—	1	16	11	7	30

DEATHS

Numbers and Rates per 1,000 population and per 1,000 births—years 1942—1961

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	INFANTS						Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation
							Under One Year	Rate per 1,000 Births	Legiti- mate	Rate per 1,000 Legiti- mate Births	Illegiti- mate	Rate per 1,000 Illegiti- mate Births	Pulm'ry Tuber- culosis		
1942	90480	584	739	1323	14.60	12.11	41	38	36	36	5	75	37	9	0.10
1943	85140	619	791	1410	16.60	13.77	49	47	43	45	6	67	43	9	0.10
1944	82860	565	739	1304	15.74	13.06	52	44	45	42	7	67	27	6	0.07
1945	81360	561	739	1300	15.98	12.63	29	28	25	27	4	35	36	5	0.06
1946	84010	470	686	1256	14.95	11.81	40	32	33	27	7	69	31	3	0.04
1947	84240	651	721	1372	16.29	12.87	55	42	50	40	5	64	39	5	0.06
1948	85800	566	706	1272	14.82	11.71	41	35	35	32	6	76	27	3	0.04
1949	85540	623	721	1344	15.71	12.10	38	39	33	35	*5	102	26	5	0.06
1950	85500	622	778	1400	16.37	12.44	24	27	22	26	2	34	15	5	0.90
1951	83400	737	876	1613	19.34	14.70	36	41	33	40	1	60	22	5	0.06
1952	82980	626	728	1354	16.32	12.32	29	20	28	30	1	20	12	6	0.07
1953	82400	606	704	1310	15.89	12.07	20	21	19	21	1	21	13	5	0.06
1954	82440	606	751	1357	16.46	11.34	31	35	29	34	2	39	16	—	—
1955	82240	682	870	1552	18.87	13.20	32	35	28	33	4	67	13	—	—
1956	82100	637	750	1387	16.89	12.16	26	27	25	28	1	21	6	—	—
1957	81900	636	708	1344	16.41	11.98	24	25	22	24	2	31	9	1	0.01
1958	81760	646	777	1423	17.45	12.74	21	21	20	21	1	18	6	1	0.01
1959	81370	603	773	1376	16.91	12.51	21	20	18	18	3	63	7	2	0.02
1960	81350	648	783	1431	17.59	12.84	36	34	33	32	3	55	4	—	—
1961	81020	656	824	1480	18.27	13.34	19	17	16	16	3	45	4	—	—

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

ENGLAND AND WALES—SOUTHPORT—CERTAIN VITAL STATISTICS

PERIOD	BIRTH RATE (per 1,000 population)		DEATH RATE (per 1,000 population)		INFANTILE MORTALITY RATE (per 1,000 live births)		EXPECTATION OF LIFE
	England & Wales	Southport	England & Wales	Southport	England & Wales	Southport	
1871—1880	35.4	30.69	21.4	23.43	149	161	M.—48; F.—52
1881—1890	32.4	24.37	19.1	17.78	142	132	
1891—1900	29.9	22.31	18.2	17.23	153	143	
1901—1910	27.2	17.49	15.4	14.43	128	121	
1911—1920	21.8	13.95	14.4	13.86	100	84	M.—59; F.—63
1921—1930	18.3	12.71	12.1	12.66	72	65	
1931—1940	14.9	10.30	12.3	15.07	59	56	
1941—1950	16.9	12.68	12.4	15.59	43	39	
1951	15.4	*11.96	12.5	*14.70	30	41	M.—66; F.—71
1952	15.3	*12.22	11.3	*12.32	28	30	
1953	15.4	*12.23	11.4	*12.07	27	21	
1954	15.1	*12.31	11.3	*11.34	25	35	
1955	15.0	*12.64	11.7	*13.20	24.9	35	M.—67; F.—73
1956	15.7	*13.12	11.7	*12.16	23.8	27	
1957	16.1	*13.41	11.5	*11.98	23.0	24	
1958	16.4	*13.67	11.7	*12.74	22.5	21	
1959	16.5	*14.32	11.6	*12.51	22.0	20	M.—67; F.—73
1960	17.1	*14.87	11.5	*12.84	21.7	34	
1961	17.4	*15.11	12.0	*13.34	21.4	17	

*Corrected Rates

Part II

LOCAL HEALTH SERVICES

Care of Mothers and Young Children

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 1961 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 36 mothers who had booked to have their confinements at home made a total of 43 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 444 mothers attended during 1961. In addition, 168 re-visits were made, making a total of 612 visits during the year; 47 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 1961 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, one of whom gives general medical services in the town; the remaining five sessions are conducted by the Health Department's medical staff; the lady Assistant 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 1961:—

	Hamp- ton Road	High Park	Liver- pool Road	Cros- sens	Derby Road	Ains- dale	TOTALS
INFANTS — under 1 year— No. of New Cases ...	241	183	164	113	184	92	977
No. of Re-attendances	2387	1933	1361	1393	1952	1037	10063
CHILDREN — over 1 and under 5 years— No. of Attendances ...	929	929	833	995	850	671	5207
Total No. of Attendances	3557	3045	2358	2501	2986	1800	16247
No. of Sessions	96	94	46	47	47	46	376
Average Attendance per Session	37	32	51	53	64	39	43
Total No. of Children who attended during the year	591	532	475	392	476	333	2799
Average attendance per child	6.0	5.7	5.0	6.4	6.3	5.4	6.0
No. of attendances made by Health Visitors ...	283	187	135	135	155	92	987

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	35	35	13
Children under 5	234	132	124	92
TOTALS	269	167	159	105

(b) Classification of Treatment provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Com- plete	Partial
Expectant and Nursing Mothers	45	17	7	46	15	—	8	—	4	6
Children under 5	116	16	39	199	1	32	26	—	—	—
TOTALS	161	33	46	245	16	32	34	—	4	6

Day Nurseries—There are two Day Nurseries in the town, one being in Talbot Street with accommodation for 60 children, and one in Bedford Park with accommodation for 40 children.

The following fees were charged:—

		From 1st January, 1961		From 8th August, 1961	
		Full day	Half day	Full day	Half day
(a) Minimum Fee		2/0	1/3	2/0	1/3
(b) Maximum Fee		7/6	4/0	9/0	5/0

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 4/10d. for each child attending the Day Nurseries.

The Nursery Nurses' Training Scheme was continued in 1961 in conjunction with the Education Committee with 4 students who were appointed for the two year course commencing in September 1961.

The following table shows the attendances at the Day Nurseries during 1961:—

	Southport	Bedford Park	Totals
(1) Number of places provided	60	40	100
(2) Mondays to Fridays—			
(a) Total attendances	12844	8329	21173
(b) Number of days open	253	253	253
(c) Average daily attendance	51	33	84
(3) Mondays to Saturdays—			
(a) Total attendances	13357	8419	21776
(b) Number of days open	303	303	303
(c) Average daily attendance	44	28	72

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 special incubator 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 16 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 65 new cases and the Health Committee paid the maintenance costs in voluntary homes for 6 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 1961:—

ISSUED FROM	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT—				
(a) Counter Issues	3,467	8,984	1,095	1,535
(b) Issues to National Health Service Institutions	30	72	—	—
(c) Issues to Day Nurseries	—	120	72	—
Total Issues from Health Department ...	3,497	9,176	1,167	1,535
WELFARE CENTRES—				
(a) Ainsdale	335	1,412	164	217
(b) Liverpool Road	258	2,111	312	265
(c) Crossens	222	2,027	239	132
(d) Poulton Road	494	2,192	334	205
(e) Hampton Road	339	1,968	355	258
(f) Derby Road	158	967	155	87
Total Issues from Welfare Centres... ..	1,806	10,677	1,559	1,164
GRAND TOTALS	5,303	19,853	2,726	2,699

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 necessary 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 1961; 61 were discharged and 289 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 1961 shows an increase. 98% 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. In this way a firm liaison is formed between doctor, midwife and patient, which is invaluable to the patient's welfare.

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:—

				Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries attended:—						
(a) Doctor not booked	...	...	...	—	...	—
(b) Doctor booked	...	...	...	29	96	125
TOTALS	...	...	...	29	96	125*
2. Number of patients in (1) above who received:						
(a) gas and air analgesia	...	...	...	—	...	—
(b) pethidine	...	...	...	27	80	107
(c) trilene	...	...	...	29	87	116
3. Number of patients in (1) above for whom medical aid was summoned:—						
(a) Where the medical practitioner had arranged to provide the mother with medical services under the National Health Service Act	...	...	...		18	
(b) Others	...	...	...		1	
TOTAL	...	...	...		19	
4. Number of visits made by the midwives during the year:—						
(a) Ante-natal visits	...	...	...	...	...	1450
(b) Nursing visits	...	...	...	...	...	2,200
TOTAL	...	...	...	...	...	3,650
5. Number of attendances made by the Midwives at ante-natal clinics held at 44 Hoghton Street	...	...	...	...	...	51

6. District Midwives also attend at ante-natal clinics conducted by General Medical Practitioners in their own Surgery premises:—

Attendance at these clinics—total	...	...	...	...	...	...	83
Attendance at circumcision	...	...	...	...	...	...	4
Attendance at miscarriage	...	...	...	...	...	...	6

7. Premature Infants

10 Babies were born at home prematurely. One set of twins were transferred with their mother to hospital. The other premature babies were successfully nursed at home and made good progress.

*146 cases were actually booked for home confinement, but for various reasons 21 were admitted to hospital, and 1 moved to another town.

Summary of Cases admitted to Hospital

Ante-partum haemorrhage	...	...	...	...	...	...	2
Complications of labour	...	...	...	...	...	...	7
Heart complications	...	...	...	...	...	...	1
Uterine inertia	...	...	...	...	...	...	1
Malpresentation	...	...	...	...	...	...	1
Obstructed labour	...	...	...	...	...	...	1
Prolapsed cord	...	...	...	...	...	...	1
Retained placenta	...	...	...	...	...	...	1
Multiple pregnancy	...	...	...	...	...	...	2
R.H. negative with antibodies	...	...	...	...	...	...	2
Left district	...	...	...	...	...	...	1
Changed to Hospital	...	...	...	...	...	...	1
							<u>21</u>

Midwives in Private Practice—During the year five private midwives notified their intention to practise on the district. Only four of these, however, were actually engaged in midwifery work and the following statement shows the work done in 1961. Two of these midwives are qualified to administer gas and air analgesia.

				Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries attended:—						
(a) Doctor not booked	...	...		—	...	—
(b) Doctor booked	...	...	...	1	2	3
				1	2	3
2. Number of patients in (1) above who received:						
(a) gas and air analgesia	...	...	...	1	1	2
(b) pethidine	...	...	...	1	1	2
(c) trilene	...	...	...	1	—	1
3. Number of patients in (1) above for whom medical aid was summoned:—						
(a) Where the medical practitioner had arranged to provide the mother with maternity medical services under the National Health Service Act	...	...	...	...	—	—
(b) Others	...	...	...	...	—	—
					—	—
TOTAL	...	...	...
4. Number of visits of inspection made by non-medical supervisor to midwives in their own homes	...	...	...	...	...	33

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

	Doctor required to be present	Doctor not required to be present	Total
1. Number of deliveries	6	—	6
2. Number of patients in (1) above who received gas and air analgesia	1	—	1
3. Number of patients in (1) above who received pethidine	2	1	3
4. Number of patients in (1) above for whom medical aid was summoned	—	—	—
(a) Number of practising midwives employed at 31st December, 1961		1	
(b) Number of midwives in (a) above who are qualified to administer gas and air analgesia...		—	

Training for the Second Part of the Certificate of the Central Midwives Board.

During the year, midwifery training of this kind was begun. The scheme is a combined one, operated by the Southport and District Hospital Management Committee and the Southport and Preston Local Authorities. Some of the students do their domiciliary training in Southport and some in Preston. It has begun well but there are certain inherent difficulties, one of which is the relatively small number of Southport mothers who elect to have their babies at home. Time alone will show whether a success can be made of this Training School.

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 1961. These figures are for residents and non-residents.

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	TOTAL
(1) Number of Patients	795	440	1235*
(2) Number of Patients in (1) above who received (a) gas and air analgesia ...	680	406	1086
(b) pethidine	750	381	1131
(c) trilene	88	—	88
(3) Number of Patients in (1) above for whom medical aid was summoned ...	122	2	124
(4) Number of practising midwives on the staff at the end of the year... ..	12	9†	21
(5) Number of Midwives in (4) above who are qualified to administer gas and air analgesia	12	9	21

*Includes 909 Southport residents and 326 non-residents.

†7 full-time and 2 part-time.

Distribution of Maternity Cases—The following table shows the percentage of maternity cases dealt with during 1961 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.

	1961		1960	
	No. of Cases	%	No. of Cases	%
District				
Municipal Midwives	125	12.0	113	10.74
Private Midwives	3	0.3	1	0.09
TOTALS (a)	128	12.3	114	10.83
Institutions				
Christiana Hartley Mat. Hospital	563	54.1	532	50.58
St. Katharines Maternity Hospital	346	33.2	391	37.17
Nursing Homes	4	0.4	15	1.42
TOTALS (b)	913	87.7	938	89.17
GRAND TOTALS (a) and (b) ...	1041	100.0	1052	100.00

HEALTH VISITING

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

The present establishment consists of a Superintendent Health Visitor, who also supervises the school nursing work, 2 Clinic Nurses, 1 Tuberculosis Health Visitor, 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 1961, 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. These specially trained nurses are being increasingly called upon to undertake Health Education.

The following table shows the work done by the Health Visitors during 1961:—

	First Visits	Revisits	Total Visits
Expectant Mothers	613	703	1,316
Children under 1 year—			
Routine	1,082	7,213	8,295
Prematurity	33	15	48
Stillbirth	20	—	20
Illness	—	6	6
Miscellaneous	8	293	301
	1,143	7,527	8,670
Children 1 to 2 years—			
Routine	16	3,916	3,932
Illness	—	2	2
Miscellaneous	—	57	57
	16	3,975	3,991
Children 2 to 5 years—			
Routine	23	5,610	5,633
Illness	—	7	7
Miscellaneous	—	63	63
	23	5,680	5,703
Other Cases—			
Infectious Disease	2	39	41
Other Illness	3	1	4
Old People	646	3,356	4,002
Miscellaneous	684	92	776
	1,335	3,488	4,823
SUMMARY			
EXPECTANT MOTHERS	613	703	1,316
CHILDREN UNDER 1 YEAR	1,143	7,527	8,670
CHILDREN AGED 1 TO 2 YEARS	16	3,975	3,991
CHILDREN AGED 2 TO 5 YEARS	23	5,680	5,703
OTHER CASES	1,335	3,488	4,823
TOTALS	3,130	21,373	24,503

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

Attendances at Welfare Centres	...	...	...	...	...	...	962
Attendances at the Post-Natal Clinic, 44 Hoghton Street	...	...	...	...	...	...	47
Attendances at B.C.G. Clinics	...	...	...	...	...	...	29
Attendances at the Geriatric Out-Patients' Clinic, Promenade Hospital	...	...	...	...	...	...	117
Attendances at the Paediatric Clinic and	...	...	...	...	...	...	103
Attendances at the V.D. Clinic, both of which are held at the Southport Infirmary	44

Total number of clinic attendances made by Health Visitors	1302
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Regular in-service training was given to members of the staff chiefly by means of the showing of films illustrated by short talks.

Mothercraft classes were held in schools and welfare centres. Lectures and informal talks have been given to various groups of persons and associations by members of the staff.

It would seem essential that all progressive Health Departments in the future will find it necessary to develop Health Education sections. Two general practitioners have recently told me how impressed they have been by the increasing knowledge of health matters possessed by the young mothers in their care.

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 13 District Nurses. The Superintendent and Assistant Superintendent were resident in the District Nurses' Home, while the remaining 13 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. Increasing use was made during the year of disposable syringes which the nurses have welcomed. The question of the provision of additional transport was under consideration at the end of the year.

The following statement shows the work done during 1961 :—

	Classification of Cases						TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	
No. of Cases on Register at commencement of period	396	162	—	3	—	—	561
Add No. of New Cases during period	1,488	323	—	14	3	—	1,828
TOTALS	1,884	485	—	17	3	—	2,389
Deduct No. of cases discontinued during period	1,473	279	—	14	3	—	1,769
No. of Cases on Register at end of period	411	206	—	3	—	—	620
Total No. of Visits made	52,380	7,414	—	709	27	—	60,530

Classification of Cases:—

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

	No. of Cases	No. of Visits
(a) Number of new patients included above who were aged 65 or over at the time of the first visit during the year	1,161	7,512
(b) Number of children included above who were under 5 years of age at the time of the first visit during the year	31	215
(c) Number of patients included above who have had more than 24 visits during the year	665	43,923

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

Year	Total number of patients visited					Total number of visits				
1956	2334	...	...	...	...	49794	...	...	...	...
1957	2487	...	...	...	...	55443	...	...	...	...
1958	2423	...	...	...	...	63963	...	...	...	...
1959	2455	...	...	...	...	64767	...	...	...	...
1960	2366	...	...	...	...	60090	...	...	...	...
1961	2389	...	...	...	...	60530	...	...	...	...

DIPHTHERIA IMMUNISATION

When a baby has attained the age of 4 months, a letter is sent to the mother strongly advising her to arrange for the immunisation of her child. In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised and to make every effort to ensure that the infant is protected against this disease. Posters and leaflets are displayed at Welfare Centres and all children admitted to the Day Nurseries must be immunised.

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

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

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

	Children born in years							TOTALS
	1961	1960	1959	1958	1957	1952-1956	1947-1951	
A. No. of children who completed a full course... ..	302	530	56	24	23	64	25	1024
B. No. of children who received a secondary (booster) injection	—	—	—	4	51	461	196	712

	Done by		TOTAL
	General Practitioners	Health Department Staff	
A. No. of children who completed a full course	461	563	1024
B. No. of children who received a secondary (booster) injection	287	425	712

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 1961 and the previous year:—

	1961						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	649	66	23	31	70	839	523	48	26	30	57	684
(b) Revaccinated	—	2	8	34	269	313	—	—	5	30	290	325

POLIOMYELITIS VACCINATION

In 1961 over 13,700 poliomyelitis vaccinations were performed in the borough. This compares with over 8,100 in 1960. The reasons for this disparity are as follows.

1. 3,673 fourth vaccinations were given to school children in 1961 and: this was an innovation.
2. In mid-summer many cases of poliomyelitis were reported throughout the country and the health department received more requests for vaccination than could be dealt with at once.

In October and November, 1960, a poliomyelitis vaccination campaign was held and a mobile vaccination unit visited various parts of the town. Despite this fact it was obvious that many people had failed to take the opportunity to be vaccinated though facilities were available on their doorstep, and were only galvanised into action by the reports of the disease in various parts of the country. Thus in the summer of 1961 the pressure on this department for vaccination exceeded that during the campaign of 1960. It is unfortunate that many of the public sought the protection of vaccination only when an epidemic was imminent.

The table below shows the number of persons vaccinated during the years 1956—1961 inclusive, classified in the various age groups.

	<i>Under 5</i>	<i>5—16</i>	<i>16—25</i>	<i>Over 25</i>	<i>TOTAL</i>
No. who have received two injections ...	3,469	8,955	5,710	6,979	25,113
No. who have received three injections ...	2,101	7,433	4,240	3,825	17,599
No. who have received four injections ...	2	3,667	—	4	3,673

WHOOPIING COUGH IMMUNISATION

The following table shows the number of children immunised during 1961.

<i>Year of Birth</i>	<i>No. of children immunised</i>
1961	303
1960	530
1959	55
1958	23
1957	23
1952-1956	50
1947-1951	15
TOTAL	999

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

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

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.

	1956	1957	1958	1959	1960	1961
Total No. of Cases ...	28,845	28,399	34,220	42,216	46,574	43,927
Other Work	584	576	698	909	940	1007
GRAND TOTAL ...	29,429	28,975	34,918	43,125	47,514	44,934
Mileage	111,548	107,596	121,329	135,429	137,736	140,057

The number of cases dealt with has shown a slight decrease as compared with 1960.

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.

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 voluntary Home Safety Committee in making endeavours to reduce these "home accidents" is recognised by the Ambulance Service and every support is 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.

Chiropody Clinic—In 1959 the Ministry of Health told local health authorities that if they wished they could provide a chiropody service as part of their arrangements for the prevention of illness under Section 28 of the National Health Service Act, 1946. While the statement made by the Ministry of Health did not contain any formal limitation of the scope of the service, the Minister suggested that in the early stages priority should be given to the elderly, the physically handicapped and to expectant mothers.

As a result of this information the Council agreed that as from the 1st April, 1960, a chiropody service should be provided, that treatments should be given both at clinics and also in patients' own homes where this was considered necessary, and that in the first instance priority should be given to the special classes which had been mentioned by the Ministry of Health in his circular. The Council also agreed that the service should only be available to those persons who were unable, for financial reasons, to make their own arrangements for treatment with private chiropodists.

A. Service for the Elderly

Prior to the 1st April, 1960, a chiropody service for the elderly had been provided for many years by the Southport Voluntary Old People's Welfare Committee, and they provided treatment both at clinics held at the Victoria Hall and also in patients' own homes. As this service was well established the Council agreed that the voluntary organisation should continue to provide the service as agents of the Corporation, and that the Corporation would be responsible for a repayment of the net expenditure involved.

The general direction is controlled by a joint sub-committee, 5 members being appointed by the voluntary organisation and 5 members by the local health authority. This sub-committee meets at quarterly intervals to receive reports of the work done and also to approve the financial statements. There is close co-operation between the officers who are concerned with this service both in the health department and from the old people's welfare committee, and the general arrangements for the scheme seem to work satisfactorily.

The service is available for Southport residents who are 60 years of age or over and the minimum charge for those not receiving supplementary pensions is 2s. 6d. per treatment. Those who are receiving supplementary pensions, however, are charged 1s. 6d. per treatment. If for any reason it is considered that these fees would cause financial hardship in any particular case, the charge may be reduced or cancelled at the discretion of the Chairman or Vice-Chairman of the Health Committee.

Some difficulty was experienced during the year in providing an adequate service for patients requiring home treatments, due to the lack of qualified chiropodists who are willing to do work of this kind. It is hoped, however, that when the Whitley Council has agreed a national rate for such work the position may improve.

While a considerable amount of good work was done at the Victoria Hall clinics it would be easier to provide the service if more accommodation was available. Additional space, however, is not available from the Welfare Services Committee and the Health Committee are considering what alternative arrangements may be made to provide more satisfactory clinic premises.

The statement below shows the work done during the year 1961 together with similar statistics for the 9 months' period from 1st April, 1960, to the 31st December 1960:

TREATMENTS AT VICTORIA HALL CLINIC

			9 months	
			1st April to	31st December,
			Year	Year
			1961	1960
No. of clinics held	...	...	678	514
No. of attendances	...	...	7839	6081
Average attendance	...	...	11.6	11.8

TREATMENTS IN PATIENTS' OWN HOMES

			9 months	
			1st April, to	31st December,
			Year	Year
			1961	1960
No. of treatments carried out	...	...	1176	1222

B. Expectant Mothers and Handicapped Persons

The arrangements continued throughout the year whereby those expectant mothers and handicapped persons in need of chiropody treatment and unable to afford to go to a private chiropodist, could be referred to Mr. W. Rogans who is also responsible for the School Health Service Chiropody Clinic.

During 1961, one physically handicapped person made 6 attendances at Mr. Rogan's clinic. No expectant mothers were referred to this clinic.

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 1961 sickroom equipment was supplied to 240 patients as compared with 272 in the previous year.

The department has not sufficient storage accommodation for the bulky items of equipment it is now being required to provide and this will need investigation in the near future.

It is interesting to note that this service can be the means of avoiding admission to hospital for nursing care by some patients. A hydraulic lifting apparatus to help a husband look after his paralysed wife has been and is of tremendous help to a family in the town in this way.

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 4 Sick Room Helpers on the staff. The purpose of these helpers is to give a night's relief to relatives of patients who are being nursed at home and awaiting admission to hospital. The helpers are directly responsible for the care of the patient during their time on duty and must be prepared to obtain medical help should the occasion arise and help in any other way to relieve the anxiety and distress of the patient and the burden on relatives.

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

During 1961, sickroom help was provided for 23 patients, as compared with 29 in the previous 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 199 patients was dealt with in this manner and the necessary help was arranged as compared with 169 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, 8 patients were sent to convalescent homes, the details being as follows:—

1.	Female	2 weeks	Acute Bronchitis
2.	Male	1 week	Coronary thrombosis
3.	Female	2 weeks	General debility and hypertension
4.	Female	2 „	General debility
5.	Female	2 „	General debility
6.	Male	2 „	Disseminated sclerosis
7.	Female	2 „	Bronchitis
8.	Female	2 „	Hyperpiesis and nervous debility

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

The cost of the Service is 3/9 per hour and this charge may be reduced or cancelled, where there is financial hardship.

The following statement shows the work done by the service during 1961 :—

	Classification of Cases						Total
	Maternity	Sickness	Old Age	Infectious Disease	Mental Illness	Mental Deficiency	
No. of Cases on register at beginning of year	4	128	257	4	3	1	397
No. of New Cases during year	34	129	161	2	3	1	330
No. of Cases discontinued during year	38	257	418	6	6	2	727
	37	89	183	1	5	—	315
No. of Cases on register at end of year ...	1	168	235	5	1	2	412
No. of Applications received... ..	34	136	165	2	4	1	342
No. of Cases assisted	34	129	161	2	3	1	330
No. of Cases not assisted	—	7	4	—	1	—	12*

*In 12 Cases the request for help was withdrawn by the applicants.

Number of Helps employed at beginning of year (61 part-time and 2 full-time) ...	63
Number appointed during year (43 part-time and 1 full-time)	44
	<hr/>
	107
Number leaving during year (part-time)	35
	<hr/>
Number of Helps employed at end of year 69 (part-time) and 3 (full-time) ...	72
	<hr/>
Number of visits to homes by Organiser	2,228
	<hr/>
Number of persons interviewed at Office	1,070
	<hr/>

There is a need for more supervisory visits to be made to the Home Helps when they are working and it has been possible during the year to arrange for some such visits to be done by the clerk who assists the Organiser of the service who can only give part of her time to this work.

MENTAL HEALTH SERVICE

This year has seen the first full year of the implementation of all parts of the Mental Health Act, 1959. One of the main purposes of this Act is to provide that any person suffering from mental disorder may be treated as an in-patient without any formality, whether in a hospital, or a registered mental nursing home.

Great emphasis has been placed on the care of the individual within the community and the responsibilities of the local health authority have been correspondingly increased.

A great step forward in fulfilling one of these functions was made with the opening of the Southport Training and Industrial Centre on Monday, 9th October, 1961, by the Rt. Hon. The Earl of Derby.

This building is designed to take 75 persons though the accommodation could be extended if necessary. The building is really in two parts, a Junior Training Centre, and an Industrial Centre for adults, joined by a common hall. Montessori methods are used in training the children and I do not think a happier group could exist anywhere. The type of work undertaken by the adults in this Centre has undergone a steady change over the last few years. The change has been away from providing an occupation and towards providing them with a job of work similar to that which an industrial worker might have in a factory. The type of work has of necessity to be of a simple repetitive nature but it enables the persons concerned to earn a regular weekly sum of money even though this is only a small amount. Local firms have, in fact, been extremely helpful in providing types of work which can be undertaken by these mentally handicapped adults.

Many people will, no doubt, regret the passing of the days of sales of work when rugs and other articles were put up for sale to the public but as much as possible we must try and integrate mentally handicapped persons with the rest of the community and a daily job of work is surely a tremendous step forward.

As usual the children went away for an annual holiday and they all appeared to enjoy themselves thoroughly.

The provision of physiotherapy and speech therapy continued at the Centre though we have welcomed both a new Physiotherapist and a new Speech Therapist.

As usual several gifts were made to the children at the Centre both from voluntary organisations and from individuals and we are deeply indebted to them for the aid which they give. The Southport Society for Mentally Handicapped Children in fact began working for the provision of a sports pavilion for the children and adults.

The provision of hostel accommodation for mentally subnormal persons has undergone further consideration with a clearer concept of the type of building required, though progress in this direction has unfortunately been slower than one would have liked.

The year also saw the beginning of the Occupational Therapy Service, which has been of tremendous value both to the mentally ill and the mentally subnormal in providing them with occupational therapy, either in their own homes or at group sessions.

Further progress was made in laying plans for the provision of a local authority After-Care Clinic and a Psychiatric Social Club and it is hoped that both these services will be in being during next year.

The latter part of the year saw the appointment of the local authority's first Psychiatric Social Worker which appointment should prove of great value in the further development of the service.

The work of the Mental Welfare Officers proceeded unabated though the appointment of a Mental Welfare Assistant should prove of tremendous help. The work of a Mental Welfare Officer requires extreme patience and kindness together with a wealth of both social and local knowledge and the staff is to be congratulated for the way in which they have carried out their duties.

Case Conferences have proceeded throughout the year and the department is indebted to the help and co-operation received from representatives of other local authority departments and regional bodies who attend these Conferences, in dealing with particularly difficult problems.

The following statistics show the cases dealt with during 1961:

A) MENTAL DISORDER (Mental Health Act, 1959)		Male	Female	Total
1) No. of admissions to hospitals:—				
(a) under emergency application (Sec. 29 M.H.A. 1959) ...		30	43	73
(b) for observation (Sec. 25. M.H.A. 1959) ...		28	61	89
(c) for treatment (Sec. 26. M.H.A. 1959) ...		7	14	21
(d) as informal patients (Sec. 5. M.H.A. 1959) ...		55	110	165
(e) patients already in hospitals under compulsory detention accepted as informal patients ...		28	55	83
(f) hospital order (from Court) Sec. 60. M.H.A. 1959 ...		1	—	1
TOTAL NO. OF ADMISSIONS...		149	283	432
(2) No. of admissions to other hospitals from observation wards at the County Hospital, Ormskirk. (Sec. 26 M.H.A. 1959)		11	24	35
(3) No. of cases referred to the department for investigation ...		183	355	538
(4) No. of visits re: Mental illness ...		537	1000	1537
(5) No. of persons interviewed at office ...		308	349	657
(6) No. of cases referred to the Psychiatric Clinic ...		21	26	47
(7) No. of cases referred to the Welfare Department ...		17	18	35
(8) No. of attendances made by Mental Welfare Officers at Psychiatric Clinic ...		44	41	85
(B) CARE AND AFTER CARE (Section 28—National Health Service Act, 1946)				
(1) No. of cases referred to the department				
(a) by psychiatric hospitals ...		47	113	160
(b) by General Medical practitioners ...		29	56	85
(c) by H.M. Forces ...		1	—	1
(d) other sources ...		18	18	36
TOTAL ...		95	187	282
(2) No. of care and after-care visits ...		661	1452	2113
(3) No. of visits re Day Patients taken to Ormskirk ...				1054
Ordinary After Care Visits ...				1059
				2113
SENILE DEMENTIA				
Admissions to Newsham General Hospital from Ormskirk				
County Hospital ...		—	12	12
Admissions to Westminster House Hospital ...		8	—	8

The following are the comparative figures for 1960 set out in the old form for the period January to October and in the new form for the months of November and December.

Period 1st January—31st October, 1960

(A) MENTAL ILLNESS (Lunacy and Mental Treatment Acts, 1890 to 1930)						Male	Female	Total
(1) Number of Admissions to Hospital:—								
	for observation—Sec. 20 Lunacy Act, 1890	...	...	...	...	42	63	105
	for observation—Sec. 21(1)	do.	...	...	...	5	9	14
	as urgent patients—Sec. 11	do.	...	...	...	—	—	—
	as certified patients—Sec. 16	do.	...	...	...	1	2	3
	as certified private patients—Sec. 4, 5 and 6	do.	...	...	...	—	—	—
	as voluntary patients—Sec. 1 Mental Treatment Act, 1930	...	...	...	...	26	47	73
	as temporary patient—Sec. 5	do.	...	...	...	4	10	14
	as informal patients	...	...	...	...	29	65	94
TOTALS						107	196	303
(2) Number of admissions to mental hospitals from observation wards at County Hospital, Ormskirk						10	28	38
(3) Number of certifications for continued detention of patients already in County Hospital, Ormskirk						—	1	1
(4) Number of cases referred to the department for investigation during the year						152	276	428
(5) Action taken in regard to cases mentioned in (4) above:—								
	admitted to hospital for observation	...	...	...	...	47	72	119
	(of these, 77 were subsequently certified)	...	...	...	...
	direct admission to Hospital—Sec. 16 Lunacy Act, 1890	...	...	...	...	1	2	3
	admitted to hospital as voluntary patients	...	...	...	...	26	47	73
	referred to Psychiatric Out-Patients' Clinic	...	...	...	...	30	42	72
	referred to Welfare Service	...	...	...	...	—	—	—
	admitted to hospital as senile dementia cases	...	...	...	...	14	2	16
	no further action indicated after investigation	...	...	...	...	1	36	37
	admitted to hospital as temporary patients	...	...	...	...	4	10	14
	admitted to hospital as informal patients	...	...	...	...	29	65	94
TOTALS						152	276	428
(6) Total number of visits made by Duly Authorised Officers:—								
	(a) After-Care Visits	...	...	...	...	560	790	1350
	(b) All Other Visits	...	...	...	...	403	670	1073
TOTAL NUMBER OF VISITS						963	1460	2423
(7) Total number of discharges and deaths from mental hospitals notified during Jan.-Oct. 1960								
	(a) Discharges	...	...	...	...	87	125	212
	(b) Deaths...	...	...	...	...	13	20	33

Notified deaths from Hospitals

November & December, 1960

M	F	—	TOTAL
3	5	—	8

Notified discharges from Hospitals

November & December, 1960

M	F	—	TOTAL
14	22	—	36

Period 1st November—31st December, 1960

(A) MENTAL DISORDER (Mental Health Act, 1959)						Male	Female	Total
(1) No. of admissions to hospitals:—								
(a) Under Emergency Application (Sec. 29 M.H.A. 1959) ...						3	3	6
(b) For observation (Sec. 25. M.H.A. 1959) ...						8	11	19
(c) For treatment (Sec. 26 M.H.A. 1959) ...						1	—	1
(d) As informal patients (Sec. 5 M.H.A. 1959) ...						11	27	38
(e) On Hospital Order (Sec. 60. M.H.A. 1959) ...						1	—	1
TOTALS ...						24	41	65
(2) No. of patients in hospital placed under continued detention —Sec. 26 M.H.A. 1959 ...						2	3	5
(3) No. of patients detained in hospital under Section 25, 26, 29 or 60 M.H.A. 1959 accepted as informal patients ...						3	2	5
(4) Number of cases referred to the department for investigation						39	65	104
(5) Action taken in regard to cases referred:—								
Admitted to hospital—emergency application ...						3	3	6
for observation ...						8	11	19
for treatment ...						1	—	1
as informal patients ...						11	27	38
Referred to Psychiatric Out-patients' Clinic ...						5	8	13
Referred to Welfare Service ...						3	4	7
Admitted to hospital as senile dementia cases ...						3	—	3
" " " " (Hospital Order) ...						1	—	1
No further action indicated after investigation ...						4	12	16
TOTALS ...						39	65	104
(6) Total number of visits made by Mental Welfare Officers:—								
(a) After-care visits ...						269	183	452
(b) All other visits ...						107	159	266
TOTAL NUMBER OF VISITS ...						376	342	718
(7) Total number of discharges and deaths from hospitals notified during November—December, 1960								
(a) Discharges ...						14	22	36
(b) Deaths ...						3	5	8

In addition the Mental Welfare Officers dealt with 109 enquiries at the Health Department.

MENTAL HEALTH SERVICE
Guardianship

[illegible]

Training of Mentally Subnormal Persons
Woodvale Training Centre (to 8th October, 1961) and at
Southport Training and Industrial Centre from 9th October, 1961

Number of cases on Register at beginning of year	...	...	...	...	45
Number of cases added to Register during year	...	...	...	...	7
					<hr/> 52
Number of cases taken off Register during year	...	...	...	...	7
					<hr/> 45
Number of cases on Register at end of year	...	...	...	...	45
Number of sessions held during year	...	...	...	...	200
Number of attendances at Centre during year	...	...	...	...	7,035
Average attendance per session	...	...	...	...	35

Kinds of training provided:—

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

MENTAL HEALTH SERVICE **Summary of Patients under Local Health Authority Care**

	Mentally Ill						Psychopath						Subnormal						Severely Subnormal						Totals						Grand Totals																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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	M	F	(1)	M	F	(2)	M	F	(3)	M	F	(4)	M	F	(5)	M	F	(6)	M	F	(7)	M	F	(8)	M	F	(9)	M	F	(10)		M	F	(11)	M	F	(12)	M	F	(13)	M	F	(14)	M	F	(15)	M	F	(16)	M	F	(17)	M	F	(18)	M	F	(19)	M	F	(20)	M	F	(21)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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(852)	(853)	(854)	(855)	(856)	(857)	(858)	(859)	(860)	(861)	(862)	(863)	(864)	(865)	(866)	(867)	(868)	(869)	(870)	(871)	(872)	(873)	(874)	(875)	(876)	(877)	(878)	(879)	(880)	(881)	(882)	(883)	(884)	(885)	(886)	(887)	(888)	(889)	(890)	(891)	(892)	(893)	(894)	(895)	(896)	(897)	(898)	(899)	(900)	(901)	(902)	(903)	(904)	(905)	(906)	(907)	(908)	(909)	(910)	(911)	(912)	(913)	(914)	(915)	(916)	(917)	(918)	(919)	(920)	(921)	(922)	(923)	(924)	(925)	(926)	(927)	(928)	(929)	(930)	(931)	(932)	(933)	(934)	(935)	(936)	(937)	(938)	(939)	(940)	(941)	(942)	(943)	(944)	(945)	(946)	(947)	(948)	(949)	(950)	(951)	(952)	(953)	(954)	(955)	(956)	(957)	(958)	(959)	(960)	(961)	(962)	(963)	(964)	(965)	(966)	(967)	(968)	(969)	(970)	(971)	(972)	(973)	(974)	(975)	(976)	(977)	(978)	(979)	(980)	(981)	(982)	(983)	(984)	(985)	(986)	(987)	(988)	(989)	(990)	(991)	(992)	(993)	(994)	(995)	(996)	(997)	(998)	(999)	(1000)	(1001)	(1002)	(1003)	(1004)	(1005)	(1006)	(1007)	(1008)	(1009)	(1010)	(1011)	(1012)	(1013)	(1014)	(1015)	(1016)	(1017)	(1018)	(1019)	(1020)	(1021)	(1022)	(1023)	(1024)	(1025)	(1026)	(1027)	(1028)	(1029)	(1030)	(1031)	(1032)	(1033)	(1034)	(1035)	(1036)	(1037)	(1038)	(1039)	(1040)	(1041)	(1042)	(1043)	(1044)	(1045)	(1046)	(1047)	(1048)	(1049)	(1050)	(1051)	(1052)	(1053)	(1054)	(1055)	(1056)	(1057)	(1058)	(1059)	(1060)	(1061)	(1062)	(1063)	(1064)	(1065)	(1066)	(1067)	(1068)	(1069)	(1070)	(1071)	(1072)	(1073)	(1074)	(1075)	(1076)	(1077)	(1078)	(1079)	(1080)	(1081)	(1082)	(1083)	(1084)	(1085)	(1086)	(1087)	(1088)	(1089)	(1090)	(1091)	(1092)	(1093)	(1094)	(1095)	(1096)	(1097)	(1098)	(1099)	(1100)	(1101)	(1102)	(1103)	(1104)	(1105)	(1106)	(1107)	(1108)	(1109)	(1110)	(1111)	(1112)	(1113)	(1114)	(1115)	(1116)	(1117)	(1118)	(1119)	(1120)	(1121)	(1122)	(1123)	(1124)	(1125)	(1126)	(1127)	(1128)	(1129)	(1130)	(1131)	(1132)	(1133)	(1134)	(1135)	(1136)	(1137)	(1138)	(1139)	(1140)	(1141)	(1142)	(1143)	(1144)	(1145)	(1146)	(1147)	(1148)	(1149)	(1150)	(1151)	(1152)	(1153)	(1154)	(1155)	(1156)	(1157)	(1158)	(1159)	(1160)	(1161)	(1162)	(1163)	(1164)	(1165)	(1166)	(1167)	(1168)	(1169)	(1170)	(1171)	(1172)	(1173)	(1174)	(1175)	(1176)	(1177)	(1178)	(1179)	(1180)	(1181)	(1182)	(1183)	(1184)	(1185)	(1186)	(1187)	(1188)	(1189)	(1190)	(1191)	(1192)	(1193)	(1194)	(1195)	(1196)	(1197)	(1198)	(1199)	(1200)	(1201)	(1202)	(1203)	(1204)	(1205)	(1206)	(1207)

Part III CONTROL OF INFECTIOUS DISEASE

Tuberculosis
 Venereal Disease
 Notifiable Infectious Diseases

TUBERCULOSIS

New Cases and Mortality—The number of new cases of tuberculosis which came to the notice of the Department during the year was 32, of these, 31 were found to be suffering from pulmonary disease, and 1 from non-pulmonary disease. The following table shows the age and sex of these patients together with similar information regarding the number of persons who died of tuberculosis during the year.

AGE PERIODS (in years)	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1 ...	—	—	—	—	—	—	—	—
1 to 5 ...	—	—	—	—	—	—	—	—
5 to 15 ...	—	1	—	—	—	—	—	—
15 to 25 ...	1	4	—	—	—	—	—	—
25 to 45 ...	5	3	—	—	—	—	—	—
45 to 65 ...	10	2	—	1	3	—	—	—
65 to 75 ...	4	—	—	—	1	—	—	—
75 and over	1	—	—	—	—	—	—	—
TOTALS ...	21	10	—	1	4	—	—	—

Treatment Clinic—The 32 new cases came to the notice of the Department in the following ways:—

(a) By primary notifications ...	...	...	...	...	...	...	...	18
(b) By transfers from other areas ...	...	...	...	...	...	...	...	11
(c) From Death Returns ...	...	...	...	...	...	...	...	1
(d) Lost sight of cases returned ...	...	...	...	...	...	...	...	2
TOTAL ...								32

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 1961 was 273, and 30 of these patients were found to have sputum containing tubercle bacilli. During the year, 52 Treatment Clinics were held and 503 visits were made by patients; the total number of X-ray examinations of patients was 447.

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 that the notifications of pulmonary tuberculosis are tending to decrease, that the gradual decline in the notifications of non-pulmonary tuberculosis continues and that there was a marked fall in the number of deaths from both forms of the disease.

YEAR	NEW CASES		DEATHS	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
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	—
1961 ...	31	1	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 42 clinics were held and 737 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 708. One contact was found to be suffering from pulmonary tuberculosis in 1961.

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	...	...	...	...	...	...	...	17
	Re-Visits	...	...	...	...	...	...	...	890
	Other Chest Cases	...	...	...	...	...	...	...	15
To Contacts—	First Visits	...	...	...	...	...	...	...	83
	Re-Visits	...	...	...	...	...	...	...	546
									<hr/> 1,551
“No Access” Visits									<hr/> 178

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 1961, the Health Visitor made 83 attendances at the Tuberculosis Treatment and Contact Clinics, and 4 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 1961.

						<i>Males</i>	<i>Females</i>	<i>Total</i>
(i)	Total persons x-rayed	...	...	...	...	872	1,537	2,409
(ii)	Classified Cases							
	Pulmonary T.B. requiring occasional supervision	...				1	1	2
	Inactive pulmonary T.B.	...	...	...	...	3	1	4
	Carcinoma	...	...	...	...	2	2	4
	Bronchiectasis	...	...	...	...	2	1	3
	Pneumonitis	...	...	...	...	2	1	3
	Acquired cardiac abnormality referred for further investigation and treatment	...	...	...	...	3	3	6

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.

	1957			1958			1959			1960			1961		
	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total	Pul.	Non-Pul.	Total
1. No. of patients on register at beginning of year	420	67	487	391	35	426	390	34	424	312	23	335	272	15	287
2. No. of patients added during the year:															
(a) primary notifications of new cases	30	1	31	34	5	39	22	4	26	16	—	16	17	1	18
(b) transfers from other areas	12	2	14	26	—	26	15	—	15	15	—	15	11	—	11
(c) lost sight of cases returned	1	—	1	2	—	2	—	—	—	1	—	1	2	—	2
TOTALS (1)	463	70	533	453	40	493	427	38	465	344	23	367	302	16	318
3. No. of patients deleted during the year:															
(a) died (from Tuberculosis)	10	1	11	14	—	14	4	—	4	3	—	3	4	—	4
(b) transferred to other areas	18	1	19	21	—	21	10	2	12	10	1	11	12	—	12
(c) recovered	29	24	53	26	6	32	84	12	96	42	5	47	18	—	18
(d) lost sight of or refused further assistance	15	9	24	2	—	2	6	1	7	6	2	8	5	1	6
(e) tuberculosis not primary cause of death	—	—	—	—	—	—	11	—	11	11	—	11	5	—	5
TOTALS (2)	72	35	107	63	6	69	115	15	130	72	8	80	44	1	45
4. No. of patients on register at the end of year (i.e., totals (1), less totals (2)	391	35	426	390	34	424	312	23	335	272	15	287	258	15	273
5. Summary of new patients found during the year:															
(a) Primary notifications of new cases	30	1	31	34	5	39	22	4	26	16	—	16	17	1	18
(b) Transfers from other areas	12	2	14	26	—	26	15	—	15	15	—	15	11	—	11
(c) Patients found from death returns (figures not included in items (1) to (4) above)	3	—	3	—	1	1	3	—	3	1	—	1	1	—	1
(d) Lost sight of cases returned	1	—	1	2	—	2	—	—	—	1	—	1	2	—	2
TOTAL NUMBER OF NEW PATIENTS	46	3	49	62	6	68	40	4	44	33	—	33	31	1	32

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 Tuberculosis Health Visitor 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 1961 the Care Committee provided considerable financial and other assistance to patients and their families.

B.C.G. Vaccination—The number of persons vaccinated during the year 1961 is shown below:—

(1) (a) At B.C.G. Clinics	...	...	...	...	...	...	...	...	36
(b) Babies seen by the Consultant Paediatrician	...	...	...	...	...	...	...	...	28
(c) School children	...	...	...	...	...	...	...	...	787
TOTAL									851
(2) Number of B.C.G. Clinics	...	...	...	...	...	...	...	...	5
Number of attendances made by contacts	...	...	...	...	...	...	...	...	35
Number of Mantoux and Patch tests	...	...	...	...	...	...	...	...	65
Number of sessions by Tuberculosis Visitor at B.C.G. Clinics	...	...	...	...	...	...	...	...	4

B.C.G. VACCINATION

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
(a) At B.C.G. Clinics	44	47	30	48	45	27	42	56	43	36
(b) Babies seen by the Consultant Paediatrician ...	6	6	13	10	9	9	24	35	27	28
(c) School Children...	—	—	79	427	391	500	497	698	1037	787
TOTALS ...	50	53	122	485	445	536	563	789	1107	851

VENEREAL DISEASES

At the end of the year, 111 new cases were under treatment at the clinic, as compared with 93 cases at the end of 1960.

These new cases were classified as follows:—

							Male		Female		Total
(1)	Syphilis	...	...	...	...	...	5	...	5	...	10
(2)	Gonorrhoea	...	...	...	...	...	12	...	3	...	15
(3)	Non-Venereal Infections	...	...	...	...	...	49	...	37	...	86
Totals							66		45		111

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

YEAR	SYPHILIS					GONORRHOEA		
	Number of new cases during the year			Number of cases on register at end of year	Total number of attendances during year	Number of new cases during the year	Number of cases on register at end of year	Total No. of attendances during year
	Congenital	Others	Total					
1947	3	32	35	147	2751	76	116	3362
1948	6	29	35	151	2321	77	102	2395
1949	3	26	29	163	1892	37	106	1420
1950	—	16	16	155	1795	15	72	639
1951	5	11	16	92	1496	15	21	206
1952	6	9	15	84	1535	9	7	107
1953	2	10	12	62	1184	8	2	84
1954	1	6	7	57	1412	3	2	18
1955	1	7	8	56	1625	4	5	46
1956	3	7	10	49	1336	6	4	85
1957	—	7	7	55	1152	10	3	78
1958	—	5	5	48	1151	8	5	43
1959	—	1	1	45	657	10	4	73
1960	2	6	8	47	769	14	5	92
1961	1	9	10	46	867	15	3	83

During 1961 86 non-venereal cases made 455 attendances and there were 23 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 42 follow-up visits and also attended 44 V.D. Clinics. At the commencement of the year there were 6 male defaulters on the register and 54 other names were added during the course of the year. The male nurse dealt successfully with 57 of these, leaving 3 patients as defaulters at the end of the year. 52 home visits were made by the male nurse during the period under review.

INFECTIOUS DISEASES (Table 1)
Classification of Cases notified during the year 1961

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED Ages in Years								TOTAL CASES NOTIFIED IN EACH WARD													Total No. of cases removed to Hospital		
	At all ages	Under 1	Ages in Years					65 upwards	Central	Craven	Heslith	Marine	Park	Scarlsbrick	South	Sussex	Talbot	West	Birkdale East	Birkdale North	Birkdale South		Birkdale West	Ainsdale
			1 to 5	5 to 15	15 to 25	25 to 45	45 to 65																	
Chicken Pox	445	10	144	270	7	14	—	—	16	13	66	39	100	29	—	36	41	8	14	15	16	26	26	25
Dysentery	26	4	10	4	6	2	—	—	—	1	1	6	—	—	2	2	6	—	—	4	3	1	—	9
Erysipelas	7	—	—	—	—	—	5	2	—	1	—	1	1	1	—	—	—	2	—	—	—	—	—	—
Food Poisoning	3	1	—	1	1	—	—	—	—	—	—	1	—	—	—	—	2	—	—	—	—	—	—	—
German Measles	231	9	48	116	48	9	1	—	4	5	17	12	28	16	6	5	11	6	25	20	49	14	13	4
Measles	1107	33	547	501	13	10	3	—	39	46	104	67	108	96	57	120	85	56	74	63	96	43	53	22
Meningococcal Infection	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Pneumonia	17	—	2	1	—	3	7	4	—	3	1	—	1	—	1	1	1	2	—	—	3	2	2	2
Poliomyelitis	7	1	2	1	—	3	—	—	—	—	—	—	—	—	—	2	3	—	1	—	1	—	—	2
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	29	—	7	18	2	2	—	—	—	2	6	2	1	2	1	4	2	1	3	1	3	—	1	3
Whooping Cough	34	3	16	15	—	—	—	—	4	1	2	4	4	—	2	2	3	—	5	—	5	—	2	4
Encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—
TOTALS	1908	61	778	927	77	43	16	6	63	72	197	132	243	144	69	173	154	75	122	103	176	86	99	72

INFECTIOUS DISEASES (Table 2)
Number of Notified Cases and number of Deaths for the years 1952 to 1961 inclusive

NOTIFIABLE DISEASE	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED										DEATHS FROM INFECTIOUS DISEASE											
	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total Cases for 10 years 1952 to 1961	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	Total Deaths during 10 years 1952 to 1961
Chicken Pox	992	225	1395	286	498	746	173	383	656	445	5799	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	9	18	154	35	134	—	13	5	37	26	431	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	—	1	1	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	17	22	10	9	12	6	6	5	12	7	106	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	26	2	16	5	—	26	3	4	3	85	—	—	—	—	—	—	—	—	—	—	—
German Measles	330	1505	60	57	110	169	86	70	91	231	2709	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	345	1202	457	238	813	476	124	1554	348	1107	6664	—	—	1	—	—	—	—	—	—	—	1
Meningococcal Infect'n	4	—	1	3	3	1	—	2	1	1	16	—	—	1	—	2	—	—	—	—	—	3
Ophthalmia Neonatorum	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Tuberculosis	13	9	9	10	13	3	6	4	—	1	68	6	5	—	—	—	1	1	2	—	—	15
Para-Typhoid Fever	—	—	—	1	1	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	51	32	15	31	37	41	12	21	14	17	271	38	22	27	58	50	52	45	28	51	67	438
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	1	7	2	9	6	4	3	2	—	7	41	—	—	1	1	—	—	1	—	—	—	3
Puerperal Pyrexia	1	5	1	—	4	1	1	1	1	—	15	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	71	67	68	65	62	46	62	40	33	31	545	12	13	16	13	6	9	6	7	4	4	90
Scarlet Fever	213	176	55	32	26	40	53	144	46	29	814	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	179	206	452	43	198	63	50	113	60	34	1398	1	—	—	—	—	—	—	—	—	—	1
TOTALS	2227	3501	2682	835	1922	1596	617	2347	1304	1940	18971	57	40	46	72	58	62	53	37	55	71	551

Part IV

ENVIRONMENTAL HYGIENE

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. Land is gradually being reclaimed, both by natural and artificial means. 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 West Lancashire Water Board.

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. Work has been in progress during the year to provide increased supplies

Examination of samples of water from 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, 5th April, 1961

										Parts per Million
Total solid matter in solution	...	...	...	...	...	...	...	...	...	440
Oxygen absorbed	}	in 15 minutes	...	...	...	...	...	...	...	0.08
from Permanganate			...	...	...	...	...	...	...	0.14
Ammonia	...	...	...	...	...	...	...	...	...	Nil
Albuminoid Ammonia	...	...	...	...	...	...	...	...	...	0.005
Nitrogen as Nitrates	...	...	...	...	...	...	...	...	...	0.12
Nitrogen as Nitrites	...	...	...	...	...	...	...	...	...	Nil
Combined Chlorine	...	...	...	...	...	...	...	...	...	31
Free Chlorine	...	...	...	...	...	...	...	...	...	0.02
Lead	...	...	...	...	...	...	...	...	...	Nil
Copper	...	...	...	...	...	...	...	...	...	0.03
Zinc	...	...	...	...	...	...	...	...	...	Nil
Total Iron	...	...	...	...	...	...	...	...	...	0.10
Carbonate Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	242
Total Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	...	322

(p.H. value: 7.2)

MENTAL HEALTH, 1961



Students of the Southport Training and Industrial Centre



*A break from training
Children at the Southport Training and Industrial Centre*

HOUSING



*Cottage property suitable for reconditioning
using modern legislation*



*Cottage property suitable for reconditioning
using modern legislation*

HOUSING, 1961



Old World cottage—Re-conditioned



Cottage—after reconditioning

SOUTHPORT SHRIMPING INDUSTRY



Shrimp peeling in the home



Riddling the catch

Bacteriological Examination, 7th March, 1961

Number of Bacteria per ml. on agar at 37° C.	=	Nil
E. Coli per 100 ml. in water examined	=	Nil
Total coliform organisms per 100 ml. in water examined	=	Nil

This and other tests indicate that the water falls into the classification, 'one', which is highly satisfactory.

WATER SUPPLY TO HOUSES

Particulars	Number of houses	Population
(a) Mains supply, provided by The West Lancs. Water Board	25925	81007
(b) Water supply from sources other than specified above	4	13
TOTALS	25929	81020*

* Registrar-General's estimate middle of 1961.

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, 1961, was 275,011.

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 234,249 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.

The Victoria Baths are purified by the process of break-point chlorination while the Sea Bathing Lake employs marginal chlorination.

Both chemical and bacteriological tests are made on the water of the swimming baths. The chemical analysis consists of the estimation of pH. Value, nitrites, free ammonia and the chlorine content which consists of free residual chlorine and chloramines. The sample should comply in all respects with the Ministry of Health recommendations.

Bacteriological examination involves the estimation of the number of coliform bacilli in 100 millilitres of the water and also the numbers of Bact. coli (type 1) in a similar volume. No organism of either types should be present. A Plate Count is also performed. No Plate Count should show more than 100 colonies per millilitre.

Twenty-one chemical estimations were made on water from the Sea Bathing Lake and twelve did not comply with the required standards. Eighteen bacteriological examinations were made and five were unsatisfactory. At the Victoria Baths, nine samples were taken for chemical analysis and two failed to conform with the required standards. Eight bacteriological examinations were made and three were unsatisfactory. The overall picture of the Victoria Baths is satisfactory but that of the Sea Bathing Lake is not. While the turnover period of the water at the Sea Bathing Lake remains as long as ten hours, favourable results at peak periods are only likely to be obtained by running the filtration plant well into the night and in future this practice will be carried out.

* The turnover period for each of the three baths is about three hours.

Chemical analysis of sample taken at Victoria Baths on 13th July, 1961:

Appearance	...	...	...	...	...	Fairly clear and bright. Minute trace of flocculent matter.
pH. Value	...	...	...	...	...	7.2
Nitrite	...	...	...	...	...	Faint trace.
Free Ammonia, parts per million	...	...	...	...	...	0.17
Free Residual Chlorine, parts per million	...	...	...	...	...	0.71
Total Residual Chlorine, (free chlorine plus chloramines) parts per million	...	...	...	...	...	1.20

Satisfactory result.

* The amount of total residual chlorine is somewhat in excess of the Ministry of Health Recommendation but is unlikely to give rise to complaints. Approximately half of the available chlorine is present in the form of chloramines and it is desirable that a good residue should continue to be maintained during periods of heavy bathing to prevent any build up of ammonia.

Report on bacteriological examination of bathing water at Sea Bathing Lake on 27th July, 1961:

Area of Lake from which sample was taken	Probable numbers per 100 ml.		PLATE COUNT
	Coliform bacilli	Bact. coli (type 1)	
North End	0	0	1 organism per ml.
South End	0	0	1 organism per ml.
Middle	0	0	4 organisms per ml.

PUBLIC BATHS—ATTENDANCES 1953-1961

Year	NUMBER OF PERSONS ATTENDING			
	INDOOR			OPEN AIR
	Victoria Baths (Opened 1839) (Remodelled 1926)	Canning Road Baths (Opened 1903)	Compton Road Baths (Opened 1926)	Bathing Lake (Opened 1928)
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
1961	275011	4608	4544	234249

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 2,040 enquiries regarding various properties and sites were dealt with.

Sewerage and Sewage Disposal—The new sewage works at Ainsdale, which was opened in June, 1960, continued throughout the year to cope very efficiently with the whole of the sewage from the Ainsdale area, and also with some of the surface water.

The effluent continued to maintain a very good standard, well within the limits prescribed for effluent which is discharged into inland waterways.

The provision of this new works has enabled the development of the south end of the Borough to proceed.

At the north end of the Borough, the original sewage works at Bank End continued to treat an increasing volume of sewage from the north and central areas of the town before discharging the final effluent into the sea.

Southport has a right to be proud of the fact that it is one of only two seaside towns in the country which treat their sewage fully before discharging it into the sea.

Both sewage works are the responsibility of the Borough Engineer.

Drainage—Complaints received about choked and defective drainage systems of houses numbered 2,250 including 1,926 alleged drain stoppages and the necessary cleansing, repairs and alterations were supervised.

DRAIN STOPPAGES

MONTH	YEAR 1960				YEAR 1961			
	Number Reported	Number Not Confirmed	Number Not Freed	Number Freed	Number Reported	Number Not Confirmed	Number Not Freed	Number Freed
January ...	135	3	21	111	176	6	39	131
February ...	122	3	20	99	177	15	23	139
March ...	168	3	27	138	151	5	29	117
April ...	133	4	21	108	164	4	38	122
May ...	172	10	29	133	176	10	33	133
June ...	156	10	29	117	147	8	23	116
July ...	181	9	30	142	173	9	28	133
August ...	192	4	37	151	153	9	21	123
September ...	132	3	19	110	148	5	19	424
October ...	137	4	27	106	178	11	38	129
November ...	216	13	46	157	150	6	20	124
December ...	165	8	28	129	133	7	18	108
TOTALS ...	1909	74	334	1501	1926	98	329	1499

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

In the field of environmental sanitation the conversion of the Bristol ejector type of water closets into modern washdown pedestal water closets has continued. Service of Notices under Section 47 of the Public Health Act, 1936, were authorised in 187 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—Twenty 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 16.

Schools—The regular inspection of the sanitary arrangements at the schools has 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 licenced sites for caravans 2

Number of caravans 78

PUBLIC MORTUARY

The mortuary facilities in the town at Duke Street Cemetery, though improved in 1956, cannot be regarded as of the type and standard required in a modern County Borough. The buildings are old and have the disadvantage that the post-mortem room is separated by some distance from the mortuary so that it has proved to be difficult to adequately screen the premises. The provision of a modern mortuary has been discussed and is under review.

The facilities were used on two hundred and six occasions and one hundred and sixty-one 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).

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

Premises	Number on Register	Number of (3) Inspections (4) Written Notices (5) Owners Prosecuted		
(1)	(2)	(3)	(4)	(5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ...	275	6	4	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority...	640	360	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority* (excluding out-workers' premises)	4	4	—	—
TOTAL	919	370	10	—

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

CASES IN WHICH DEFECTS WERE FOUND.

Particulars (1)	Number of cases in which defects were				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1)	—	—	—	—	—
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 ...	6	6	—	3	—
(c) Not separate for sexes ...	1	1	—	1	—
Other offences against the Act (not including offences relating to Outwork)	24	24	—	1	—
TOTAL	33	33	—	5	—

Factories Act, 1937 (Part VIII).

O U T W O R K						
Nature of Work	Section 110			Section 111		
	(2) Number of outworkers in August list required by Section 110(1)(c).	(3) Number of cases of default in sending lists to the Council.	(4) Number of prosecutions for failure to supply lists.	(5) Number of instances of work in unwholesome premises.	(6) Notices served.	(7) Prosecutions.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing Apparel:— Making, etc. ...	52	—	—	—	—	—
TOTAL	52	—	—	—	—	—

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

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				(5) AGRI- CULTURAL
	(1) Local Authority	(2) Dwelling- Houses (including Council Houses)	(3) All Other (including Business Premises)	(4) Total of Columns (1), (2) and (3)	
I. Number of properties in Local Authority's District	236	25,929	4,640	30,805	44
II. Number of properties in- spected as a result of:					
(a) Notification ...	44	170	130	344	7
(b) Survey under the Act...	192	349	719	1260	37
(c) Otherwise (e.g., when visited primarily for some other purpose) ...	—	—	—	—	—
III. Total inspections carried out — including re-inspec- tions ...	372	763	1195	2330	115
IV. Number of properties in- spected (in Sec. II) which were found to be infested by:					
(a) Rats (Major) ...	—	—	—	—	—
(Minor)...	26	44	31	101	1
(b) Mice (Major) ...	—	—	—	—	—
(Minor)...	18	50	62	130	—
V. Number of infested pro- perties (in Sec. IV) treated by the Local Authority ...	44	50	55	149	1
VI. Total treatments carried out — including retreat- ments ...	45	50	55	150	2
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 ...	6	—	—	6	—

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

Nuisances

COMPLAINTS—NUMBER INVESTIGATED:—

(1) Housing Defects	560
(2) Choked and Defective Drains	2250
(3) Emission of Smoke	18
(4) Accumulation of Offensive Matter	93
(5) Miscellaneous	526
TOTAL	3,447

VISITS:—

Dwelling Houses	950
Common Lodging Houses	27
Houses let in Lodgings	26
Common Yards, Back Roads and Passages	157
Horse-Manure Middensteads	50
Pigstyes	58
Offensive Trades' Premises	72
Rag Flock and Upholstery Premises	12
Places of Public Entertainment	38
Public Sanitary Conveniences	315
Tents, Vans and Sheds	29
Abattoir	739
Food Vehicles	15
Ashes Receptacles (Ashpits and Dustbins)	65
Conversions (Earth Closets and Bristol Effects to W.C.'s)... ..	497
Smoke Observations	37
Testing Drains:—	
By Inspection	785
By Smoke	24
By Breaking Down	121
By Coloured Water	95
Insufficient Water Supply	5
Factories Acts, 1937/48:—	
Factories with mechanical power	360
Factories without mechanical power	6
Outworkers' Premises	1
Workplaces	7
Shops Act, 1950	16
Fried Fish Shops	48
Fishmongers and Greengrocers	227
Butchers' Shops	218
Grocers' Shops	563
Bakehouses	167
Public Houses, Beer Houses, etc.	145
Food Preparing and Storing Places	1938
Dairies	452
Ice Cream Premises	276
Pet Animals Act, 1951	20
Infectious Disease Visits	705
Prevention of Damage by Pests Act, 1949	2490
Samples of Rag Flock, etc.	6
Clean Air Act—Samples of Gauge Deposits	22
Diseases of Animals Acts and Orders	13

Samples procured for Bacteriological Examination:—										
Milk	...	...	...	...	...	...	...	...	...	201
Ice Cream	...	...	...	...	...	...	...	...	...	50
Other Foodstuffs	...	...	...	...	...	...	...	...	...	59
Water	...	...	...	...	...	...	...	...	...	6
Samples of Milk procured for Biological Examination										15
Samples obtained under the Food and Drugs Acts, 1955:—										
Milk	...	...	...	...	...	...	...	...	...	209
Other Foodstuffs	...	...	...	...	...	...	...	...	...	83
Samples of Water (chemical analysis)										6
Samples of Swimming Bath Water (chemical analysis)										26
Samples of Water (bacteriological examination)										30
Inspections of Dwelling Houses and other premises for vermin infestation										74
Visits to work in progress										1,490
Visits re Housing Survey										471
Miscellaneous Visits (Interviews, etc.)										2,719
TOTAL										17,251

Nuisances—The number of schedules of cases recorded for abatement was 2,650

In all cases the usual verbal request for the abatement of nuisances found was made but in 1,036 instances it was necessary to serve written notices as follows:—

Preliminary	...	...	...	...	...	...	...	...	...	822
Statutory	...	...	...	...	...	...	...	...	...	214
TOTAL										1,036

The number of preliminary and statutory notices complied with during the year was 793.

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

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

CLEAN AIR

During the year very few complaints were received regarding the emission of smoke, and only 37 observations of industrial chimneys were made. In no case was it found necessary to institute legal proceedings.

The occupiers of offending premises were again reminded that the defence available to them under Section 2 of the Clean Air Act, 1956, would only last until 1963 and that, after this date, legal proceedings would be instituted if necessary.

Some complaints were received from irate housewives regarding domestic washing so badly soiled on the clothes line by smuts that it had to be re-washed; from proud car owners whose vehicles were found to be covered with smuts within a few minutes of being washed and polished; and from house-holders whose newly-painted houses were similarly fouled within a very short space of time.

In the majority of cases the premises concerned were so far removed from the nearest factory chimney that only domestic smoke could be blamed.

In this connection it is worth repeating that it is quite impossible to burn raw bituminous coal in an open fire without producing a particularly offensive type of smoke.

Unless the house is situated in a Smoke Control Area smoke (other than dark smoke) in the legal meaning of the term, from a domestic chimney is not an offence. Dark smoke from a domestic chimney is a very rare occurrence.

No further Smoke Control Areas were declared during the year, but this question was given careful consideration by the Local Authority. In the meantime it is hoped that many householders will experiment with smokeless fuels and will become convinced of their undoubted advantages. In particular, any householder who is contemplating installing a new solid-fuel-burning appliance of any kind is strongly advised to make certain that it will burn all the solid smokeless fuels, including gas coke. Advice on this matter can be obtained at the Health Department.

The two Atmospheric Deposit Gauges maintained by the Department indicated that, on an average, 10.33 tons of solid pollution fell on each square mile of the Town Centre during each month of the year, with 9.35 tons per square mile, per month, at Woodvale. These gauges do not record gaseous pollution.

During the year a number of talks on the subject of Clean Air, with particular reference to the domestic problem, were given by Public Health Inspectors to church guilds and other organisations in the town, and in this connection a special word of thanks is due to the North Western Gas Board for their valuable assistance in providing, free of charge, films, a projector and the services of a projectionist on these occasions.

HOUSING

General—The number of inhabited houses increased to 25,929.

The following table shows the number of houses built during the period 1952 to 1961, plus additional accommodation made available as a result of adaptations and additions to existing properties:—

Year	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Number of Houses built	113	235	155	186	253	305	122	214	115	102

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. 1961: 7. Total: 326.

The 7 applications for certificates of disrepair under the Rent Act received during the year were dealt with as follows:—

Work done within the period allowed	0
Undertakings given by owners	5
Certificates not granted	0
Certificates granted	2
TOTAL	7

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was ten of which one was subsequently confirmed. In the instance where overcrowding was found to occur the matter was referred to the Housing Department requesting that assistance be granted in this case.

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 24 further houses were represented to the Committee during 1961.

During the year the formal procedure prescribed by the Housing Acts was commenced in respect of 32 houses.

In 5 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, 5 houses which would otherwise have been demolished or closed will be given a further useful life of at least 15 years, and the Department has been very pleased with the condition of similar houses when the works have 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.

Improvements—The Improvement Grants mentioned above have played a useful part in the task of raising the standard of older houses which were built without certain facilities which are nowadays considered by most people to be essentials to reasonable living.

Amongst the more important of these facilities from the public health point of view are the provision of a bath and a supply of hot water.

Following the National Census of England and Wales taken in 1951, we learned that, in Southport, 6,242 households were entirely without a bath, and a further 4,262 households had to share a bath with another family. This meant that 38% (i.e. more than $\frac{1}{3}$) of the households in this pleasant town did not have their own bath.

Similar figures which will be provided by the Census of 1961 are not yet available, and are awaited with keen interest. It is anticipated that they will show a useful improvement and, if this is so, the Improvement Grants must receive the major part of the credit.

During the year under review, plans were approved for the installation of 189 bathrooms in houses which had previously been without, and Improvement Grants were given in 148 of these cases.

It is difficult to think of another improvement in living standards which would play such an important part in improving and safeguarding the health of the nation as would the provision of a bath and a hot water supply to every household. Surely such a provision should now be regarded as a necessity rather than a luxury.

In this connection it is gratifying to see that, in the new Public Health Act of 1961, a local authority is empowered to reject plans for the erection of a house, or for the conversion of a building into separate dwellings, if they do not show that the house, or each separate dwelling, will be provided with a bathroom with hot and cold water.

This will take care of new houses, and of houses converted in the future into flats, it will have no effect on the large number of old houses in the Borough, or on the houses which have in the past been converted into flats without the provision of separate bathrooms.

Many people may be surprised to learn that, legally, a house may be in all respects reasonably fit for human habitation without:

- (1) A bath;
- (2) Hot water;
- (3) Any form of artificial lighting; and
- (4) Any means of heating.

It is felt that the time has come when the legal standard of a "fit" house could well be improved to require the provision of these four items, and it is regretted that even the new Housing Act of 1961 apparently provides no step in this direction.

Part V

INSPECTION AND SUPERVISION

OF FOOD

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

FOOD STANDARDS

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

The results showed that 304 were genuine and 32 were adulterated or otherwise unsatisfactory; the latter were informal samples.

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

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

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
4022 Informal ...	MILK: Deficient 3.3 per cent fat.	Farmer notified. Other sample taken at same time genuine.
4029 Informal ...	MILK: Freezing point indicated 0.5 per cent. extraneous water.	Vendor notified. Further samples genuine.
4032 Informal ...	MILK: Freezing point indicated 0.3 per cent. extraneous water.	Vendor notified. Further samples genuine.
4050 Informal ...	MILK: Deficient 3.3 per cent. fat. Freezing point indicated 8.9 per cent. extraneous water.	Vendor notified. Further samples genuine.
4068 Informal ...	MILK: Freezing point indicated 1.1 per cent. extraneous water.	Vendor notified. Further samples genuine.
4077 Informal ...	MILK: Deficient 6.6 per cent. fat.	Farmer notified.
4078 Informal ...	MILK: Deficient 5 per cent. fat.	Farmer notified.
4079 Informal ...	MILK: Deficient 8.3 per cent. fat.	Farmer notified.
4096 Informal ...	PORK SAUSAGES: Meat content only 51.5 per cent	Supplies discontinued.
4105 Informal ...	JERSEY MILK: Fat content only 3.60 per cent.	Vendor notified.
4140 Informal ...	MILK: Freezing point indicated 1.5 per cent. extraneous water.	Further samples to be taken.
4141 Informal ...	MILK: Contained an immature dead larva of a midge and 0.8 part of moist visible dirt of the nature of dung per 100,000 parts of the milk.	Dairy notified.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
9 Informal ...	MILK: Freezing point indicated 7.7 per cent. extraneous water.	Further samples genuine.
0 Informal ...	MILK: Deficient 3.3 per cent. fat.	Further samples genuine.
1 Informal ...	MILK: Deficient 11.6 per cent. fat.	Vendor notified. Samples taken at same time genuine.
4 Informal ...	MILK: Deficient 3.3 per cent. fat.	Vendor notified. Samples taken at same time genuine.
0 Informal ...	MILK: Freezing point indicated 1.3 per cent. extraneous water.	Vendor notified. Further samples to be taken.
3 Informal ...	MILK: Freezing point indicated 1.5 per cent. extraneous water.	Vendor notified. Further samples genuine.
2 Informal ...	MILK: Freezing point indicated 3.0 per cent. extraneous water.	Vendor notified. Further samples genuine.
9 Informal ...	MILK: Deficient 5.0 per cent. fat.	Farmer notified.
9 Informal ...	MARMALADE: Contained 30 per cent. Citrus Fruit and 67.0 per cent. added sugar yet voluntary statement of ingredients on label listed citrus fruits before sugar. In- gredients not stated in correct order.	Manufacturers communicated with. New labels now in use.
7 Informal ...	BREAD, PART SLICED LOAF: Contained two small lumps of unrisen dough.	Manufacturers and complainant informed.
1 Informal ...	MILK: Freezing point indicated 2.0 per cent. extraneous water.	Vendor notified.
4 Informal ...	MILK Freezing point indicated 11.0 cent. extraneous water	Same supplier. Vendor Notified.
5 Informal ...	MILK: Freezing point indicated 6.8 per cent. extraneous water.	
6 Informal ...	MILK: Freezing point indicated 6.6 per cent. extraneous water.	
7 Informal ...	MILK: Deficient 6.6 per cent. fat, and low in solids-not-fat.	Vendor notified.

Reference Number and if formal or informal sample	Nature of sample and report of analysis	Particulars
4319 Informal ...	MILK: Freezing point indicated 0.5 per cent. extraneous water.	Same supplier. Vendor notified.
4320 Informal ...	MILK: Freezing point indicated 1.0 per cent. extraneous water.	
4322 Informal ...	MILK: Freezing point indicated 2.1 per cent. extraneous water.	
4328 Formal ...	MILK: Freezing point indicated 1.6 per cent. extraneous water.	Same supplier. Farmer notified.
4329 Formal ...	MILK: Freezing point indicated 1.3 per cent. extraneous water.	

Food and Drugs Acts—Records, 1942—1961

Year	Number of samples taken			ANALYTICAL RESULTS OF SAMPLES						Ratio (%) of samples adulterated	Number of Prosecutions
				Number genuine			Number adulterated*				
	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1942	168	199	367	161	184	345	7	15	22	5.99	2
1943	172	191	363	157	156	313	15	35	50	13.77	9
1944	178	203	381	163	178	341	15	25	40	10.49	6
1945	75	305	380	68	275	343	7	30	37	9.73	1
1946	50	291	341	48	269	317	2	22	24	7.03	1
1947	50	280	330	48	262	310	2	18	20	6.06	—
1948	44	291	335	42	275	317	2	16	18	5.37	1
1949	48	334	382	35	312	347	13	22	35	9.16	10
1950	92	227	319	86	216	302	6	11	17	5.32	3
1951	131	237	368	123	221	344	8	16	24	6.52	—
1952	103	386	489	88	362	450	15	24	39	7.97	8
1953	26	377	403	21	358	379	5	19	24	5.95	—
1954	27	474	501	14	427	441	13	47	60	11.97	4
1955	12	323	335	2	286	288	10	37	47	14.02	—
1956	1	341	342	1	318	319	0	23	23	6.72	—
1957	2	349	351	0	320	320	2	29	31	8.57	1
1958	1	300	301	1	273	274	0	27	27	8.97	2
1959	11	298	309	10	270	280	1	28	29	9.38	—
1960... ..	0	299	299	0	273	273	0	26	26	8.69	—
1961	8	328	336	6	298	304	2	30	32	9.52	—

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

In addition to the above, six private samples from supplies under contract were also submitted for analysis, including two of lemon curd, two of jam and two of marmalade.
All of these six samples were found to be genuine.

Table showing particulars of the number of samples taken for Bacteriological Examination—Year 1961

Nature of Samples and Specimens	Number of Samples and Specimens procured for submission to a bacteriologist for bacteriological examination				
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year
FOOD AND DRINK—					
Ice Cream ...	4	19	27	—	50
Milk ...	62	50	33	56	201
Other Foods ...	23	13	17	6	59
*Water ...	1	0	2	5	8
TOTALS ...	90	82	79	67	318
MISCELLANEOUS—					
†Water ...	—	4	20	2	26
GRAND TOTALS ...	90	86	99	69	344

*Intended for human consumption. All these samples were taken from the town's main supply.
† Samples of Swimming bath water

DISTRIBUTION OF MILK

There were 164 distributors of milk on the register of the Local Authority of whom 162 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 Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised	48	Phosphatase	48	—	—
		Methylene Blue	46	2	—
Sterilised	27	Turbidity	27	—	—
Tuberculin Tested ... (Pasteurised)	109	Phosphatase	108	—	1
		Methylene Blue	98	11	—
Tuberculin Tested ... (Raw)	11	Methylene Blue	10	1	—

In any instance where Pasteurised Milk fails the Phosphatase Test, the milk is examined by means of guinea pig inoculation for tubercle bacilli. Fifteen samples of milk were submitted for biological examination, in no instance were tubercle bacilli found.

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 such 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 234, of which 29 were reported by the Public Analyst to be adulterated or otherwise giving rise to irregularity. Details of the 29 are given on pages 76 to 78. 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 in force
Dealers' Licences authorising the use of the special designation "Tuberculin Tested"	32
Dealers' Licences authorising the use of the special designation "Pasteurised".	100
Dealers' Licences authorising the use of the special designation "Tuberculin Tested (Pasteurised)"	61
Dealers' Licences authorising the use of the special designation "Sterilised"	120
Dealers' (Pasteurisers') Licences authorising the use of the special designation "Pasteurised"	6
TOTAL	319

FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption during 1961 are set out below:—

Carcases Inspected and Condemned

PARTICULARS	PUBLIC ABATTOIR					
	Cattle (exclg. Cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number of animals killed	4,200	33	54	16,106	8,258	—
Number of carcasses inspected... ..	4,200	33	54	16,106	8,258	—
RESULTS						
All diseases except tuberculosis and cysticerci:—						
Number of whole carcasses condemned	—	1	1	6	9	—
Number of carcasses of which some part or organ was condemned	1,674	10	—	108	644	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	39·85	33·33	1·85	0·71	7·907	—
Tuberculosis only:—						
Number of whole carcasses condemned	—	—	—	—	—	—
Number of carcasses of which some part or organ was condemned	68	—	—	—	24	—
Percentage of the number inspected affected with tuberculosis	1·61	—	—	—	0·29	—
Cysticercosis:—						
Number of carcasses of which some part or organ was condemned	—	—	—	—	—	—
Number of carcasses submitted to treatment by refrigeration	—	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

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

	Cwts.	Qrs.	Lbs.
Beef	205	3	5
Veal	—	1	15
Mutton	5	—	7
Pork	47	2	15
Fish	28	—	19
Poultry, Game and Rabbits	1	2	16

Tinned Goods

Milk	4	1	20
Meat	14	2	4
Fish	12	3	15
Vegetables	15	2	9
Fruit	18	2	21
Miscellaneous	23	2	9
	<hr/> 378	<hr/> 1	<hr/> 15

TOTAL ... 18 tons. 18 cwts. 1 qr. 15 lbs.

Whenever possible, meat was sent for salvage and conversion into useful substance. 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

Some years ago, the Local Authority considered the question of the adequacy of the facilities provided in connection with the slaughtering of animals, and after inspection of the Ministry of Agriculture, Fisheries and Food visited the public abattoir, the Minister approved a resolution passed by the Council under Section 75 of the Food and Drugs Act, 1955, determining that no further licences should be granted by them, on the grounds that the existing public abattoir met the requirements within their district.

In addition to catering for the Borough, the facilities are also available for parts of the adjoining rural area.

The abattoir consists of one principal slaughtering hall containing a two-way stunning pen which communicates with the dressing room. By means of overhead runways, the carcasses can be cooled to a temperature of 45°F. in the cooling hall and this facility has been widely used. In addition two other stunning pens are available for use as required. There are also 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 de-hairing 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 provided with constant water supply and hay racks in compliance with the Regulations; additional covered lairages have recently been built. A new access road has also been made, enabling one-way traffic to be introduced which undoubtedly increases the efficient working of the abattoir.

The number of animals slaughtered during the year showed a marked increase over that of the previous twelve months, as follows: cattle, 4,233 (3,701); calves, 54 (61); sheep and lambs, 16,106 (12,105); and pigs, 8,258 (5,315).

As regards the results of meat inspection, it may be observed that no whole carcasses have been rejected because of tuberculosis and that the condemnations of which some part or organ was affected by this disease is still under 2% in respect of cattle and less than 1% for pigs. It would appear that the operations of the Diseases of Animals (Waste Disposal) Order designed to deal with measures against Foot and Mouth Disease, and which requires swill to be boiled before being used, may be said to be effective in controlling the spread of tuberculosis in animals. The excellent work done by the Ministry of Agriculture, Fisheries and Food under the Eradication of Tuberculosis Scheme which has had such a remarkable effect on the health of livestock in this country, has also contributed in no small measure to the results. Imported non-attested cattle appear to provide the main incidence of tuberculosis (under 2%) found in the animals slaughtered.

The percentage of condemnations for diseases other than tuberculosis and cysticercosis in respect of some part or organ of the carcasses remains fairly high and this is mainly due to distomatosis and pneumonia. No evidence of cysticercosis was found during the year. Facilities for bacteriological examination of specimens are available at the Public Health Laboratories at Liverpool and Preston.

FOOD HYGIENE

This part of the department's activities is becoming increasingly known and its importance appreciated. Some international interest has been aroused. It has been a pleasure to welcome representatives of other countries who have been studying in the United Kingdom, and to have been able to show them the practical application of the departmental efforts to secure the best possible standards of hygiene in connection with the handling of food.

It is interesting to note that the British Medical Association's Report on its "Subject of the Year 1961" which was Health Education, includes the following remarks:—

"More than one group thought that there was a need for greater education of the public in safe food. The efforts of the hygienic producer and the careful shopkeeper are often frustrated by the customer—and there is no legislation which prohibits the unnecessary handling of food nor smoking by customers in shops. Valiant efforts have undoubtedly been made to improve standards of hygiene in the production and sale of food. Southport, for instance, has a specialist Food Hygiene Officer, appointed in 1949, whose duties include the inspection of places where food is sold to make sure that local regulations are being obeyed. He must also try to promote good relations with food handlers throughout the town, to arouse their interest and co-operation in keeping up a standard of cleanliness. The town's Education Committee has provided courses in Food Hygiene: they were attended by chefs, supervisors, and people who work in the higher grades of the food industry, and these courses were closely followed in the local newspapers.

"Elsewhere, local authorities now have the power to demand such essentials as hot and cold running water in food establishments, as well as wash basins, sinks, impermeable working surfaces and readily cleanable equipment. All this, however, is futile if the staff are ignorant of the principles of food hygiene, and although to instruct the staff is no great problem in large organisations, in smaller shops and cafes the proprietors have an uphill task—even if they themselves are convinced. The real solution, it was said in one Division, was proper teaching of food hygiene as part of the school curriculum: in that way, children can also be taught how to handle food hygienically at home. In some schools, this is taught attractively and imaginatively, with the children cooking their own meals, serving them and eating them together."

One of the recommendations made in the Report was that all those who work in the food trade and handle food should be required to have some knowledge of and training in Food Hygiene.

The education of food handlers has been continued in the pattern found to be so desirable in the past and the fact that students continue to be readily forthcoming is yet another indication of the pride of craft which exists amongst many of our food traders.

Elementary Courses and Advanced Courses in Food Hygiene for adults have been held in Southport over a number of years, and three years ago a Bacteriology Course was introduced to appeal to those specially engaged in particular food trades. These courses are conducted jointly by the Southport Corporation Health and Education Committee and the St. John Ambulance Association. An indication of the benefits that it is hoped may accrue as a result of holding these courses can be summarised by reference to the following table of the number of students enrolled:—

Trade	Number attended to Date			
	Elementary Course	Advanced Course	Bacteriology Course	TOTALS
(1) Bakers and Confectioners ...	134	5	—	139
(2) Butchers and Meat Products ...	45	8	2	55
(3) Catering I	357	27	6	390
(4) Catering II	149	18	2	169
(5) Fish Fryers and Fishmongers ...	20	2	2	24
(6) Fruiterers and Greengrocers ...	4	—	—	4
(7) Food and Fruit Preserving ...	333	39	15	387
(8) Grocers	149	5	1	155
(9) Ice Cream and Dairymen ...	21	—	—	21
(10) Nurseries	84	3	—	87
(11) Others	61	6	5	72
TOTALS	1357	113	33	1503

Notes: Catering I—Boarding Houses, cafes and hotels.

Catering II—School Meals service, canteens and hospitals.

Though the taking of examinations is voluntary, of the 990 students (Elementary Course) who did so, 701 were successful.

The instruction given enables students who have taken either the Advanced Course or the Bacteriology Course to become eligible as candidates for the examination for the Certificate of Food Handling of the Royal Institute of Public Health and Hygiene. Forty-six such candidates have up to the present taken the examination and it is gratifying to be able to record that forty-five have been successful.

Experience still shows the need for frequent inspections as the work carried out during the year emphasises.

Equipment—The summary of improvements effected during the year once again indicates that constant vigilance must be exercised to ensure that worn or defective equipment is renewed early enough to prevent risk of the possibility of food being contaminated during its preparation. Minor structural repairs such as defective floors and worn floor coverings present a recurring problem, but it is pleasing to report that the majority of caterers are progressive and willingly carry out suggestions made for improving their premises and equipment.

Contamination—Vermin infestation is still a menace, but the potential danger from this source is widely recognised by food traders, of whom an increasing number take out contracts with firms which specialise in the work of eliminating pests. The expense of this service is considered amply justified by the relative freedom from infestation, which results.

Removal of Waste Food, etc.—During the summer months, it would be of great value if a daily collection of refuse and swill from catering establishments, as a matter of prime importance, could be satisfactorily arranged.

Packaging and Display of Food—The advent of supermarkets has brought a new form of food trading with sales depending to a large degree on impulse buying. It is obvious that the firms concerned have realised the immense value of presenting their goods in clean packages, in shops which are well planned, clean and inviting to the public. Private traders have been quick to realise these facts and already there is a clearly discernible improvement in the standards of premises and equipment in many buildings.

Summaries of Inspections and Improvements Effected.

(A) Summary of Food Hygiene Inspections

INSPECTIONS										Number
Hotels, Restaurants and Kitchens	...	...	...	...	...	...	...	...	...	1,938
Bakehouses	...	...	...	...	...	...	...	...	...	165
Butchers' Shops	...	...	...	...	...	...	...	...	...	218
Confectioners' and Grocers' Shops	...	...	...	...	...	...	...	...	...	563
Cried Fish Shops	...	...	...	...	...	...	...	...	...	48
Fishmongers', Greengrocers' and Poulterers'	...	...	...	...	...	...	...	...	...	227
Public Houses, etc.	...	...	...	...	...	...	...	...	...	189
Miscellaneous	...	...	...	...	...	...	...	...	...	757
TOTAL										4,105

(B) Summary of Improvements Effected

Major reconstructions of cafe kitchens and bakehouses	...	...	...	...	...	...	...	...	...	4
Minor structural improvements, cleansing and repairs	...	...	...	...	...	...	...	...	...	117
Improved food storage facilities	...	...	...	...	...	...	...	...	...	14
Equipment renewed, repaired and cleansed	...	...	...	...	...	...	...	...	...	65
Improved washing-up facilities and procedure	...	...	...	...	...	...	...	...	...	9
Improved sanitary accommodation for staff including personal washing facilities	...	...	...	...	...	...	...	...	...	23
Improved sanitary accommodation for patrons	...	...	...	...	...	...	...	...	...	8
Improved refuse storage facilities	...	...	...	...	...	...	...	...	...	20
Vermin eliminated	...	...	...	...	...	...	...	...	...	17
Miscellaneous...	...	...	...	...	...	...	...	...	...	13
TOTAL										290

THE SHELLFISH INDUSTRY

There can be little doubt that shrimping is Southport's oldest industry, in fact it is probably true to say that the town has grown and spread from the original group of cottages at Marshside. The shrimpers of to-day carry on their calling in much the same way as their ancestors, using a horse and cart behind which they drag the nets in the sea. Shrimping is largely a domestic industry, centralised in and around the homes of the fishermen and their wives, and shrimps undergo many processes and pass through many hands before arriving at the premises of the wholesaler.

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 "peeling" in their own homes.

This regulation, the operation of which had been postponed, has been viewed with apprehension by many concerned with the trade; some people believe that if it eventually comes into force in its original form it will result in the death of this 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 "peeling" 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-peeling" allowed for the time being.

Steps to secure improvements in the bacteriological standard continued by the frequent sampling of the shellfish.

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

ICE CREAM

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

PARTICULARS									Number
For the purpose of manufacture and sale ...	...	...	...	...	...	...	...	...	19
For the purpose of sale ...	...	...	...	...	...	...	...	...	192
For the purpose of storage ...	...	...	...	...	...	...	...	...	1
TOTAL									212

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

Year	Percentage of Samples found to be unsatisfactory								
1949	52.20
1950	26.95
1951	19.78
1952	22.90
1953	29.50
1954	9.17
1955	8.82
1956	19.04
1957	29.09
1958	10.00
1959	31.57
1960	26.98
1961	20.00

In all instances where samples have failed the tests recommended to ensure a high standard, every effort has been made to help the producer to discover any fault in the method of manufacture. Where unsatisfactory samples have been obtained from manufacturers outside the Borough, the appropriate authority has been informed.

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

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

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

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

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

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

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

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

YEAR	RESULTS OF SAMPLES TAKEN						GRAND TOTAL
	NUMBER SATISFACTORY			NUMBER UNSATISFACTORY			
	Grade I	Grade II	Total	Grade III	Grade IV	Total	
1950 ...	42	42	84	12	19	31	115
1951 ...	70	39	109	17	26	43	152
1952 ...	67	71	138	26	15	41	179
1953 ...	65	21	86	22	14	36	122
1954 ...	83	16	99	9	1	10	109
1955 ...	49	13	62	5	1	6	68
1956 ...	22	12	34	8	0	8	42
1957 ...	30	9	39	10	6	16	55
1958 ...	22	5	27	3	0	3	30
1959 ...	29	10	39	6	12	18	57
1960 ...	32	14	46	9	8	17	63
1961 ...	27	13	40	8	2	10	50
TOTALS	548	276	824	144	118	262	1086

Overall Results: Satisfactory, 75·87%; Unsatisfactory, 24·13%.

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 thirteen inspections of the plants were carried out by the Public Health Inspectors.

Part VI

ADDITIONAL 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

Work done on behalf of the Children's Committee

HEALTH EDUCATION

The proposed new Child Welfare and School Health Centre on the Lincoln House site is likely to be begun in the near future. It is hoped that the building will commence in June, 1962, and will be ready for occupation in about a year from that date. This should make a real step forward in the Local Authority Health Services in the Birkdale area since the premises will be used for a variety of purposes. It is expected that the Health Visitor who will occupy the bungalow which is to be built adjoining the new centre will have special responsibility for elderly people living in the immediate vicinity and especially for those in the old people's flats to be built immediately opposite the new centre.

There can be little doubt as to the growing importance of this subject. The staff of the Health Department are aware of an increasing demand for such instruction. It seems probable that some of the dramatic work of this kind which has been done by the use of television has stimulated the demand. Unfortunately, preventive medicine as a subject for propaganda has less dramatic and emotional appeal than curative medicine displayed in programmes such as "Emergency Ward 10". Nevertheless, many of the preventable killing diseases such as cholera, plague and diphtheria and the epidemics which were suffered in the past would serve as good material for such publicity. Nothing, however, is so useful in this field as the personal instruction and advice given by the interested family doctor, public health medical officer or nurse when speaking to the individual or to small groups. This is the way to persuade parents and others to resort to immunisation. As the fear and knowledge of what diphtheria is really like become more remote from the young mother of to-day who has never known the disease, so our efforts in Health Education will have to be redoubled.

During the year demonstrations have taken place in the Infant Welfare Centres and leaflets and posters have been used for publicity purposes.

Lectures have been arranged from time to time for a variety of organisations and on a number of subjects.

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 215 persons on the Blind Register and 58 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 are no registered cases in the area.

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 in operation during 1961:—

ADDRESS	DAY	TIME
CHILD WELFARE CENTRES:—		
1. Methodist Church, Ainsdale	Mondays	2 to 4 p.m.
2. North Road, Crossens	Wednesdays	2 to 4 p.m.
3. Methodist School, Liverpool Road ...	Tuesdays	2 to 4 p.m.
4. Poulton Road, High Park	Tuesdays	2 to 4 p.m.
do. do.	Wednesdays	2 to 4 p.m.
5. Hampton Road	Tuesdays	2 to 4 p.m.
do.	Thursdays	2 to 4 p.m.
6. Methodist School, Derby Road	Fridays	2 to 4 p.m.
ANTE-NATAL CLINICS:—		
4 Hoghton Street	Thursdays	2 to 4 p.m.
POST-NATAL CLINICS:—		
4 Hoghton Street	Mondays	2.30 to 3.15 p.m.
TUBERCULOSIS CONTACT CLINIC:—		
Southport Infirmary	Mondays	2 to 5 p.m.
PROPODY CLINICS:—		
Cambridge Hall	Mondays	9.15 a.m. to 12.30 p.m. 2.15 to 4.30 p.m.
2 Church Street	Tuesdays	
	Wednesdays	9 a.m. to 12 noon 2 to 5 p.m.
	Thursdays	
	Wednesdays	

Medical Examinations—the following table shows the work done by the medical of the department during 1961 in regard to the medical examination of employees the purpose of the Superannuation and Sickness Pay Schemes.

Department	NUMBER OF MEDICAL EXAMINATIONS			
	Super-annuation Scheme	Sickness Pay Scheme	Re-Examina-tions	Total
CORPORATION DEPARTMENTS:—				
Borough Architect	3	—	—	3
Borough Engineer	6	32	8	46
Borough Treasurer	7	—	2	9
Children's	1	—	—	1
Education	65	25	2	92
Estates and Baths	—	1	1	2
Fire Service	12	—	4	16
Flower Show	—	—	—	—
Health	12	20	2	34
Libraries	4	—	—	4
Lighting	1	—	—	1
Police	1	—	—	1
Publicity	3	6	3	12
Parks and Cemeteries	—	15	2	17
Town Clerk's	5	—	—	5
Transport	1	18	5	24
Water Board	1	14	1	16
Weights and Measures	1	—	—	1
Welfare Services	4	13	2	19
OTHER DEPARTMENTS:—				
Electricity	4	—	—	4
District Nursing Association	6	—	—	6
TOTALS	137	144	32	313

Nurseries and Child Minders Regulations Act.

Private Nursery—One private nursery is registered by the Council under this Act and consists of 3 ground floor rooms of a private house for a maximum number of 36 children.

Nursing Homes—At the end of the year there were 12 Nursing Homes registered with the Local Authority, with 7 maternity beds and 146 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 44.

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 1947 and the Nurses Agencies Regulations of 1945. No additional agencies were licensed during 1961, 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 1961 under the powers contained in Section 47 of the National Assistance Act, 1948.

CIVIL DEFENCE, AMBULANCE AND FIRST AID SECTION ANNUAL REPORT

(i) Recruitment Position for the year 1961

Month	Men	Women	Total	New		Resigned	
				Men	Women	Men	Women
January	21	75	96	—	—	—	—
February... ..	21	75	96	—	—	—	—
March	21	75	96	—	—	—	—
April	21	75	96	—	—	—	—
May	21	75	96	—	—	—	—
June... ..	22	77	99	1	2	—	—
July	22	77	99	—	—	—	—
August	22	77	99	—	—	—	—
September	22	75	97	—	—	—	—
October	27	84	111	6	10	1	1
November	27	84	111	—	—	—	—
December	27	84	111	—	—	—	—

(ii) Training as at 31st December, 1961

Ambulance	Fully trained ...	45	Undergoing training ...	12	—	57
First Aid	Fully trained ...	15	Undergoing training ...	12	—	27
Enrolled persons who have not attended for training ...				—	—	27
TOTAL				...		111

Riding Establishment Act, 1939—The purpose of this Act is to prevent the 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, 1961, Mr. Hewetson made 21 visits to eight riding establishments and carried out two hundred and sixty-four inspections.

Mr. Hewetson's report stated that the general standard of care, stabling and use of 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 an additional Deputy Medical Referee.

The number of certificates required in 1961 was 775.

Special Surveys—During the year, the Department provided information for the Medical Research Council's investigation on poliomyelitis.

Work done on behalf of Children's Committee—During the year, 138 examinations were carried out on behalf of the Children's Committee, the details being as follow:

Examination of children who are boarded-out in foster homes	...	...	...	111
Examination of children admitted to Institutions	...	...	...	2
Examinations to Links Avenue Children's Home	...	...	...	13
Examinations from Links Avenue Children's Home	...	...	...	6
Routine Medical Inspection of Children in Care	...	...	...	6

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

COUNTY BOROUGH



OF SOUTHPORT

EDUCATION COMMITTEE

ANNUAL REPORT

of the

Principal School Medical Officer

for the Year ending

31st December, 1961

G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H.

Principal School Medical Officer

OF SOUTHBURY



COUNTY BOROUGH

EDUCATION COMMITTEE

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for the Year ending

31st December, 1961

G. N. M. WISHART, M.B.E., L.R.C.P., D.P.H.

Principal School Medical Officer

EDUCATION COMMITTEE ON THE

31st December, 1961.

The Mayor, Alderman R. J. DAINTREE, 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 MRS. M. GOLDBERG

Councillor J. A. HARDEN

Councillor G. W. KENDALL, J.P.

Councillor W. PRESCOTT

Councillor Mrs. I. D. SELL

Councillor MRS. F. M. TURNER

Councillor MRS. G. P. WILLIAMSON

Mr. G. F. DIXON

The Rev. E. FORMBY

The Rev. O. TUDOR HUGHES

Mr. A. LOVERIDGE

The Rev. Canon F. H. PICKERING

Mr. D. G. PRITCHARD

Representatives on Joint Health and Education Sub-Committee

Alderman W. BERWICK

Alderman R. JOHNSON

Alderman R. WOOD

Councillor J. CAMPION

SCHOOL MEDICAL STAFF, 1961

Medical Staff (Full-Time)—

Principal School Medical Officer

G. N. M. WISHART, M.R.C.S.,
L.R.C.P., D.P.H.

Deputy Principal School Medical
Officer

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

School Medical Officer

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

School Medical Officer

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

Visiting Medical Staff—

Eye Clinic

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

Ear, Nose and Throat Clinic

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

Skin Clinic

A. ROBY JONES, M.D.

Child Guidance Clinic

K. M. FRASER, M.B., CH.B., D.C.H.,
D.P.M.

Dental Staff—

Principal Dental Officer

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

Dental Officer

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

Dental Officer

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

Orthodontist (part-time)

H. Pogrel, L.D.S. (Liv.), L.D.S.,
R.C.S. (Eng.), D.ORTHO.R.C.S.
(Eng.)

3 Attendants

Nursing Staff—

Superintendent Health Visitor/
School Nurse

Miss E. DOWD, S.R.N., S.C.M.,
H.V. Cert.

12 School Nurses

2 Clinic Nurses

Medical Auxiliaries—

Physiotherapist

Mrs. V. A. McLEOD, M.C.S.P.

Occupational Therapist

Miss J. C. NUTTALL, M.A.O.T.

Speech Therapist

Vacant

Chiropodist (Part-time)

W. H. ROGANS, M.CH.S.

Child Guidance Service—

Educational Psychologist

A. E. N. FAWCETT, B.SC.

Psychiatric Social Worker

Miss E. MURPHY, B.SOC.SC.,
A.A.P.S.W.

Clerical Staff—

1 Senior Clerk.

3 Clerks.

1 Shorthand Typist/Clerk.

Principal School Medical Officer's Annual Report

FOR 1961

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report for the year, 1961.

In the past it has been the custom to combine this report with that relating to my responsibilities as the Medical Officer of Health of Southport, but in order to comply with the present requirements of the Minister of Education, it has been necessary to have the reports printed separately.

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

Two items are worth special mention: the first that the Child Guidance Service, which has been in operation since September, 1960, became fully staffed for the first time in the autumn and should now be able to make a real contribution to the health of the children by helping them and their parents to overcome problems characterised by emotional upset and abnormal behaviour: the second, a most interesting review by the Consultant Surgeon to the Ear, Nose and Throat Department, Mr. R. V. Tracy-Forster, F.R.C.S., D.L.O., of some of the work done in the Ear, Nose and Throat Clinic during the past ten years. A description of this work will be found in the following pages. Mr. Forster has not only made a personal assessment of the degree of benefit obtained in each of 350 children submitted to the operation of removal of tonsils and adenoids some years after this was done, but has also asked the parents to record whether or not the operation helped their child. From the results obtained it must surely be agreed that this operation can be of great benefit to certain children. Nevertheless, as the general health of children improves and the prevention of an increasing number of infectious diseases becomes a practical possibility, the number of children requiring treatment of this kind should decrease.

There has been no change in the medical staff during the year.

I am,

Yours faithfully,

G. N. M. WISHART,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

The School Health Service is essentially an advisory and preventive medical service. The fact that there is less physical illness amongst school children nowadays than was the case in the earlier years of the century, and the fact that every child now has the right to attention from a family doctor has led the medical profession as a whole, and school medical officers in particular, to look more critically at the medical work which is done in the schools.

A good deal of the work done by the school doctors is of a specialist nature requiring considerable knowledge of the educational facilities in the area and of the mental development and intellectual ability which can be expected of children at particular ages. In the main, the service is not intended to provide treatment except priority treatment for defects of hearing and eyesight, which are of such great importance to the education of the child. Treatment is primarily a matter for the family doctor. 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 only be achieved by good liaison with the family doctors and arrangements are in force in Southport which ensure the family doctor agrees with the school medical colleague before a child is referred for consultant opinion, and that he is kept fully informed of the results of any investigation or hospital treatment.

In some areas the school doctors no longer carry out at least three routine medical inspections during the child's school life and instead, various methods are used to pick out for more frequent examination those children who are thought to require medical attention, either because they are not thriving, not managing to keep up with the others in class or are evincing behavioural and emotional difficulties.

In a recent review of the arrangements in Southport it was thought that it was well worth while seeing every child at least three times during the school life: apart from the likelihood of finding some defect which would benefit from treatment, the opportunity for useful health education at each examination can be very valuable.

The scope of the work of the school medical staff has widened in recent years since the emphasis on mental health and health education has increased, and school doctors are faced with the problem of how best to make use of limited time. "Health Education" was the "Subject of the Year" for study by the British Medical Association, and one of a number of recommendations was that Food Hygiene should be taught in schools. It is certainly my view that courses in this subject should be available for those in the Food Trades, and others interested, at all Technical Colleges.

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.

	1960		1961
Primary Schools	5,506	—	5,529
Secondary Modern, Technical and Grammar Schools ...	4,208	—	4,240
	9,714	—	9,769

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:—

1. Every pupil admitted for the first time to a maintained school is inspected as soon as possible after admission.

2. Every pupil attending a maintained primary school is inspected during the last year of his attendance at that school.

3. Every pupil attending a maintained secondary school is inspected during the last full year of his attendance at that school.

All schools were visited during the year and 3,559 children in the three groups mentioned above were listed for inspection, out of which number 239 were absent.

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

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

PRIMARY SCHOOLS—										1961
Entrants	...	...	...	...	...	...	...	...	...	585
Leavers	...	...	...	...	...	...	...	...	...	757
SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—										
Leavers	...	...	...	...	...	...	...	...	...	1011
ADDITIONAL MEDICAL INSPECTIONS (All Schools)										967

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

PRIMARY SCHOOLS—										1960	1961
										%	%
Entrants	...	...	...	...	...	...	...	...	...	84·60	63·42
Leavers	...	...	...	...	...	...	...	...	...	48·33	57·20
SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—											
Leavers	...	...	...	...	...	...	...	...	...	10·46	8·70
ADDITIONAL MEDICAL INSPECTIONS (All Schools)										59·03	55·32

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 ...	585	757	1011	967	3320
Number of children requiring treatment ...	141	208	205	206	760
Percentage requiring treatment ...	24·10	27·48	20·28	21·30	22·89

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 8,954 and of these 223 were brought forward for further examination, together with 364 referred from last year's medical inspections.

CLINICS

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

DAY	TIME	CLINIC
Monday	9.15 a.m. to 12.45 p.m.	Dressings Clinic
	9.30 a.m.... ..	*Ear, Nose and Throat Clinic
	2 p.m. to 4 p.m. 1.15 p.m. to 4.45 p.m.	Doctors' Minor Ailment Clinic Dressings Clinic
Tuesday	9.15 a.m. to 12.45 p.m.... ..	Dressings Clinic
	9 a.m.	*Eye Clinic
	1.15 p.m. to 4.45 p.m. 2 p.m.	Dressings Clinic *Eye Clinic
Wednesday	9.15 a.m. to 12.45 p.m.... ..	Dressings Clinic
	2 p.m. to 5 p.m.	*Chiropody Clinic
	1.15 p.m. to 4.45 p.m.	Dressings Clinic
Thursday	9.15 a.m. to 12.45 p.m.... ..	Dressings Clinic
	1.30 p.m. to 2.30 p.m.	Skin Clinic (fortnightly)
	1.15 p.m. to 4.45 p.m.	Dressings Clinic
Friday	9.15 a.m. to 12.45 p.m.... ..	Dressings Clinic
	1.15 p.m. to 4.45 p.m.	Dressings Clinic
	2 p.m. to 3.30 p.m.	Immunisation
Saturday	9 a.m. to 12 noon	Dressings Clinic

*By Appointment only.

Remedial exercise clinic—Sessions at Hampton Road Child Welfare Centre are arranged by the physiotherapist, 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 ensure that every effort is made to try to reduce waiting time and time lost from school.

During the year, 6,719 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 635 and these children made 1,486 attendances. 28 cases were referred to the Southport Infirmary for further investigation, 2 to the Royal Liverpool Children's Hospital, 1 to Alder Hey Children's Hospital, 2 to the Royal Southern Hospital, and 1 to the Liverpool Radium Institute.

* 77 children were referred to the Casualty Department at the Southport Infirmary by the School Medical Officers and the Clinic Nurses.

Eye Clinic—Mr. D. Rankine, the Consultant Ophthalmic Surgeon, continued to attend on Tuesday morning and afternoon, and during the year he held 69 clinics. 266 new cases were examined and 594 were seen for supervision and revision of spectacles. 18 cases were referred for further treatment at the Southport Infirmary.

Skin Clinic—During the year 324 attendances were made. A wide variety of skin diseases, usually in the early stages, were treated at the clinic.

Chiropody—This clinic, which was started in November, 1959, continues to prove its value by providing an efficient service for the treatment of verrucae, corns and similar afflictions.

160 children made 633 attendances during the year. Of these 140 (87.5%) were discharged cured and 20 (12.5%) were still being treated at the end of the year. Each child made approximately four visits before being discharged. Verrucae formed the greater part of the defects treated (95.6%).

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.

61 school children were treated; these children made a total of 1,113 attendances.

Remedial Exercises Clinic—Children are referred to this clinic by the orthopaedic surgeon at the Promenade Hospital and by the school medical officers. 153 children made 3,461 attendances 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, and 124 sessions were held during the year.

No. of children listed for treatment in 1961	...	...	...	...	46
No. of children admitted to regular classes in 1961	...	...	...	...	33
No. of children discharged as cured	...	...	...	...	28

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

(a) Slow and abnormal speech development	...	...	...	...	40
(b) Stammering	...	...	...	...	17
(c) Lisp	...	...	...	...	8
(d) Cleft palate	...	...	...	...	2

During the year 1,112 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.

Ear, Nose and Throat Clinic—In 1961, 383 new cases were examined and 170 attended for observation of progress from previous years. 173 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 special examination. The school nurses have made a start in the testing of the hearing by audiometry, of all new entrants to Infant Classes. Those children who fail this test are requested to attend for further investigation at the Health Department.

I am indebted to Mr. R. V. Tracy Forster for the following special report on work which he has carried out during the past two years:—

COMMENTARY ON THE WORK CARRIED OUT AT THE E.N.T. CLINIC,
HELD AT THE SCHOOL HEALTH CENTRE—YEARS 1960-61

Many lay people consider that a School Clinic, at which an Ear, Nose and Throat Consultant is in attendance, is primarily a Clinic for the selection of cases suitable for the Tonsil and Adenoid operation.

It is perhaps well at times for us all to consider that these Clinics were originally set out to cater for those children who were Partially Deaf. Totally deaf children have for long enough had special education, but it was realised in Glasgow prior to 1920 that there were children attending ordinary schools who did not gain the full benefit of the education provided owing to a disability of Partial deafness.

Indeed, in 1919, the Aural Surgeon to the Glasgow Committee said that, "The advent of the aural school Clinic is perhaps the most important development which has taken place in the treatment of ear disease for the last quarter of a century".

At Southport, a large number of children have been selected for special treatment on account of Partial deafness, and this treatment has been either of an Out-Patient nature, or of an In-Patient nature. Those admitted to Hospital have either been treated on medical lines, or by surgical means, according to the opinion of the Surgeon in Charge.

Of surgical means, the two most common operations have been the removal of Tonsils and Adenoid, and, in those cases where deep-seated disease was present, a mastoid operation has been carried out.

During the past two years a series of Research Clinics have been held, with a view to finding out whether the parents of the children treated in this area during the past ten years have been satisfied with the results obtained, and 350 cases have been reviewed. Of these 350 only two (2) have failed to make a marked improvement in health. Reference to these two cases showed that in the original notes they were both considered border-line cases, and that the operation was done in the hope that there would be some improvement, rather than as a definite recommendation.

The research has discovered that the only significant complication of the operation has been secondary infection, occurring between the 8th to 12th day after operation, and this in the past has led to about 1% of cases being re-admitted to Hospital for medical treatment for high temperature, or surgical treatment for bleeding from the adenoid.

As a result of this finding, all children are now discharged from Hospital with a routine course of anti-biotic and sulphonamide therapy, and in the last five months there have been ABSOLUTELY NO RE-ADMISSIONS OF THESE CASES. I feel that this is a most important step forward in the treatment of these cases, for it means that the operation now carries even less risk than in the past. This finding alone justifies the whole research programme.

We can say with conscious pride that, apart from new entrants to the area there are cases of chronic discharging ears in the children attending the Southport Schools.

With regard to the recommendations by the Ministry of Health on the detection of partial deafness in children and their treatment (Circular No. 23/61) it can be said that these recommendations were in force in Southport before the Circular was received, and that the support and enthusiasm of the staff enable a high standard to be maintained.

R. V. TRACY FORSTER,

M.B., CH.B. (Liverpool). F.R.C.S. (Eng.), D.L.O.

The following is a summary of the 350 school clinic cases reviewed by Mr. Tracy Forster in his research concerning Tonsil and Adenoid removal:—

DEFECT	Cured	Improved	No Change	TOTAL
Tonsillitis	199	1	—	200
Cervical Glands	75	6	—	81
Recurrent colds	124	23	4	151
Mouth breathing	105	20	—	125
Deafness	42	11	—	53
Otitis media	68	12	1	81
Snoring	60	2	—	62
General assessment	58	20	2	80
TOTAL	731	95	7	833

The comments made by the parents at the time of the examination were:

(a) No. of parents who stated the operation had improved health	348
(b) No. of parents who stated the operation had not improved health	2
(a) No. of parents who recommended the operation for a child with similar symptoms.	343
(b) No. of parents who did not recommend the operation for a child with similar symptoms	7
(a) No. of children who had no complications following the operation	332
(b) No. of children who had complications following the operation	18
Secondary Adenoid Haemorrhage	8
Otitis Media (flare up)	4
Cervical Adenitis	1
Rheumatic Fever	1
Not known as when Survey first carried out details not kept	4
	<hr/> 18 <hr/>

It is interesting to note the actual numbers of children who have required removal of Tonsils and Adenoids during the past four years, as is shown in the following table:

TABLE SHOWING NO. AND % OF L.E.A. SCHOOL CHILDREN
WHO HAVE HAD TONSIL AND ADENOID REMOVAL DURING
THE LAST FOUR YEARS

Year	Total No. on L.E.A. School Roll	No of L.E.A. School Children who had Tonsil and Adenoid Removal	% of L.E.A. School Children who had Tonsil and Adenoid Removal
1958	9597	213	2·2
1959	9730	203	2·1
1960	9714	240	2·5
1961	9769	202	2·1

Child Guidance—I am indebted to Dr. K. M. Fraser for the following comments on the Child Guidance Clinic. The statistical report on the Service follows later.

In a review of the first full year's working of the Child Guidance Service, it is gratifying to note that the families concerned have been referred in almost equal numbers by the Family Doctors on the one hand and the School Medical Officers and Head Teachers on the other.

During the first nine months of the year the post of Psychiatric Social Worker was unfilled and it was not until the appointment of Miss E. Murphy in October that the necessary case work could commence.

The first Educational Psychologist, Mr. J. B. Edwards, resigned in October after a year's pioneer work in the establishment of the duties of his post and the formation of a strong link of understanding between the staff of the schools and the service. We are fortunate that Mr. A. E. N. Fawcett has been able to continue and strengthen this work.

The investigation of the causes of unhappiness in a family requires not only liaison with workers in many other fields all of which have some bearing on the family as a whole. The child's behaviour may be determined by many causes and the types of treatment may well be as varied. He may need the advice of the Educational Psychologist to his school teachers or some special intensive remedial teaching in the Clinic. The rest of the family may require to be seen by the Psychiatric Social Worker and to be given help with their methods of handling the child in his home. The Psychiatric Social Worker is specially trained to discuss with parents ways in which their own upbringing and views on life may affect their outlook and methods of handling and this treatment may have to be carried on over a long period. Although it is the child who is the person complained about, he cannot be treated in isolation, the whole family as a unit is involved.

The help which has been given by all in the initiation of this service in Southport is gratefully acknowledged.

HANDICAPPED PUPILS

Physically Handicapped Children—Very good liaison continues between this department and Hawkshead Street Hospital Special School. Ten 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 staff do all in their power to make it so.

There are a few physically handicapped children for whom this type of education is suitable. All these children have been placed in appropriate residential schools.

Two children have had lessons at home. This provision is much appreciated by parents.

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

Deaf and Partially Deaf Children—Three deaf children and two partially deaf children remained in residential schools. Two children attend a special school for the partially deaf as day pupils, and two deaf children were also day pupils at a Special School.

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 three 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 otherwise require admission to special residential schools.

Children unsuitable for Education in Schools—No. of children notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959—4.

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 1961, one schoolchild was found to be suffering from pulmonary tuberculosis.

B.C.G. Vaccination—This was the seventh 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.

When children are eligible for B.C.G. vaccination, an explanatory note with a consent form is sent to parents.

In 1958, 30.2% of parents failed to reply to this letter. In 1959 and 1960 the percentages were 20.4 and 31. This year the number of parents who failed to reply fell to 11.9% due to improved arrangements. Parents who failed to reply were visited by a member of the Health Visiting Staff, so that no effort was spared to bring to the notice of parents the importance of vaccination against tuberculosis.

The acceptance rate in 1961 was 77.7%.

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
1961	77.7	938	11.9	84.7	787

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

Post B.C.G. Vaccination Skin Tests—Some weeks after B.C.G. Vaccination, the tuberculin skin test should change from negative to positive. It has not been our practice to re-test children, as the conversion rate was assumed to be satisfactory.

During the term commencing September, 1961, Dr. H. Gordon investigated the procedure by re-testing 93 children who several weeks previously had been vaccinated with B.C.G. 91 were found to be positive, and conversion rate of nearly 98% is high enough for re-testing to be omitted from our vaccination scheme.

None of the children developed any complications, and none of the resultant skin reactions were over one centimetre in diameter.

Tuberculin Skin Testing of School Entrants—This is the 6th 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
1961	640	9	1.4

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 1960 for comparison:—

	1960	1961
Measles	121	253
Rubella	20	57
Scarlet Fever	24	13
Chicken Pox	291	156
Diphtheria	—	—
Whooping Cough	22	10
Tuberculosis	1	1

Miscellaneous School Medical Work

	1961
Examination for fitness to take part in public entertainment	6
Examination for fitness for part-time employment	50
Examinations by nurses prior to admission to school	899

Home Visits by School Nurses

Follow-up of routine medical inspections	55
On account of illness	50
Of infectious cases	9
Of infectious contacts	3
About immunisation of children	214

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 pot-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, 1,089,527 meals were given to Southport school children. About 62% of these meals were supplied free or on partial payment. On an average 62% 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, 1961

I am indebted to Mr. Martland for the following comments:—

The authorised professional establishment of one principal school dental officer and two school dental officers has been maintained throughout the year. In the dental report of 1960, mention was made of the loss of 120 half-day sessions through absence from duty of one of the dental officers through sickness. For the same reason and for the sake of comparison, it may be well to record that during 1961, absence from duty of the dental officers showed a loss of 35 half-day sessions.

The children in all schools, the Day Nurseries, the Hospital Special School and the Training and Industrial Centre have been inspected and treated during the year, and in addition two schools have been re-inspected. The period between inspection and re-inspection and treatment and re-treatment has regained its 48 week cycle.

In the report of 1960, it was mentioned that the installation of a system supplying compressed air to each of the three surgeries for use of an "air turbine high speed drill", would be completed during 1961. This has been completed to the satisfaction of the dental officers.

During the year, Mr. Pogrel, the consultant orthodontist, together with the department's dental officers, has completed the treatment of 49 cases of irregularity of the teeth by appliances and 67 new cases have been accepted.

Of the 962 teeth extracted from the permanent dentition, 540 sound or saveable teeth were removed for orthodontic purposes. The table below shows how this procedure has been followed progressively since 1958.

EXTRACTION OF SOUND OR SAVEABLE TEETH OF THE
PERMANENT DENTITION FOR REGULATION PURPOSES

1958	1959	1960	1961
280	530	470	540

Most of the dental officers' time continues to be exhausted by the restoration of teeth attacked by dental caries. Today, even the maintenance of a dentition already made good, needs constant surveillance.

Foods that promote better general and dental health are unfortunately the most expensive. It is equally unfortunate that the valuable chemical and physical properties of these foods are generally impaired during preparation for the table. The choice of diet tends for bulk, sweet and seasoned foods that can be squashed and quickly swallowed, rather than foods that demand thoughtful and efficient mastication.

There is no reason to expect any spectacular change in the daily diet of the population as a whole for the sake of dental health, although instruction in dental hygiene to the individual can so often show enthusiastic response. We await with interest the findings of the several teams of research engaged in the incidence of dental caries. The question of the fluoridation of the national drinking water to a level of one part per million will be much discussed in the near future, as this procedure has been shown to reduce the incidence of dental caries in children by as much as 50 to 65 per cent.

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

Age Groups Inspected (By years of birth) (1)	No. of pupils Inspected (2)	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)
1957 and later	209	209	100	—	—
1956	366	363	99·18	3	0·82
1955	489	486	99·39	3	0·61
1954	76	75	98·68	1	1·32
1953	57	57	100	—	—
1952	48	47	97·92	1	2·08
1951	84	84	100	—	—
1950	551	547	99·27	4	0·73
1949	284	282	99·30	2	0·70
1948	70	70	100	—	—
1947	821	819	99·76	2	0·24
1946 and earlier	265	265	100	—	—
TOTAL	3320	3304	99·52	16	0·48

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)
1957 and later	—	30	30
1956	3	68	70
1955	7	114	118
1954	2	18	20
1953	2	10	11
1952	6	10	15
1951	4	24	27
1950	24	131	146
1949	16	73	79
1948	6	12	16
1947	50	126	169
1946 and earlier	23	37	59
TOTAL	143	653	760

TABLE C
OTHER INSPECTIONS

Number of Special Inspections ...	...	...	...	...	...	...	...	1037
Number of re-inspections ...	...	...	...	...	...	...	...	1153
TOTAL								2190

TABLE D

INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....903½
- (b) Total number of individual pupils found to be infested..... 80
- (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—PERIODIC INSPECTIONS

Defect or Disease	Entrants	Leavers	Others	TOTAL
Skin T O	10 —	50 —	50 —	110 —
Eyes—a. Vision T O	7 —	63 —	74 7	144 7
Eyes—b Squint T O	8 3	3 —	18 6	29 9
Eyes—c Other T O	5 1	4 —	18 1	27 2
Ears—a Hearing T O	9 6	3 —	13 5	25 11
Ears—b Otitis Media T O	7 2	7 —	11 3	25 5
Ears—c Other T O	1 —	1 —	10 —	12 —
Nose and Throat T O	39 29	13 1	54 62	106 92
Speech T O	3 6	3 —	13 11	19 17
Lymphatic Glands T O	12 10	1 —	7 20	20 30
Heart T O	9 12	7 1	13 18	29 31
Lungs T O	15 1	6 2	23 3	44 6
Developmental—a Hernia T O	1 1	— 1	2 4	3 6
Developmental—b Other T O	9 18	19 1	41 33	69 52
Orthopaedic—a Posture T O	3 1	18 5	19 19	40 25
Orthopaedic—b Feet T O	12 11	9 2	49 61	70 74
Orthopaedic—c Other T O	17 12	11 2	48 33	76 47
Nervous System—a Epilepsy T O	1 —	1 —	1 1	3 1
Nervous System—b Other T O	— —	3 —	1 —	4 —
Psychological—a Development T O	11 1	2 1	22 1	35 3
Psychological—b Stability T O	5 1	1 —	7 1	13 2
Abdomen T O	1 1	— —	7 —	8 1
Other T O	1 —	3 —	6 —	10 —

TABLE B
SPECIAL INSPECTIONS

Defect Code No. (1)	Defects or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	153	9
5	Eyes— a. Vision b. Squint c. Other	9 4 34	3 — 6
6	Ears— a. Hearing b. Otitis Media c. Other	17 12 11	12 1 4
7	Nose and Throat	65	41
8	Speech	23	15
9	Lymphatic Glands	2	7
10	Heart	4	7
11	Lungs	22	16
12	Developmental— a. Hernia b. Other	— 25	— 6
13	Orthopaedic— a. Posture b. Feet c. Other	7 17 96	6 20 22
14	Nervous System— a. Epilepsy b. Other	3 1	1 1
15	Psychological— a. Development b. Stability	41 2	8 1
16	Abdomen	20	1
17	Other... ..	134	55
	TOTAL	702	242

PART III

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

TABLE A

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	140
Errors of refraction (including squint)	775
Total	915
Number of pupils for whom spectacles were prescribed	246

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	1
(b) for adenoids and chronic tonsillitis	173
(c) for other nose and throat conditions	60
Received other forms of treatment	299
Total	533
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961	3
(b) in previous years	7

TABLE C

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments—	
Specialist clinics	42
By Local Authority Medical Staff	187
(b) Pupils treated at school for postural defects	—
Total	229

TABLE D
DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I)

										Number of cases known to have been treated
Worm—	(a)	Scalp	...	...	...	...	...	...	...	—
	(b)	Body	...	...	...	...	...	...	...	—
abies	...	...	...	...	...	...	...	...	...	2
etigo	...	...	...	...	...	...	...	...	...	8
er skin diseases	...	...	...	...	...	...	...	...	...	441
Total										451

TABLE E
CHILD GUIDANCE TREATMENT

						Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	...	...	...	...	...	192, in addition 20 Private Schools 9 Lancs. County

TABLE F
SPEECH THERAPY

						Number of cases known to have been treated
Pupils treated by speech therapists	...	...	...	...	...	67

TABLE G
OTHER TREATMENT GIVEN

										Number of cases known to have been dealt with
Pupils with minor ailments	...	...	...	...	...	...	...	...	...	635
Pupils who received convalescent treatment under School Health Service arrangements	...	...	...	...	...	...	...	...	...	—
Pupils who received B.C.G. vaccination	...	...	...	...	...	...	...	...	...	787
Artificial Sunlight	...	...	...	...	...	...	...	...	...	61
Remedial Exercises	...	...	...	...	...	...	...	...	...	153
No. of 5 year old entrants who have had Skin Tests	...	...	...	...	...	...	...	...	...	640
Total										2276

PART IV
SCHOOL DENTAL SERVICE

									190
1.	Number of pupils inspected by the Dental Officers:—								
	(a) At Periodic Inspections (395 re-inspected) ...	...	...	...	...	...	...	...	93
	(b) With Special Appointments ...	...	...	...	...	...	...	...	15
	TOTAL (1) ...	...	...	...	...	...	...	...	108
2.	Number found to require treatment ...	...	...	...	...	...	...	...	60
3.	Number offered treatment ...	...	...	...	...	...	...	...	60
4.	Number actually treated ...	...	...	...	...	...	...	...	29
5.	Number of attendances made by pupils for treatment, including those recorded at 11(h) ...	...	...	...	...	...	...	...	82
6.	Half days devoted to:—								
	(a) Periodic (Schools) Inspections ...	...	...	...	...	...	...	...	12
	(b) Treatment (including 47 Orthodontic Sessions) ...	...	...	...	...	...	...	...	12
	TOTAL (6) ...	...	...	...	...	...	...	...	12
7.	Fillings:—								
	(a) Permanent Teeth ...	...	...	...	...	...	...	...	44
	(b) Temporary Teeth ...	...	...	...	...	...	...	...	16
	TOTAL (7) ...	...	...	...	...	...	...	...	61
8.	Number of Teeth filled:—								
	(a) Permanent Teeth ...	...	...	...	...	...	...	...	40
	(b) Temporary Teeth ...	...	...	...	...	...	...	...	15
	TOTAL (8) ...	...	...	...	...	...	...	...	55
9.	Extractions:—								
	(a) Permanent Teeth ...	...	...	...	...	...	...	...	9
	(b) Temporary Teeth ...	...	...	...	...	...	...	...	23
	TOTAL (9) ...	...	...	...	...	...	...	...	33
10.	Administration of general anaesthetics for extraction by Dental Officers of the staff								7
11.	Orthodontics:—								
	(a) Cases commenced during the year ...	...	...	...	...	...	...	...	0
	(b) Cases carried forward from previous year ...	...	...	...	...	...	...	...	0
	(c) Cases completed during the year ...	...	...	...	...	...	...	...	0
	(d) Cases discontinued during the year ...	...	...	...	...	...	...	...	0
	(e) Pupils treated with appliances ...	...	...	...	...	...	...	...	1
	(f) Removable appliances fitted ...	...	...	...	...	...	...	...	0
	(g) Fixed appliances fitted ...	...	...	...	...	...	...	...	0
	(h) Total attendances ...	...	...	...	...	...	...	...	6
12.	Number of pupils supplied with artificial teeth ...	...	...	...	...	...	...	...	0
13.	Other operations:—								
	(a) Permanent teeth ...	...	...	...	...	...	...	...	8
	(b) Temporary teeth ...	...	...	...	...	...	...	...	8
	TOTAL (13) ...	...	...	...	...	...	...	...	90

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 children in 1961 compared with those in 1938.

Age last Birthday	1938		1961	
	Height ft. ins.	Weight st. lbs.	Height ft. ins.	Weight st. lbs.
Age 5 years				
Boys	3 6	3 0	3 7½	3 2½
Girls	3 6	2 13	3 7½	3 1½
Age 10 years				
Boys	4 5	4 10	4 7	5 4½
Girls	4 7	5 0	4 7½	5 7½
Age 14 years				
Boys	5 2	7 6	5 3½	8 3
Girls	5 4	7 12	5 2½	8 1
Age 15 years				
Boys	5 6	8 7	5 6½	8 11½
Girls	5 3	8 2	5 3½	8 5

TABLE II
CHILD GUIDANCE SERVICE

	School-Children		Pre-School Children	Others	TOTAL
	L.E.A.S. *	P.S. *			
1. No. of new cases referred	79	8	—	2	89
2. No. of new cases seen by:—					
(a) Psychiatrist and Psychologist	24	7	—	1	32
(b) Psychiatrist only	23	1	—	2	26
(c) Psychologist only	15	—	—	—	15
(d) Psychiatric Social Worker	4	—	—	—	4
(e) TOTAL of (a) (b) (c) and (d)	66	8	—	—	77
3. No. of cases on waiting list	81	4	—	—	85
4. No. of old cases seen by:—					
(a) Psychiatrist and Psychologist	17	2	—	1	20
(b) Psychiatrist only	49	4	—	—	53
(c) Psychologist only	80	8	—	2	90
(d) Psychiatric Social Worker	11	—	—	—	11
(e) TOTAL of (a) (b) (c) and (d)	157	14	—	3	174
5. TOTAL No. of individual cases seen	192	20	—	9	221
6. TOTAL attendances	354	36	—	15	405
7. New cases referred by:—					
(a) S.M.O's	20	—	—	—	20
(b) G.P's	33	8	—	—	41
(c) Education Office	17	—	—	—	17
(d) Children's Department	2	—	—	2	4
(e) Probation Officer	—	—	—	—	—
(f) Other L.A's	7	—	—	—	7
(g) Other agencies	—	—	—	—	—
(h) TOTAL of (a) to (g) (to agree with 1.)	79	8	—	2	89
8. Number of cases recommended for residential treatment	2	—	—	—	2
9. Number of cases awaiting placement for residential treatment	2	—	—	—	2
10. Lancashire County Council Cases:—					
(a) Number of initial diagnostic inter-views	10	—	—	—	10
(b) Number of subsequent interviews... ..	19	—	—	—	19
11. Number of Clinic Sessions ($\frac{1}{2}$ day)	—	—	—	—	84
12. Number of interviews with parents					
(a) by Psychiatric Social Worker	70	7	—	1	78
(b) by Others	174	18	—	6	198

* L.E.A.S.—Local Education Authority Schools.
* P.S.—Private Schools.

Table III.
Handicapped Pupils

CATEGORY	No. ASCERTAINED Up to 31st Dec. 1960		Total on register at end of 1961	TYPE OF Ordinary School (requiring observa- tion)		EDUCATION PROVIDED Special Schools		Requiring Special School accommodation but unplaced at end of year		Refusal by Parent	TOTAL
	During Year 1961			Day School or Class	Residen- tial School or Class	Day School or Class	Sp. School or Class				
BLIND	1	—	1					—	—	1	—
PARTIALLY SIGHTED	3	1	4	2	—	1	—	1	—	4	
DEAF	6	—	6	—	2	3	—	—	1	6	
PARTIALLY DEAF	8	2	10	5	3	2	—	—	—	10	
DELICATE	11	—	11	11	—	—	—	—	—	11	
DIABETIC	2	—	2	2	—	—	—	—	—	2	
EDUCATIONALLY SUB-NORMAL	36	18	54	—	27	6	—	†17	4	54	
EPILEPTIC	5	1	6	4	—	2	—	—	—	6	
MAL-ADJUSTED	7	3	10	6	—	3	—	—	1	10	
PHYSICALLY HANDICAPPED	84	20	104	88	11	5	—	—	—	104	
TOTALS	163	45	208	118	43	23	—	18	5	208	

† 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
1. No. of consent forms issued to parents...	1028	315	1343
2. (a) No. of parental consents received...	803	240	1043 (77.7%)
(b) No of definite refusals ...	112	39	151 (11.2%)
(c) No. of parents who did not reply ...	113	36	149 (11.1%)
TOTALS (to agree with No. 1) ...	1028	315	1343 (100%)
3. (a) No. of children tested ...	713	225	938
(b) No. of children with consent forms but not tested ...	90	15	105
TOTALS (to agree with 2(a)) ...	803	240	1043
4. No. of children tested and found to be:—			
(a) Positive reactors ...	74	38	112 (11.9%)
(b) Negative reactors ...	614	180	794 (84.7%)
(c) No. not read... ..	25	7	32 (3.4%)
TOTALS (to agree with 3(a)) ...	713	225	938 (100%)
5. No. of negative reactors vaccinated ...	609	178	787
6. No. of sessions in schools by:—			
(a) Medical staff ...	16	10	26
(b) Nursing staff ...	16	13	29
TOTALS ...	32	23	55

TABLE V

TUBERCULIN SKIN TESTING OF SCHOOL ENTRANTS

Number of eligible children	...	...	...	...	...	962
(a) No. of children already tested	...	...	...	...	28	
(b) No. of "no replies"	...	...	...	...	114	
(c) No. of definite refusals	...	...	...	...	83	
(d) No. of consents received	...	...	...	...	737	
TOTAL (To agree with (1))						962
(a) No. of children tested	...	...	...	...	640	
(b) No. of children absent	...	...	...	...	97	
TOTAL (To agree with 2(d))						737
No. of children tested 3(a) above who were found to be:—						
(a) (i) positive	...	...	...	...	9	(1.4%)
(ii) positive from previous B.C.G. Vaccination	...	...	...	...	5	(.8%)
(b) negative	...	...	...	...	564	(88.1%)
(c) absent for reading	...	...	...	...	62	(9.7%)
TOTAL (To agree with 3(a))						640
No. of children referred to the Chest Clinic		None
No. of contacts found to have active disease		None

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