

[Report 1963] / Medical Officer of Health and School Medical Officer of Health, Southport County Borough.

Contributors

Southport (England). County Borough Council.

Publication/Creation

1963

Persistent URL

<https://wellcomecollection.org/works/atafh7f3>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

LIBRARY
II
COUNTY BOROUGH OF SOUTHPORT



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1963



Telephone No.
Southport 5523.

Health Department,
2 Church Street, Southport.



COUNTY BOROUGH OF SOUTHPORT



ACKD. 87
[Signature]

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1963

Telephone No.
Southport 5523.

Health Department,
2 Church Street, Southport.

HEALTH COMMITTEE

on 31st December, 1963

The Worshipful the Mayor

Alderman S. GOLDBERG, J.P.

Chairman: Councillor Dr. W. LIMONT, J.P.

Vice-Chairman: Councillor H. GLAISHER

Alderman E. McCABE, J.P.

Alderman W. PAULDEN

Alderman Mrs. E. SMITH

Councillor J. Campion

Councillor T. R. GLOVER

Councillor M. J. HOWARD

Councillor R. B. HUGHES

Councillor R. J. HUGHES, J.P.

Councillor Mrs. J. LEECH

Councillor Mrs. B. POGSON

Councillor L. F. SPENCE

Councillor F. STANWORTH

Councillor G. S. WILKINS

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

SUB-COMMITTEES

Abattoir

Accounts.

Chiropody Joint.


Health and Education Joint.

Home Nursing Joint.

Mental Health Services.

National Assistance Act, 1948 (Section 47).

Workable Area Committee (Rodent Control).



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b3012007x>

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1963

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

I have the honour to present my report for the year 1963.

The past year has been one of considerable interest in health matters. The Local Health Authority and the Liverpool Regional Hospital Board have published the first annual reviews to their Ten Year Plans. On the hospital side the most important alteration is the decision not to proceed with the proposed redevelopment of the Southport General Infirmary but instead, to provide a new District General Hospital on a site yet to be chosen. Many will be sad at this decision but in planning matters an area of about 25 to 30 acres is now recommended for a new hospital and architecturally the Infirmary site is unsuitable. The new hospital, which is not likely to be built for some years, will have to serve the district for a long time and the site chosen must be the best which can be obtained. Though the area to be served is larger than that of the County Borough, the town has already shown its interest and negotiations are proceeding. The Minister of Health through the Command Paper issued to introduce the Ten Year Plan for the Hospitals in 1962 gave some guidance as to how many beds per 1,000 population were likely to be required by various specialities such as medicine and no doubt these figures will be taken into account when the more detailed planning of the new hospital is undertaken. He also gave an assurance that none of the hospitals which would be likely to be replaced would be closed, if a proper use remained for them. Modern medical work needs modern buildings, indeed such have been the recent advances in medical knowledge that in some types of medical practice, the best work can only be done in properly designed buildings.

Hospital policy in future will be to admit only those patients who need medical treatment and nursing care of a kind which can only be provided in hospital. The Health Committee is proceeding with the planned expansion of its services so that as much help as possible can be given to the Family Doctors in the caring for sick and infirm people who, with such help, can remain at home. The difficulties to be faced in Southport in the future are in some degree associated with the town's peculiar population structure. The number of hospital beds for elderly patients is already greater than the Ministry figures indicate should be required and this does not include any special provision for the mentally infirm elderly person for whom it is at present very difficult to find a bed. The town has a well integrated hospital, local authority and family doctor geriatric service and it would appear that we shall need more, and not less, hospital beds for those who are old and ill, in the future. For this reason use will almost certainly have to be made of some of our older hospitals for a long time to come.

On the Local Health Authority side, the most important decision made during the year was to provide with all possible speed a 30-place home for patients suffering from mental degeneration in old age, who are not suitable to reside in a welfare home and yet not in need of the kind of medical treatment which would justify admission to hospital. A good start has been made on this scheme which, when it is completed, will relieve much anxiety and will be especially acceptable to those Doctors in the town, who have drawn attention to this need for some of their patients.

An aspect of the mental health service which is of interest is the offer of the Voluntary Committee of the Southport Branch of the Society for Mentally Handicapped Children, to provide part of the cost of the Children's Home which is to be built. This practical gesture will not only save the ratepayers' money but should lead to a particularly good relationship between this voluntary body and your Council. Indeed while speaking of voluntary effort I want to say how much it is appreciated and on how large a scale it operates in the town. Some twenty voluntary bodies give a quite astonishing amount of help in health matters and the fact that voluntary effort seems to be increasing rather than decreasing in some directions, is an indication that the "milk of human kindness" is not lost to us in our Welfare State as some thought it might be.

This year marked a step forward in the combined effort of the Voluntary Committee in Maternity and Child Welfare and the Local Health Authority, when the latter took over the newly completed Lincoln House Centre and Clinic and invited Miss I. M. Wood, J.P., the Secretary of the Voluntary Committee to perform the opening ceremony in August. This Centre will benefit not only mothers and children but also older folk.

In my introductory remarks, I usually make some reference to vital statistics. The population as estimated by the Registrar General is now 80,160. The housing development taking place in and proposed for the Ainsdale area is particularly suitable for young married people and seems to be attracting many families to the town. This, together with the increase in the number of births which has occurred, may reverse the downward trend of the population in recent years. The other figure which I must mention is our high infant mortality rate for 1963, 27 as against the National figure of 21: this was due to the inclusion in the statistics of a number of tiny, prematurely born infants who died within a few minutes of birth.

In my last report, I again drew attention to the difficulty about accommodation for the local health authority services taking into account the Ten Year Programme. Discussions have taken place on an informal level with a view to the construction of a new Health Department and Social Services Building on the present Health Department site, and it is hoped that some progress may be made with this project in 1964.

Dr. D. J. Roberts who was my deputy here for three years left in March to take up an appointment as Medical Officer of Health and Principal School Medical Officer at Barrow-in-Furness, and Dr. Anna Davison who joined the staff of the Department in 1946 was promoted to succeed him.

I should like to record my thanks to the members of the Council, to my medical colleagues in the town and to the staff of the Department for much support and help during the year.

G. N. M. WISHART,

Medical Officer of Health.

SPECIAL COMMENTS

The Minister of Health has asked for special comment to be made this year in the reports of all Medical Officers of Health about:—

- (a) Health Education, particularly about venereal disease and smoking, and
- (b) Progress in the provision of chiropody.

In respect of (a) there is no evidence of any appreciable increase in the incidence of venereal disease in Southport, and only steps to persuade the public to seek treatment should this seem necessary have been taken. Some press and other publicity has been given during the year about the venereal diseases treatment arrangements in the town. In the body of the report (page 82) a note about a small 'Smoking and Health' campaign chiefly in the local schools is recorded. The special unit from the Central Council for Health Education which visited the town made a good impression on its school children audience. Until, however, the Health Education Section proposed for the Department in the Ten Year Plan is in being, it is not possible to do more than a very little towards "Education for Better Living". It is hoped that an appointment of a Health Education Officer will be made in 1964.

In respect of (b) it was possible during the year to move the Chiropody Service to improved accommodation within the Department at 44 Hoghton Street. Details of the treatment provided are recorded on page 40 of the report.

PRINCIPAL STAFF OF THE HEALTH DEPARTMENT

AT 31st DECEMBER, 1963

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., F.R.S.H.
Deputy Medical Officer of Health	ANNA I. DAVISON M.B., Ch.B., C.P.H.
Assistant Medical Officer of Health	SUSAN CALDWELL, M.B., B.S., M.R.C.S., L.R.C.P.
Assistant Medical Officer of Health	N. HOWARD, M.R.C.S., L.R.C.P. 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 Psychiatrist to the Child Guidance Clinic	I. BERMAN, M.D., Ch.B., D.P.M.

Visiting Consultant Medical Staff—

Ante-Natal and Post-Natal Clinic	A. C. WILSON, D.Obst. R.C.O.G., M.R.C.O.G.
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	E. ROSE, 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.
3 Attendants	(Eng.)

NURSING STAFF

Superintendent Health Visitor/ School Nurse.	Miss. E. DOWD, S.R.N., S.C.M., H.V. Cert.
Senior Health Visitor/School Nurse.	Miss A. MULLAN, 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

(Under Agency arrangements)

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.
17 Home Nurses.
(13 full-time; 4 part-time).

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. MACLEOD, M.C.S.P.
Physiotherapist (part-time) Mrs. P. S. FLOWER, M.C.S.P.
Physiotherapist (part-time) Mrs. J. M. TAYLOR, M.C.S.P.
Occupational Therapist Mrs. J. C. HAWKYARD, 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
1 Mental Welfare Assistant
Supervisor, Training and Industrial Centre. Mrs. I. BAYLEY
Senior Assistant Supervisor, Training and Industrial Centre. Mrs. M. TOWNLEY, S.E.A.N.
3 Assistant Supervisors.
1 Craftsman/teacher.
1 Craft Instructress.

Child Guidance Service

Educational Psychologist A. E. N. FAWCETT, B.Sc.
Psychiatric Social Worker Vacant.
Remedial Teacher (Part-time) Mrs. H. J. SMITH.

Public Health Inspectors

Chief Public Health Inspector S. D. BURGE, M.P.S.H., M.A.P.H.I.
Deputy Chief Public Health Inspector W. VICKERS, M.A.P.H.I.
3 Specialist Inspectors.
3 District Inspectors.
1 Pupil Inspector.

Miscellaneous Staff

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

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).

Clerical Staff

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

Ambulance Service

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

Analyst

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

TABLE OF CONTENTS
PART I
STATISTICAL INFORMATION

	<i>page</i>
Summary of Statistics	14
Vital Statistics	14
Births	14
Stillbirths	14-15
Illegitimate Births	14-15
Premature Births	15-16
Infant Mortality	17
Deaths under four weeks	17
Perinatal mortality	17
Maternal Mortality	18
Deaths, Proportion from principal causes	19
Deaths, from violence	20
Deaths, Causes of and ages at	21
Deaths, Numbers and rates	22
Certain vital statistics—comparison with England and Wales	23

PART II
LOCAL AUTHORITY HEALTH SERVICE

CARE OF MOTHERS AND YOUNG CHILDREN

Ante Natal Care	26
Post Natal Care	26-27
Physiotherapy	27
Child Welfare Centres	27-28
Maternity Dental Clinic	28-29
Day Nurseries	29
Care of Premature Infants... ..	30
Unmarried Mothers	30
Prevention of Break-up of Families	30
Welfare Foods	30-31
Training in Home Management	31

MIDWIFERY

Domiciliary Staff	31
Work done by District Midwives	32
Midwives in Private Practice	32
Maternity Nursing Homes	32
Training Scheme	32
Maternity Hospitals	33
Distribution of Maternity Cases	33

HEALTH VISITING

Staff	34
Work done by Health Visitors during the year	34
Attendances at Clinics and Centres	35

HOME NURSING

Staff	35
Work done by Home Nurses during the year	36

VACCINATION AND IMMUNISATION

Diphtheria Immunisation	36-37
Smallpox Vaccination	37-38
Poliomyelitis Vaccination	38
Whooping Cough Immunisation	39

AMBULANCE SERVICE

Staff	40
Work done during the year	40

CHIROPODY SERVICES

Service for the Elderly	40-41
Chiropody Service for Expectant Mothers and Handicapped persons	41

LOAN OF NURSING EQUIPMENT AND CONVALESCENCE

Issue of Sickroom Equipment	41
Sickroom Helpers Scheme... ..	42
Co-operation with Hospitals	42
Convalescent Care Service	42-43
Marriage Guidance... ..	43

HOME HELP SERVICE									
Duties and hours of work ...	...	...	...	...	...	...	...	...	43
Classification of cases ...	...	...	...	...	...	...	...	...	44
MENTAL HEALTH									
Introductory report ...	...	...	...	...	...	...	...	...	45
Training and Industrial Centre ...	...	...	...	...	...	...	...	...	45
Hospital admissions ...	...	...	...	...	...	...	...	...	46
Care and After Care visits ...	...	...	...	...	...	...	...	...	46
Occupational Therapy ...	...	...	...	...	...	...	...	...	46
Patients awaiting entry to Hospital ...	...	...	...	...	...	...	...	...	47
Summary of Patients under Local Health Authority Care ...	...	...	...	...	...	...	...	...	48
Premises Provided ...	...	...	...	...	...	...	...	...	49
Admissions to Guardianship ...	...	...	...	...	...	...	...	...	50

PART III CONTROL OF INFECTIOUS DISEASE

Tuberculosis									
New cases and mortality ...	...	...	...	...	...	...	...	...	52
Treatment Clinic ...	...	...	...	...	...	...	...	...	52
Contact Clinic ...	...	...	...	...	...	...	...	...	53
Domiciliary Visiting ...	...	...	...	...	...	...	...	...	53
Housing ...	...	...	...	...	...	...	...	...	53
Mass Miniature Radiography Unit ...	...	...	...	...	...	...	...	...	53
Patients on Register ...	...	...	...	...	...	...	...	...	54
Voluntary Tuberculosis Care Committee ...	...	...	...	...	...	...	...	...	55
B.C.G. Vaccination ...	...	...	...	...	...	...	...	...	55
Venereal Disease ...	...	...	...	...	...	...	...	...	56
Notifiable Infectious Diseases									
Classification of Cases notified in ages and Wards...	...	...	...	...	...	...	...	...	57
Cases and Deaths for years 1954-1963 ...	...	...	...	...	...	...	...	...	58

PART IV ENVIRONMENTAL HYGIENE

Geology ...	...	...	...	...	...	...	...	...	60
Water—Chemical Analysis ...	...	...	...	...	...	...	...	...	60
Water—Bacteriological examination...	...	...	...	...	...	...	...	...	61
Public Baths ...	...	...	...	...	...	...	...	...	61-62
Sea Bathing Lake ...	...	...	...	...	...	...	...	...	61-62
Public Conveniences ...	...	...	...	...	...	...	...	...	63
Land Charges Enquiries ...	...	...	...	...	...	...	...	...	64
Sewerage and Sewage Disposal ...	...	...	...	...	...	...	...	...	64
Drainage ...	...	...	...	...	...	...	...	...	64
Household Refuse ...	...	...	...	...	...	...	...	...	64
Pest Control ...	...	...	...	...	...	...	...	...	64
Pet Animals ...	...	...	...	...	...	...	...	...	65
Schools ...	...	...	...	...	...	...	...	...	65
Hostel ...	...	...	...	...	...	...	...	...	65
Caravans ...	...	...	...	...	...	...	...	...	65
Public Mortuary ...	...	...	...	...	...	...	...	...	65
Factories ...	...	...	...	...	...	...	...	...	65
Prevention of Damage by Pests Act...	...	...	...	...	...	...	...	...	66
Summary of Visits ...	...	...	...	...	...	...	...	...	67
Nuisances ...	...	...	...	...	...	...	...	...	67
Rags, Flock and other Filling Materials Act ...	...	...	...	...	...	...	...	...	68
Clean Air ...	...	...	...	...	...	...	...	...	68-69
Housing ...	...	...	...	...	...	...	...	...	69
Rent Act...	...	...	...	...	...	...	...	...	69
Overcrowding ...	...	...	...	...	...	...	...	...	69
Demolition and Closing Orders ...	...	...	...	...	...	...	...	...	69
Improvements ...	...	...	...	...	...	...	...	...	69-70
Houses in multiple occupation ...	...	...	...	...	...	...	...	...	70
Noise abatement ...	...	...	...	...	...	...	...	...	70-71
Animal Boarding Establishment ...	...	...	...	...	...	...	...	...	71

PART V INSPECTION AND SUPERVISION OF FOOD

Food Standards											
Samples for analysis	...	...	...	...	...	...	...	...	...	...	74
Samples for bacteriological examination	...	...	...	...	...	...	...	...	...	...	75
Distribution of milk	...	...	...	...	...	...	...	...	...	...	76
Sale of Milk under designation	...	...	...	...	...	...	...	...	...	...	76
Food Inspection											
Carcases inspected and condemned	...	...	...	...	...	...	...	...	...	...	77
Meat and other articles of food found to be diseased or unwholesome	...	...	...	...	...	...	...	...	...	...	77
Public Abattoir	...	...	...	...	...	...	...	...	...	...	77
Food Hygiene	...	...	...	...	...	...	...	...	...	...	78
Courses	...	...	...	...	...	...	...	...	...	...	78
Premises	...	...	...	...	...	...	...	...	...	...	78
Vermin infestation	...	...	...	...	...	...	...	...	...	...	78
Removal of waste food, etc.	...	...	...	...	...	...	...	...	...	...	78
Summaries of inspections and improvements	...	...	...	...	...	...	...	...	...	...	79
The Shrimping Industry	...	...	...	...	...	...	...	...	...	...	79
Ice Cream											
Premises	...	...	...	...	...	...	...	...	...	...	79
Bacteriological examination	...	...	...	...	...	...	...	...	...	...	79-80

PART VI ADDITIONAL INFORMATION

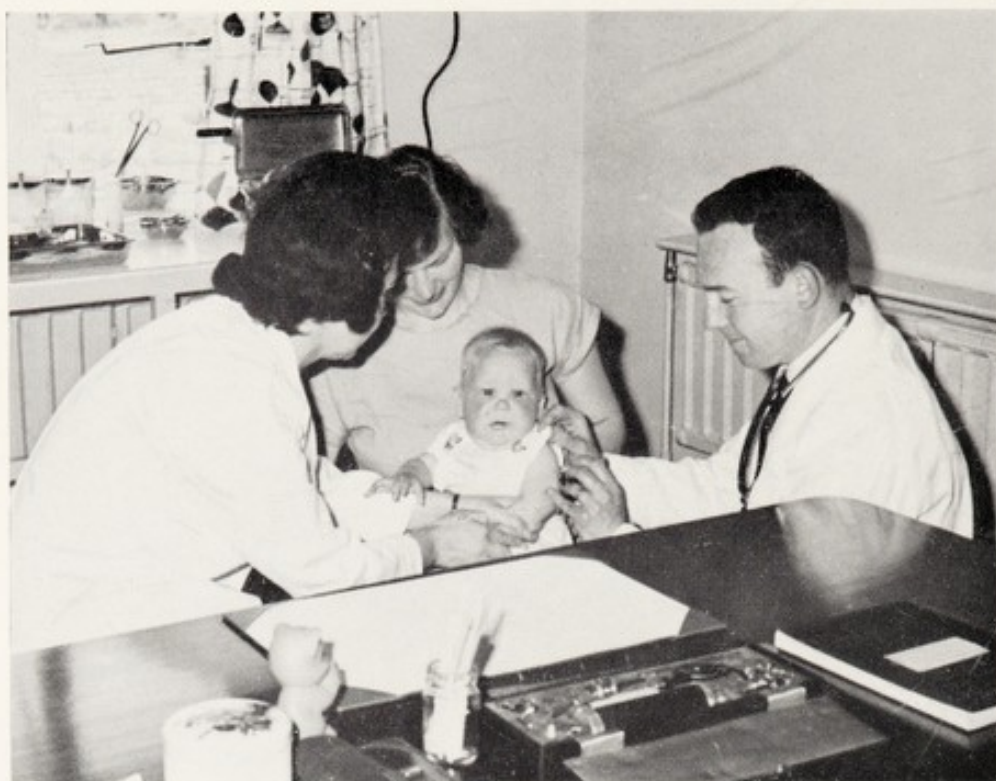
Health Education	...	...	...	...	...	...	...	...	...	...	82
Smoking and Health	...	...	...	...	...	...	...	...	...	...	82-83
Blindness, Cerebral Palsy and Epilepsy	...	...	...	...	...	...	...	...	...	...	83
Private Day Nursery	...	...	...	...	...	...	...	...	...	...	83
Nursing Homes	...	...	...	...	...	...	...	...	...	...	83
Nurses Agencies	...	...	...	...	...	...	...	...	...	...	83
Persons in need of care and attention	...	...	...	...	...	...	...	...	...	...	83
Civil Defence Ambulance and First Aid Section	...	...	...	...	...	...	...	...	...	...	84
Centres and Clinics	...	...	...	...	...	...	...	...	...	...	85
Medical Examinations	...	...	...	...	...	...	...	...	...	...	85
Riding Establishments Act, 1939	...	...	...	...	...	...	...	...	...	...	86
Crematorium	...	...	...	...	...	...	...	...	...	...	86
Work done on behalf of the Children's Committee	...	...	...	...	...	...	...	...	...	...	86



SOUTHPORT DAY NURSERY.



**MOTHERCRAFT CLASS :
STANLEY SECONDARY MODERN SCHOOL.**



LINCOLN HOUSE CLINIC.



REHABILITATION CLASS.



BATHING WATER SAMPLING : SEA BATHING LAKE.



HOME HELP SERVICE.



BRISTOL CLOSET CONVERSION.



PAIL CLOSET CONVERSION.

Part I

STATISTICAL INFORMATION

Summary of Statistics

Births—

General

Still

Illegitimate

Premature

Deaths—

Infant

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)	...	...	...	...	82,004
Population (estimated by the Registrar General), middle of 1963	...	...	...	...	80,160
Density of Population per acre (excluding Foreshore)	...	...	...	...	8.5
Number of Inhabited Houses	...	...	...	...	26,725
Number of Permanent Houses and Flats erected and completed during 1963	...	...	...	...	252
Rateable Value, 1st April, 1964	...	...	...	...	£3,824,567
Sum represented by a penny rate	...	...	...	...	£15,076

VITAL STATISTICS

Live Births	...	...	...	...	...	...	...	...	1,096
Live birth rate per 1,000 population	...	...	...	...	...	...	...	...	13.67
								(Adjusted rate 16.40)	
Illegitimate live births per cent of total live births	...	...	...	...	...	...	...	...	7%
Still-births	...	...	...	...	...	...	...	...	20
Still-births rate per 1,000 live and still-births	...	...	...	...	...	...	...	...	17.81
Total live and still-births	...	...	...	...	...	...	...	...	1,116
Infant deaths	...	...	...	...	...	...	...	...	29
Infant mortality rate per 1,000 live births—total	...	...	...	...	...	...	...	...	26.46
Infant deaths rate per 1,000 live births—legitimate	...	...	...	...	...	...	...	...	27.48
Infant deaths rate per 1,000 live births—illegitimate	...	...	...	...	...	...	...	...	13.00
Neo-Natal mortality rate per 1,000 live births (first four weeks)	...	...	...	...	...	...	...	...	20.98
Early Neo-natal Mortality Rate	...	...	...	...	...	...	...	...	20.07
Perinatal Mortality Rate	...	...	...	...	...	...	...	...	37.63
Maternal deaths (including abortion)	...	...	...	...	...	...	...	...	Nil
Maternal mortality rate per 1,000 live and still-births	...	...	...	...	...	...	...	...	—
Total Deaths (Males, 702; Females, 800)	...	...	...	...	...	...	...	...	1,502
Death Rate (per 1,000 population)	...	...	...	...	...	...	...	...	18.74
								(Adjusted rate 13.12)	
Deaths from Whooping Cough (all ages)	...	...	...	...	...	...	...	...	Nil
Deaths from Measles, (all ages)	...	...	...	...	...	...	...	...	Nil
Deaths from Diarrhoea, under 2 years of age	...	...	...	...	...	...	...	...	1
Deaths from Pulmonary Tuberculosis (Males, 6; Females, 4)	...	...	...	...	...	...	...	...	10
Death Rate from Pulmonary Tuberculosis (per 1,000 population)	...	...	...	...	...	...	...	...	0.12
Deaths from Non-pulmonary Tuberculosis	...	...	...	...	...	...	...	...	1
Death Rate from Non-pulmonary Tuberculosis (per 1,000 population)	...	...	...	...	...	...	...	...	0.01
Deaths from Cancer (Males, 129; Females, 113)	...	...	...	...	...	...	...	...	242
Death Rate from Cancer (per 1,000 population)	...	...	...	...	...	...	...	...	3.02

Illegitimate Births—Illegitimate births accounted for 7% of the total births, and numbered 77.

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

During 1963, 76 premature births (6.9 per cent. of the total births) were notified in Southport, as follows:—

	Live	Stillborn	Total
Born at home or in a nursing home	8	2	10
Born in hospital... ..	57	9	66
	65	11	76

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 STILL BIRTHS	
	Born in hospital						Born at home or in a nursing home						Born	
	Died			Died			Died			Died			Died	
	Total births (1)	within 24 hours of birth (2)	In 1 and under 7 days (3)	in 7 and under 28 days (4)	Total births (5)	within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)	Total births (9)	within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)	In hospital (13)	at home or in a nursing home (14)
1. 2 lb. 3 oz. or less	2	2	—	—	—	—	—	—	—	—	—	—	1	1
2. Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	11	6	2	—	—	—	—	—	—	—	—	—	1	1
3. Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	12	2	3	—	—	—	—	—	—	—	—	—	2	—
4. Over 4 lb. 6 oz. up to and including 4 lb. 15 oz.	12	1	—	—	1	—	—	—	—	—	—	—	2	—
5. Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	20	—	—	—	7	—	—	—	—	—	—	—	3	—
6. Total	57	11	5	—	8	—	—	—	—	—	—	—	9	2

Infant Mortality—During the year 29 infants died in the first year of life, giving an infant mortality rate of 26·46 per 1,000 live births.

Infant mortality rate, England and Wales (1963) ... 20·90 per 1,000 live births

Of the 29 infants, 23 died in their first month of life giving a neo-natal mortality rate of 20·98 per 1,000 live births as compared with a rate of 14·2 per 1,000 live births for England and Wales.

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	M	F
Prematurity ...	7	1	4	4	-	-	11	5	Broncho-Pneumonia	-	-	-	1	-	-	-	-	-	1
Broncho-Pneumonia	-	-	1	-	-	-	1	-	Capillary Bronchitis	1	-	-	1	-	-	-	-	1	1
Hyaline Membrane Disease ...	-	-	1	1	-	-	1	1	Anoxia ((misadventure) ...	-	-	1	-	-	-	-	-	1	-
Intracranial Haemorrhage ...	1	-	-	-	-	-	1	-	Marasmus ...	1	-	-	-	-	-	-	-	1	-
Atelectasis ...	2	-	-	-	1	-	3	-	Thrombosis of Saggital Sinus	1	-	-	-	-	-	-	-	1	-
TOTALS ...	10	1	6	5	1	-	17	6	TOTALS ...	3	-	1	2	-	-	-	-	4	2
TOTAL MALES AND FEMALES ...	11		11		1		23		TOTAL MALES AND FEMALES ...	3		3		—		—		6	

Summary of deaths under one year

Age at death	Male	Female	TOTAL
(a) Under 1 week ...	16	6	22
(b) Under 4 weeks (Includes (a)) ...	17	6	23
(c) Under 1 year (Includes (a and b)) ...	21	8	29

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*
1962	22
1963	26

* 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 1963 was 37·63.

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
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	—	—	—	—	—	—
1962	1062	1079	1	0.93	—	—	1	0.93
1963	1096	1116	—	—	—	—	—	—

PROPORTION OF DEATHS FROM PRINCIPAL CAUSES, 1963

CAUSE OF DEATH	1962		1963	
	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system	625	41·90	621	41·34
Cancer	262	17·56	242	16·11
Vascular Lesions of nervous system... ..	227	15·21	203	13·52
Respiratory Diseases... ..	153	10·26	181	12·05
Violence, including suicide	60	4·02	74	4·93
Ulcer of Stomach and Duodenum	16	1·07	12	0·80
Tuberculosis, all forms	4	0·27	11	0·73
All Other Causes	145	9·71	158	10·52
Totals	1,492	100·00	1,502	100·00

DEATHS DUE TO VIOLENCE

Classification	Male	Female	Totals
Motor Vehicle Accidents	2	2	4
All other accidents	19	29	48
Suicide	10	11	21
Homicide and Operations of War	1	—	1
	32	42	74

Age Groups	0—15 yrs.		15—65 yrs.		65 and over	
	M.	F.	M.	F.	M.	F.
Motor Vehicle Accidents	—	—	1	—	1	2
All other accidents	1	—	7	4	11	25
Suicide	—	—	9	10	1	1
Homicide and Operations of War ...	—	—	—	—	1	—
	1	—	17	14	14	28

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH, 1963

CAUSES OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks under 1 yr.	Age in Years								
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over
1 Tuberculosis—Respiratory...	M	6	—	—	—	—	—	—	—	1	2	1	2
	F	4	—	—	—	—	—	—	—	—	1	2	1
Tuberculosis—Other ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
3 Syphilitic Disease ...	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	2	—	—	—	—	—	—	—	—	—	2	—
4 Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Meningococcal Infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles ...	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other Infective and parasitic diseases ...	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
10 Malignant Neoplasm, Stomach ...	M	15	—	—	—	—	—	—	—	—	3	6	6
	F	9	—	—	—	—	—	—	—	—	2	1	6
11 Malignant Neoplasm, lung bronchus ...	M	54	—	—	—	—	—	—	—	4	27	17	6
	F	10	—	—	—	—	—	—	—	1	3	1	5
12 Malignant Neoplasm, breast	M	—	—	—	—	—	—	—	—	—	—	—	—
	F	26	—	—	—	—	—	—	1	6	9	8	2
Malignant Neoplasm, uterus	9	—	—	—	—	—	—	—	—	2	2	5	—
14 Other Malignant and Lymphatic Neoplasms ...	M	56	—	—	—	2	—	1	1	2	10	21	19
	F	56	—	—	—	1	—	1	—	5	10	13	26
15 Leukaemia ...	M	4	—	—	—	—	—	—	—	—	1	2	1
	F	3	—	—	—	—	—	—	—	—	—	2	1
16 Diabetes ...	M	5	—	—	—	—	—	—	—	—	1	1	3
	F	9	—	—	—	—	—	—	—	1	1	3	4
17 Vascular lesions of Nervous System ...	M	70	—	—	—	—	—	—	1	2	10	21	36
	F	133	—	—	—	—	—	—	—	2	5	36	90
18 Coronary Disease—Angina	M	177	—	—	—	—	—	1	3	17	49	49	58
	F	147	—	—	—	—	—	—	1	4	14	52	76
19 Hypertension with Heart Disease ...	M	4	—	—	—	—	—	—	—	—	1	2	1
	F	12	—	—	—	—	—	—	—	—	1	5	6
20 Other Heart Disease ...	M	66	—	—	—	—	—	—	—	2	7	17	40
	F	140	—	—	—	—	—	—	—	5	10	26	99

REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH, 1963-continued

CAUSES OF DEATH	Sex	Total all Ages	Under 4 weeks	4 weeks under 1 yr.	Age in Years								
					1-	5-	15-	25-	35-	45-	55-	65-	75 & over
21 Other Circulatory Disease ...	M	22	—	—	—	—	—	—	—	—	1	6	15
	F	53	—	—	—	—	—	1	—	1	5	11	35
22 Influenza	M	1	—	—	—	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	1
23 Pneumonia	M	47	1	1	—	—	—	—	1	2	4	17	21
	F	41	—	2	—	—	—	—	—	—	4	6	29
24 Bronchitis	M	66	—	—	—	—	—	—	1	2	22	21	20
	F	17	—	—	—	—	—	—	—	—	3	6	8
25 Other Diseases of Respiratory System	M	6	—	—	—	—	—	—	—	1	2	1	2
	F	2	—	—	—	—	—	—	—	—	—	2	—
26 Ulcer of Stomach and Dudenum	M	5	—	—	—	—	—	—	—	—	1	3	1
	F	7	—	—	—	—	—	—	—	—	—	1	6
27 Gastritis, Enteritis and Diarrhoea	M	4	—	1	—	—	—	—	—	—	1	1	1
	F	6	—	—	—	—	—	—	—	—	2	—	4
28 Nephritis and Nephrosis ...	M	5	—	—	—	—	—	1	—	1	1	—	2
	F	3	—	—	—	—	—	—	—	—	—	1	2
29 Hyperplasia of Prostate ...	M	9	—	—	—	—	—	—	—	—	2	3	4
30 Pregnancy, Childbirth, Abortion	F	—	—	—	—	—	—	—	—	—	—	—	—
31 Congenital Malformations ...	M	2	1	1	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	1	—	—	—	—	—	—
32 Other defined and ill-defined Diseases	M	43	15	—	—	—	1	1	—	5	3	7	11
	F	67	6	—	1	—	—	—	1	2	8	10	39
33 Motor Vehicle Accidents ...	M	2	—	—	—	—	—	—	—	—	1	1	—
	F	2	—	—	—	—	—	—	—	—	—	2	—
34 All Other Accidents ...	M	19	—	1	—	—	—	2	2	1	2	4	7
	F	29	—	—	—	—	—	—	1	—	3	4	21
35 Suicide	M	10	—	—	—	—	—	—	—	5	4	1	—
	F	11	—	—	—	—	—	1	2	4	3	—	1
36 Homicide and Operations of War	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS—(All Causes) ...	M	702	17	4	—	2	1	6	9	45	156	205	257
	F	800	6	2	1	1	1	3	6	33	86	199	462
TOTAL MALE AND FEMALE ...	—	1502	23	6	1	3	2	9	15	78	242	404	719

DEATHS

Numbers and Rates per 1,000 population and per 1,000 births—years 1944—1963

Year	Popu- lation	Male	Female	Total	Rate per 1,000 Popu- lation	Cor- rected for Age and Sex	INFANTS					Pulm'ry Tuber- culosis	Rate per 1,000 Popu- lation	Other Forms T.B.	Rate per 1,000 Popu- lation
							Under One Year	Rate per 1,000 Births	Legiti- mate Births	Rate per 1,000 Births	Illegiti- mate Births	Rate per 1,000 Births			
1944	82860	565	739	1304	15.74	13.06	52	44	45	42	7	67	0.32	6	0.07
1945	81360	561	739	1300	15.98	12.63	29	28	25	27	4	35	0.44	5	0.06
1946	84010	470	686	1256	14.95	11.81	40	32	33	27	7	69	0.37	3	0.04
1947	84240	651	721	1372	16.29	12.87	55	42	50	40	5	64	0.46	5	0.06
1948	85800	566	706	1272	14.82	11.71	41	35	35	32	6	76	0.31	3	0.04
1949	85540	623	721	1344	15.71	12.10	38	39	33	35	*5	102	0.30	5	0.06
1950	85500	622	778	1400	16.37	12.44	24	27	22	26	2	34	0.17	5	0.06
1951	83400	737	876	1613	19.34	14.70	36	41	33	40	1	60	0.26	5	0.06
1952	82980	626	728	1354	16.32	12.32	29	20	28	30	1	20	0.15	6	0.07
1953	82400	606	704	1310	15.89	12.07	20	21	19	21	1	21	0.16	5	0.06
1954	82440	606	751	1357	16.46	11.34	31	35	29	34	2	39	0.20	—	—
1955	82240	682	870	1552	18.87	13.20	32	35	28	33	4	67	0.16	—	—
1956	82100	637	750	1387	16.89	12.16	26	27	25	28	1	21	0.07	—	—
1957	81900	636	708	1344	16.41	11.98	24	25	22	24	2	31	0.11	1	0.01
1958	81760	646	777	1423	17.45	12.74	21	21	20	21	1	18	0.07	1	0.01
1959	81370	603	773	1376	16.91	12.51	21	20	18	18	3	63	0.08	2	0.02
1960	81350	648	783	1431	17.59	12.84	36	34	33	32	3	55	0.05	—	—
1961	81020	656	824	1480	18.27	13.34	19	17	16	16	3	45	0.05	—	—
1962	80730	661	831	1492	17.24	12.69	22	21	22	22	—	—	0.05	—	—
1963	80160	702	800	1502	18.74	13.12	29	26	28	27	1	13	0.12	1	0.01

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

ENGLAND AND WALES—SOUTHPORT—CERTAIN VITAL STATISTICS

PERIOD	BIRTH RATE (per 1,000 population)		DEATH RATE (per 1,000 population)		INFANTILE MORTALITY RATE (per 1,000 live births)		EXPECTATION OF LIFE
	England & Wales	Southport	England & Wales	Southport	England & Wales	Southport	
1871—1880	35.4	30.69	21.4	23.43	149	161	M.—48; F.—52
1881—1890	32.4	24.37	19.1	17.78	142	132	
1891—1900	29.9	22.31	18.2	17.23	153	143	
1901—1910	27.2	17.49	15.4	14.43	128	121	
1911—1920	21.8	13.95	14.4	13.86	100	84	
1921—1930	18.3	12.71	12.1	12.66	72	65	M.—59; F.—63
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	
1952	15.3	*12.22	11.3	*12.32	28	30	
1953	15.4	*12.23	11.4	*12.07	27	21	M.—66; F.—71
1954	15.1	*12.31	11.3	*11.34	25	35	
1955	15.0	*12.64	11.7	*13.20	24.9	35	
1956	15.7	*13.12	11.7	*12.16	23.8	27	
1957	16.1	*13.41	11.5	*11.98	23.0	24	
1958	16.4	*13.67	11.7	*12.74	22.5	21	M.—67; F.—73
1959	16.5	*14.32	11.6	*12.51	22.0	20	
1960	17.1	*14.87	11.5	*12.84	21.7	34	
1961	17.4	*15.11	12.0	*13.34	21.4	17	
1962	18.0	*14.86	11.9	*12.69	20.7	20.7	
1963	18.2	*16.40	12.2	*13.12	20.9	26.4	

*Corrected Rates

Part II

LOCAL AUTHORITY HEALTH SERVICE

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 1963 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. A. G. Wilson, who has succeeded Mr. N. E. Laurence as one of the Obstetric Consultants 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.

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

The following are the number of cases, attendances, etc. during 1963:—

(1) *Cases:*

(i) No. of women who attended for the first time during the year:	
(a) St. Katharine's Maternity Hosital cases	62
(b) District cases	6
	<hr/>
Total	68
	<hr/>
(ii) No. of women included in (i) above who were sent by their family doctor or general practitioner obstetrician.....	7

(2) *Medical Sessions:*

No. of sessions held by hospital medical staff during the year.....	49
---	----

(3) *Attendances:*

No. of attendances made by mothers during the year:	
(a) St. Katharine's Maternity Hospital cases.....	564
(b) District cases	30
	<hr/>
Total attendances during month	594
	<hr/>

(4) *District Midwives' Sessions (with Doctor):*

(a) at 44 Hoghton Street clinic	28
(b) at Clinics held in general practitioners' surgeries	120

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 also conducted by Mr. A. G. Wilson, the Obstetric Specialist, and the following are the number of cases, attendances etc. during 1963

(1) *Cases:*

No. of women who attended for the first time during the year.....	387
---	-----

(2) *Medical Staff Sessions:*

No. of sessions held by hospital medical staff during the year.....	49
---	----

- (3) *Attendances:*
 No. of attendances made by mothers during the year..... 511
- (4) *Health Visitors' Sessions:*
 No. of sessions by health visitors during the year..... 49

Physiotherapy—It was reported last year that a part-time Physiotherapist had been appointed to provide relaxation classes for expectant mothers and also for mothers attending the post natal clinic at 44 Houghton Street.

The following is a summary of the work carried out by this Physiotherapist during 1963:—

	<i>Ante Natal</i>	<i>Post Natal</i>
<i>Cases:</i>		
No. of women who attended for the first time during the year:		
(i) St. Katharine's Maternity Hospital... ..	111	36
(ii) Christiana Hartley Maternity Hospital	3	322
(iii) District cases	5	3
(iv) Attended Physiotherapy only	5	1
Total No. of cases	124	362
<i>Attendances:</i>		
Total no. of attendances during the year	208	388
<i>Sessions:</i>		
No. of sessions held by physiotherapist during the year.	41½	43

Child Welfare Centres—There are seven 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 1963 and their efforts and enthusiasm contributed in no small measure to the steady progress which was maintained throughout the year.

Although there are seven 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, and to continue using the temporary premises in Marshside Road which were opened on 7th November, 1962.

The new Infant Welfare Centre at Lincoln House, Birkdale, had its first session on 3rd September, and the existing centre in the Liverpool Road Methodist Church School closed down on 27th August, having been used for this purpose since 1915.

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 six 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 Lincoln House 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 1963:—

	Marsh- side	Hamp- ton Road	High Park	L'pool Road & Lincoln Hse. *	Cros- sens	Derby Road	Ains- dale	TOTAL
No. of children who at- tended during the month who have not attended previously this year:								
Born in (a) 1963	70	204	134	124	66	131	67	796
(b) 1962	50	193	143	133	70	130	85	804
(c) 1958-61 ...	81	221	208	207	118	178	148	1,161
TOTALS ...	201	618	485	464	254	439	300	2,761
Total attendances during the year	1,299	3,340	2,463	2,307	1,640	2,160	1,539	14,748
No. of sessions during the year	47	96	93	46	48	47	47	424
Average attendances per session	28	35	26	50	34	46	33	35
No. of children referred for special treatment or ad- vice as a result of a medical examination ...	2	62	16	5	6	26	16	133
No. of children placed on "at risk" register	26	111	80	58	32	50	45	402
No. of sessions by:								
(a) Medical Officers ...	45	95	91	45	48	47	1	372
(b) General Practitioners employed on sessional basis	2	—	—	—	—	—	46	48
(c) Hospital Medical Staff	—	—	—	—	—	—	—	—
(d) Health Visitors (with doctor)	93	278	185	139	99	153	94	1,041
(e) Health Visitors (without doctor)	—	1	2	1	—	—	—	4

* Liverpool Road Welfare Centre was closed on the 27th August, 1963.

Lincoln House Welfare Centre was opened on the 3rd September, 1963.

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

	No. of persons examined during the year (1)	No. of persons who commenced treatment during the year (2)	No. of courses of treatment com- pleted during the year (3)
1. Expectant and Nursing Mothers	22	22	8
2. Children aged under 5 and not eligible for school dental service	204	122	113

(b) Classification of treatment provided.

	Scalings and Gum Treat- ment (1)	Fillings (2)	Silver Nitrate Treat- ment (3)	Crowns and Inlays (4)	Ex- trac- tions (5)	Gen- eral Anaes- thetics (6)	Dentures Provided		Radio- graphs (9)
							Full Upper or Lower (7)	Partial Upper or Lower (8)	
1. Expectant and Nursing mothers	6	33	—	—	28	4	—	—	—
2. Children aged under 5 and not eligible for school dental services	—	202	34	—	132	47	—	—	—

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 daily fees which had been charged since 1st October, 1962, viz: 2/- minimum and 9/6 maximum continued throughout 1963.

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 4/7½d. for each child attending the Day Nurseries.

It is pleasing to note that all the four students who completed the two year course which commenced in September, 1961 and terminated in 1963, were successful in obtaining the Certificate of the National Nursery Examination Board.

The Nursery Nurses' Training Scheme was continued in 1963 in conjunction with the Education Committee with 4 students who were appointed for the two year course commencing in September 1963.

The following table shows the attendances at the Day Nurseries during 1963:—

	Southport	Bedford Park	Totals
(1) Number of places provided	60	40	100
(2) Mondays to Fridays—			
(a) Total attendances	12479	7407	19886
(b) Number of days open	253	253	253
(c) Average daily attendance	49	29	78

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 69 new cases and the Health Committee paid the maintenance costs in voluntary homes for 5 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 seven Welfare Centres in the town.

The following figures show the amounts of welfare foods issued during 1963:—

ISSUED FROM	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT—				
(a) Counter Issues	2,909	6,161	441	909
(b) Issues to National Health Service Institutions... ..	47	108	—	—
(c) Issues to Day Nurseries	—	84	36	—
Total Issues from Health Department ...	2,956	6,353	477	909
WELFARE CENTRES—				
(a) Ainsdale	196	1,318	84	126
* (b) Liverpool Road/Lincoln House ...	182	1,339	149	102
(c) Crossens	42	778	55	81
(d) Poulton Road	347	1,249	144	109
(e) Hampton Road	326	1,549	158	258
(f) Marshside Road	134	720	74	126
(g) Derby Road	118	579	93	57
Total Issues from Welfare Centres ...	1,345	7,532	757	859
GRAND TOTALS	4,301	13,885	1,234	1,768

* Centre transferred to Lincoln House on 3rd September 1963

Training in Home Management—

The Health Committee did not send any mothers for training in Home Management during 1963 but made a recommendation at the end of the year that a mother and child should be sent to Brentwood Rehabilitation Centre in Marple, Cheshire, early in 1964. A full report will be included in the Annual Report for that year.

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.

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:—

Domicillary confinements attended by midwives under N.H.S. arrangements:

(i) No. of confinements during the year:								
(a) Doctor not booked	...	...	...	...	...	...	...	2
(b) Doctor booked	...	...	...	...	...	...	...	132
								<hr/>
								TOTAL 134
								<hr/>

NOTE: (These figures relate to women delivered and not, in the case of multiple births, to infants).

(ii) Premature Babies (5½ lb. or under):

No. born at and being nursed at home	...	...	...	...	...	...	...	3
No. born at home and transferred to hospital	...	...	...	...	...	...	...	—
								<hr/>
								TOTAL 3
								<hr/>

No. of cases delivered in hospitals and other institutions but discharged and attended by district midwives before 10th day 117

No. of home visits made by district midwives during the year ... 4,414

Supervisory Visits:

No. of supervisory visits made by non-medical Supervisor of Midwives during the year 44

Midwives in Private Practice—During the year two private midwives notified their intention to practise on the district. No cases were dealt with by these midwives however.

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

1. Number of deliveries	...	...	...	...	...	...	...	3
2 Number of practising midwives employed at 31st December, 1963	...	...	...	...	...	...	...	1
3 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 continued. 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. The school has done 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.

Six pupils completed district training in the area during the year and one pupil was in training at the end of the year.

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 1963. These figures are for residents and non-residents of Southport:

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	TOTAL
(1) Number of Patients	809	441	1250*
(2) Number of Patients in (1) above for whom medical aid was summoned ...	108	12	120
(3) Number of practising midwives on the staff at the end of the year... ..	13	10†	23
(4) Number of Midwives in (3) above who are qualified to administer gas and air analgesia	13	10	23

*Includes 859 Southport residents and 391 non-residents.

†6 full-time and 4 part-time.

Distribution of Maternity Cases—The following table shows the percentage of maternity cases dealt with during 1963 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.

	1962		1963	
	No. of Cases	%	No. of Cases	%
District				
Municipal Midwives	114	10·66	134	13·4
Private Midwives	—	—	—	—
TOTALS (a)	114	10·66	134	13·4
Institutions				
Christiana Hartley Mat. Hospital	622	58·13	528	52·8
St. Katharines Maternity Hospital	327	30·56	331	33·1
Nursing Homes	7	0·65	3	0·3
Southport Infirmary	—	—	4	0·4
TOTALS (b)	956	89·34	866	86·6
GRAND TOTALS (a) and (b) ...	1070	100·00	1000	100·0

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, 1 Senior Health Visitor, 2 Clinic Nurses, 1 Tuberculosis Health Visitor, 2 Health Visitors for Elderly People, and 12 Health Visitors/School Nurses, making a total of 19.

The Health Committee agreed to sponsor a further student for Health Visitor training and an appointment was made subject to the candidate being approved by the Liverpool Sanitary Science Committee. This approval was not given however, and it was decided not to make any further recommendation this year.

Each of the 12 Health Visitors/School Nurses is responsible for a district and based on the estimated figures for the year 1963, 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 1963:—

	Cases visited by health visitors	Number of cases
1	Children born in 1963	1,138
2	Children born in 1962	1,283
3	Children born in 1958-61	2,445
4	Total number of children in lines 1-3	4,866
5	Persons aged 65 or over	1,150
6	Number included in line 5 who were visited at the special request of a General Practitioner or hospital	541
7	Mentally disordered persons	5
8	Number included in line 7 who were visited at the special request of a General Practitioner or hospital	2
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	344
10	Number included in line 9 who were visited at the special request of a General Practitioner or hospital	304
11	Number of tuberculous households visited	4
12	Number of households visited on account of other infectious diseases	5
13	Number of tuberculous households visited by tuberculosis visitors	981

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

Welfare Centres	1048
Post-Natal Clinic, 44 Hoghton Street	49
B.C.G. Clinics	2
Geriatric Out-Patients' Clinic, Promenade Hospital	157
Paediatric Clinic and	95
V.D. Clinic, both of which are held at the Southport Infirmary ...	44
Total number of clinic attendances made by Health Visitors	1395

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.

Co-operation with General Medical Practitioners and After-care arrangements:

This is highly developed in connection with the geriatric service and works well because the two Health Visitors concerned attend the geriatric hospital clinic and are also in direct touch with individual Family Doctors. As regards general Health Visiting, it is planned that the District Health Visitors will be based in Welfare Centres in different parts of the town and be available directly to the Family Doctors in the area reporting either directly to them or acting as liaison officers with the Public Health Department, so that other ancillary services can be provided where necessary. Some interest has been shown by a small number of Family Doctors who would like the services of a Health Visitor in their own surgeries but this is more difficult to arrange.

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, 13 full-time and 4 part-time District Nurses. The Superintendent and Assistant Superintendent were resident in the District Nurses' Home, while the remaining 17 were non-resident. Six motor cars are available, one being allocated to the Superintendent, the other five 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 following statement shows the work done during 1963:—

<i>Patients:</i>					
Total No. of new patients visited during the year (i.e. patients who have not been previously visited this year)	...	...	...	...	2,089
No. of patients who were aged:					
(a) under 5 years at time of first visit this year	...	...	...	...	14
(b) over 65 years at time of first visit this year.	...	...	...	...	1,419
<i>Visits:</i>					
Total No. of visits made by nurses during the year...	...	...	...	...	61,777

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

Year	Total number of patients visited		Total number of visits
1958	2423	63963
1959	2455	64767
1960	2366	60090
1961	2389	60530
1962	2345	57113
1963	2089	61777

DIPHTHERIA IMMUNISATION

When a baby has attained the age of 3 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
	1963	1962	1961	1960	1959	1954-1958	1949-1953	
No. of children who completed a full course... ..	312	491	39	6	7	4	3	862
No. of children who received a secondary (booster) injection	—	—	10	3	46	326	170	555

	Done by		TOTAL
	General Practitioners	Health Department Staff	
No. of children who completed a full course	313	549	862
No. of children who received a secondary (booster) injection	223	332	555

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 12 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 1963:—

Age at date of Vaccination	Number of Persons Vaccinated (or revaccinated during period)		Number of cases specially reported during period		
	Number vaccinated	Number revaccinated	(a) Generalised Vaccinia	(b) Post-Vaccinal Encephalomyelitis	(c) Death from complications of vaccination other than (a) and (b)
0-3 months	12	—	—	—	—
3-6 months	52	—	—	—	—
6-9 months	19	—	—	—	—
9-12 months	4	—	—	—	—
1	55	3	—	—	—
2-4	13	6	—	—	—
5-14	21	45	—	—	—
15 or over	64	419	—	—	—
TOTAL	240	473	—	—	—

POLIOMYELITIS VACCINATION

The tables below show the number of persons vaccinated during the years 1956—1963 inclusive, classified in the various age groups.

Age at 31-12-63	Under 5	5—16	16—25	Over 25	TOTAL
No. who have received two injections ...	2,155	8,602	6,803	7,990	25,550
No. who have received three injections ...	975	7,237	5,345	4,939	18,496
No. who have received four injections ...	—	3,759	—	4	3,763

The use of oral vaccine was begun in April, 1962, and the following table indicates the number of persons who received oral vaccine during the period April, 1962, to December, 1963, inclusive:

Age at 31-12-63	Under 5	5—16	16—25	Over 25	TOTAL
No. who have received full course of three doses ...	1,185	88	139	282	1,694
No. who have received third dose after two injections ...	887	632	506	1,987	4,012
No. who have received fourth dose after three injections. ...	9	1,401	1	7	1,418

WHOOPING COUGH IMMUNISATION

The following table shows the number of children immunised during 1963.

Year of Birth	No. of children immunised
1963	313
1962	490
1961	37
1960	6
1959	7
1954-1958	2
1949-1953	2
TOTAL	857

NO. IMMUNISED IN CASES OF WHOOPING COUGH DURING THE LAST FIVE YEARS

It will be seen that the incidence of this disease was higher in 1963 than for the previous years. It is a little disappointing to record that about a third of the children affected had been immunised but it is thought that the severity of the illness in the immunised children was less than that in children not protected in this way. It also seems likely that there were many immunised children who during this year suffered a mild attack of the disease characterised by a spasmodic cough without whoop. None of the children who were ill had "cough plate" bacteriological confirmation of the diagnosis.

<i>Year</i>	<i>Cases</i>	<i>No. Immunised</i>
1959	113	19
1960	60	12
1961	34	2
1962	15	9
1963	151	44

Suggested Ages when Children may be vaccinated and immunised against certain Diseases

<i>Age</i>	<i>Vaccine</i>	<i>How Given</i>
1 to 6 months	Diphtheria, Tetanus and Whooping Cough	Three injections at intervals of four to six weeks.
7 to 11 months	Poliomyelitis	Three doses by mouth at intervals of four to eight weeks.
18 to 21 months	Diphtheria, Tetanus and Whooping Cough	One 'booster' injection.
1 to 2 years	Smallpox	One injection.
4 to 5 years	Diphtheria and Tetanus	One 'booster' injection.
(School entry)	Poliomyelitis	One dose by mouth.
8 to 12 years	Diphtheria and Tetanus	One 'booster' injection
Over 12 years	Smallpox	One re-vaccination injection.
Normally at 12 years or over	B.C.G. Vaccination against Tuberculosis	One injection if this is found necessary after a skin test.

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 6 ambulances and 3 sitting case cars, and a summary of the work done, with comparative figures from 1958, is set out below.

	1958	1959	1960	1961	1962	1963
Total No. of Cases ...	34,220	42,216	46,574	43,927	43,145	43,135
Other Work	698	909	940	1007	878	994
GRAND TOTAL ...	34,918	43,125	47,514	44,934	44,023	44,129
Mileage	121,329	135,429	137,736	140,057	136,531	137,006

The number of cases dealt with was approximately the same as in 1962.

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 dealt with an average of 130 accidents each month, of which 40 occurred in the home or during 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

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. Since 1960 The Voluntary Organisation has continued to provide the service as agents of the Corporation, and the Corporation is responsible for 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.

The report for 1962 mentioned that provided the accommodation at 44 Hoghton Street, formerly a gas cleansing station, was reinstated, the Health Committee had approved a recommendation of the Chiropody Joint Sub-Committee that part of the accommodation could be used as a clinic for the Chiropody Service for elderly people as there was no room for expansion in the Victoria Hall.

The premises at 44 Hoghton Street were in fact reinstated in 1963 and the Chiropody Service moved from the Victoria Hall into the new Clinic on 1st July.

The statement below shows the work done during 1963:

TREATMENTS AT VICTORIA HALL CLINIC (to 30th June, 1963) TREATMENTS AT 44 HOGHTON ST. CLINIC (from 1st July, 1963)	Year 1962	Year 1963
No. of clinics held	680	695
No. of attendances	7185	7430
Average attendance per clinic session	10.6	10.7
TREATMENTS IN PATIENTS' OWN HOMES		
No. of treatments	1505	1519

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 1963, five physically handicapped persons made 50 attendances at Mr. Rogans' 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 1963 sickroom equipment was supplied to 282 patients as compared with 235 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 enable some patients to remain at home who would otherwise require admission to hospital.

Sickroom Helpers Scheme

Alongside the Home Help Service is the Sickroom Helpers Scheme. This is a little known service which we are not often called upon to provide, and there are only 6 Sickroom 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 usually while 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 cancelled having regard to the financial circumstances of the person concerned.

During 1963, sickroom help was provided for 22 patients, as compared with 24 in the previous year. The number of hours worked by the helps during the year was 813.

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. 214 patients were dealt with in this manner and the necessary help was arranged as compared with 222 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:—

Post-natal clinic held at 44 Hoghton Street.

Geriatric clinic held at the Promenade Hospital.

Paediatric clinic held at the Southport Infirmary.

V.D. clinic held at the Southport Infirmary.

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.

By arrangement with the Liverpool Regional Hospital Board, the Senior Hospital Medical Officer at the New Hall Hospital 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 Hospital Authority's arrangements.

During the year, 13 patients were sent to convalescent homes, the details being as follow:—

Female	2 Weeks	Acute bronchitis.
„	4 „	Bilateral broncho-pneumonia.
„	2 „	Acute bronchitis
Male	2 „	Acute bronchitis.
Female	2 „	Recurring chest infection.
„	2 „	Nervous debility.
„	2 „	General debility.
„	2 „	Sciatica following old fracture of spine.
„	2 „	Post operative debility.
„	2 „	General debility and depression.
„	2 „	General debility.
„	2 „	Anaemia
„	2 „	Mild hypertension.

Marriage Guidance—

During the year the Health Committee agreed to renew the annual Grant to the Merseyside Marriage Guidance Council on which the Southport Corporation is represented by one of the lady members of the Health Committee.

Occupational Therapy—

During the year, occupational therapy was provided for 31 geriatric and physically handicapped persons and there were 30 such persons on the register at the end of the year. In addition 312 home visits were made to patients in these two categories.

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. 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 was 4s. 3d. per hour at the beginning of the year and this charge was increased to 4s. 6d. per hour from the 1st October, 1963.

This charge may be reduced or cancelled, however, where there is financial hardship.

The following statement shows the work done by the service during 1963:—

	Home help to Households for persons						
	aged 65 or over on first visit in 1963 (1)	aged under 65 on first visit in 1963				Total (6)	Total hours worked by helps during the year (7)
		Chronic sick and tuberculous (2)	Mentally disordered (3)	Maternity (4)	Others (5)		
Number of cases	561	37	4	43	83	728	83,510

Staff. No. employed at end of month	Whole time	Part time		Total Whole time equivalent
		No.	Whole time equivalent	
Home Help Organiser	—	1	.66	.66
Home Helps	4	77	38	42
Visits and Interviews:				
No. of visits to homes by Organiser during the year				1,569
No. of persons interviewed at office during the year				544

MENTAL HEALTH SERVICE

Report on the work done during 1963.

During 1963 the development of the future Mental Health Service began to take a more definite shape.

The Borough Architect has drawn up interesting plans for a junior and an adult hostel at Ainsdale. The junior hostel will accommodate 6-10 children, and, in appearance, resembles a pair of semi-detached houses which will blend well with the new houses in Meadow Lane. The adult hostel is of course, a much bigger building and is situated near the present Training Centre. This will accommodate 18 sub-normal adults and it is hoped that these will find work either locally or in the Training Centre.

At the end of the year the Ministry of Health had approved the plan for the Children's Home and they were also considering the plan for the Adult Hostel.

The Health Committee have given approval for a hostel, also at Ainsdale, for 30 aged and mentally infirm patients. Such a hostel will be a great asset to the health services of the town as finding accommodation for these patients is one of our biggest problems. Dr. Howie continues to hold a psychiatric after-care clinic weekly at 44 Hoghton Street. This is very popular with patients.

The work of the Occupational Therapy Service has increased by the holding of a weekly session at Poulton Road and Lincoln House Welfare Centres. The Social Club continues to hold its meetings on Friday afternoons at Hampton Road Welfare Centre. In addition to the weekly meetings, outings to Chatsworth House and Speke Hall and a visit to the Pantomime were arranged.

The children and adults at the Training Centre visited Whitby for a week and had a very happy holiday. They were also given parties and outings by various interested groups in the town. These were all greatly appreciated by the children.

Training of Mentally Subnormal Persons Southport Training and Industrial Centre—Year 1963

Number of cases on Register at beginning of year	49
Number of cases added to Register during year	7
	<hr/>
	56
Number of cases taken off Register during year	12
	<hr/>
Number of cases on Register at end of year	44
	<hr/>
Number of sessions held during year	212
Number of attendances at Centre during year	7702
Average attendance per session	36

The following statistics show the cases dealt with during 1963:

MENTAL ILLNESS	Male	Female	Total
No. of admissions to hospital:—			
(a) as informal patients (Sec. 5 M.H.A. 1959)	55	85	140
(b) for observation (Sec. 25 M.H.A. 1959)	46	87	133
(c) for treatment (Sec. 26 M.H.A. 1959)	4	17	21
(d) emergency application (Sec. 29 M.H.A. 1959)	17	38	55
(e) by court order (Sec. 60 M.H.A. 1959)	—	1	1
TOTAL NO. OF ADMISSIONS	122	228	350
Patients already in hospital under compulsory detention accepted as informal patients	57	93	150
Cases transferred from the County Hospital Ormskirk to other hospitals Senile Dementia and Sections 25 and 26 Mental Health Act 1959	2	32	34
Number of day patients taken to Ormskirk County Hospital ...	2	5	7
Number of domiciliary visits in cases of acute mental illness...	558	1,089	1,637
Number of visits to Police Station in cases of acute mental illness	57	65	122
Number of domiciliary after-care visits including 126 visits re Day Patients	751	810	1,561
Number of visits to patients in hospital	165	255	420
Number of patients interviewed at the Office	245	389	634
Number of visits to the Psychiatric Clinic	51	89	140
Number of Psychiatric Social Club Meetings	—	—	51
Number of attendances of patients at Psychiatric Social Club	47	688	735
Number of After-Care Clinics	—	—	37
Number of patients seen at After-Care Clinics	21	210	231

Occupational Therapy

The Occupational Therapist and the Craft Instructress who were appointed as part of the developing Mental Health Service, have provided both group and individual therapy for both mentally ill and mentally sub-normal persons.

During 1963 such therapy was provided for 283 persons in these two categories and there were 226 persons on the register at the end of the year. In addition, 1,447 home visits were made by the Occupational Therapist and her Assistant.

A total of 70 sessions were held during the year at the Hampton Road Psychiatric Social Club, Lincoln House and Poulton Road Welfare Centres, and 801 attendances were made by patients at these centres.

MENTAL HEALTH SERVICE

Number of patients awaiting entry to hospital, or admitted for temporary residential care at 31st December, 1963

	Mentally Ill				Psychopathic				Subnormal				Severely Subnormal				Totals				Grand Total
	Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
In urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Not in urgent need of hospital care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Number of admissions for temporary residential care (e.g., to relieve the family). To N.H.S. hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
To L.A. residential accommodation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Elsewhere	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

MENTAL HEALTH SERVICE
Summary of Patients under Local Health Authority Care at 31st December, 1963

	Mentally Ill						Psychopathic						Subnormal						Severely Subnormal						Totals						Grand Totals
	Under Age 16			16 and Over			Under Age 16			16 and Over			Under Age 16			16 and Over			Under Age 16			16 and Over			Under Age 16			16 and Over			
	M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		M	F		
Total number	2	2		97	191																										453
Attending day training centre	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		45
Awaiting entry thereto	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—
Residing in residential training centre	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—
Awaiting residence therein	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—
Receiving home training	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—
Awaiting home training	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—
Resident in L.A. Home/Hostel	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—
Awaiting residence in L.A. home/hostel	—	—		5	12		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—
Resident at L.A. expense in other residential homes/hostels	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		1
Resident at L.A. expense by boarding out in private household	—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		1
Receiving home visits and not included above.	2	2		93	140		—	—		—	—		—	—		—	—		—	—		—	—		—	—		—	—		333

MENTAL HEALTH SERVICE
Premises provided at 31st December, 1963

Age group provided for	Mental Category provided for	Day training Centres including Special Care Units		Residential training Centres		Social Clubs or Centres		Homes or Hostels	
		Number of centres	Number of places	Number of centres	Number of places	Number of clubs or centres	Number of places	Number of homes or hostels	Number of places
Under 16	Mentally ill	—	—	—	—	—	—	—	—
	Mentally subnormal	—	—	—	—	—	—	—	—
16 and over	Mentally ill	—	—	—	—	1	60	—	—
	Mentally subnormal	—	—	—	—	—	—	—	—
Juniors and Adults	Mentally ill	—	—	—	—	—	—	—	—
	Mentally subnormal	1	75	—	—	—	—	—	—
Total		1	75	—	—	1	60	—	—

Special units included above providing for the severely subnormal with gross physical handicaps or gross behaviour difficulties.	Units functioning as Groups within Day Training Centres	(a) Number of Units		Self contained units independent of Day Training Centres	(a) Number of Units	
		(b) Number of places			(b) Number of places	
		1			—	—
		8			(b) Number of places	—

MENTAL HEALTH SERVICE
Admissions to Guardianship of Local Health Authority or other Guardian
during the year ended 31st December, 1963

	Mentally Ill						Psychopath						Subnormal						Severely Subnormal						Totals					
	Under Age 16			16 and Over			Under Age 16			16 and Over			Under Age 16			16 and Over			Under Age 16			16 and Over			Under Age 16			16 and Over		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Under Sec. 33	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	{ L.H.A.			{ Other			{ L.H.A.			{ Other			{ L.H.A.			{ Other			{ L.H.A.			{ Other			{ L.H.A.			{ Other		
Sec. 41(2)(b) from Hospitals	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sec. 41(2)(b) from Mental Nursing Homes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sec. 87	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
On Court Orders Sec. 60 or 61	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
By direction of Home Secretary, Sec. 79	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total Number under Guardianship at 31.12.63	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

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	4	—	—	—	—	—	—
15 to 25 ...	3	1	—	—	—	—	—	—
25 to 45 ...	5	3	—	1	—	—	—	—
45 to 65 ...	5	2	—	—	3	1	—	—
65 to 75 ...	2	3	—	—	1	2	1	—
75 and over	—	2	—	—	2	1	—	—
TOTALS ...	16	15	—	1	6	4	1	—

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

By primary notifications ...	...	...	...	...	...	...	...	24
By transfers from other areas ...	...	...	...	...	...	...	...	8
From Death Returns ...	...	...	...	...	...	...	...	—
Lost sight of cases returned ...	...	...	...	...	...	...	...	—
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 1963 was 245, and 26 of these patients were found to have sputum containing tubercle bacilli. During the year, 51 Treatment Clinics were held and 441 visits were made by patients; the total number of X-ray examinations of patients was 398.

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, and that the gradual decline in the notifications of non-pulmonary tuberculosis continues.

YEAR	NEW CASES		DEATHS	
	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
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	—
1962 ...	42	4	4	—
1963 ...	31	1	10	1

Contact Clinic—The Health Committee is responsible for the Contact Clinic and this is also held at the Southport Infirmary by arrangement with the Hospital Management Committee.

During the year 45 clinics were held and 679 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 591. Three contacts were found to be suffering from pulmonary tuberculosis in 1963.

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 are the number of home visits made by this Health Visitor during the year:—

(i). To tuberculosis patients	...	...	...	...	...	1078
(ii) To tuberculosis contacts	...	...	...	...	...	697
(iii). To Other chest patients	...	...	...	...	...	6
Total Visits						<hr/> 1781 <hr/>

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 1963, the Health Visitor made 91 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 Unit did not visit Southport during 1963 but arrangements have been made for sessions early in 1964.

	1959			1960			1961			1962			1963		
	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	390	34	424	312	23	335	272	15	287	258	15	273	249	13	262
2. No. of patients added during the year:															
(a) primary notifications of new cases	22	4	26	16	—	16	17	1	18	27	3	30	23	1	24
(b) transfers from other areas	15	—	15	15	—	15	11	—	11	14	1	15	8	—	8
(c) lost sight of cases returned	—	—	—	1	—	1	2	—	2	1	—	1	—	—	—
TOTALS (1)	427	38	465	344	23	367	302	16	318	300	19	319	280	14	294
3. No. of patients deleted during the year:															
(a) died (from Tuberculosis)	4	—	4	3	—	3	4	—	4	3	—	3	6	—	6
(b) transferred to other areas	10	2	12	10	1	11	12	—	12	10	—	10	16	—	16
(c) recovered	84	12	96	42	5	47	18	—	18	23	5	28	7	—	7
(d) lost sight of or refused further assistance	6	1	7	6	2	8	5	1	6	7	1	8	10	—	10
(e) tuberculosis not primary cause of death	11	—	11	11	—	11	5	—	5	8	—	8	9	1	10
TOTALS (2)	115	15	130	72	8	80	44	1	45	51	6	57	48	1	49
4. No. of patients on register at the end of year (i.e., totals (1), less totals (2)	312	23	335	272	15	287	258	15	273	249	13	262	232	13	245
5. Summary of new patients found during the year:															
(a) Primary notifications of new cases	22	4	26	16	—	16	17	1	18	27	3	30	23	1	24
(b) Transfers from other areas	15	—	15	15	—	15	11	—	11	14	1	15	8	—	8
(c) Patients found from death returns (figures not included in items (1) to (4) above)	3	—	3	1	—	1	1	—	1	—	—	—	—	—	—
(d) Lost sight of cases returned	—	—	—	1	—	1	2	—	2	1	—	1	—	—	—
TOTAL NUMBER OF NEW PATIENTS	40	4	44	33	—	33	31	1	32	42	4	46	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 1963 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 1963 is shown below:—

At B.C.G. Clinics	35
Babies seen by the Consultant Paediatrician	20
School children	716
TOTAL	771
Number of B.C.G. Clinics	5
Number of attendances made by contacts	34
Number of Mantoux tests	118
Number of sessions by Tuberculosis Visitor at B.C.G. Clinics ...	4

	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
At B.C.G. Clinics	30	48	45	27	42	56	43	36	34	35
Babies seen by the Consultant Paediatrician	13	10	9	9	24	35	27	28	32	20
School Children...	79	427	391	500	497	698	1037	787	872	716
TOTALS ...	122	485	445	536	563	789	1107	851	938	771

VENEREAL DISEASES

At the end of the year, 123 new cases were under treatment at the clinic, as compared with 115 cases at the end of 1962.

These new cases were classified as follows:—

	Male	Female	Total
Syphilis	2	2	4
Gonorrhoea	14	2	16
Non-Venereal Infections	67	36	103
TOTALS	83	40	123

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					
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
1962	—	5	5	47	922	15	6	71
1963	—	4	4	50	1105	16	8	117

During 1963 103 non-venereal cases made 600 attendances and there were 39 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.

INFECTIOUS DISEASES (Table 1)
Classification of Cases notified during the year 1963

NOTIFIABLE DISEASE	NUMBER OF CASES NOTIFIED AGES IN YEARS							
	At All Ages	Un- der 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 Up- wards
Chickenpox	333	7	131	173	12	9	1	—
Dysentery	4	—	2	2	—	—	—	—
Erysipelas	2	—	—	—	—	—	—	2
Food Poisoning	28	1	3	17	1	3	1	2
German Measles	73	11	39	15	5	3	—	—
Measles	482	28	260	189	3	2	—	—
Meningococcal Infection	2	1	—	—	1	—	—	—
Pneumonia	7	—	2	1	1	1	—	2
Poliomyelitis	—	—	—	—	—	—	—	—
Puerperal Pyrexia	4	—	—	—	2	2	—	—
Scarlet Fever	21	1	9	10	1	—	—	—
Whooping Cough	151	11	72	64	2	2	—	—
Encephalitis	—	—	—	—	—	—	—	—
Paratyphoid Fever	1	—	—	—	—	—	—	1
TOTALS	1,108	60	518	471	28	22	2	7

INFECTIOUS DISEASES (Table 2)
Number of Notified Cases and number of Deaths for the years 1954 to 1963 inclusive

NOTIFIABLE DISEASE	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED										DEATHS FROM INFECTIOUS DISEASE											
	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	Total Cases for 10 years 1954 to 1963	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	Total Deaths during 10 years 1954 to 1963
Chicken Pox	1395	286	498	746	173	383	656	445	697	333	5612	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	154	35	134	—	13	5	37	26	69	4	477	—	—	—	—	—	—	—	—	—	—	—
Encephalitis	1	—	—	—	—	—	—	1	1	—	3	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	10	9	12	6	6	5	12	7	6	2	75	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	2	16	5	—	26	3	4	3	3	28	90	—	—	—	—	—	—	—	—	—	—	—
German Measles	60	57	110	169	86	70	91	231	2369	73	3316	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	457	238	813	476	124	1554	348	1107	546	482	6145	1	—	—	—	—	—	—	—	—	—	1
Meningococcal Infect'n	1	3	3	1	—	2	1	1	1	2	15	1	—	2	—	—	—	—	—	—	—	3
Ophthalmia Neonatorum	—	—	—	—	1	—	1	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—
Other Forms of Tuberculosis	9	10	13	3	6	4	—	1	3	1	50	—	—	—	1	1	2	—	—	—	1	5
Paratyphoid Fever	—	1	1	—	—	—	—	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	15	31	37	41	12	21	14	17	32	7	227	27	58	50	52	45	28	51	67	66	88	532
Polioencephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Poliomyelitis	2	9	6	4	3	2	—	7	—	—	33	1	1	—	—	1	—	—	—	—	—	3
Puerperal Pyrexia	1	—	4	1	1	1	1	—	—	4	13	—	—	—	—	—	—	—	—	—	—	—
Pulmonary Tuberculosis	68	65	62	46	62	40	33	31	27	23	457	16	13	6	9	6	7	4	4	4	10	79
Scarlet Fever	55	32	26	40	53	144	46	29	25	21	471	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—	—	—	—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	452	43	198	63	50	113	60	34	15	151	1179	—	—	—	—	—	—	—	—	—	—	—
TOTALS	2682	835	1922	1596	616	2347	1304	1940	3796	1132	18170	46	72	58	62	53	37	55	71	70	99	623

Part IV

ENVIRONMENTAL HYGIENE

Water Supply

Public Baths

Public Conveniences

Public Mortuary

Sanitary Inspection

Factories

Rodent Control

Summary of Visits

Inspection of Rag Flock and other Filling Materials

Clean Air

Housing

Noise Abatement

Offices and Shops

Animal Boarding Establishments

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 appears 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 provided by the West Lancashire Water Board which is responsible also for the supply to several neighbouring local authorities.

All the water supplied is pumped from wells and boreholes sunk in the sandstone rocks to depths varying between 180 and 1,000 feet.

The five pumping stations which contribute to the supply of Southport are situated five to ten miles south-east of the town.

Owing to the depth of the wells and the control exercised over their surroundings, the water, though hard, is consistently of the highest standard of bacterial purity. As a precaution, however, all water is chlorinated at the source.

At four pumping stations filters are installed to remove the iron and manganese present in the water as it comes from the wells. After filtration and chlorination the water is stored in covered reservoirs.

Samples are taken for chemical and bacteriological examination at regular intervals.

Town's Water, Chemical Analysis, 17th May, 1963

									Parts per Million
Total solid matter in solution	...	...	...	...	...	...	...	...	468
Oxygen absorbed	}	in 15 minutes	...	...	...	...	...	...	0.08
from Permanganate		in 3 hours	...	...	...	...	...	...	0.16
Ammonia	...	...	...	...	...	...	...	...	Nil
Albuminoid Ammonia	...	...	...	...	...	...	...	...	Nil
Nitrogen as Nitrates	...	...	...	...	...	...	...	...	0.06
Nitrogen as Nitrites	...	...	...	...	...	...	...	...	Nil
Combined Chlorine	...	...	...	...	...	...	...	...	32
Free Chlorine	...	...	...	...	...	...	...	...	0.02
Lead	...	...	...	...	...	...	...	...	Nil
Copper	...	...	...	...	...	...	...	...	Nil
Zinc	...	...	...	...	...	...	...	...	Nil
Total Iron	...	...	...	...	...	...	...	...	0.07
Carbonate Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	248
Total Hardness (as Calcium Carbonate)	...	...	...	...	...	...	...	...	336

(p.H. value: 7.3)

Town's Water, Bacteriological Examination, 30th May, 1963

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

Remarks

This and other tests indicate that the water falls into the classification, 'one', which is highly satisfactory. 'Fluoride' is present in quantities of 0.1 parts per million approximately.

WATER SUPPLY TO HOUSES

Particulars	Number of houses	Population
(a) Mains supply, provided by the West Lancs. Water Board	27075	80160*
(b) Water supply from sources other than specified above	2	4
TOTALS	27077	80164*

* Registrar-General's estimate for 1963.

Public Baths—The Victoria Baths near the Pier have ample bathing accommodation which, in addition to three sea-water swimming baths, comprise 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, 1963, was 278,676.

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 201,439 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 is added daily after filtration and chlorination.

The bathing water at the Victoria Baths is purified in the same manner as that employed at the Sea Bathing Lake, but the turn-over period in each bath is approximately three hours.

Both chemical and bacteriological tests are made on the water of the swimming baths. The chemical analysis consists of the estimation of the pH Value, nitrites, free ammonia and 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 number of Bact. coli (type 1) in a similar volume. No organisms of either type should be present. A Plate Count is also determined. No Plate Count should show more than 100 colonies per millilitre.

Nine chemical estimations of the chlorine content of the water from the Sea Bathing Lake were made of which five were unsatisfactory, but all three of the samples submitted for bacteriological examination were found to be satisfactory.

At the Victoria Baths, all four samples of water submitted for chemical examination proved satisfactory, but one of the two examined bacteriologically did not comply with the test.

A factor affecting the results of the tests is the time at which they are taken in relation to the number of bathers, despite the amount of chlorine added to the water and the efficiency of filtration and aeration. Improvements to the plant are planned.

Satisfactory Chemical Sample of Bathing Water

Taken at the Victoria Baths on 12th July, 1963

Appearance	...	...	...	...	...	Clear and bright. Colourless. Minute trace of flocculent Matter.
pH. Value	...	...	...	...	...	7.02
Nitrite	...	...	...	...	...	Nil
Free Ammonia. Parts per million	...	...	...	...	...	Trace.
Free Residual Chlorine. (Free chlorine Plus Chloramines) Parts per million	...	...	...	...	...	1.10

Result—Satisfactory

Report on Bacteriological Examination of Bathing Water

at the Sea Bathing Lake on 5th June, 1963

Location of Sample	Probable numbers per 100 ml.		PLATE COUNT
	Coliform bacilli	Bact. coli (type 1)	
Centre of the Lake ...	0	0	Satisfactory

Report on Bacteriological Examination of Bathing Water

at Victoria Baths taken on 10th July, 1963

Location of Sample	Probable numbers per 100 ml.		PLATE COUNT
	Coliform bacilli	Bact. coli (type 1)	
Premier Plunge ...	0	0	0 organisms per ml.

PUBLIC BATHS—ATTENDANCES 1962-1963

Year	NUMBER OF PERSONS ATTENDING			
	INDOOR			OPEN AIR
	Victoria Baths (Opened 1836) (Remodelled 1926)	Canning Road Baths (Opened 1903)	Compton Road Baths (Opened 1926)	Bathing Lake (Opened 1928)
1962	260525	4396	4165	143999
1963	278676	4357	3869	201439

PUBLIC CONVENIENCES

Improvements in the general standard of the public conveniences in the town continued throughout the year, with particular reference to the abolition of turnstiles, the provision of a proportion of free water closets, and the provision of free hand-washing facilities. From the public health point of view, the latter provision is of the utmost importance. The thought of being unable to wash one's hands after using a water closet is abhorrent to most people. Toilet paper is very porous. Quite apart from the unpleasantness of the thought, there is a real danger in not washing the hands at this time. The contagious diseases which harbour in the human bowel are more prevalent than many people imagine. Such diseases are particularly prone to the production of "carriers", i.e., persons who carry and disseminate the germs of a particular disease without themselves suffering from its symptoms. These people are very difficult to trace and can, quite unwittingly, cause a great deal of suffering and even death before they are found and "cured".

Probably the greatest bulwark against disease of this type lies in the meticulous practice of washing the hands thoroughly with soap and hot water, using a nail brush, and drying the hands on a clean towel after every visit to a water closet. Faithful observance of this practice by every man, woman and child in the country could, by itself, bring about a big reduction in the cases of intestinal diseases.

Many families, of course, regard this simple procedure as an essential of daily life. When such a family visits a seaside resort, uses a public convenience, and then discovers that each member of the family must pay 3d. or 4d. for the "privilege" of washing his or her hands, they are inclined to be disgusted and annoyed. Each summer season brings a number of indignant letters from such people.

No seaside local authority would fail to provide public conveniences and the provision of adequate, free, hand-washing facilities should be considered to be just as essential as the provision of the conveniences themselves.

This raises the question as to the adequacy of such facilities. It is the usual practice for free hand-washing facilities to consist of one small wash-hand basin and a supply of cold water. While even this is better than nothing, it is not adequate to give proper protection against the spread of such diseases as typhoid fever. Only hot water, soap, nail brush and clean towel will do this.

It is, of course, realised that there are many difficulties attached to the provision of such facilities. The greatest of these is undoubtedly vandalism, which must bear the blame for slow progress in this connection. Local authorities are understandably reluctant to spend quite large sums of money on the installation of expensive equipment, merely to have it destroyed by the very people for whose protection it is provided.

Nevertheless, it is the duty of every local authority to weigh the cost involved against the potential loss, in money and health, which could be caused by a local outbreak of intestinal disease.

SANITARY INSPECTION OF THE AREA

Land Charge Enquiries—Information has been supplied during the year on 2,609 enquiries in respect of properties and sites in the Borough.

Sewage Disposal—The Sewage Works at Bank End, Crossens, deals with over two-thirds of the sewage passing into the system, and although the plant is not of modern design, no serious complaints have been received regarding its efficiency.

The system of de-odourising the air when the wind direction is from the sea appears to act satisfactorily.

The new works at Ainsdale have materially helped in the development of the district and an average daily flow of 250,000 gallons is now dealt with.

The effluent from the Bank End Works is discharged into the sea and it is worthy of note that Southport's beach has been described in the National Press as one of the very few "Clean" ones.

The sludge from both works is disposed of by either drying or lagooning.

The Borough Engineer is responsible for the operation of both these works.

Drainage—Complaints of blocked drains totalled 2,209, and in addition 541 drains were found to be defective.

Of these 1,838 were cleared, free of charge, by workmen employed by the Department, where no excavation of the drains was involved.

The 541 cases of defective drains were dealt with under the supervision of the Public Health Inspectors; the work in most cases being undertaken by the Borough Engineer's Department.

DRAIN STOPPAGES

YEAR 1962				YEAR 1963			
Number Reported	Number Not Confirmed	Number Not Freed	Number Freed	Number Reported	Number Not Confirmed	Number Not Freed	Number Freed
1,983	96	275	1,612	2,209	127	244	1,838

Improvements in Sanitation—During the year the task of abolishing Bristol Closets in the Borough has continued, and by increasing this section of the work the position is rapidly approaching when there will not be a house in Southport where the only closet is one of this type.

A total of 458 statutory notices was served on the owners of property in this connection. The Borough Engineer helped considerably in the work of converting the closets into modern water closets and his department received orders to convert 190 of them, the remainder being completed by private contractors under arrangements made with the department.

Household Refuse—The work of collection and disposal of refuse is the responsibility of the Borough Engineer.

Pest Control—In addition to the destruction of rats and mice, the advice of the technical staff is sought on many other cases where pests such as cockroaches, crickets, flies, bugs, wasps and other insects are involved.

Information has been given, and the work of extermination of these pests has been undertaken at the expense of the complainants in many cases.

Pet Animals—No contraventions of the Pet Animals Act were observed.

Schools—The regular inspection of sanitary arrangements at the schools has continued, and the standard of cleanliness has been well maintained. It is hoped to secure an improvement in the type of sanitary accommodation at some of the Church Schools.

Hostel—There is one common lodging house in the Borough which provides frugal accommodation for men in the labouring class.

While the accommodation is in no way pretentious it is clean, but the washing facilities could be improved, and the suggestions which have been made during the visits paid by the Health Inspectors are to be complied with.

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

Number of licensed sites for caravans	...	...	...	...	4
Total number of caravans permitted	...	...	...	...	113

One of these sites is in use, and this site is well maintained.

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 but no decision has yet been made.

Two hundred and forty-one post-mortems were carried out during the year.

FACTORIES

Sections 1 to 7 of the 1961 Factories Act are administered by local authorities in all factories where mechanical power is not used, and Section 7 is administered by them in all factories.

Working conditions such as cleanliness, overcrowding, temperature, ventilation and drainage of floors are dealt with under these sections of the Act and sanitary conveniences are referred to specifically in Section 7.

PREMISES	Number on Register	Number of inspections (1) Written notices (2)	
		1	2
Factories (other than domestic factories) where motive power is not employed ...	23	27	—
Factories where motive power is employed ...	406	306	9
OUTWORKERS EMPLOYED IN FINISHING OF WEARING APPAREL ...	88	88	—

Prevention of Damage by Pests Act, 1949

	TYPE OF PROPERTY				
	NON-AGRICULTURAL				AGRI- CULTURAL
	Local Authority (1)	Dwelling- Houses (including Council Houses) (2)	All other (including Business Premises) (3)	Total of Columns (1), (2) and (3) (4)	
(1) Number of properties in Local Authorities District ...	236	26,693	4,387	31,316	41
(2) Total number of properties inspected as a result of notifi- cation Number of properties found to be infested by:—	27	169	108	304	7
Common Rat Major ...	—	—	—	—	—
Minor ...	20	36	25	81	6
House Mouse Major ...	—	—	—	—	—
Minor ...	9	48	57	114	—
(3) Total number of properties inspected in the course of Survey under the Act Number of such properties found to be infested by:	196	616	864	1,676	151
Common Rat Major ...	—	—	—	—	—
Minor ...	13	25	17	55	4
House Mouse Minor ...	5	34	39	78	—
(4) Total number of properties otherwise inspected	39	74	107	220	16
None of the above properties was found to be infested (in Sect. 4)					
(5) Total inspections carried out including re-inspections ...	262	859	1,079	2,200	164
(6) Number of infested properties	47	143	138	328	10
(7) Number of treatments carried out	29	55	68	152	6
(8) Number of "Block" control schemes carried out	3				

The above table indicates that 2,200 visits were made to properties in the Borough resulting in 328 infestations being discovered.

In addition, 164 inspections were made to agricultural properties and 10 infestations were found.

Each of these cases was treated by the Local Authority's Rodent Officer and re-inspections were carried out. In no case did a re-infestation occur.

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

Nuisances

COMPLAINTS INVESTIGATED—

Choked and defective drains	...	...	...	...	2,379
Housing defects	...	...	...	...	272
Ditches and watercourses	...	...	...	...	5
Smoke emission	...	...	...	...	55
Noise	...	...	...	...	26
Other nuisances	...	...	...	...	630
					<hr/> 3,367 <hr/>

NOTICES—

Served	Preliminary, 566	Statutory, 424
Abated	Preliminary, 361	Statutory, 245

VISITS—

To Premises:

Dwellinghouses	...	...	...	...	9,665
Shops	...	...	...	...	1,332
Offices	...	...	...	...	31
Factories and workshops	...	...	...	...	355
Dairies	...	...	...	...	226
Food preparing premises	...	...	...	...	2,442
Ice Cream premises	...	...	...	...	93
Other premises	...	...	...	...	2,305
					<hr/>
Total No. of Visits	...	...	...		16,449 <hr/>

Regarding:

Drainage	...	...	...	...	2,212
Conversion of closets	...	...	...	...	5,459
Ditches and watercourses	...	...	...	...	55
Rats, mice and other vermin	...	...	...	...	3,013
The Housing Acts	...	...	...	...	392
Rent Acts	...	...	...	...	40
Food Hygiene Regulations	...	...	...	...	1,825
Works in progress	...	...	...	...	559
Other matters...	...	...	...	...	5,645

Sampling

SAMPLES OBTAINED FOR BACTERIOLOGICAL EXAMINATION—

Milk	...	...	...	...	218
Ice Cream	...	...	...	...	18
Other Foods	...	...	...	...	21
Drinking Water (town's main)	...	...	...	...	5
Swimming Bath Water	...	...	...	...	5
Other Water	...	...	...	...	6
					<hr/>
Total	...	...	...	...	273 <hr/>

SAMPLES OBTAINED FOR CHEMICAL ANALYSIS—

Milk	35
Other Foods	164
Drinking Water (town's main)	6
Swimming Bath Water	13
Total	218

Rag Flock and Other Filling Materials Act, 1951

Registration of premises where the manufacture of upholstered articles of furniture is carried on as a business, is required under this Act.

Also yearly licences to manufacture or store rag flock are necessary. In addition records of consignments of filling materials for use in the trade are required to be kept for inspection.

These measures are to assist in ensuring that only clean filling materials are used in the business, and to prevent undesirable practices which were alleged to have taken place formerly.

Nine premises registered under the Act now remain, and five of these were granted licences to store Rag Flock during the year.

CLEAN AIR

Once again, very few complaints were received regarding the emission of smoke, and only 19 observations of industrial chimneys were made. No legal proceedings were instituted.

In July, the defence available to the occupiers of offending premises under Sec. 2 of the Clean Air Act, 1956, expired. At this time only one chimney in the Borough remained the subject of constant complaint, and this chimney was still under observation at the end of the year. A certain amount of dark, and even black, smoke is still permitted by law and to establish an offence, many hours must be spent in timing every burst of smoke from a chimney.

In the field of domestic smoke, the year produced an unexpected set-back for those local authorities who have proceeded with the establishment of Smoke Control Areas. This arose from a major change in policy on the part of the National Gas Council. In recent years, this body has been developing alternatives to coal gas. Residual gas from oil refineries (hitherto a waste product) is being converted into a gas suitable for introduction into the Gas Council's mains. It has also been discovered that it is cheaper to bring liquid methane by sea from the Sahara Desert and convert it into a suitable gas, than to produce gas from coal in this country. Quite apart from the question of cost, the new gas produced by these methods is considerably less toxic than coal gas. Eventually, the gas oven will cease to be a convenient way of committing suicide, and fatal accidents from gassing in the home and elsewhere will come to an end.

The production of gas coke will steadily decline. Hitherto, gas coke has been relied upon as a main solid smokeless fuel for use in open grates in Smoke Control Areas. In May, the Minister of Housing and Local Government warned local authorities that they could no longer rely on a supply of gas coke for new Smoke Control Areas, although supplies would still be available for areas already established. In December, the Minister issued a circular on the subject which was accompanied by a Command Paper. The gist of these was to the effect that, in future Smoke Control Areas, the householder's choice would be between:

- (1) Closed/Openable space heating appliances burning hard coke;
- (2) Open fires of the under-floor-draught type burning hard coke;
- (3) Gas appliances;
- (4) Oil burning appliances; and
- (5) Electric night storage heaters:

This type of appliance is considerably dearer than the improved type of open fire hitherto installed in Smoke Control Areas and it follows that the cost of establishing such areas will be several times greater in the future.

The Atmospheric Deposit Gauge maintained by the Department indicated that, on an average, 9.81 tons of solid pollution fell on each square mile of the Town Centre during each month of the year. This gauge does 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 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 26,725.

The following table shows the number of houses built during the period 1953 to 1963, plus additional accommodation made available as a result of adaptations and additions to existing properties:

Year	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Number of houses built	235	155	186	253	305	122	214	115	102	255	252

Rent Act—There were no applications for Certificates of Disrepair.

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 15. In the instances where overcrowding was found to occur the matter was referred to the Housing Department requesting that assistance be granted.

Demolition and Closing Orders—The task of dealing with the houses in the Borough which appeared 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 Rent Acts, 1954, was hampered by a shortage of staff.

This work has been dealt with through the Housing Maintenance Committee which was specially formed for the purpose, and 8 houses were represented to the Committee during 1963.

During the year the formal procedure prescribed by the Housing Acts was commenced in respect of 11 houses.

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

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

Among 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.

During the National Census of 1951, house holders were asked to declare on the Census Form whether or not they had a separate, fixed bath or had to share one with another household. This information was again requested in the 1961 Census, and the figures for Southport provide an interesting comparison:

Year	Entirely without a Bath	Sharing a Bath	% without or sharing
1951	6,242	4,262	38.0%
1961	3,982	3,548	26.3%

For this, the Improvement Grant Scheme administered by the Borough Architect and Town Planning Officer must receive the major part of the credit.

Nevertheless, it is disappointing to find that, in 1961, more than one-quarter of all the households in Southport did not have a fixed bath of their own.

During 1963, plans were approved for the installation of 174 bathrooms in houses which had previously been without, and Improvement Grants were given in 135 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.

Houses in Multiple Occupation—The Housing Act, 1961, and the Housing (Management of Houses in Multiple Occupation) Regulations, 1962, gave powers to local authorities to improve conditions in houses of this type, as follows:—

- (1) To prevent overcrowding;
- (2) To secure adequate facilities for the number of persons living in such a house; and
- (3) To secure a proper standard of management.

Three houses of this type were reported to the Housing Maintenance Committee and, in view of the difficulties experienced with this type of property during the previous year, it was decided to try informal action before commencing formal procedure. By the end of the year this informal action was meeting with encouraging results.

Noise Abatement—A comparatively small number of complaints was received regarding nuisance arising from noise.

The Noise Abatement Act, 1960, is a particularly difficult one to administer in Southport. In towns where the local industry is so obviously the life-blood of the town, a certain amount of noise is accepted as inevitable. People are born into a noisy environment and for that reason tend not to be conscious of it. Families who were evacuated from industrial towns to country districts during the war, returned of their own volition to the blitzed towns because they "could not stand the silence".

The early planners of Southport, from the very finest motives, laid the foundations of a situation which now gives rise to considerable difficulties. They planned many residential areas of the town in the form of large, open rectangles, with houses built around the perimeter and with long gardens or vacant land in the centre. In time, with the change in our methods and the pace of living, people no longer had the time, money or inclination to attend to large gardens or pieces of vacant land, and these became badly neglected. Almost inevitably, workshops and small factories mushroomed into life inside the rectangles, completely negating the ideals of the early planners. This "Back-Yard Development" occurred of course, before the days of Town Planning legislation and cannot now be corrected.

As a result of all this, quite a considerable number of factories exist, tightly encircled by a narrow band of good dwelling-houses, the occupants of which are not accustomed to noise from factories. As always there are arguments on both sides. For the residents, it is argued that the factories should not be there or, if they cannot be resited, they should operate noiselessly. The occupants of the factories claim that they have established a right to be where they are and that if people decide to live next door to them they must expect a certain amount of noise.

The Noise Abatement Act states that "in proceedings brought . . . in respect of noise or vibration caused in the course of a trade or business, it shall be a defence for the defendant to prove that the best practical means have been used for preventing, and for counter-acting the effect of, the noise or vibration".

In connection with legislation of a similar nature, it has been found that a defence of this type is extremely difficult to upset.

Offices and Shops—The new Offices, Shops and Railway Premises Act, 1963, reached local authorities during the year, but will not come into operation until 1964. The purpose of the Act is to improve working conditions in such premises as previous legislation proved to be inadequate. The matters covered include: cleanliness; overcrowding; temperature; ventilation; lighting; sanitary accommodation; washing facilities; drinking water; facilities for sitting; facilities for hanging and drying of clothes; facilities for taking meals; first aid equipment; safety and fire precautions.

Railway premises and premises occupied by local authorities and the Civil Service will be covered by inspectors authorised by the Minister of Labour, but most other offices and all shops will be registered and inspected by the Public Health Inspectors. Additional staff will be required for this new task which is long overdue.

Offices have always been neglected by Public Health legislation, and it is anticipated that quite a number will be found to fall short of a reasonable standard.

By the nature of their trade, shops must maintain a good standard of cleanliness and decoration if they are to attract customers. Unfortunately, this standard does not always extend to the parts of the premises which are not seen by the customers. In particular, the condition of rear yards of shop premises frequently give rise to concern, with particular reference to accumulations of trade refuse.

This is bad enough when the refuse is of an innocuous type, but the matter is much more important in the case of food refuse.

Animal Boarding Establishments—The Animal Boarding Establishments Act, 1963, became law during the year, but will not come into operation until 1st January, 1964. The purpose of the Act, is to control such establishments by licence, which must be renewed annually. Matters covered include: accommodation; overcrowding; exercising facilities; temperature; lighting; ventilation; cleanliness; food; drink; bedding; control of infection; fire precautions; and the keeping of a register.

The Local Authority appointed Mr. H. Raynor Hewetson, M.R.C.V.S., Mr. W. M. Moors, M.R.C.V.S., and the Chief Public Health Inspector as authorised officers under the provisions of the Act.

Part V

INSPECTION AND SUPERVISION

OF FOOD

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

FOOD STANDARDS

The number of food samples taken and submitted to the Public Analyst for chemical analysis was 177.

The results showed that 164 were genuine and 13 were adulterated or otherwise unsatisfactory.

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	Nature of sample and report of analysis	Particulars
Informal 4630 ...	FRUIT CURD (Lemon)—Soluble solids only 56.0% (should be 65.0%). Sugar, eggs, butter and lemon present in proportions different from the order in which they are specified in the voluntary list of ingredients. No declaration of Nett Weight.	Manufacturer taking steps to prevent a recurrence.
Informal 4634 ...	PORK SAUSAGES—Meat content only 56.0%. Poor in meat content. Contained 160 parts per million preservative (expressed as Sulphur Dioxide) without declaration.	Vendor interviewed re preservative.
Informal 4646 ...	MILK—Deficient 1.6% fat.	Vendor notified.
Informal 4651 ...	PORK SAUSAGE—Meat content 56.5%. Poor in meat content.	Vendor notified.
Informal 4658 ...	MARGARINE — Moisture content 16.5%. Maximum limit 16.0%.	Manufacturer notified.
Informal 4668 ...	PORK SAUSAGE—Meat content 55.0%. Poor in meat content.	Vendor notified.
Informal 4655 ...	PORK SAUSAGE—Meat content 60.0%. Poor in meat content.	Vendor notified.
Informal 4722 ...	MILK—Deficient 3.3% fat.	Farmer cautioned.
Informal 4723 ...	FRUIT (Canned)—Contents of can contained 800 parts per million of tin but flange of can perforated.	Complainant and vendor informed.
Informal 4747 ...	CUMBERLAND SAUSAGE—Contained 350 parts per million of Sulphite preservative (expressed as Sulphur Dioxide) without declaration.	Vendor cautioned.
Informal 4754 ...	PORK SAUSAGE—Contained 290 parts per million of Sulphite preservative (expressed as Sulphur Dioxide) without declaration.	Vendor cautioned.
Informal 4763 ...	DOUBLE DEVON CREAM—Contained a piece of broken glass weighing 1.53 grammes and approx. 25 coloured specks each about 1-3 millimeters in diameter consisting of wood and other vegetable fibres and fine particles of sand, glass, carbon, etc.	Packers cautioned and complainant informed.
Informal 4765 ...	FRUIT, DRIED (Mixed Cut Peel)—Contained 0.6% salt without declaration in list of ingredients.	Packers communicated with.

Food and Drugs Acts—Records, 1959—1963

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)
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	—
1962	2	277	279	2	253	255	0	24	24	8·60	—
1963	0	177	177	0	164	164	0	13	13	7·34	—

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

**Table showing particulars of the number of samples taken for
Bacteriological Examination—Year 1963**

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	—	6	12	—	18
Milk	72	46	33	67	218
Other Foods	—	9	12	—	21
Town's Water	4	1	1	—	6
TOTALS	76	62	58	67	263

DISTRIBUTION OF MILK

There are 189 licenced distributors of milk in the Borough, but as dealers in milk are only required to be licenced by an appropriate Authority in one district only, the number of persons selling milk in Southport exceeds this number.

Holders of licences to sell designated milk now hold such a licence for five years, but regular inspections are made of the premises, and samples of milk for chemical, bacteriological and biological examination are frequently submitted for the prescribed tests.

CLASS OF MILK	Number Samples Tested	Appropriate Tests	Number of Samples		
			Passed	Failed	Void
Pasteurised	106	Phosphatase	105	1	—
		Methylene Blue	102	2	2
Sterilised	16	Turbidity	16	—	—
Tuberculin Tested ... (Pasteurised)	85	Phosphatase	32	3	—
		Methylene Blue	76	3	6
Tuberculin Tested ... (Raw)	13	Methylene Blue	13	—	—

The above table shows that the samples of milk complied with all the prescribed tests with the exception of nine only.

The Methylene Blue test is an indication of the keeping quality of the milk which is greatly influenced by the manner in which it is handled during production at the farm and subsequently.

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.

Of the 200 samples of milk submitted for chemical analysis, 9 were reported as not complying with the prescribed standard laid down in the Sale of Milk Regulations, 1939. These results show that 4·3% of the milk sampled failed to comply with the standard, and indicates that vigilance is still required in respect of the production and sale of this very valuable food, to protect the consumers interests. In addition very great care is necessary to ensure that it is 'safe' to drink, in spite of the fact that all liquid milk in England now is from Tuberculin Tested herds.

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"	37
Dealers' Licences authorising the use of the special designation "Pasteurised".	110
Dealers' Licences authorising the use of the special designation "Tuberculin Tested (Pasteurised)"	67
Dealers' Licences authorising the use of the special designation "Sterilised"	128
Dealers' (Pasteurisers') Licences authorising the use of the special designation "Pasteurised"	6
TOTAL	348

FOOD INSPECTION

Details of the food inspected and rejected as unfit for human consumption during 1963 are set out below:—

Carcases Inspected and Condemned

PARTICULARS	Cattle (exclg.) Cows	Cows	Calves	Sheep and Lambs	Pigs
Number of animals killed and inspected... ..	4,731	156	71	11,352	9,893
RESULTS					
All diseases except tuberculosis and cysticerci:					
Number of whole carcases condemned ...	1	—	7	115	21
Number of carcases of which some part or organ was condemned	1,774	36	6	1,935	1,598
Tuberculosis only:					
Number of whole carcases condemned ...	—	—	—	—	—
Number of carcases of which some part or organ was condemned	36	—	—	—	45

Summary of Meat and Other Articles of Food which were found to be diseased or unwholesome

	Cwts.	Qrs.	Lb.
Beef, Veal, Mutton, Pork	423	3	22
Fish	8	0	10
Poultry, Game and Rabbits	—	2	2
Tinned Goods	50	1	8
Fruit	—	3	16
Miscellaneous	8	3	16
Total	492	2	18

Total ... 24 tons, 12 cwt. 2 qr. 18 lb.

Whenever possible, meat was sent for salvage and conversion into useful substances. The remaining diseased or unsound food was destroyed.

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

PUBLIC ABATTOIR

Though built more than 80 years ago, the abattoir continues to serve the needs of the Borough, and those of other districts on occasions.

A lot of money has been spent on improvements and upkeep, and as new legislation is passed affecting the requirements of this type of building, further expense is incurred.

The position, however, is rapidly approaching when the building will have outlived its usefulness, and the provision of a new abattoir will have to be considered. In this connection, the Chairman of the Health Committee, the Deputy Borough Architect and the Chief Public Health Inspector paid a visit to the Ministry of Agriculture, Fisheries and Food in London.

The total number of animals slaughtered throughout the years remains substantially the same: 28,651 in 1961; 28,510 in 1962; and 26,203 in 1963.

FOOD HYGIENE

Education of food handlers has been continued at both Elementary and Advanced levels, and the following table clearly indicates that the courses are both well supported and useful.

Trade	Number attended			
	Elementary Course	Advanced Course	Bacteriology Course	TOTALS
(1) Bakers and Confectioners ...	144	7	—	151
(2) Butchers and Meat Producers ...	48	11	2	61
(3) Catering I	368	31	6	405
(4) Catering II	161	19	2	182
(5) Fish Fryers and Fishmongers ...	21	2	2	25
(6) Fruiterers and Greengrocers ...	5	—	—	5
(7) Food and Fruit Preserving ...	392	48	15	455
(8) Grocers	155	5	1	161
(9) Ice Cream and Dairymen ...	31	—	—	31
(10) Nurseries	95	3	—	98
(11) Others	68	9	5	82
TOTALS	1,488	135	33	1,656

Notes: Catering I — Guest houses, cafes and hotels.

Catering II — School Meals Service, canteens and hospitals.

Though the taking of examinations is voluntary, of the 1,087 students (Elementary Course) who did so, 762 were successful.

Further successes were obtained in the Certificate Examination in Food Handling conducted by the Royal Institute of Public Health & Hygiene, when all 8 candidates were successful. Sixty-eight candidates have taken this examination and of this number, 67 have been successful.

At the request of the Royal Institute of Public Health and Hygiene a second intensive short course of lectures was organised and given by the staff of the Department to the managerial staff of United Bakeries Ltd., Preston. This clear indication of the esteem in which our educational system is held is most gratifying. The course was successful, 13 of the 18 candidates who presented themselves, passing the examination.

Premises—During the year the occupiers of food premises carried out routine maintenance and cleansing work. The existing standard is satisfactory and it is gratifying to report that food traders make every effort to improve their accommodation and equipment. In the food industry equipment is constantly wearing out and in need of renewal and caterers continue to co-operate in these matters.

Vermin Infestation—Rat and mice infestation continues to be minimal. It is difficult to permanently eradicate these pests as re-infestation sometimes occurs. An increasing number of food traders take out contracts with firms specialising in the destruction of pests and their efforts, combined with those of the Department, ensure relative freedom from infestation.

Removal of Waste Food, etc.—As mentioned in my Annual Report for 1961, a daily collection of refuse and swill from catering establishments is highly desirable, especially during the summer months. Organisation of this work is very complex, but it is urgently necessary that this problem be dealt with as soon as possible.

Summary of Food Hygiene Inspections

INSPECTIONS										NUMBER
Hotels, Restaurants and Kitchens	...	...	...	...	...	...	...	...	...	1,475
Bakehouses	...	...	...	...	...	...	...	...	...	133
Butchers' Shops	...	...	...	...	} Retail Food Shops	...	...	...	...	643
Confectioners' and Grocers' Shops	...	...	...	...		...	...	...	...
Fried Fish Shops	...	...	...	...		...	...	...	...
Fishmongers', Greengrocers' and Poulterers'	...	...	...	...		...	...	...	...
Public Houses, etc	...	...	...	...	...	...	...	...	...	164
Miscellaneous	...	...	...	...	...	...	...	...	...	827
Total										3,242

THE SHRIMPING INDUSTRY

There has been no great change in this section of the Department's duties in relation to the supervision of food supplies, and the industry follows closely to its traditional methods.

The considerable improvements affected on the coming into force of the Food Hygiene Regulations have been maintained throughout the year.

The shrimpers carry on their business very much in family units or groups, which may have some bearing on their objection to the establishment of a central or communal 'peeling' factory.

No change has been made in the Government's attitude to the peeling of shrimps on domestic premises which are registered with the local authority.

Due to the variation in the time when this process is being carried on visits to such premises are not easy to arrange, but the people engaged in the work have benefited from the lectures and the films shown to them by members of the staff.

Twenty-six wholesale premises are now registered under the Food & Drugs Act, 1955, in addition to the houses at which shrimp peeling is permitted.

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	...	...	...	...	...	...	...	...	...	20
For the purpose of sale	...	...	...	...	...	...	...	...	...	225
For the purpose of storage	...	...	...	...	...	...	...	...	...	1
TOTAL										246

The bacteriological quality of ice cream on sale in the Borough is indicated by the results recorded below.

Year	Percentage of Samples found to be unsatisfactory									
1959	31.57
1960	26.98
1961	20.00
1962	21.60
1963	22.50

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.

16 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	
1959 ...	29	10	39	6	12	18	57
1960 ...	32	14	46	9	8	17	63
1961 ...	27	13	40	8	2	10	50
1962 ...	36	5	41	5	5	10	51
1963 ...	9	5	14	—	2	2	16
TOTALS	133	47	180	28	29	57	137

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

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, and a sound projector was purchased last year to assist this work.

Vastly increased effort and money is being put into the field of education. Much of this is required to keep pace with the growth and application of technical knowledge in the modern world. So far, not much emphasis has been placed upon health education but the staff of the Department are aware of an increasing demand for such instruction.

Social habits change and the amount of freedom from parental supervision, the ease of travel and the increasing material wealth of our population, particularly in the younger age groups, makes the need for instruction more necessary than ever. Preventive medicine makes a less dramatic appeal than curative medicine as currently portrayed on television screens. This is a pity but much could be done to encourage people to avoid disease provided they have the requisite knowledge and the will to apply it. Nothing in the field of Health Education is so useful as the personal instruction given by the interested family doctor, public health medical officer or nurse when speaking to the individual or to small groups, but there is a real place for the specialist health education officer as well.

It is hoped that eventually a health education section of the Department can be established as there is much work of the kind indicated waiting to be done. One has only to look at the figures of cases of preventable disease; of young, indeed very young, unmarried mothers, and of venereal disease incidence, to understand something of the position.

SMOKING AND HEALTH

In March, 1962, the Royal College of Physicians published a report on "Smoking and Health" which stated "Cigarette smoking is a cause of lung cancer and bronchitis and probably contributes to the development of coronary heart disease and various less common diseases". One of the principal recommendations contained in the report was the need for more education of the public and especially school children, concerning the hazards of smoking.

Ministry of Health Circular 6/62 asked Councils to take steps to achieve a general discouragement of smoking. It also emphasized that the Minister considers the role of health education to be most important in bringing home to the public the dangers to health of smoking, particularly of cigarettes.

In accordance with the above recommendations an "Anti-Smoking" drive was mounted in October, 1963, with the dual purpose of presenting the known facts of the dangers associated with cigarette smoking to the general public and more especially to gain experience of the special methods required to influence the smoking habits of school children.

With the co-operation of the Chief Education Officer, three schools were selected for a visit from the mobile anti-smoking unit of the Central Council of Health Education equipped with films, filmstrips and other demonstration material and staffed by two lecturers. Approximately 500 boys and 250 girls attended the sessions.

This was followed-up by a series of talks illustrated by "anti-smoking" films and filmstrips given by a Health Visitor and a Public Health Inspector with special experience in Health Education. At one selected secondary modern school all the pupils have received instruction.

In addition during the Autumn, talks illustrated by films and filmstrips were given to various organisations and were well received.

Anti-smoking literature has been distributed in official correspondence, in the public libraries and posters exhibited in schools and public places.

Whilst it is difficult to make an accurate assessment of the results achieved by the campaign so far, the interest and response which it has aroused leaves no doubt that a sustained effort is necessary and is likely to be successful in reducing the size of this important public health problem.

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 195 persons on the Blind Register and 49 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	Total
Windsor House, Southport	—	2	2
David Lewis Colony, Alderley Edge ...	1	—	1
Maghull Homes, Maghull	3	2	5
Langho Colony, Manchester	1	1	2
Craig House, Southport	1	—	1
West Hill, Southport	1	—	1
	7	5	12

Nurseries and Child Minders Regulations Act.

Private Nursery—One private nursery registered by the Council under this Act, was functioning at the end of the year and consists of the playroom, dining room, cot room and cloakroom of a private house for a maximum number of fifteen children.

A further registration which consisted of a ground floor front room in a private house to accommodate five children was approved during the year but this particular nursery had not started functioning by the end of the year.

Nursing Homes—At the end of the year there were 15 Nursing Homes registered with the Local Authority, with 5 maternity beds and 167 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 32.

Nurses' Agencies—Any person who wishes to carry on an Agency for the supply of nurses must be licensed in accordance with the requirements of the Nurses Act of 1943, and the Nurses Agencies Regulations of 1945. No additional agencies were licensed during 1963, and reports showed that the one existing establishment was being conducted in a satisfactory manner.

Persons in need of Care and Attention—No cases were dealt with during 1963, 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 1963

Month	Men	Women	Total	New		Regional	
				Men	Women	Men	Women
January	26	92	118	—	—	—	—
February... ..	26	92	118	—	—	—	—
March	22	89	111	—	—	4	3
April	22	89	111	—	—	—	—
May	22	89	111	—	2	—	—
June... ..	22	89	111	—	—	—	—
July	22	89	111	—	—	—	2
August	22	89	111	—	—	—	—
September	12	27	39	—	—	10	62
October	13	30	43	1	3	—	—
November	13	32	45	—	2	—	—
December	13	32	45	—	—	—	—

(ii) Training as at 31st December, 1963

	Men	Women	Total
(a) Passed Standard Training Test and entered Class A ...	6	8	14
(b) Passed Standard Training Test and entered Class B	Nil	Nil	Nil
(c) <i>Recruits:</i>			
(i) Completed training and awaiting Standard Test ...	1	10	11
(ii) Undergoing Standard Training	1	8	9
(d) Reserve	5	6	11
TOTAL	13	32	45

Centres and Clinics—The following list shows the Centres and Clinics which were in operation at the end of the year:

ADDRESS	DAY	TIME
CHILD WELFARE CENTRES:—		
Methodist Church, Ainsdale	Mondays	2 to 4 p.m.
North Road, Crossens	Wednesdays	2 to 4 p.m.
Lincoln House Birkdale (from 3rd Sept. 1963,	Tuesdays	2 to 4 p.m.
Poulton Road, High Park	Tuesdays	2 to 4 p.m.
do. do.	Wednesdays	2 to 4 p.m.
Hampton Road	Tuesdays	2 to 4 p.m.
do.	Thursdays	2 to 4 p.m.
Methodist School, Derby Road	Fridays	2 to 4 p.m.
Marshside Road (from 7th Nov. 1962) ...	Thursdays	2 to 4 p.m.
ANTE-NATAL CLINICS:—		
44 Hoghton Street... ..	Thursdays	2 to 4 p.m.
POST-NATAL CLINICS:		
44 Hoghton Street... ..	Mondays	2.30 to 3.15 p.m.
TUBERCULOSIS CONTACT CLINIC:—		
Southport Infirmary	Mondays	2 to 5 p.m.
CHIROPODY CLINICS:—		
44 Hoghton Street... ..	Monday	9.0 a.m. to 12.15 p.m.
	Tuesdays	
	Wednesdays	2.0 to 4.15 p.m.
	Thursdays	
2 Church Street	Thursdays	9 a.m. to 12 noon
		9 a.m. to 12 noon

Medical Examinations—the following table shows the work done by the medical staff of the department during 1963 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

Department	NUMBER OF MEDICAL EXAMINATIONS			
	Super-annuation Scheme	Sickness Pay Scheme	Re-Examinations	Total
CORPORATION DEPARTMENTS:—				
Borough Architect	4	—	—	4
Borough Engineer	5	41	7	53
Borough Treasurer	9	—	—	9
Children's	1	—	—	1
Education	55	14	3	72
Estates and Baths	—	3	—	3
Fire Service	15	—	3	18
Flower Show	—	—	—	—
Health	10	23	—	33
Libraries	6	—	—	6
Lighting	1	—	—	1
Police	4	—	—	4
Publicity	1	8	1	10
Parks and Cemeteries	—	18	1	19
Town Clerk's	10	—	1	11
Transport	—	23	4	27
Water Board... ..	—	17	3	20
Weights and Measures	1	—	—	1
Welfare Services	6	7	—	13
OTHER DEPARTMENTS:—				
Electricity	1	—	—	1
District Nursing Association	6	—	—	6
TOTALS	135	154	23	312

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

During the twelve months period to the 30th September, 1963, Mr. Hewetson made thirty visits to eight riding establishments and carried out two hundred and forty-seven inspections.

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

Crematorium—The Southport Crematorium was opened in September 1959 and during 1963 the Medical Officer of Health continued to act as Medical Referee whilst the Deputy and one of the Assistant Medicals Officer of Health each carried out the duties of Deputy Medical Referee.

The number of certificates required in 1963 was 902.

Work done on behalf of Children's Committee—During the year, 176 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	...	161
Examination of children admitted to Institutions	... ..	6
Admissions to Links Avenue Children's Home	... ..	5
Discharges from Links Avenue Children's Home	... ..	4

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

COUNTY BOROUGH OF SOUTHPORT



ANNUAL REPORT
OF THE
PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1963

Telephone No.
Southport 5523.

Health Department,
2 Church Street, Southport.

EDUCATION COMMITTEE AS AT THE

31st December, 1963

The Mayor, Alderman S. Goldberg, J.P.

Councillor Dr. W. H. Scott (*Chairman*)

Councillor R. J. Hughes, J.P. (*Vice-Chairman*)

Alderman T. Ball, J.P.

Alderman W. Paulden

Councillor E. O. Bradley

Councillor J. Campion

Councillor H. Glaisher

Councillor Mrs. M. Goldberg

Councillor L. Goldwater

Councillor A. J. Hughes

Councillor Mrs. B. Pogson

Mr. G. F. Dixon

Mr. J. Gavin

Mr. D. G. Pritchard

The Rev. E. Formby

The Rev. D. S. Noel

The Rev. Canon F. H. Pickering

Representatives on Joint Health and Education Sub-Committee

Councillor Dr. W. H. Scott (*Chairman*)

Councillor R. J. Hughes, J.P. (*Vice-Chairman*)

Alderman T. Ball, J.P.

Councillor E. O. Bradley

Councillor Mrs. M. Goldberg

Councillor Mrs. B. Pogson

SCHOOL HEALTH SERVICE STAFF,

as at 31st December, 1963

Medical Staff (Full-Time)—

Principal School Medical Officer	G. N. M. WISHART, M.R.C.S., L.R.C.P., D.P.H. F.R.S.H.
Deputy Principal School Medical Officer	ANNA I. DAVISON, M.B. Ch.B., C.P.H.
School Medical Officer	SUSAN CALDWELL, M.B. B.S., M.R.C.S., L.R.C.P.
School Medical Officer	N. HOWARD M.R.C.S., L.R.C.P., 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	I. BERMAN, M.B., Ch.B., D.P.M.

Dental Staff—

Principal Dental Officer	E. ROSE, 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.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.
Senior Health Visitor/School Nurse	Miss A. MULLAN, S.R.N., S.C.M., H. V. Cert.
12 School Nurses	
2 Clinic Nurses	

Medical Auxiliaries—

Physiotherapist	Mrs. V. A. MACLEOD, M.C.S.P.
Physiotherapist (Part-time)	Mrs. J. M. TAYLOR, M.C.S.P.
Occupational Therapist	Mrs. J. C. HAWKYARD, 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	Vacant
Remedial Teacher (Part-time)	Mrs. H. J. SMITH

Clerical Staff—

1 Senior Clerk.
3 Clerks.
1 Shorthand Typist/Clerk.

Principal School Medical Officer's Annual Report

FOR 1963

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

I have the honour to present my report for the year 1963.

The School Health Service does not attract much attention nor is it often featured in the National Press, on television or on radio. Yet the report which follows indicates how much medical and nursing work is done to try to ensure that each child is able to make the best use of his school years. The routine work of the Service in the detection of eye, ear and other defects is of inestimable value to the children: many minor degrees of disability which can affect a child's ability to benefit by education would go unnoticed but for this service.

It is an astonishing thing how little attention is paid to the promotion of health as compared to that paid to the treatment of established disease. No less a person than a former Minister of Health is alleged to have described the National Health Service as a 'National Disease Service' since most persons do not consult their doctors until they are, or feel they are, ill. Doctors, however, are beginning to urge that more attention be given in future to the prevention of disease and to the detection of minor degrees of abnormality: the School Health Service already does much good work in this sphere and should be able to do more in the future. Healthy children are an enormous asset to the nation, both economically and in other ways. Present medical knowledge is such that a considerable amount of ill-health could be avoided if individuals were better informed as to their mental and bodily needs, and were willing to apply such knowledge to their own lives. Health education is likely to increase in importance, and efforts to this end have been made by both teaching and school health staff during the year. The visit of the special unit from the Central Council for Health Education to emphasize the dangers of excessive smoking was well received by teachers and scholars. The teaching of mothercraft to the girls is now available in all the secondary modern schools.

It is most pleasing to note how much better the health of the average child is now as compared with the period before World War II. Children are taller and heavier today than they were at the same ages then. Modern life makes big demands on them, and earlier physical development is not necessarily accompanied by earlier emotional maturity. Good teaching and good counsel are therefore all the more important.

In a year when great public interest has been aroused about the methods of selection of children for the type of secondary education best suited to their needs, it is perhaps apt to mention how very rarely children are brought to the notice of the school medical officers either by their parents or by their teachers because they are thought to be showing signs of mental or physical 'stress' because of impending examinations. One would think that if the 'stress' alleged to be due to the 11-plus examination was as great as some would have us believe, there would be more evidence of this to be found in the children attending the school medical clinics. While we live in a competitive world and are born with different intellectual capabilities, there will always be some, both children and adults, who will react badly to 'strain' and will from time to time require special support from medical and other agencies. What we must do is to ensure that our means of helping any particular child to find the best niche in life are as good as we can make them, and that any 'strain' involved is not sufficiently great to be deleterious to the mental health of the individual.

A 'highlight' during the year was the opening by Miss I. M. Wood, J.P., of the newly constructed Lincoln House Centre in Lincoln Road. This modern building provides up-to-date premises for the medical and dental care of pupils attending the schools in the southern section of the town.

Progress is being made steadily in the improvement of toilet facilities in some of the older schools, within the limits of the money available.

I cannot complete my report this year without paying a sincere tribute to Mr. W. Martland, who retired from the post of Principal School Dental Officer in December. His kindly manner won the confidence of parents and children alike, and many will remember him with affection. He has done much for Southport and has earned a happy and long retirement.

I wish to thank the members of the Committee, my medical colleagues in the town and the staff of the department for their help and support throughout the year.

G. N. M. WISHART,

Principal School Medical Officer.

SCHOOL HEALTH SERVICE

It is necessary each year to review what is being done in a service of this kind and to look critically at the work in relation to the public money which is expended. All or almost all the medical services in the country, and many socio-medical services, are now financed from public funds. The general public wants to know about the services in its own locality, and this is all the more marked when a proportion of the cost has to be found from the rates of the town. Many parents understand the need for a service such as this which is essentially an advisory and preventive medical one. A great deal of the work of the school doctor requires 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.

The emotional and behavioural problems of school children form a field of endeavour for which the school doctor is particularly fitted because of his knowledge as to what is expected of the child educationally, and because of his access to the teachers and schools at all times. The changing demands made upon children by their increasingly early maturity and the impact of modern means of communication and persuasion may require more frequent visits to the schools by the school doctors in the future than have been made in the past, so that teacher and doctor may play a co-ordinated part in helping each child to maturity.

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

	Year 1962	Year 1963
Primary School	5,606	5,842
Secondary Modern, Technical and Grammar Schools ...	4,207	4,008
	<u>9,813</u>	<u>9,850</u>

ROUTINE MEDICAL INSPECTIONS

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

Child welfare centre premises and church halls were used when conditions in school were unsuitable.

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:—

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

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

(c) 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 2,680 children in the three groups mentioned above were inspected.

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

PRIMARY SCHOOLS—

Entrants	...	...	...	...	...	...	...	...	...	820
Leavers	...	...	...	...	...	...	...	...	...	665

SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—

Leavers	772
---------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

ADDITIONAL MEDICAL INSPECTIONS (All Schools)	423
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

TOTAL NO. OF CHILDREN INSPECTED	2680
---------------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	------

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 percentage of parents attending with their children at examinations is given below.

PRIMARY SCHOOLS—

Entrants	...	...	...	...	...	...	...	...	...	74.88%
Leavers	...	...	...	...	...	...	...	...	...	54.59%

SECONDARY MODERN, TECHNICAL AND GRAMMAR SCHOOLS—

Leavers	8.03%
---------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-------

ADDITIONAL MEDICAL INSPECTIONS (All Schools)	44.68%
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	--------

Defects found at Routine Medical Inspections.

Below are the numbers of children 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 ...	820	665	772	423	2680
Number of children requiring treatment	168	131	102	82	483
Percentage requiring treatment ...	20.49	19.69	13.21	19.38	18.02

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

Before the school medical examination every child is inspected annually by the school nurse. If the child has reached the age of 7 his vision is tested also. Any pupil found to have a defect is later seen by a school medical officer, in addition to the children already listed for medical inspection. This year the number of children examined by the school nurses was 9,372 and of these 220 were referred for further examination, together with 572 from last year's medical inspection.

CLINICS

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

During the year, 5,387 attendances were made by children—5,158 at 2 Church Street and 229 at Lincoln House Clinic since September.

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 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 665, and these children made 1,832 attendances. 38 cases were referred to the Southport Infirmary for further investigation, 20 to the Promenade Hospital, 2 to Alder Hey Children's Hospital and 1 to Ormskirk District General Hospital.

48 children were referred to the Casualty Department at the Southport Infirmary by the school medical officers and the clinic nurses.

Eye Clinic—During the year, 1298 attendances were made at this clinic. 255 new cases were examined and 676 children attended for observation of progress from previous years. 253 children had spectacles prescribed for them and 14 children were referred to the Southport Infirmary for operative treatment.

Ear, Nose and Throat Clinic—In 1963, 525 attendances were made at this clinic. 346 new cases were examined and 72 children attended for observation of progress from previous years. 237 cases were admitted to the Promenade Hospital for the removal of tonsils and/or adenoids, 4 for mastoidectomy and 78 for other forms of treatment.

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 continued to test the hearing, by audiometry, of all new entrants to infant classes. Those children who failed this test were requested to attend for further investigation by the school medical officers.

Skin Clinic—During the year, 314 attendances were made. 63 new cases were examined and 50 were seen for observation of progress from previous years.

Chiropody Clinic—This clinic provided an efficient service for the treatment of verrucae, corns and similar afflictions.

107 children made 540 attendances during the year. Of these 100 (93.46%) were discharged cured and 7 (6.54%) were still being treated at the end of the year. Verrucae formed the greater part of the defects treated (85.05%), and each child attending for this defect made approximately 4 visits before being discharged.

Artificial Sunlight Clinic—Children were 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 referred children to the department for artificial sunlight.

80 school children were treated at 2 Church Street and made 1,743 attendances. 23 children were treated at Lincoln House and made 285 attendances since September.

Orthopaedic and Remedial Exercises Clinic—Children were referred from the school medical officers and from the school children's Consultant Orthopaedic Clinic at the Promenade Hospital.

141 children made 3,924 attendances during the year, at 2 Church Street and 20 children made 255 attendances at Lincoln House since September.

20 cases were referred to the Promenade Hospital for Consultant opinion and advice. The physiotherapist attended this Orthopaedic Clinic, so that good liaison was maintained between the hospital and this department.

A further part-time Physiotherapist was appointed in August to work in the remedial exercise and sunlight clinic for school children and children under school age, at the new school health service clinic at Lincoln House, Birkdale.

Speech Therapy—Treatment for defective speech was given at the North West School of Speech and Drama, and 123 sessions were held during the year.

No. recommended by the School Medical Officers for treatment in 1963	42
No. of new cases admitted to regular classes in 1963	24
No. of children discharged as cured	22

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

(a) Slow and abnormal speech development	41
(b) Stammering	10
(c) Lisp	7
(d) Cleft palate	3

During the year 971 attendances were made by children requiring treatment. This service is greatly appreciated by the parents as a speech defect is an obvious one and a great handicap in later life.

CHILD GUIDANCE SERVICE

It is interesting to look at the use which has been made of this service during the year. More children (36) were referred to the clinic by family doctors and consultant medical staff than by the school medical officers (22): only a small number of children were sent from other sources and the total referred was 70.

The policy adopted by the Committee of making the clinic available in this way to children in need has been very much appreciated.

Dr. K. M. Fraser, the Consultant Child Psychiatrist, left in July, 1963 to take up a new post in the south of England and Dr. I. Berman was appointed to the vacancy.

Miss E. Murphy, the psychiatric social worker, also took up a new post in the latter part of the year and so far it has not been possible to appoint someone in her place. There is a shortage of qualified psychiatric social workers throughout the country and the work of the clinic is much handicapped in consequence.

There was a considerable number of children waiting to be seen at the Child Guidance Clinic at the end of the year but it is hoped to reduce the number in 1964.

The Educational Psychologist, Mr. A. E. N. Fawcett, was able to improve his section of the Service by increasing the amount of remedial teaching and therapy. A teacher, Mrs. H. J. Smith, was appointed in September, 1963 to help in this work. Children who are both educationally and intellectually retarded often benefit greatly from individual teaching of this kind. Most of the pupils are poor in attainment and have related emotional difficulties. 19 children made 174 attendances for remedial teaching in 1963.

The programme of ascertaining educational backwardness amongst children in the borough was continued and much of the work done was of help in determining future policy in connection with the education of such pupils. The opinion expressed by the officers of the Ministry of Education in the light of this and other information was to the effect that Southport should build a new school for educationally subnormal pupils and that a proportion of the proposed 100 places should be made available for children from the adjoining county area. This opinion has now been formally adopted as Council policy.

HANDICAPPED PUPILS

Physically Handicapped Children—The work in the Children's Convalescent Hospital Special School in Hawkshead Street deserves special mention. Though the majority of the pupils are children from other areas who are resident in the hospital, day scholars from Southport are also taught there. This has been of very great benefit to the town and has meant that children, who otherwise would have had to be educated at residential special schools have been able to stay at home and that our own medical staff have been able to follow their progress. Some of these children were seriously physically handicapped and required the support and encouragement which their parents were able to give them in the circumstances. Most of them have to be taken to and from the school by taxi. The staff do all in their power to make the school a happy and efficient one. Fifteen children with the following handicaps were receiving education in the school at the end of the year:—

<i>Sex</i>	<i>Age</i>	<i>Handicap</i>
Boy	5 years	Congenital Heart Disease.
"	5 years	Cerebral Tumour.
"	6 years	Congenital Defect of Urethra
"	5 years	Paresis Right Arm
"	8 years	Spastic Diplegia
"	11 years	Sclero-derma.
Girl	5 years	Still's Disease.
"	6 years	Arthrogryphos Multiplex Congenita.
"	8 years	Post Poliomyelitis.
"	5 years	Mid-Thoracic Scoliosis
"	7 years	Spina Bifida.
"	8 years	Bi-lateral Congenital Talipes.
"	10 years	Educational Sub-Normality and Convulsions.
Boy	8 years	Partially Sighted.
"	9 years	Partially Sighted.

There are 2 boys in residential special schools, with a spastic handicap. In addition, there is one spastic boy who is having home tuition.

There are 6 children in hospital as in-patients for various other conditions.

Blind and Partially Sighted Children—One partially sighted child remained in a residential special school.

Deaf and Partially Hearing Children—Two deaf children and one partially hearing child remain in residential schools. Five children attend a special school for the partially hearing as day pupils.

Educationally Sub-Normal Children—Eleven children were receiving special education in residential schools at the end of the year. Places in such schools are not easy to find and costs are increasing.

The Authority has requested that the project for the building of a day special school should be given an early place in the building programme, and it is hoped that construction will commence in 1965/66. When this school is completed, very good facilities will be available for children suffering from this type of handicap, and it may then be possible to reduce the number of children who at present have to be educated at residential special schools.

The six 'Opportunity' Classes continued to do very good work during the year. In the present circumstances these classes admit children who are educationally sub-normal as well as those retarded in their studies from a variety of causes, e.g., due to absence from school because of illness.

Maladjusted Children—There are two children in residential special schools for maladjusted pupils.

Children Unsuitable for Education in Schools—During the year, 2 children were notified under Section 57 of the Education Act, 1944, as amended by the Mental Health Act, 1959.

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 1963, two schoolchildren were found to be suffering from pulmonary tuberculosis. Careful investigation revealed no source for this infection in their homes or in school.

B.C.G. Vaccination—This was the ninth year that B.C.G. vaccination against tuberculosis has been offered to those of thirteen years of age and over 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.

The percentage of parents who failed to reply to this letter was 7.4% as against 7.6% in the previous year. These parents were visited by members of the health visiting staff, so that no effort was spared to bring to their notice the importance of vaccination against tuberculosis.

The following table shows statistics for the last five years.

Year	Acceptance Rate %	No. of children tested	Positive Skin Test %	Negative Skin Test %	Results not read due to absence %	No. Vaccinated
1959	71.4	848	11.9	82.9	5.2	698
1960	59.1	1,301	16.7	79.9	3.4	1,037
1961	77.7	938	11.9	84.7	3.4	787
1962	81.1	1,110	17.4	79.8	2.8	872
1963	76.8	872	12.5	82.6	4.9	716

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

Tuberculin Skin Testing of School Entrants—This is the 8th year that new entrants to school have been offered skin tests to find out 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 for the last five years.

Year	No. tested	No. positive	% positive
1959	570	5	0.9
1960	561	11	1.9
1961	640	9	1.4
1962	717	8	1.1
1963	831	8	1.0

The children with positive tests, their parents and the remainder of the family, were offered a chest X-ray. This year, one new case of active pulmonary tuberculosis was revealed by the X-rays taken.

INFECTIOUS DISEASES

There were again no cases of diphtheria. Notifications were as follows, with figures for 1962 for comparison:—

	1962	1963
Measles	74	178
Rubella	743	19
Scarlet Fever	11	8
Chicken Pox	175	190
Diphtheria	—	—
Whooping Cough	2	54
Tuberculosis	1	3

MISCELLANEOUS SCHOOL MEDICAL WORK Year 1963

Examination prior to entry to a Teachers' Training College	59
Examination for fitness to take part in public entertainment	10
Examination for fitness for part-time employment	84
No. of children seen at school for Autiometric testing	978
No. of children seen at Follow-Up Visits to schools by School Nurses	387
Miscellaneous Home Visits by School Nurses	676
No. of sessions by School Nurses for School and Clinic Work	928

HEALTH EDUCATION IN SCHOOL

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

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

SCHOOL MEALS

During the year, 1,338,997 meals were given to Southport school children. About 6% of these meals were supplied free. On an average 65% of the school children have dinner in school.

PRINCIPAL SCHOOL DENTAL OFFICER'S REPORT

The department was deprived of the services during part of the year, of Mr. W. Martland after he had suffered a serious injury. Mr. Martland has now retired and has our best wishes for a well-earned and enjoyable retirement.

In October we returned to our normal staffing, and our new Principal School Dental Officer has altered the clinic staffing and equipment to try to provide more treatment for the children. We are now able to offer more appointments after school hours, and a better spread of appointments during the day.

The purchase of a new general anaesthetic machine, the adoption of a fluothane, nitrous oxide/oxygen technique, and the purchase of suction apparatus has now made our general anaesthetic facilities the equal of any in the country.

With the opening of the new Lincoln House Centre, the dental clinic at these premises was taken over by Mr. Rothwell, and we can now provide a first class service for this area from this surgery.

Our dental officers have continued to devote serious effort to dental health propaganda, and we are now visiting all the schools in turn to give short and to-the-point lectures on dental health.

We hope that there will be gradual improvement in the awareness of the public generally about the simple rules for reasonable dental health. The dental officers are continually striving to repair the damage caused by dental decay.

Next year we are hoping, with the help of our new equipment, to make even more of our children dentally fit.

CLINICS AS AT THE 31st DECEMBER, 1963

DAY	2 CHURCH STREET	46 HOGHTON STREET	LINCOLN HOUSE
MONDAY a.m.	*Ear Nose and Throat Clinic Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Nurses' Dressings Clinic Dental Clinic
MONDAY p.m.	Doctors' Minor Ailment Clinic Nurses' Dressings Clinic Dental Clinic	—	*Artificial Sunlight Clinic *Remedial Exercises Clinic Nurses' Dressings Clinic Dental Clinic
TUESDAY a.m.	*Eye Clinic Nurses' Dressings Clinic Dental Clinic	*Remedial Exercises Clinic	Nurses' Dressings Clinic Dental Clinic
TUESDAY p.m.	*Eye Clinic Nurses' Dressings Clinic Dental Clinic	—	Nurses' Dressings Clinic Dental Clinic
WEDNESDAY a.m.	Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Nurses' Dressings Clinic Dental Clinic
WEDNESDAY p.m.	*Orthopaedic (monthly) Nurses' Dressings Clinic *Orthodontic Clinic (fortnightly) Dental Clinic	—	*Artificial Sunlight Clinic *Remedial Exercises Clinic Nurses' Dressings Clinic Dental Clinic
THURSDAY a.m.	*Chiropody Clinic Nurses' Dressings Clinic Dental Clinic	*Psychiatric Clinic *Remedial Exercises Clinic	Nurses' Dressings Clinic Dental Clinic
THURSDAY p.m.	*Skin Clinic (fortnightly) Nurses' Dressings Clinic Dental Clinic	*Psychiatric Clinic *Remedial Exercises Clinic	Nurses' Dressings Clinic Dental Clinic
FRIDAY a.m.	Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Nurses' Dressings Clinic Dental Clinic
FRIDAY p.m.	Immunisation Clinic Nurses' Dressings Clinic Dental Clinic	*Remedial Exercises Clinic (fortnightly)	*Artificial Sunlight Clinic *Remedial Exercises Clinic Nurses' Dressings Clinic Dental Clinic
SATURDAY a.m.	*Orthodontic Clinic (fortnightly)	—	—

* By Appointment Only.

The Ainsdale Health Visitor/School Nurse continues to use a temporary building 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.

YEAR 1963

Statistics of Medical Inspection of Pupils Attending Maintained Primary Secondary and Grammar Schools (including Nursery, Special Schools and Hospital Special School)

PART I

PERIODIC MEDICAL INSPECTIONS

Physical Condition of Pupils Inspected

Age Groups Inspected (By years of birth) (1)	No. of pupils Inspected (2)	SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1959 and later	125	125	100	—	—
1958	329	327	99.39	2	0.61
1957	387	381	98.45	6	1.55
1956	82	78	95.12	4	4.88
1955	51	51	100.00	—	—
1954	40	40	100.00	—	—
1953	87	87	100.00	—	—
1952	496	494	99.60	2	0.40
1951	226	225	99.56	1	0.44
1950	21	21	100.00	—	—
1949	566	566	100.00	—	—
1948 and earlier	270	270	100.00	—	—
TOTAL	2680	2665	99.44	15	0.56

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)
1959 and later	—	22	22
1958	—	63	63
1957	—	86	86
1956	1	18	19
1955	1	16	17
1954	—	5	5
1953	—	18	18
1952	5	94	98
1951	4	35	38
1950	—	4	4
1949	5	72	76
1948 and earlier	12	26	37
TOTAL	28	459	483

OTHER INSPECTIONS

Number of Special Inspections ...	1181
Number of re-inspections ...	1634
TOTAL	2815

PART I (Cont.)
INFESTATION WITH VERMIN

- (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons.....8472
- (b) Total number of individual pupils found to be infested..... 51
- (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
A.—AT PERIODIC INSPECTIONS

Defect or Disease						Entrants	Leavers	Others	TOTAL
Skin	...	...	...	...	T	5	24	15	44
					O	9	9	7	25
Eyes—Vision	...	...	...	...	T	—	13	16	29
					O	—	3	5	8
Squint	...	...	...	...	T	5	—	3	8
					O	1	—	1	2
Other	...	...	...	...	T	2	3	6	11
					O	—	1	1	2
Ears—Hearing	...	...	...	...	T	28	3	10	41
					O	5	1	2	8
Otitis Media	...	...	...	...	T	8	—	3	11
					O	3	—	5	8
Other	...	...	...	...	T	2	1	5	8
					O	1	1	2	4
Nose and Throat	...	...	...	...	T	49	8	35	92
					O	42	5	20	67
Speech	...	...	...	...	T	6	1	7	14
					O	17	—	2	19
Lymphatic Glands	...	...	...	...	T	4	—	1	5
					O	10	—	10	20
Heart	...	...	...	...	T	4	1	5	10
					O	18	6	21	45
Lungs	...	...	...	...	T	19	9	20	48
					O	11	—	7	18
Developmental—Hernia	...	...	...	...	T	2	—	—	2
					O	—	—	—	—
Other	...	...	...	...	T	4	5	6	15
					O	24	—	9	33
Orthopaedic—Posture	...	...	...	...	T	1	4	6	11
					O	2	4	8	14
Feet	...	...	...	...	T	6	6	17	29
					O	26	10	35	71
Other	...	...	...	...	T	13	7	15	35
					O	26	4	21	51
Nervous System—Epilepsy	...	...	...	...	T	2	1	1	4
					O	—	—	—	—
Other	...	...	...	...	T	—	1	2	3
					O	2	1	3	6
Psychological—Development	...	...	...	...	T	4	1	1	6
					O	1	—	—	1
Stability	...	...	...	...	T	1	—	1	2
					O	1	—	1	2
Abdomen	...	...	...	...	T	5	3	5	13
					O	17	2	6	25
Other	...	...	...	...	T	14	12	43	69
					O	11	8	30	49

Key: T—For Treatment; O—For Observation. 15

PART II (cont.)

B.—AT SPECIAL INSPECTIONS

Defects or Disease	SPECIAL INSPECTIONS	
	Pupils requiring Treatment	Pupils requiring Observation
Skin	68	6
Eyes—Vision	7	3
Squint	2	—
Other	32	—
Ears—Hearing	33	14
Otitis Media	16	—
Other	24	5
Nose and Throat	58	21
Speech	28	11
Lymphatic Glands	8	3
Heart	—	7
Lungs	29	2
Developmental—		
Hernia	1	1
Other	4	3
Orthopaedic—		
Posture	4	7
Feet	29	13
Other	158	12
Nervous System—		
Epilepsy	1	—
Other	2	—
Psychological—		
Development	22	2
Stability	13	1
Abdomen	42	7
Other	167	32
TOTAL	848	150

PART III

TREATMENT OF PUPILS

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	72
Errors of refraction (including squint)	900
Total	972
Number of pupils for whom spectacles were prescribed	253

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	4
(b) for adenoids and chronic tonsillitis	237
(c) for other nose and throat conditions	78
Received other forms of treatment	637
Total	956
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1963	3
(b) in previous years	11

ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments—	
Specialist clinics	20
By Local Authority Medical Staff	258
(b) Pupils treated at school for postural defects	—
Total	278

PART III (cont.)

DISEASES OF THE SKIN

(excluding uncleanliness, for which see Part I)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	3
Impetigo	17
Other skin diseases	382
Total	402

CHILD GUIDANCE SERVICE

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	58, in addition 5 Private Schools 10 Lancs. County

(For further details see Table VI)

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	61

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	665
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vaccination	716
(d) Artificial Sunlight	103
(e) Remedial Exercises	134
(f) No. of 5 year old entrants who have had Skin Tests	831
Total	2449

PART IV

SCHOOL DENTAL SERVICE

	Lincoln House from 1/10/63	Health Department 1963	TOTALS
1. Number of pupils inspected by the Dental Officers:—			
(a) At Periodic Inspections	442	8442	8884
(b) With Special Appointments	29	1200	1229
TOTAL (1)	471	9642	10113
2. Number found to require treatment	442	4580	5022
3. Number offered treatment	442	4580	5022
4. Number actually treated	249	2394	2643
5. Number of attendances made by pupils for treatment ...	739	5656	6495
6. Half days devoted to:—			
(a) Periodic (Schools) Inspections	7	70	77
(b) Treatment (including 59 Orthodontic Sessions) ...	131	942	1073
TOTAL (6)	138	1012	1150
7. Fillings:—			
(a) Permanent Teeth	637	3506	4143
(b) Temporary Teeth	276	1511	1787
TOTAL (7)	913	5017	5930
8. Number of Teeth filled:—			
(a) Permanent Teeth	535	2936	3471
(b) Temporary Teeth	251	1334	1585
TOTAL (8)	786	4270	5056
9. Extractions:—			
(a) Permanent Teeth	78	560	638
(b) Temporary Teeth	234	1720	1954
TOTAL (9)	312	2280	2592
10. Administration of general anaesthetics for extraction by Dental Officers of the staff	26	475	501
11. Orthodontics:—			
(a) Cases commenced during the year	4	46	50
(b) Cases carried forward from previous year	—	88	88
(c) Cases completed during the year	3	50	53
(d) Cases discontinued during the year	—	7	7
(e) Pupils treated with appliances	4	154	158
(f) Removable appliances fitted	4	86	90
(g) Fixed appliances fitted	—	12	12
(h) Total attendances	12	545	557
12. Number of pupils supplied with artificial teeth	1	8	9
13. Other operations:—			
(a) Crowns	—	4	4
(b) Inlays	—	2	2
(c) Other Treatment	39	904	943
TOTAL (13)	39	910	949

TABLE V

AVERAGE HEIGHTS AND WEIGHTS

Tables are given which show the heights and weights of children in 1963

Age last Birthday	1963	
	Height ft. ins.	Weight st. lbs.
Age 5 years		
Boys	3 8½	3 4
Girls	3 7½	3 2
Age 10 years		
Boys	4 7	5 6¾
Girls	4 7¼	5 6
Age 14 years		
Boys	5 2¾	8 0¾
Girls	5 2	8 1
Age 15 years		
Boys	5 6¾	9 3½
Girls	5 4¼	8 10

TABLE VI
CHILD GUIDANCE SERVICE

	SOUTHPORT			LANCS C.C.		TOTAL
	School-Children		Pre-School Children	School Children	Pre-School Children	
	Maintained Schools	Private Schools				
No. of new children referred ...	55	1	3	10	1	70
New children in (1) above referred by:—						
(a) Family Doctors	14	1	2	2	—	19
(b) School Medical Officers ...	17	—	1	3	1	22
(c) Juvenile Court & Probation Officers	1	—	—	—	—	1
(d) Consultant Medical (including Hospital) Staff	12	—	—	5	—	17
(e) Children's Officer	4	—	—	—	—	4
(f) Chief Education Officer ...	2	—	—	—	—	2
(g) Miscellaneous	5	—	—	—	—	5
TOTAL	55	1	3	10	1	70
No. of individual children seen during year	57	5	1	9	1	73
No. of attendances made by:—						
(a) Children	454	6	1	11	1	473
(b) Parents	197	15	3	15	4	234
TOTAL	651	21	4	26	5	707
(a) No. of children on waiting list at commencement of year	17	—	—	11	—	28
(b) No. of children on waiting list at end of year	25	—	2	4	1	32
No. of home visits by Psychiatric Social Worker	52	—	—	10	—	62

TABLE VII
HANDICAPPED PUPILS

CATEGORY	NUMBER ASCERTAINED			TYPE OF EDUCATION PROVIDED			REQUIRING SPECIAL SCHOOL ACCOMMODATION BUT UNPLACED AT THE END OF THE YEAR			TOTALS
	No. on the register at the 1st Jan., 1963	No. added during the year, 1963	No. on the register at 31st Dec., 1963	Ordinary School	Special Schools	Day Class or School	Day Class or School	Special School	Refusal by Parent	
BLIND	—	—	—	—	—	—	—	—	—	—
PARTIALLY SIGHTED	4	3	7	4	2	—	—	—	—	7
DEAF	3	1	4	—	—	—	—	1	1	4
PARTIALLY HEARING	10	4	14	7	5	—	—	1	—	14
DELICATE	8	—	8	8	—	—	—	—	—	8
DIABETIC	4	3	7	5	—	—	—	—	—	7
EDUCATIONALLY SUB-NORMAL	48	18	66	—	21	30†	—	4	—	66
EPILEPTIC	8	8	16	15	—	—	—	—	—	16
MAL-ADJUSTED	3	—	3	1	—	—	—	—	—	3
PHYSICALLY HANDICAPPED	83	20	103	84	13	—	—	—	—	103
TOTALS	171	57	228	124	41	26	30	6	1	228

† This figure includes children in "Opportunity" Classes awaiting Day Special School accommodation and also children recommended for "Opportunity" Classes who have managed to cope in a "C" stream in a senior school.

TABLE VIII

B.C.G. VACCINATION OF SCHOOLCHILDREN

	KIND OF SCHOOL			TOTALS	
	Local Authority Schools	Private Schools	St. Thomas More Approved School	No.	%
No. of Consent forms issued to parents	949	212	95	1256	—
(a) No. of parental consents received	711	158	95	964	76·8
(b) No. of definite refusals ...	189	10	—	199	15·8
(c) No. of parents who did not reply	49	44	—	93	7·4
TOTALS	949	212	95	1256	100
(a) No. of Children tested... ..	650	148	74	872	90·5
(b) No. of children with consent forms but not tested ...	61	10	21	92	9·5
TOTALS	711	158	95	964	100
No. of children tested and found to be:—					
(a) Positive reactors	59	15	35	109	12·5
(b) Negative reactors	551	132	37	720	82·6
(c) No. not read	40	1	2	43	4·9
TOTALS	650	148	74	872	100
No. of negative reactors vaccinated	548	131	37	716	—

TABLE IX

TUBERCULIN SKIN TESTING OF SCHOOL ENTRANTS

	No.
No. of children already tested	40
No. of 'no replies'	185
No. of definite refusals	73
No. of consents received	973
Total No. of eligible children	1271
No. of children tested	831
No. of children absent from the test	142
Total No. of children for whom consents were received	973
No. of children tested and found to be:—	
(a) positive	8
(b) positive from previous B.C.G. vaccination	9
(c) negative	734
(d) absent from reading	80
Total No. of children tested	831
No. of children referred to the Chest Clinic	3
No. of contacts found to have active disease	1

INDEX

A

Artificial Sunlight	7
Audiometry	7

B

B.C.G. Vaccination	10, 23
Blind and Partially Sighted Children	9, 22

C

Child Guidance	8, 9, 18, 21
Children unsuitable for education in School	10
Chiropody Clinic	7
Clinics—Time-Table	13

D

Deaf and Partially Hearing Children	9, 22
Dental Service	12, 19
Doctors' Inspections in School	5, 6, 7
Doctors' Minor Ailment Clinic	7

E

Ear, Nose and Throat Clinic	7
Eye Clinic	7
Education Committee	2
Educationally Sub-Normal Children	9, 10, 22

F

Findings at Routine Medical Inspections	14, 15
---	--------

H

Handicapped Pupils	9, 10, 22
Health Education in School	11
Heights and Weights	20
Home Visits by School Nurses	11

I

Infectious Diseases—School Children ...	11
---	----

M

Maladjusted Children	10, 22
Miscellaneous School Medical Work	11

N

Nurses' Treatment Clinic	7
--------------------------------	---

O

Orthopaedic Cases	8, 17
-------------------------	-------

P

Physically Handicapped Children	9, 22
---------------------------------------	-------

R

Remedial Exercises Clinic	8
Routine Medical Inspections	5, 6, 7

S

School Meals	11
Skin Clinic	7
Speech Therapy	8
Staff	3
Statistics (Inspections, Defects, Diseases, Treatments)	14, 15, 16, 17, 18, 19

T

Tonsil and Adenoid Removal	7, 17
Tuberculin Skin Testing	11, 24





