# [Report 1966] / Medical Officer of Health and School Medical Officer of Health, Southport County Borough.

### **Contributors**

Southport (England). County Borough Council.

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1966

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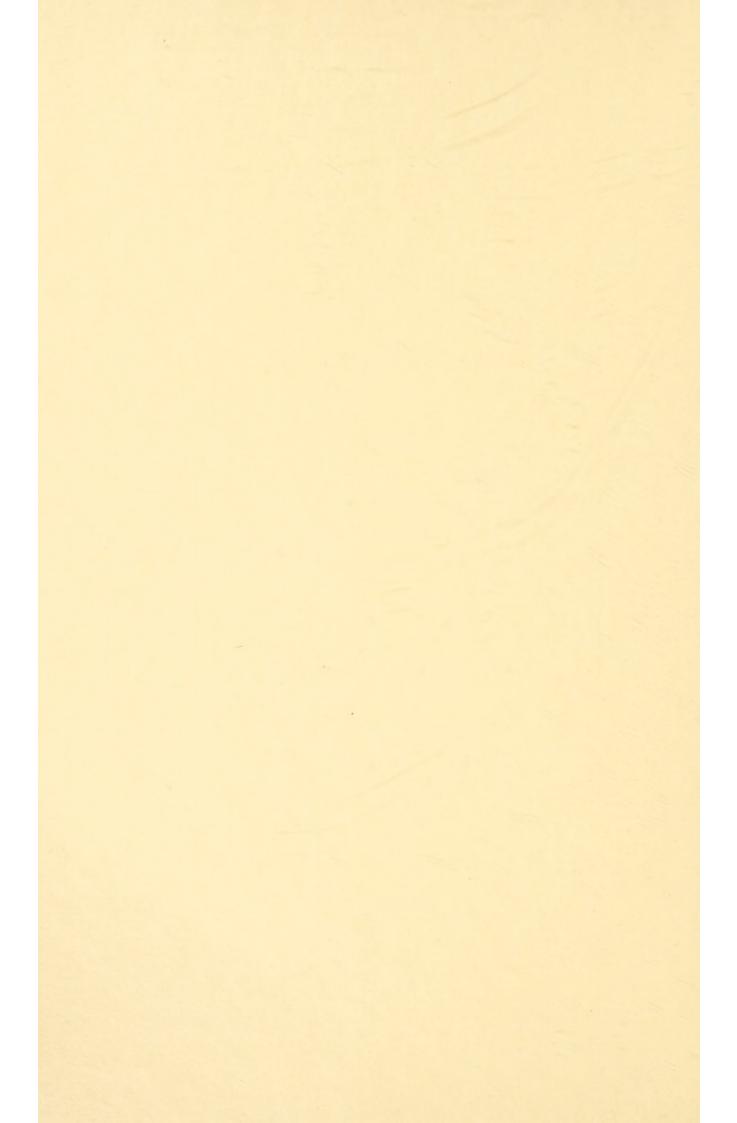
# ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1966

Telephone No. Southport 5523.

Health Department,

2 Church Street, Southport.



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Health Department,
2 Church Street, Southport.

PROTECTION NO INTERIOR VINUOR



FOR THE YEAR 1966

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### HEALTH COMMITTEE

(31st December, 1966)

The Worshipful the Mayor Alderman Mrs. B. Pogson, J.P.

Chairman ... Alderman G. S. WILKINS

Vice-Chairman ... Councillor N. Jackson

Aldermen ... J. CAMPION

E. McCabe, J.P.

Councillors R. J. Allsop Mrs. J. LEECH

> W. Brown L. POTASH

C. W. HADFIELD, J.P. (appointed 6/9/1966)

J. HARTLEY J. H. POYNTON

R. B. HUGHES R. B. Tomlinson

Mrs. C. KIRWAN E. WHITE

Mrs. G. P. WILLIAMSON,

J.P.

Co-opted Member ... Dr. A. H. ROSCOE

### SENIOR STAFF OF THE DEPARTMENT

(in post on 31st December, 1966—\*indicates part-time staff)

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

... Anna I. Davison, M.B., Ch.B., C.P.H. Deputy Medical Officer of Health

Assistant Medical Officers ... ... M. C. FELL, M.B., Ch.B., D.P.H., D.C.H.

T. J. DAILEY, M.B., Ch.B., D.P.H.

Consultant Obstetric Surgeon ... \*A. G. WILSON, D.obst., R.C.O.G., M.R.C.O.G.

Principal Dental Officer ... W. L. ROTHWELL, L.D.S.(Liv.) ...

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

Dental Officer ... ... J. B. LEECH, L.D.S., R.C.S.(Eng.)

... \*G. H. WALKER, Ph.D., F.R.I.C. Public Analyst ... ... ...

... S. D. BURGE, F.R.S.H., M.A.P.H.I. Chief Public Health Inspector

Superintendent Nursing Officer ... Miss E. MITCHELL, S.R.N., S.C.M., .HV. Cert.

Non-Medical Supervisor of Midwives, Miss M. McAleavy, S.R.N., S.C.M. Inspector of Nursing Homes and Domestic Help Service Organiser

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

Matron, Bedford Park Day Nursery ... Miss M. RAYNOR, N.S.C.N.

Senior Mental Welfare Officer ... K. BAIN, R.M.N., R.M.P.A.

Supervisor, Training and Industrial Centre for Mentally Handicapped ... Mrs. I. H. BAYLEY

Matron, Springbrook Residential Home for Mentally Handicapped Children Miss V. L. Sampson

Warden, The Meadows Residential
Home for Mentally Sub-normal
Adults ... W. RILEY, S.E.N.

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

Administrative Assistant ... F. H. DIX, A.C.I.S.

# ANNUAL REPORT

OF THE

### MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1966

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

The Registrar General's estimate of the population for the mid year 1966 was 80,000. Last year it was 79,980 so it seems that the decline in our population which has been going on for some years has been halted: there are some grounds for supposing that some of our lost population may be regained in the future, e.g. the rapid development which is taking place in the Ainsdale area and the considerable increase in the numbers of children in the borough. Certainly there is much to commend Southport as a town in which to live from the health point of view.

All parts of the National Health Service have shown signs of strain during the year. Shortage of doctors and the general dissatisfaction of many of those working in the Hospital and General Medical Practice branches with their terms and conditions of service have led to an urgent review of the situation by the Government. At times like this the need to consider the Public Health Service in conjunction with the two larger branches of the National Health Service becomes strikingly obvious yet little attention is paid to this, with the result that few able young doctors are now attracted to this branch of the Service: the medical staff in the Public Health Service are those who are particularly interested in the prevention of illness, never the most dramatic part of medical practice, but often of great importance to the community. It would be a great loss to the nation if there is little or no incentive to encourage young doctors to spend their professional lives in the practice of preventive medicine. In a time of overall shortage of doctors, there should be much more equality of reward and opportunity between the three branches of the National Health Service than is likely to be the case in the future, unless steps are taken to improve the prospects for medical staff in the Public Health branch as well as in the Hospital and General Medical branches.

The detailed statistics are shown on pages 14-24 and do not call for special comment except to point out the continuing rise in the number of children born out of wedlock. In 1964 the illegitimate live birth percentage of the total live births was 6.5: in 1965, 8.3 and this year 10.3 when the actual number of such babies was 116. Many of these children have very young mothers who need a great deal of help from their parents as well as from the Social Services to cope with this crisis in their lives.

The activities of the department have been many and varied during the year and as usual, the total work load has increased. The following are perhaps worth special mention:—

 The opening of The Meadows Home for mentally handicapped persons by Mrs. I. Percival, the wife of our local Member of Parliament in April.

- (2) The opening in September of the new local authority Medical Centre in Ainsdale to be used chiefly for child welfare and school health purposes, by Mrs. K. Hodgkinson who has given many years of valuable voluntary service to the Southport Child Welfare Centres.
- (3) The reorganisation of the nursing services of the authority which was begun by the appointment of Miss E. Mitchell as the Superintendent Nursing Officer and has been continued this year by the transfer of the Home Nursing work from the Voluntary Southport and Birkdale District Nursing Society, which for so many years did exceedingly good work in providing District Nurses in the town. At the same time the Health Committee purchased the building at 52 Hoghton Street which served as a District Nurses' headquarters and home. This transfer will allow better integration between the Health Visiting and Home Nursing Services to take place than has been possible in the past.
- (4) Improved preventive medical services for women by arranging for cervical cytological examinations when laboratory facilities of the Liverpool Regional Hospital Board are available to deal with the specimens. This is an examination by which cancerous and precancerous conditions of the womb can be detected at a time when treatment can be curative.
- (5) The provisions of free advice and supplies on family planning for those women who wish to have it and for whom further pregnancy would be detrimental to health.
- (6) The adoption of the Model Byelaws in respect of Hairdressers and Barbers' establishments.

It has not been possible to make any effective progress in the scheme to provide the new Social Services building on the 44/46 Hoghton Street/2 Church Street site: The increased interest amongst Family Doctors in practice from Health Centres has led to a request from the Ministry of Health that consideration be given by the Local Executive Council to an expansion of this scheme to include general Medical practitioner accommodation. Though such an extension would have some advantages there are many difficulties not the least of which is the size of the available site. Until a decision is arrived at as to whether Family Doctors should be accommodated or not, no progress is likely: Consultations between the various bodies concerned are proceeding.

A visit was paid to the town in November by Mr. Charles O'Loughlin, M.P., Parliamentary Secretary to the Ministry of Health to see the Children's and Adults' Homes for the mentally handicapped, and the new Child Welfare Centre, in Ainsdale.

I am required by the Minister of Health to comment this year on the following:-

(a) the co-ordination and co-operation of the Health Department's services with the hospital and family doctor services including attachment or liaison schemes between the Department's domiciliary staff and family doctors.

Apart from the arrangements noted in the body of the report for medical staff in the department to take part in clinical infectious diseases work in hospital, there is a good deal of co-ordination, e.g. the Deputy Medical Officer of Health does a ward round with the Consultant Paediatrician in the Children's Ward at the General Infirmary once each week and the two State Registered Nurses who have special responsibility for the aged at home attend the hospital geriatric out-patients' clinic. The policy for the attachment of Local Authority nursing staff to Family Doctors' practices has so far been to encourage Family Doctors to make direct use of Health Visitors, Midwives and Home Nurses and this is slowly increasing. A small number of Doctors hold their own ante-natal and child welfare clinics in their own premises and have the help there of Health Visitors and Midwives. Two Family Doctors use local authority clinic premises to hold cervical cytology examinations.

(b) progress on the scheme for notification of congenital defects apparent at birth.

This information is supplied on the form notifying the birth to the Department and works well.

(c) Action taken by the Council on Circulars 28/62, 12/63 and 15/65 on the fluoridation of the public water supply.

Southport Council by a majority decision some years ago declared itself in favour of fluoridation. There are technical difficulties, however, since our water comes from a number of different sources and it would be difficult to add fluoride to that part only of the West Lancashire Water Board's supply which comes to this town. It does not seem likely that progress can be made in this matter until all the areas supplied by the Board are agreed that fluoridation should go ahead.

As I do each year, I wish 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.

I should like also to make reference to the sad loss which the local authority health services suffered by the deaths of the late Alderman Mrs. E. Smith and Alderman L. F. Spence, both of whom gave devoted service as members and as Chairmen of the Health Committee for many years.

I am, Yours faithfully,

G. N. M. WISHART,

Medical Officer of Health.

Section I

**STATISTICS** 

### **GENERAL STATISTICS**

								1965	1966
Area of County Boroug	h (inc	luding	Foresho	re) (acr	es)			18,333	18,333
Area of County Boroug								9,426	9,426
Population (1961 Censu		-						82,004	82,004
Population (estimated b								79,980	80,000
Density of Population	7							8.5	8.5
Density of a optimization p	per uer							0.0	7.7
		VII	TAL ST	A1151	103				
Tim District and in the								1.007	1 000
Live Births Legitimate								1,007	1,008
Illegitimate	·							91	116
To	otal							1,098	1,124
Males								568	588
Females								530	536
								1.000	1.104
	1	otal	•••	•••	•••	•••		1,098	1,124
Rate per 1,	,000 pc	pulati	on					13.73	14.05
Adjusted Birth Rate pe			lation					16.48	16.85
(area comparability							•••	(1.20)	(1.20)
Birth Rate for England								18.1	17.7
Illegitimate Live Births	per c	ent of	total live	births	1111		•••	8.3%	10.3%
								19	27
Rate per 1,0			and still	births				17.01	23.46
Total live and stillbirth		•••		•••	•••			1,117	1,151
Infant Deaths (under 1	-	• • • •	•••	•••	•••		•••	25	27
Infant Mortality Rates Total Infant Deatl		1 000	total live	hirthe				22.77	24.02
Legitimate Infant						ths		19.86	23.81
Illegitimate Infant								54.94	25.87
Neo-natal Mortality R	ate (de	aths u	inder 4	weeks p	er 1,00	00 total	live		
								13.66	16.01
Early Neo-natal Morta	-				-		total	10.02	12 24
live births)								10.93	13.34
Perinatal Mortality Rate per 1,000 total live				ns unde		K come	inea	27.75	36.49
Maternal Mortality (in							•••	21.15	30.47
Number of Deaths								Nil	Nil
Rate per 1,000 tota								_	_
Deaths of Infants unde	er 1 da	y old						6	4
Infant Mortality Rate 1	per 1,0	00 bir 1966	ths for E	ingland	and W	ales		19.00	19.00
Deaths Males 6	662 758	636 803	Total					1,420	1,439
Rate per 1,000 pe	opulati	on						17.76	17.99
Adjusted death rate per	r 1,000	popu	lation					11.72	12.23
(area comparability	y facto	r)						(0.66)	(0.68)
Death Rate for England	d and	Wales						11.50	11.70
Excess of Deaths over	Registe	ered B	irths					322	315

VITAL STATISTICS

Comparison of Birth, Death and Infant Mortality Rates for England, Wales and Southport for Period 1881 to 1966

EXPECTATION OF LIFE	England & Wales					M.—48; F.—52				M.—59; F.—63			M.—66; F.—71				M.—67; F.—73							
TALITY RATE ve births)	Southport	132	143	121	84	99	99	39	41	30	21	35	35	27	24	21	20	34	17	20.7	26.4	19.0	22.8	24.0
INFANTILE MORTALITY RATE (per 1,000 live births)	England & Wales	142	153	128	100	72	59	43	30	28	27	25	24.9	23.8	23.0	22.5	22.0	21.7	21.4	20.7	20.9	20.0	19.0	19.0
RATE opulation)	Southport	17.78	17.23	14.43	13.86	12.66	15.07	15.59	*14.70	*12.32	*12.07	*11.34	*13.20	*12.16	*11.98	*12.74	*12.51	*12.84	*13.34	*12.69	*13.12	*12.76	*11.72	*12.23
DEATH RATE (per 1,000 population)	England & Wales	19.1	18.2	15.4	14.4	12.1	12.3	12.4	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5	12.0	11.9	12.2	11.3	11.5	11.7
care pulation)	Southport	24.37	22.31	17.49	13.95	12.71	10.30	12.68	*11.96	*12.22	*12.23	*12.31	*12.64	*13.12	*13.41	*13.67	*14.32	*14.87	*15.11	*14.86	*16.40	*16.55	*16.48	*16.85
BRRTH RATE (per 1,000 population)	England & Wales	32.4	29.9	27.2	21.8	18.3	14.9	16.9	15.4	15.3	15.4	15·1	15.0	15.7	16.1	16.4	16.5	17.1	17.4	18.0	18.2	18.4	18.1	17.7
Period		1881—1890	1891—1900	1901—1910	1911—1920	1921—1930	1931—1940	1941—1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966

\*Corrected Rates

# REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH, 1966

		all	4	ks 1 yr.	The Late Co.			Age	in Y	Years			
Causes of Death	Sex	Total Ages	Under	4 weeks under 1	1-	5-	15-	25-	35-	45-	55-	65-	75 & over
1 Tuberculosis—Respiratory	M F	4	Ξ	=	=	=	=	=	=	=	1	2	1
2 Tuberculosis—Other	M F	=	=		=	=	=	=	=	=		=	=
3 Syphilitic Disease	M F	5 1	=	=	=	=	=	=	=	<u></u>	2	1	2
4 Diphtheria	-	-	-	-	_	-	_	_	-	-	_	_	-
5 Whooping Cough	_	_	_	_	_	_	_	-	-	-	_	_	-
6 Meningococcal Infections	-	_	_	-	_	_	_	_	-	_	_	-	-
7 Acute Poliomyelitis	_	_	_	_	_	_	_	_	_	_	-	_	-
8 Measles	-	_	_	_	_	_	_	_	_			_	-
9 Other Infective and parasitic diseases	M F	=	=	=	=	=	=	_	=	=	=	=	=
10 Malignant Neoplasm, Stomach	M F	12 11	=	=	=	=	=	Ξ	=	1	4	6 3	2 6
11 Malignant Neoplasm, lung bronchus	M F	42 10	=	=	=	=	=	=	=	4	9	19 3	10 2
12 Malignant Neoplasm, breast	M F		=	=	=	=	=	=	=	<u>-</u>	<u>-</u>	11	<u>-</u>
13 Malignant Neoplasm, uterus	F	8	_	-	_	_	-	_	_	_	3	3	2
14 Other Malignant and Lymphatic Neoplasms	M F	52 69	=	=	=		=	_1	1 1	3 5	13 13	19 19	15 30
15 Leukaemia	M F	3 8	=	$\equiv$	=	=	=	=	=	=	1 2	3	2 3
16 Diabetes	M F	3 7	=	=	=	=	=	=	=	=	2	1 4	1 3
17 Vascular lesions of Nervous System	M F	80 152	=	=	=	=	Ξ	=	1 3	3	10 11	26 35	40 102
18 Coronary Disease—Angina		166 124	=	=	=	=	=	Ξ	4	9	35 11	65 35	53 76
19 Hypertension with Heart Disease	M F	8 7	=	=	=	=	=	=	=	=	3	4 2	1 4
20 Other Heart Disease	M F	55 137	=	=	=	=	=	=	=	1	5	12 13	37 117

# REGISTRAR GENERAL'S SHORT LIST OF CAUSES OF DEATH, 1966-continued

		all	r 4	ks 1 yr.		10/39		Age	in Y	ears			
Causes of Death	Sex	Total Ages	Under	4 weeks under 1	1-	5-	15-	25-	35-	45-	55-	65-	75 & over
21 Other Circulatory Disease	M F	22 44	=	=	=	=	=	=	=	2	2	7 6	11 37
22 Influenza	M F	1 5	=	=	=	=	=	=		=	_	1 2	=
23 Pneumonia	M F	41 50		3	=	=	=	=	2	=	3 2	10 12	23 33
24 Bronchitis	M F	47 21	=	1	Ξ	=	=	=	1	1_	12 2	20 8	12 11
25 Other Diseases of Respiratory System	M F	2 9	=	Ξ	=	=	=	Ξ		=	1	3	1 4
26 Ulcer of Stomach and Duodenum	M F	9 6	=	=	=	=	=	=	=	1		4 3	4 2
27 Gastritis, Enteritis and Diarrhoea	M F	1 6	=	=	1	=	=	=	=	Ξ	=	3	3
28 Nephritis and Nephrosis	M F	4 5	=	=	=	=	=	=	=	1	=	2 3	1 2
29 Hyperplasia of Prostate	M	5	-	_	_	_	_	_	-	_	_	_	5
30 Pregnancy, Childbirth, Abortion	F	_	_	_	_	_	_	_	_	_	_	_	_
31 Congenital Malformations	M F	1 1	1	<u>_</u>	=	=	=	=	=	=	=	=	=
32 Other defined and ill-defined Diseases	M F	38 44	10 5	=	=		<u></u>	=	1	3	4 4	7 13	13 17
33 Motor Vehicle Accidents	M F	10 7	=	Ξ	1	=	2	1 1		=	4	1	1 3
34 All Other Accidents	M F	17 39	=	1 2	=	1	=	=	1	1 4	2	3 9	8 24
35 Suicide	M F	8 6	=	=	=	=	=	2	=		3	1 4	2
36 Homicide and Operations of War	M F	=	=	=	=	=	Ξ	=	Ξ	=	=	=	=
Totals—All Causes	M F	636 803	11 7	5 4	2	1 2	2 2	4	11 8	29 23	116 72		245 486
Totals—Male and Female	-	1439	18	9	2	3	4	5	19	52	188	408	731

# PROPORTION OF DEATHS FROM PRINCIPAL CAUSES

Communication Design	19	966	19	065
Cause of Death	Number	% of total deaths	Number	% of total deaths
Heart Disease including diseases of the circulatory system	563	39.13	573	40.35
Cancer	251	17 · 44	247	17.40
Vascular Lesions of nervous system	232	16.12	221	15.55
Respiratory Diseases	176	12.23	158	11.12
Violence, including suicide	87	6.05	68	4.80
Ulcer of Stomach and Duodenum	15	1.04	21	1.48
Tuberculosis, all forms	4	0.28	3	0.21
All Other Causes	111	7.71	129	9.08
Totals	1,439	100.00	1,420	100.00

### DEATHS DUE TO VIOLENCE, Year 1966

Classification		Male	Female	Totals
Motor Vehicle Accidents	 	10	7	17
All other accidents	 	17	39	56
Suicide	 	8	6	14
Homicide and Operations of War	 	_	-	-
	Totals	35	52	87

Age Groups		0—15	yrs.	15—6	5 yrs.	65 an	d over
		М.	F.	М.	F.	М.	F.
Motor Vehicle Accidents	 	3	51	6	3	1	3
All other accidents	 	2	2	7	13	8	24
Suicide	 	_	_	6	6	2	-
	 Totals	5	3	19	22	11	27

DEATHS

Numbers and Rates per 1,000 population and per 1,000 births-years 1957-1966

-	THE RESERVE AND THE	-	-		T. CHINA A.C.	-		-	-		
	Rate per 1,000 Popu- lation	1	0.01	0.01	0.02	1	1	1	0.01	0.01	1
	Other Forms T.B.		1	1	2	1	1	1	1	1	1
	Rate per 1,000 Popu- lation	0.11	0.07	80.0	0.02	0.05	0.05	0.12	60.0	0.04	0.05
	Pulm'ry Tuber- culosis	6	9	7	4	4	4	10	7	3	4
	Rate per 1,000 Illegiti- mate Births	31	18	63	55	45	1	13	14	55	26
	Illegiti- mate	2	1	3	3	3	1	1	1	5	3
INFANTS	Rate per 1,000 Legiti- mate Births	24	21	18	32	16	22	27	19	20	24
INF	Legiti- mate	22	20	18	33	16	22	28	20	20	25
	Rate per 1,000 Births	25	21	20	34	17	21	26	19	23	24
	Under One Year	24	21	21	36	19	22	29	21	25	27
	Cor- rected for Age and Sex	11.98	12.74	12.51	12.84	13.34	12.69	13.12	12.76	11.72	12.23
	Rate per 1.000 Popu- lation	16.41	17-45	16.91	17.59	18.27	17.24	18.74	18.23	17.76	17.99
	Total	1344	1423	1376	1431	1480	1492	1502	1460	1420	1439
	Female	708	777	773	783	824	831	800	819	758	803
	Male	989	646	603	648	959	661	702	641	662	636
	Popu- lation	81900	81760	81370	81350	81020	80730	80160	8008	79980	80000
	Year	7561	1958	1959	0961	1961	1962	1963	1964	5961	9961
		_		-	NAME OF TAXABLE PARTY.						

CANCER

Localisation of Disease and Number of Deaths for years 1957 to 1966

Site	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Stomach and Duodenum	22	27	32	30	28	38	24	33	26	33
Lung Bronchus	45 (Male 40) (Female 5)	54 (Male 45) (Female 9)	37 (Male 32) (Female 5)	39 (Male 32) (Female 7)	51 (Male 43) (Female 8)	61 (Male 46) (Female 15)	64 (Male 54) (Female 10)	45 (Male 33) (Female 12)	61 (Male 43) (Female 18)	52 (Male 42) (Female 10
Breast	20	13	28	28	25	31	26	18	25	26
Uterus	5	11	14	70	10	13	6	7	10	00
Other Sites	141	66	127	115	86	113	112	122	118	121
Leukaemia	7	9	2	7	9	9	7	6	7	11
Total Deaths From Cancer	240	210	240	224	218	262	242	234	247	251
Total Deaths All Causes	1344	1428	1376	1431	1480	1492	1502	1460	1420	1439
% of Cancer Deaths	17.85	14.75	17.44	15.65	14.73	17.56	16.11	16.03	17.40	17.44

# MATERNAL MORTALITY FOR YEARS 1957 TO 1966

				RATES PI		AL DEATHS IVE AND ST	LLBIRTHS	
V	No. of	No. of	Se	psis	Other	Causes	To	otal
Year	Live Births	Live and – Stillbirths	No.	Rate	No.	Rate	No.	Rate
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	_	_	_	_	_	_
1964	1105	1129	_	_	1	0.88	1	0.88
1965	1098	1117	_	_	_	_	_	_
1966	1124	1151	_	_	_	_		_

LIVE PREMATURE BIRTHS FOR YEAR 1966

		STILL BIRTHS	Born	ar home or in a or in a nursing hospital home (13)	5	4	7	2	1	17
		day		and under 28 days (12)	1	I	1	1	1	1
		Transferred to on or before 28th	Died	in 1 and under 7 days (11)	1	1	-	1	1	1
	a nursing home	Transferred to hospital on or before 28th day		within 24 hours of birth (10)	1	1	1	1	1	1
	in a nursi	hospit		Total births (9)	1	1	1	1	1	1
THS	Born at home or in	nome		in 7 and under 28 days (8)	1	1	1	1	1	1
LIVE BIR	Born at	entirely at nursing h	Died	in 1 and under 7 days (7)	1	1	1	1	1	1
PREMATURE LIVE BIRTHS		Nursed, entirely at home or in a nursing home		within 24 hours of birth (6)	1	1	1	1	- 1	1
Pi		hor		Total births (5)	1	1	1	1	1	1
	1			in 7 and under 28 days (4)	1	1	1	1	1	1
	ni na	Died  Died  In 1  and  under  7 days (3)				73	2	1	1	9
	Bo	hos		within 24 hours of birth (2)	1	1	-	1	1	2
				Total births (1)	80	1	17	13	40	85
		W/sichs	at birth		2 lb. 3 oz. or less	Over 2 lb. 3 oz. up to and including 3 lb. 4 oz.	Over 3 lb. 4 oz. up to and including 4 lb. 6 oz.	Over 4 lb. 6 oz. up to and including 4 lb.	Over 4 lb. 15 oz. up to and including 5 lb. 8 oz.	Totals

INFANT MORTALITY

# Number of Deaths from Stated Causes at Various Periods

Under 1 Year of Age for Year 1966

tal der	6	-	***	3	3	2	_		_	_
Total under 1 year		1	4		(")					27
11 mths.	1	1	1	1	1	1	1	1		1
10 mths.	1	1	1	1	T	1	1	1		1
9 mths.	1	1	-1	1	1	1	1	1		1
8 mths.	1	1	1	1	1	1	1	1		1
7 mths.	1	1	1	1	1	1	1	1		1
6 mths.	1	1	1	1	1	1	1	1	-	1
5 mths.	1	1	1	1	1	1	1	1		1
4 mths.	1	1	1	1	1	1	1	1		1
3 mths.	1	1	1	-	1	1	1	1		2
2 mths.	1	1	1	1	1	1	1	1	1	3
28 days -2 mths.	1	1	I	T	1	1	1	1		1
21-28 days	1	1	1	1	1	1	1	1		1
14-20 days	1	1	1	1	1	1	1	1		1
7-13 days	1	ı	1	1	1	1	1	1		1
6 days	1	1	1	1	1	1	1	1		2
5 days	1	1	1	1	1	1	1	1		1
4 5 days	1	1	1	1	1	1	1	1		1
3 days	1	1	1	1	1	1	1	1		2
2 days	1	1	2	1	1	1	1	1		3
1 day	1	1	1	1	1	1	1	1		2
Under 1 day	3	1	1	1	1	1	1	1		4
CAUSE OF DEATH	Prematurity	Cerebral haemorrhage	Congenital Malformations	Asphyxia due to bronchitis	Broncho pneumonia	Asphyxia due to Misadventure	Broncholitis	Aspiration of Milk		Totals

### CONGENITAL MALFORMATIONS

During the year, 14 cases of congenital malformations occurring in Southport children were reported, 9 males and 5 females. Of these 1 male and 3 females were stillborn, and 1 male died.

The classification of these cases is shown below:

					Lı	VE	STILL	BORN	DE	ATHS
					M	F	M	F	M	F
CENTRAL NERVOUS SYS	TEM									
Anencephalous					1	-		2	1	_
Hydrocephalus						_	1	1	_	_
Spina Bifida					-	_	1	î	_	_
Eur Ean										
Eye, Ear Corneal Opacity					1					
Corneal Opacity					1				_	_
Limbs										
Reduction Deform	ities				1	_	_	-	-	-
Polydactyly					2	1	_	_	-	-
Syndactyly					-	1	-	-	-	-
Talipes					1	-	_	-	-	_
Defects of Lower	Limb	NOS			1	-	-	-	-	-
Omizen Cirometro										
Other defeats of a	lein				1		100000	1	10000	
Other defects of s	KIII		***	***	1		-			

The arrangements for the collection of this information work well, due largely to the good co-operation with the staffs of the maternity hospitals and to the Matrons of which I am particularly indebted.

# Section II

PERSONAL
HEALTH SERVICES

### CARE OF MOTHERS AND YOUNG CHILDREN

### Ante-Natal Care

A weekly Ante-Natal Clinic was held at 44 Hoghton Street during 1966 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. C. Wilson, 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 routine measures.

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

The Hospital bed accommodation is such that most mothers wishing to have their babies in hospital are able to do so.

### STATISTICS FOR YEAR 1966

	year:— St. Katharine's Maternity Hospital cases District cases	68
	Total	71
(ii)	No. of women included in (i) above who were sent by their family doctor or general practitioner obstetrician	21
No.	of attendances made by mothers during the year:—	260
	St. Katharine's Maternity Hospital cases	362 4
	Total attendances during year	366
No.	of sessions held by hospital medical staff during the year	51
Dist	rict Midwives' Sessions:	
	at 44 Hoghton Street clinic	50
	at Clinics held in general practitioners' surgeries	186

### 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 Christiana Hartley Maternity Hospital. The Clinic is also conducted by Mr. A. C. Wilson, the Consultant Obstetrician.

### STATISTICS FOR YEAR 1966

No. of women who attended the clinic for the first time during the year	578
No. of attendances made by mothers during the year	639
No. of sessions held by hospital medical staff during the year	50
No. of sessions by health visitors during the year	50

There is a growing tendency for mothers to come home from maternity hospital before the tenth day after the birth: the arrangements for the continuity of proper care for the mother and baby in Southport are at present under review.

The number of mothers discharged before the tenth day in 1966 was 519, as compared with 261 during 1965.

### 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 Nursing Officer 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 Nursing Officer 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.

### 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 1966 and their efforts and enthusiasm contributed in no small measure to the steady progress which was maintained throughout the year.

The seven Welfare Centres are so situated that they provide a convenient service for mothers living in any part of the town.

One session each week is held at the Centres at Ainsdale, Crossens, Derby Road and Marshside and two sessions each week are held at the Centres at Hampton Road, Lincoln House and Poulton Road.

The new Centre in Ainsdale was opened in 1966 and replaced the temporary Centre which had been held for many years at the Methodist Church.

This is a further step to implement the Council's policy to replace all temporary Child Welfare Centres by purpose-built Centres. The ones still to be dealt with in this way are those which are held in rented Church premises in Derby Road and Marshside Road.

Towards the year end, discussions were taking place for the possible transfer of land from the Education Committee to the Health Committee to be used as the site of a new Child Welfare Centre in the Marshside area.

### STATISTICS FOR YEAR 1966

		C	HILD V	VELFARE (	CENTRE			
	Marsh- side	Hamp- ton Road	High Park	Lincoln House	Cros- sens	Derby Road	Ains- dale	TOTAL
No. of children who attended during the year who have not attended previously this year:  Born in 1966 1965 1961-64	81 64 149	158 157 215	143 144 257	116 150 304	79 75 135	135 118 173	109 110 210	821 818 1,443
TOTALS	294	530	544	570	289	426	429	3,082
Total attendances during the year	1,785	2,518	3,146	2,629	1,636	2,102	1,969	15,785
No. of sessions during the year	48	96	95	96	47	48	48	478
Average attendances per session	37	26	33	27	35	44	41	33
No. of children referred for special treatment or ad- vice as a result of a medical examination		_	4	5	-	1		10
No. of children placed on "at risk" register	10	43	46	24	9	28	14	174
No. of sessions by: Medical Officers General Practitioners employed on sessional	48	95	95	96	47	48	48	477
Hospital Medical Staff	=	=	=	=	=	=	_	_
Health Visitors (with doctor) Health Visitors	96	206	190	192	94	139	96	1,013
(without doctor)	-	1	7777	-	-	-	-	1

### Dental Care and Treatment

Sessions are held each week at 2 Church Street 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 nursing mothers, arrangements are made with private dental mechanics in the town.

### STATISTICS FOR YEAR 1966

### Attendances and Treatment

	No. of Attendances during the year	No. of Courses of Treatment Com- menced during the year	No. of Courses of Treatment Com- pleted during the year
Children aged under 5	589	222	177
Expectant and Nursing Mothers	105	38	12

### Classification of treatment provided

	Fillings	Extrac-	General Anaes- thetics	Patients X-rayed	Prophy-	Con-	Teeth Root	Crowns and Inlays	No. of Den- tures Sup- plied
Children aged under 5	394	102	51	_	1	120	/	/	/
Expectant and Nursing Mothers	71	26	2	3	14	/	1	1	6

### DENTAL OFFICERS' SESSIONS

The number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year was 99.

### Physiotherapy

Physiotherapy classes were held throughout the year for expectant mothers and also for mothers attending the post-natal clinic. There seems to be no doubt that these are of great benefit to mothers.

### Statistics for Year 1966

	Ante-Natal	Post-Nata
No. of women who attended for the first time during the		
year: St. Katharine's Maternity Hospital	59	521
Christiana Hartley Maternity Hospital	78	772
District cases	4	2
Attended Physiotherapy only	14	6
Total No. of cases	155	1,301
No. of attendances during the year	370	1,301
No. of sessions held by physiotherapist during the year	44	45

### Care of 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 Nursing Officer, 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 83 new cases and the Health Committee paid the maintenance costs in voluntary homes for 9 mothers during the ante and post-natal period.

### National Welfare Foods

### Statistics for Year 1966

Quantities Sold	National Dried Milk	Orange Juice	Cod Liver Oil	Vitamin 'A' & 'D' Tablets
	Tins	Bottles	Bottles	Packets
HEALTH DEPARTMENT— Counter Issues Issues to National Health Service In-	1,354	6,427	284	827
stitutions Issues to Day Nurseries	22 1	42 108	72	=
Total Sales from Health Department	1,377	6,577	356	827
CHILD WELFARE CENTRES— Ainsdale Lincoln House Crossens Poulton Road Hampton Road Marshside Road	241 128 43 144 210 147	3,000 2,046 959 1,227 1,854 1,315	168 210 45 129 150 116	177 128 74 93 280 87
Derby Road	111	760	62	62
Total Sales from Child Welfare Centres	1,024	11,161	880	901
GRAND TOTALS	2,401	17,738	1,236	1,728

### 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 August, 1965, viz: 2/- minimum and 10/6 maximum were amended to 11/6 maximum, the minimum remaining the same, as from June, 1966.

These fees, however, may be reduced in cases of financial hardship and at the end of the year, the average daily payment made by the mothers was 5/6d. for each child.

It is pleasing to note that all the four students who completed the two year course which commenced in September, 1964 and terminated in 1966, were successful in obtaining the Certificate of the National Nursery Examination Board.

The Nursery Nurses' Training Scheme was continued in 1966 in conjunction with the Education Committee with 4 students who were appointed for the two year course commencing in September, 1966.

### Statistics for Year 1966

			Southport	Bedford Park	Totals
Number of places provided		 	 60	40	100
Total attendances	 	 	 13349	8478	21827
Number of days open Average daily attendance	 	 	 253 53	253 34	253 87

### MIDWIFERY

### District 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. 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 Department 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.

### Statistics for Year 1966

Doctor booked							98
		TOTAL					98
Premature Babies (5½ lb. o No. born at and being No. born at home and	g nursed at				\$ 1		2 3
		TOTAL					5
No. of cases delivered in h and attended by distri					t discha	arged	537
No. of home visits made by	y district n	nidwives d	uring	the ye	ar		4962
and attended by distri	rict midwive	es before l	0th d	lay	•••	irged 	4

### Midwives in Private Practice

During the year two private midwives notified their intention to practise on the district, but they did not deal with any confinements.

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

Number of deliveries							2
Number of practising	midwives	employe	ed at 31	st Dec	ember,	1966	_
Number of midwives	above who	are qual	ified to	admin	ister ga	s and	
air analgesia .							_

### Maternity Hospitals

The two maternity hospitals in the town are administered by the Southport and District Hospital Management Committee and the following table shows the number of patients during 1966. These figures are for residents and non-residents of Southport.

	Christiana Hartley Maternity Hospital	St. Katharine's Maternity Hospital	Total	
(1) Number of patients	985	457	1442*	
(2) Number of patients in (1) above for whom medical aid was summoned	109	6	115	
(3) Number of practising midwives on the staff at the end of the year	12	11	23†	
(4) Number of midwives in (3) above who are qualified to administer gas and air analgesia	who are qualified to administer gas		23	

<sup>\*</sup>Includes 947 Southport residents and 495 non-residents.

### Distribution of Maternity Cases

The following table shows the percentage of maternity cases dealt with during 1966 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.

The second secon	1965		1966	
	No. of Cases	%	No. of Cases	%
District Municipal Midwives Private Midwives	120 1	11·7 0·1	98	9.4
Totals (a)	121	11.8	98	9.4
Institutions Christiana Hartley Mat. Hospital St. Katharines Maternity Hospital Nursing Homes	583 318 4 1	56·8 30·9 0·4 0·1	653 294 2	62·3 28·1 0·2
Totals (b)	906	88.2	949	90.6
GRAND TOTALS (a) and (b)	1027	100.0	1047	100.0

### 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.

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

<sup>†15</sup> full-time and 8 part-time.

#### HEALTH VISITING

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

The present establishment consists of a Superintendent Nursing Officer, who also supervises the school nursing work, 1 Senior Health Visitor, 2 School Nurses, 1 Tuberculosis Health Visitor, 2 Nurses for Elderly People, 1 State Registered Nurse, and 13 Health Visitors/School Nurses, making a total of 21.

The Health Committee agreed to sponsor two further students for Health Visitor training which began in September.

Each of the 13 Health Visitors/School Nurses is responsible for a district and based on the estimated figures for the year 1966, the average case load of the 0-14 years age group is 1,170.

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.

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.

The co-operation with General Practitioners and after-care arrangements is highly developed in connection with the geriatric service and works well because the two Nurses 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 Health Department, so that other ancillary services can be provided where necessary. Increasing interest has been shown by a small number of Family Doctors who would like the wholetime services of a Health Visitor in their own practices but this is difficult to arrange in a town like Southport where the patients in one practice may be much scattered.

## Statistics for year 1966

No. of children born in 1966 visited			***				1,240
No. of children born in 1965 visited	***	***					833
No. of children born in 1961-64 visited							2,110
Total number of childern							4,183
Persons aged 65 or over visited							1,412
Mentally disordered persons visited							30
Expectant Mothers visited							456
Other cases visited							195
Persons, excluding Maternity cases, disc	charged		ospital	(other	than m	ental	
hospitals)							69
Number of tuberculous households visit							93
Total no. of effective visits made by He							20,403

Attendances at Clinics and Centres by Health Visitors and	nd Nu	irses	No. of Attend'ces
Child Welfare Centres			1,026
Post-Natal Clinic, Christiana Hartley Maternity Hospital			53
B.C.G. Clinics			61
Geriatric Out-Patients' Clinic, Promenade Hospital			133
Paediatric Clinic, Southport Infirmary			107
V.D. Clinic, Southport Infirmary			20
Ante-Natal Clinic, St. Katharines Maternity Hospital			23
Mothercraft—Christiana Hartley Maternity Hospital			30
Total no. of clinic attendances			1,453

No. No. positive to screening Tests Tests	Results of further investigation				
	to screening	Phenylketonuria confirmed	Phenylketonuria not confirmed		
2104	nil	nil	nil		

#### HOME NURSING

The Home Nursing Service must be provided by the local Health Authority and, until last year, Southport carried out this duty through the agency of the Voluntary Southport and Birkdale District Nursing Society. Considerable re-organisation has been undertaken in this service during the past twelve months aimed at the bringing about of better liaison between the Health Visiting and the District Nursing Services. Permission has been given for the use of motor transport whenever possible by the nurses, hours of duty have been adjusted so that "split" duties are not worked, late evening rota duty to give sedative drugs when necessary has been instituted, a telephone answering system has been installed and perhaps most important of all, the Authority's Superintendent Nursing Officer, Miss E. Mitchell is now responsible for both the Home Nursing and the Health Visiting Services. This major re-organisation has already resulted in a more efficient service and in the easier recruitment of the necessary nursing staff.

# Statistics for year 1966

Total no. of new patients visited during the year (i.e. not been previously visited this year)	-	 nave	2,290
No. of patients who were aged: under 5 years at time of first visit this year		 	23
over 65 years at time of first visit this year		 	1,582
Total no. of visits made by nurses during the year		 	70,172

#### VACCINATION AND 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 and vaccination of her child at the appropriate times against diphtheria, whooping cough, tetanus, poliomyelitis and smallpox In addition, the Health Visitors are required to visit all mothers whose babies have not been immunised or vaccinated and to make every effort to ensure that the infant is protected against these diseases. Posters and leaflets are displayed at Welfare Centres and all children admitted to the Day Nurseries must be immunised.

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

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

The following are the suggested ages when children may be vaccinated and immunised against certain diseases:—

Age	Vaccine	How Given
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.

Information with regard to B.C.G. protection against tuberculosis will be found on page 55 of this report.

In accordance with Ministry of Health Circular 19/65 five members of the public health inspecting staff of the department were vaccinated against anthrax in 1966.

In February the Ministry of Health sent a circular to Local Authorities saying that measles vaccines had been developed to an extent which justified their being made available to doctors who wished to use them for their patients, but that it was not intended that Authorities should embark on a programme of general measles vaccination.

After discussing the information in this circular with the Local Medical Committee it was agreed that a limited measles vaccination scheme should be offered to parents of young children attending day nurseries, or who were in institutions of a kind where there is likely to be a high risk of infection, or who, in the opinion of their family doctors, were at special risk.

It is intended in this way to obtain some experience of this type of vaccination and it is hoped that it will be made available in a general way in the near future. At the end of the year 11 children had received a complete course of measles vaccination and all these had been done by the staff of the Health Department. At that time no records had been received from any of the general practitioners showing that they had used measles vaccine for any of their patients.

# Smallpox

Vaccinated (o		aged under 16 r revaccinated period)	Number of cases specially reported during period					
Age at date of Vaccination	Number vaccinated	Number revaccinated	Generalised Vaccinia	Post-Vaccinal Encephalo- myelitis	Death from other complications of vaccination			
0-3 months	2	_	_	-	-			
3-6 months	5	-	_	_	_			
6-9 months	2	-	_	_	-			
9-12 months	32	_	_	_	-			
1	482	_	_	-	_			
2-4	98	11	_	-				
5-15	44	57	-1	_				
TOTALS	665	68	_	- 1				

# VACCINATION AND IMMUNISATION Statistics for year 1966

# Diphtheria, Whooping Cough, Tetanus and Poliomyelities Primary Courses

Type of vaccine or dose		Others	Total under				
Type of vaccine or dose	1966	1965	1964	1963	1959-62	age 16	age 16
Quadruple, Diphtheria, Whooping Cough, Tet- anus and Poliomyelitis     Triple Diphtheria,	-	_	-	_	_	-	-
Whooping Cough and Tetanus 3. Diphtheria/Whooping Cough	397	451 —	32	14 —	24	2	920
4. Diphtheria/Tetanus 5. Diphtheria 6. Whooping Cough	_1	4 	_1	1		_1	15 —
7. Tetanus	_  168	 650	_ _ 76	1 	-1 -60	249 — 81	251 — 1069
10. Lines 1+2+3+4+5 (Diphtheria) 11. Lines 1+2+3+6	397	455	33	15	31	3	935
(Whooping cough) 12. Lines 1+2+4+7	397	451 455	32 33	14 16	24 32	2 252	920
(Tetanus) 13. Lines 1+8+9 (Polio)	397 168	650	76	34	60	252 81	1185 1069

## Reinforcing Doses

Type of vaccine or dose		Others	Total under				
Type of vaccine or dose	1966	1965	1964	1963	1959-62	age 16	age 16
Quadruple, Diphtheria, Whooping Cough, Tetanus and Poliomyelitis     Triple, Diphtheria, Whooping Cough and Tetanus	-	142	298	7	278	84	809
4. Diphtheria/Tetanus		_	7	1	117	79	204
5. Diphtheria 6. Whooping Cough	=	=	=	=	-6		61
7. Tetanus 8. Salk (Poliomyeliti^)	=	=	=	=	_1	7	- 8
9. Sabin (Poliomyelitis— Oral)	_	3	4	7	622	101	737
10. Line 1+2+3+4+5 (Diphtheria)	_	142	305	8	401	218	1074
11. Lines 1+2+3+6 (Whooping cough)	_	142	298	7	278	84	809
12. Lines 1+2+4+7 (Tetanus) 13. Lines 1+8+9 (Polio)	=	142 3	305 4	8 7	396 622	170 101	1021 737

#### 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 22 men and 1 woman 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.

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.

Railway facilities are used whenever possible but the curtailment of railway services and also the design of new coaches which are difficult for the accommodation of stretcher cases and also for the reservation of compartments for sick persons, will reduce the availability for rail travel in future.

The Chief Officer, the Secretary of the Hospital Management Committee and his staff, meet periodically to solve mutual problems affecting the Service. These meetings, and good liaison with Family and Hospital Doctors have helped to keep up a satisfactory and efficient service.

## Statistics for years 1962 to 1966

		1962	1963	1964	1965	1966
No. of patients Other work	 	 43,145 878	43,135 994	43,546 1,002	43,776 1,267	40,207 1,216
TOTALS	 	 44,023	44,129	44,548	45,043	41,423
No. of miles	 	 136,531	137,006	142,520	153,785	154,314

#### PREVENTION OF ILLNESS—CARE AND AFTER-CARE

#### General

The general work done in regard to the 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.

# Nursing Equipment

The following equipment is available on loan.

Air Rings	Dunlopillo mattresses
Backrests	Electric Blanket
Bath Aids	Electric Page Turner
Bath Seats	Elsan Closets
Beds—Cardiac	Enuresis Alarms
Beds-Hospital	Incontinence Pads and Liners
Bed Cradles	Helping Hands
Bed Pans	Lifting Gear
Bed Table	Polythene Sheets
Bells	Portable Oxygen Apparatus
Cantilever Table	Toilet Aids
Commodes	Urinals
Cot Sides	Walking Sticks
Crutches	Wheelchairs

A small charge is made for the more expensive kinds of equipment but this charge may be reduced or cancelled in cases of hardship.

During 1966 nursing equipment was supplied to 848 patients as compared with 763 in the previous year. This increase was mainly due to the large number of elderly patients who had to be supplied with wheelchairs, commodes and incontinence pads. Many of these elderly patients were referred to the Department for this kind of help after being seen by the Consultant in charge of the Geriatric Clinic at the Promenade Hospital.

The following table shows the number of patients helped during the last five years.

Year	No. of patients provided with equipment
1962	234
1963	282
1964	507
1965	763
1966	848

#### Incontinence Pads

During 1966, 33,674 pads were supplied to patients. The pads are only supplied at the request of either the patient's own doctor, the district nurse or by the two nurses responsible for the geriatric work. No charge is made to patients who are receiving supplementary pensions, but a charge of 3/6d. per week is made to other patients; this charge may be reduced or cancelled where there is financial hardship.



The disposal of the used pads has not caused any difficulties and either the district nurse or the geriatric nurse has been made responsible for ensuring that satisfactory disposal arrangements are available for every patient using the service. The service has been of great help, both to the patients and relatives and also to the district nurses, and has made it possible for a number of these patients to be nursed at home when they would otherwise have had to have been admitted to hospital,

# Chiropody for the Elderly

The chiropody service for the elderly continued to be provided by the Southport Old People's Welfare Committee as agents of the Local Health Authority. The service is available for Southport residents who are 60 years of age or over and who cannot afford to pay for private treatment. Those who are receiving supplementary pensions pay 1/6d. per treatment; all other patients pay 3/- for treatments at the clinic at 44 Hoghton Street and 5/- for treatments in their own homes. Home treatments are only provided for patients when there is some evidence to confirm that the person concerned is not able to come to the clinic.

The clinic sessions at 44 Hoghton Street are held on Mondays, Tuesdays, Wednesdays and Thursdays and two chiropodists are on duty during the mornings and afternoons. During 1966, however, due to staff shortages it was not possible to maintain the full number of sessions at the clinic and the number of home treatments had also to be reduced. The total number of treatments given during 1966 was 7,872 as compared with 9,076 in the previous year.

## Statistics for years 1965 and 1966

			Year 1965	Year 1966
No. of clinics held		 	760	693
No. of attendances made by patients		 	7368	6505
Average attendance per clinic session		 	9.7	9.3
No. of treatments in patients' own hom	ies	 	1708	1367

#### Chiropody for Expectant Mothers and Handicapped Persons

The arrangements continued throughout the year whereby 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 1966, six physically handicapped persons made 59 attendances at Mr. Rogans' clinic. No expectant mothers were referred during the year.

# Sickroom Helpers Scheme

Alongside the Home Help Service is the Sickroom Helpers Scheme. This is a little known service which is not often required, and there are only 4 casual sickroom Helpers on the staff. The purpose of these helpers is to give relief during the night 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 1966, sickroom help was provided for 24 patients, as compared with 18 in the previous year. The number of hours worked by the helps during the year was 467.

## Co-operation with Hospitals

Throughout the year, the Medical Social Workers 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.

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 follow:—

Post-natal clinic held at Christiana Hartley Maternity Hostpital.

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, Dr. Leeming, the Consultant Chest Physician, gave part 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 Assistant Honorary Secretary to the Medical Advisory Board.

# 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.

#### 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, 9 Women and 1 man were sent to convalescent homes, the details being as follow:—

Disabilit	y			No. of Weeks
General Debility				2
Following slight Cerebra	1 Thr	ombosis	s	2
Arterio-Sclerosis				2
Sciatica and Bronchitis				2
General Debility				2
General Debility				2
General Debility and Hy				2
Post-Operative Debility				
21				2
Following Prostatectomy				2
Chronic Bronchitis				2

# 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.

#### 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 follow:—

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

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

The cost of the Service is 4s. 6d. per hour but this charge may be reduced or cancelled, where there is financial hardship.

# Statistics for year 1966

		F	Help for per	rsons			
	logad 65 au		nder 65 on	first visit in	1966		Total hours
	aged 65 or over on first visit in 1966	Chronic sick and tuberculous	Mentally disordered	Maternity	Others	Total No. of cases	by helps during the year
Number of cases	763	30	3	47	89	932	90,381

No. of Stoff amplemed at and of year	Whole	P	art time	Total
No. of Staff employed at end of year	time	No.	Whole time equivalent	Whole time
Home Help Organiser	_	1	.66	.66
Home Helps	2	83	47	49
No. of visits to homes by Organiser during the No. of persons interviewed at office during the				1,822

#### MENTAL HEALTH SERVICE

This section of the department has been under heavy pressure during the whole year. The mental welfare officers must give priority to patients suffering from acute mental disorder and there were 422 admissions and re-admissions to mental hospital during the year.

Although the total population has decreased during the last ten years, the number of admissions and re-admissions of Southport patients to mental hospitals has more than doubled. After care work, which can be so important in the prevention of relapse and re-admission to hospital has had to take second place and not enough of this kind of work has been done. Steps have been taken to increase the Staff establishment of mental welfare officers and this should result in some improvement of the situation.

Dr. Howie's special after care clinic has carried out very useful work during the year and help has also been given to the patients attending by supportive occupational therapy and the social club facilities which are provided.

'The Meadows' Home with eighteen places for mentally subnormal persons who are 16 years of age or over was opened in the Spring and has already proved its value.

'Brookdale', the thirty place home for the aged mentally infirm was not complete by the end of the year.

#### MENTAL HEALTH SERVICE

#### Mental Illness

Number of patients dealt with during 1966:

Manual 10 same	Males	Females	Total
Patients:	المحامل و		
No. of admissions and re-admissions to hospital		Culture	
(Mental Health Act, 1959):		104	150
— as informal patients (Sec. 5)	54	104	158
— for observation (Sec. 25)	72	128	200
— for treatment (Sec. 26)	4	15	19
— emergency application (Sec. 29)	26	19	45
— by court order (Sec. 60)			_
Total no. of admissions and re-admissions	156	266	422
No. of patients already in hospital under compulsory de-			
tention accepted as informal patients	46	70	116
No. of patients transferred from the Ormskirk & Dis-	40	10	110
trict General Hospital to other hospitals	2	23	25
No. of day patients taken to Ormskirk & District	2	23	23
General Hospital	3	3	6
No. of patients referred to Health Department re acute			
mental illness	208	374	582
After-Care Clinic:			
No. of Consultant Psychiatrist's After-Care Clinics at			
44 Hoghton Street	_	_	42
No. of patients seen at After-Care Clinics	48	335	383
Walta Jana ba Mantal Walfana Officers			
Work done by Mental Welfare Officers:	381	721	1102
No. of home visits re acute mental illness	137	586	723
No. of domiciliary after-care visits	137	259	396
No. of visits to patients in hospital  No. of patients interviewed at the Office	211	416	627
No. of patients interviewed at the Office No. of visits to the Psychiatric Clinic at the Southport	211	410	027
* 0	31	52	83
Infirmary	21	34	65

# MENTAL HEALTH SERVICE

# Mental Illness

Occupational Therapy Work done during year 1966.

No. of patients	
No. on register at beginning of the year No. added during the year	64 106
No. deducted during the year	170 104
No. on register at end of the year	66
No. of Home Visits	868
Sessions	
Consultant Psychiatrist's After-Care Clinic—44 Hoghton Street	33 55 51 42 3 146
Psychiatric Social Club—Hampton Road Centre Craftwork—Lincoln House Centre Craftwork—Poulton Road Centre Craftwork—44 Hoghton Street Industrial Therapy—44 Hoghton Street	1,283 307 120 15 877
Total No. of Attendances	2,602

# Mental Subnormality

Cases dealt with in 1966:

Number of cases notified from the Local Educ	ation A	uthori	ty under	
57 Education A				 2
from other sources				 8
			Total	 10
Number of cases admitte	d to ho	spital:	_	
for permanent care				 6
for short term care			•••	 1
			Total	 7
Number of cases placed	under (	Guardi	ianship	 None
Work done by Mental	Welfare	Offic	ers:	envil to
Number of patients seen	at the (	Office		 203
Number of domiciliary v				 151
Number of visits to the				131
Centre and Hostels				 169

# Training and Industrial Centre—Report for year 1966.

Number of cases on Register at beginning of year	54
Number of cases added to Register during year	22
Number of cases taken off Register during year	76 10
Number of cases on Register at end of year	66
Number of sessions held during year	215
Number of attendances at Centre during year	10922
Average attendance per session	50.8

# Occupational Therapy

During the year 270 home visits were made to 9 mentally subnormal persons. In addition to the home visits, mentally subnormal persons attended the following:—

Psychiatric Social Club		 12
Craftwork Session-Poulton Road		 25
Craftwork Session—Hoghton Street		 7
Industrial Therapy-44 Hoghton Stree	t	 41
Total attendances		 85

# Social Club for Mentally Subnormal Adults

During the year an evening social club for mentally subnormal adults was started at the Training and Industrial Centre and the first meeting was held on the 15th June. To the end of December 25 meetings were held and 717 attendances were made. The activities included dancing, film shows and bingo sessions; concert parties have also given performances at the club.

MENTAL HEALTH SERVICE

Number of patients referred to Local Health Authority during 1966

		Mentally Ill	lly Ill			Psycho	Psychopathic			Subnormal	rmal		Sev	erely St	Severely Subnormal	Tr.	
Referred by	Under	Under Age 16	16 and	Over	Under	Under Age 16	16 and Over	Over	Under	Under Age 16 16 and	16 and	Over	Under /	Under Age 16	16 and Over	Over	Total
	W	H	W	F	M	H	M	F	W	F	M	H	M	F	M	F	
General Practitioners	1	1	134	287	1	1	1	1	1	1	1	1	1	1	1	1	422
Hospitals, on discharge from in-patient treat- ment	1	1	130	206	1	1	1	- 1	1	1	-	4	-	1	1	- 1	342
Hospitals, after or during out-patient or day treatment	1	1	30	43	1	1	1	1	1	1	1	1	1	-	1	1	73
Local education authorities	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	2
Police and courts	1	1	22	26	1	1	1	1	1	1	1	1	F	1	1	1	48
Other sources	2	1	45	99	1	1	1	1	1	1	7	9	3	1	1	2	123
Total	3	1	361	618	1	1	1	1	1	1	00	10	9	1	1	2	1010

Summary of Patients under Local Health Authority Care at 31st December, 1966 MENTAL HEALTH SERVICE

		mentant in		Manualla		*	sycuob	Psychopathic			Subnormal	mal		Seve	erely S	Severely Subnormal	lai	
	Age 16	16 and 0	Daer	Infirm	-	Under Age 16	ge 16	16 and Over		Under Age 16	ge 16	16 and Over	OCCUPATION.	Under Age 16	Age 16	16 and Over	Over	Total
	H	M	F	M	F	W	Œ.	M	H	M	F	M	H	W	H	W	F	
1 otal number	1	119	148	11	58	1	1	1	1	4	2	31	37	29	13	22	27	501
Attending training centre	1	1	1	1	1	1	ı	1	1	2	1	5	13	16	11	10	9	64
Awaiting entry to training centre	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Receiving home training	1	1	64	1	-	ı	1	1	1	1	1	1	+	1	1	1	1	72
Awaiting home training	1	1	1	I	1	1	1	1	ı	ı	1	1	-	1	1	1	ı	1
Resident in L.A. home/hostel	1	1	1	1	1	1	1	1	1	1	1	3	4	2	1	2	4	18
Awaiting residence in L.A. home/hostel	1	1	1	3	36	1	1	1	ı	1	1	1	1	1	1	1	ı	39
Resident at L.A. expense in other homes/	1	1	1	1	ı	1	T	1	1	1	1	1	1	1	1	3	1	3
Resident at L.A. expense by boarding out in private household —	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Attending day hospitals	1	1	-	1	1	1	1	1	1	1	1	1	1	1	1	1	-	1
Receiving home (a) Suitable to attend a training centre (b) others —	11	75	148	11	11	11	11	11	11	11	-1	w	9	4	-1	41	∞ l	102

MENTAL HEALTH SERVICE

Admissions to Guardianship of Local Health Authority or other Guardian during 1966

Mentally III Psychopathic	Mentally III Psychopathic	Mentally III Psychopathic	lly III Psychopathic	Psychopathic	Psychopathic	Psychopathic	ypathic				Subnormal	rmal		Sev	erely Su	Severely Subnormal	-	Total subnormal and		Grand
	Considing	Under	Age 16	16 and	Over	Under Age 16 16 and Over Under Age 1	Age 16	16 and	16 16 and Over Under Age 16 16 and Over Under Age 16 16 and Over	Under	Age 16	16 and	Over	Under /	8c 16	16 and	Over	severely subnormal		Lotal
	Guardian	M	F	M	F	M	F	M	H	M	H	M	H	W	ц	M	F	F Under Age 16 16 and Over	16 and Over	
Admissions to guardianship	L.H.A.	1	1	1	1	1	-1	1	1	1	1	1	1	1	1	1	1	-	-	1
during the	Other	1	1	1	1	1	1	1	1	1	1	1	1	1	ı	1	1	1	1	1
Total number under guard-	L.H.A.	i	1	1	1	1	1	1	1	-1	1	1	1	1	1	1	1		-	1
end of year	Other	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	_	ı

# Number of patients awaiting entry to hospital, or admitted for temporary residential care at 31st December, 1966

		Ments	Mentally III		Elderly	rrly		Psychopathic	pathic			Subnormal	rmal		Seve	rely St	Severely Subnormal	al	
	Under	Under Age 16 16 and Over	16 and	1 Over	Mentally		Under	Age 16	16 and	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 A	ge 16	16 and		Total
	M	H	M	H	M	(II,	W	H	M	í.	W	(H	W	H	M	F	M	H	- 10
In urgent need of hospital care	1	1	1	1	1	27	1	1	1	1	1	1	1	-1	1	1	1	1	27
Not in urgent need of hospital care	1	1	1	1	3	6	1	1	1	1	1	1	1	ı	1	1	ı	1	13
	1	1	1	1	3	36	1	1	1	1	1	1	1	1	1	1	1	1	40
Number of admissions for temporary residential care (e.g. to relieve the family).  To N.H.S. hospitals	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	-	1	-	4
To L.A. residential accommodation	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4	2	1	1	8
Elsewhere	1	1	1	1	1	1	1	1	1	1	1	1	1	l	ı	1	1	1	1
	1	1	1	1	1	1	1	1	1	1	1	1	2	1	4	3	1	1	12

#### MENTAL HEALTH SERVICE

# Premises provided at 31st December, 1966

# Workshops or occupational centres for the mentally iil

Number of premises and places provided	Premises Places	4 Unlimited

# Training centres for the subnormal or severely Subnormal (including special units)

Aga group provided for	Number	Places			
Age group provided for	Premises	Junior	Adult		
Under 16					
16 and over					
Junior and adult	1	48	35		
Total	1	48	35		

Special units (included in above) provided for the severely subnormal with gross physical handicaps or gross behaviour difficulties

Special Their mithin tonining control	Premises	1
Special Units within training centres	Places	8
2.16	Premises	_
Self contained units independent of training centres	Places	_

# Places made available to or by other authorities or organisations

	Type of authority or organi- sation	Type of authority or organi-		severely subnormal		
		centres for the men- tally ill	Junior	Adult	- subnormal	
Places made available to other autho-	L.A.	_	2	1	_	
rities or to hospitals included in above	Hospital	_	_	-	_	
	Total		2	1	_	
Places made available to the authority	L.A.	_	-	_	_	
by other authorities or organisations (not included in above)	Hospital		_	-	_	
	Other org- anisations	-	_	_	_	
	Total	_	_	_	_	



# Section III

CONTROL OF INFECTIOUS DISEASE

#### TUBERCULOSIS

# New Cases and Mortality

The number of new cases of tuberculosis which came to the notice of the Department during the year was 22; of these 20 were found to be suffering from pulmonary disease, and 2 from non-pulmonary disease.

#### Treatment Clinic

The Southport and District Hospital Management Committee is responsible for the organisation and administration of the Tuberculosis Treatment Clinics.

The 22 new cases came to the notice of the Clinic in the following ways:-

By primary notifications	 			 	 15
By transfers from other areas	 			 	 7
		T	OTAL	 	 22

All the patients 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 1966 was 135, and 16 of these patients were found to have sputum containing tubercle bacilli. During the year, 50 Treatment Clinics were held and 226 visits were made by patients; the total number of X-ray examinations of patients was 181.

#### Statistics

# (a) Year 1966

		No. of No	ew Patient	S	No. of Deaths				
Age Periods (in years)	Pulm M.	onary F.		on- onary F.	Pulm M.	onary F.	Non- Pulmonary M. F.		
	IVI.	Г.	IVI.	F.	IVI.	Г.	IVI.	F.	
0 to 1	-	_	_	_	_	-	_	_	
2 to 5	0		1	_	-	_	_		
6 to 15	1	1	-	_	-	-	_		
16 to 25	1	5	_	=	_	_			
26 to 45	2	1	_	_	-	-	-	_	
46 to 65	6	1	1	-	1	_	_		
66 to 75	1	1	_	_	. 2	-		-	
76 and over	-	_	-	_	1	_	-	_	
TOTALS	11	9	2	_	4	_	_	_	

# (b) Years 1957 to 1966

Year			No. of N	lew Patients	No. of Deaths			
1 car			Respiratory	Non-Respiratory	Respiratory	Non-Respiratory		
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		
1964			22	2	7	1		
1965			19	1	3	_		
1966			20	2	4	-		

#### Contacts

During the year 202 attendances were made by contacts of patients; the total number of X-ray examinations of contacts was 122. One contact was found to be suffering from pulmonary tuberculosis in 1966.

## **Domiciliary Visiting**

A Health Visitor is employed by the Local Health Authority 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:—

		To	otal Vis	sits		 	627
To other chest patients					•••	 	10
To contacts of tuberculo	ous pa	tients				 	221
To tuberculous patients						 	396

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 Local Health Authority Service.

During 1966, the Health Visitor made 70 attendances at the Tuberculosis 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.

# 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. Secretary and Treasurer.

During 1966 the Care Committee provided considerable financial and other assistance to patients and their families.

# Mass Miniature Radiography Unit

The unit did not visit Southport during 1966.

# B.C.G. Vaccination against Tuberculosis

#### Statistics for Years 1957 to 1966

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
No. Vaccinated: At. B.C.G. Clinics	27	42	56	43	36	34	35	28	23	30
Babies seen by the Consultant Paedia- trician	9	24	35	27	28	32	20	37	18	14
School Children	500	497	698	1037	787	872	716	728	710	739
TOTALS	536	563	789	1107	851	938	771	793	751	783

TUBERCULOSIS
Treatment Clinic—Statistics for years 1962 to 1966

	-											
	Total	184	15	206	608	9	5	71	135	151	11	22
1966	Non- Pul.	12	611	14	111	1	1	1	14	21	11	2
	Pul.	172	13	192	9 6 8 4 8	9	2	71	121	13	-11	20
	Total	222	116	242	39 39	3	3	58	184	111	11	20
1965	Non- Pul.	13	-11	14	110	1	1	2	12	- 1	11	1
	Pul.	209	10 6 1	228	3 10 37	3	3	99	172	10	11	19
	Total	245	122	269	22.05	1	7	47	222	12	11	24
1964	Non- Pul.	13	011	15	1	1	1	2	13	21	11	2
	Pul.	232	10	254	5 8 24	-	7	45	209	10	11	22
	Total	262	24 8	294	16	10	10	49	245	24 8	11	32
1963	Non- Pul.	13	-11	14	111	1	1	1	13	-	11	-
	Pul.	249	23	280	16	10	6	48	232	23	11	31
	Total	273	30 15 1	319	3 10 28	80	8	57	262	30	1-	46
1962	Non- Pul.	15	6-1	19	1120	-	1	9	13	2	11	4
	Pul.	258	27 14 1	300	3 10 23	7	00	51	249	27 14	1-	42
	No of nationic on raciotar of haginning	2. No. of patients added during the year:	(b) transfers from other areas (c) lost sight of cases returned	TOTALS (1)	3. No. of patients deleted during the year: (a) died (from Tuberculosis) (b) transferred to other areas (c) trecovered (d) lost eight of our refused further	(a) tost signt of or refused furnier assistance	(e) tuberculosis not primary cause of death	TOTALS (2)	4. No. of patients on register at the end of year (i.e., totals (1), less totals (2)	5. Summary of new patients found during the year:  (a) Primary notifications of new cases (b) Transfers from other areas (c) Patients found from death re-	turns (ngures <b>not</b> included in items (1) to (4) above) (d) Lost sight of cases returned	TOTALS

#### VENEREAL DISEASES

At the end of the year, 168 new cases were under treatment at the clinic, as compared with 140 cases at the end of 1965. During 1966, non-venereal cases made 463 attendances.

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.

#### Statistics

No. of new Patients		Male	Female	Total	
Syphilis	 		2	1	3
Gonorrhoea	 		13	60	14
Non-Venereal Infections		82	69	151	
	Т	otals	97	71	168

			SYPH	GONORRHOEA				
YEAR	Number during	of new o		Number of cases on	number of		cases on	of
	Congenital	Others	Total	register at end of year	attendances during year	during the year	register at end of year	attendance during year
1957	_	7	7	55	1152	10	3	78
1958	-	5	5	48	1151	8	5	43 73
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
1964	1	3	4	45	611	27	7	143
1965	1	1	2	42	263	22	13	110
1966	_	3	3	32	148	14	2	72

# INFECTIOUS DISEASES

# Statistics for year 1966

		Number of Cases Notified Ages in Years										
Notifiable Disease	At All Ages	Un- der 1	1 to 5	5 to 15	15 to 25	25 to 45	45 to 65	65 Up- ward:				
Chickenpox	665	20	220	387	21	13	3	1				
Dysentery	3	-	1	-	1	1	-	-				
Encephalitis	-	_	_	_	-	-	-	-				
Erysipelas	1	-	_	-	-	_	1	-				
Food Poisoning	1	-	-	1	-	_	-	-				
German Measles	278	19	97	143	11	6	2	-				
Measles	581	20	308	246	5	_	1	1				
Meningococcal Infection	-	_	-	-	_	-	_	-				
Paratyphoid Fever	1	-	-	-	-	-	-	1				
Pneumonia	14	1	-	-	-	2	6	5				
Poliomyelitis	-	_	_	-	-	-	_	_				
Puerperal Pyrexia	2	_	-	-	_	2	_	_				
Scarlet Fever	54	-	15	34	3	2	_	-				
Tuberculosis	15	-	_	2	2	3	4	4				
Whooping Cough	14	2	8	4	-	-	-	-				
Totals	1629	62	649	817	43	29	17	12				

Number of Notified Cases and number of Deaths for the years 1957 to 1966 inclusive THE PURISON OF PROPERTY.

	Total Deaths during 10 years 1957 to 1966	1	١	1	1	1	1	1	1	1	1	1	9	1	591	1	1	1	58	1	1	1	1	1	656
	1966	1	1	1	1	1	1	1	1	1	1	1	1	1	91	1	1	1	4	1	1	- 1	1	1	95
	1965	1	1	1	1	1	1	1	1	1	1	1	1	1	95	1	1	1	60	1	1	1	1	1	59
DISEASE	1964	1	1	1	1	i	1	1	1	1	1	1	1	1	47	1	1	1	7	1	1	1	1	1	55
DEATHS FROM INFECTIOUS DISEASE	1963	1	1	1	1	1	1	1	1	1	1	1	-	1	888	1	1	1	10	1	1	1	1	1	66
A INFEC	1962	1	1	1	I	1	1	1	1	1	1	- 1	1	1	99	ı	1	1	4	1	1	1	1	1	70
HS FROM	1961	1	1	1	1	1	1	1	1	1	1	1	1	1	67	-1	1	1	4	1	1	1	1	1	71
DEAT	1960	1	1	1	1	-	1	1	1	1	1	- 1	- 1	1	51	1	1	1	4	1	1	1	1	1	55
	1959	1	1	1	1	1	1	1	1	1	1	1	64	1	28	1	1	1	7	1	1	1	1	1	37
	1958	1	1	1	1	1	1	1	1	1	1	1	-	1	45	1	-	1	9	1	1	1	1	1	53
	1957	1	1	1	1	1	1	1	1	1	1	1	1	1	52	1	1	1	6	1	1	1	1	1	62
-	Total Cases for 10 years 1957 to	5312	1	177	ın	51	72	3681	1	8949	6	61	23	61	177	1	16	10	295	492	1	63	1	573	17667
	1966	599	1	3	1	1	1	278	1	581	1	- 1	63	1	14	1	1	2	13	54	1	1	1	14	1629
FIED	1965	258	1	18	1	63	61	160	1	570	1	- 1	-	1	6	1	1	1	10	57	1	I	1	38	1126
B Norm	1964	926	1	63	2	4	2	154	1	086	1	1	61	1	10	1	1	1	10	23	1	1	1	35	2181
DISEAS	1963	333	1	4	1	2	28	73	1	482	2	1	п	1	7	1	1	4	23	21	1	1	1	151	1132
BCTTOUS	1962	269	1	69	1	9	6	2369	1	546	-	1	3	1	32	1	1	1	27	25	1	2	1	15	3796
OF INF	1961	445	1	26	1	7	6	231	1	1107	1	1	-	1	17	1	7	1	31	53	1	1	1	34	1940
CASES	1960	929	1	37	1	12	4	91	1	348	1	1	1	1	14	1	1	1	33	46	1	1	1	09	1304
NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED	1959	383	1	ın	1	20	3	70	1	1554	2	1	4	1	21	1	2	1	40	144	1	1	1	113	2347
Nuv	1958	173	1	13	1	9	26	98	1	124	1	-	9	1	12	1	3	-	62	53	1	1	1	50	919
	1957	746	ı	1	1	9	1	169	1	476	П	1	3	1	41	1	4	1	46	40	1	1	1	63	1596
	Notifiable Disease	Chicken Pox	Diphtheria	Dysentery	Encephalitis	Erysipelas	Food Poisoning	German Measles	Malaria	Measles	Meningococcal Infect'n	Ophthalmia Neonatorum	Other Forms of Tuberculosis	Paratyphoid Fever	Pneumonia	Polioencephalitis	Poliomyelitis	Puerperal Pyrexia	Pulmonary Tuberculosis	Scarlet Fever	Smallpox	Typhoid Fever	Typhus	Whooping Cough	TOTALS



# Section IV

# ADDITIONAL INFORMATION

#### ADDITIONAL INFORMATION

#### HEALTH EDUCATION

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

A meeting of the North West Branch of the Royal Society of Health was held in June when the subjects under discussion were 'Some Problems of the Aged' and the 'New Sea Wall'.

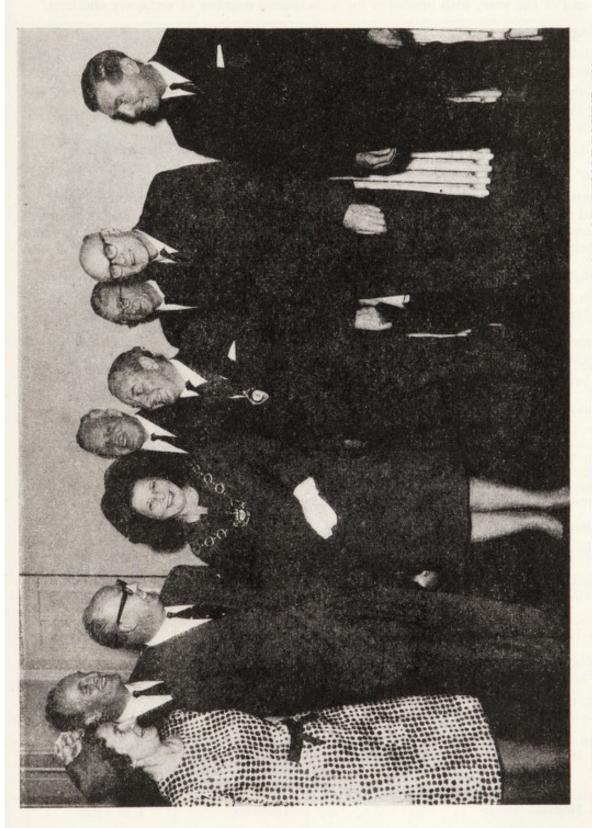
Lectures have been arranged from time to time for a variety of organisations and on a number of subjects, and a sound projector is available to assist this work.

Film shows showing the relationship between smoking and health were shown to members of a Youth Club and to students attending a Modern Secondary School and also students attending a Technical College. Posters and leaflets dealing with venereal disease were used throughout the year.

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. There is provision in the Ten Year Plan for a Health Education Section in the Department but, on financial grounds, no firm date as to the appointment of a Health Education Officer and his staff has yet been agreed.



MEETING OF NORTH WEST BRANCH OF THE ROYAL SOCIETY OF HEALTH HELD IN SOUTHPORT IN JUNE 1966

Left to Right—Mts. A. A. Gregory, Geriatric Nurse. Dr. P. Robinson, Consultant Physician, Clatterbridge Group of Hospitals. Dr. L. Mackenzie, General Practitioner. Ald. Mrs. B. Pogson, Mayor of Southport. Mr. N. E. Tovey Borough Engineer, Southport. Professor A. B. Semple, Treasurer of the Society. Dr. G. N. M. Wishart, Medical Officer of Health, Southport. Ald. G. S. Wilkins, Chairman of Southport Health Committee Mr. W. G. Newman Deputy Secretary of the Society.

# Nurseries and Child Minders Regulation Act, 1948

#### Private Nurseries

Three private nurseries registered by the Council under this Act were functioning at the end of the year, with provision for a maximum number of sixty-five children.

# **Nursing Homes**

At the end of the year there were 16 Nursing Homes registered with the Local Authority, with 2 maternity beds and 222 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, and reports showed that the two existing establishments were being conducted in a satisfactory manner.

#### Persons in need of Care and Attention

No cases were dealt with during 1966 under the powers contained in Section 47 of the National Assistance Act, 1948.

#### 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:—		
Sandbrook Road, Ainsdale	Mondays	2 to 4 p.m.
North Road, Crossens	Wednesdays	2 to 4 p.m.
Lincoln Road, Birkdale	Tuesdays and Thursdays	2 to 4 p.m.
Poulton Road, High Park	Tuesdays and Wednesdays	2 to 4 p.m. 2 to 4 p.m.
Hampton Road	Tuesdays and Thursdays	2 to 4 p.m. 2 to 4 p.m.
Methodist Church, Derby Road	Fridays	2 to 4 p.m.
Methodist Church, Marshside Road	Thursdays	2 to 4 p.m.
Ante-Natal Clinic:—		
44 Hoghton Street	Fridays	9.30 a.m.
POST-NATAL CLINIC:—		
Christiana Hartley Maternity Hospital	Tuesdays	9.30 a.m.
TUBERCULOSIS CLINIC:—		
Southport Infirmary	Mondays Thursdays	2 to 4.30 p.m. 9 to 11.30 a.m.
CHIROPODY CLINICS FOR THE ELDERLY		
44 Hoghton Street	Mondays, Tues- days, Wednes- days, Thursdays	2 to 4.0 p.m.
MENTAL HEALTH AFTER-CARE CLINIC:-		
46 Hoghton Street	Tuesdays	2 to 5 p.m.
VACCINATION AND IMMUNISATION CLINIC:-		
2 Church Street	Every other Friday	2 to 4 p.m.
PHYSIOTHERAPY CLINIC:—		
44 Hoghton Street	Thursdays	2 to 4 p.m.

#### Medical Examinations

The following table shows the work done by the medical staff of the department during 1966 in regard to the medical examination of employees for the purpose of the Superannuation and Sickness Pay Schemes.

	Num	BER OF MEDI	CAL EXAMINA	TIONS
Department	Super- annuation Scheme	Sickness Pay Scheme	Re- Examina- tions	Total
Corporation Departments:—  Borough Architect  Borough Engineer  Borough Treasurer  Children's  Education  Estates and Baths  Fire Service  Flower Show  Health  Libraries  Lighting  Police  Publicity  Parks and Cemeteries  Town Clerk's  Transport  Water Board  Weights and Measures  Welfare Services	7 14 20 74 4 4 33 6 5 11 1 3 3 3	50 3 15 — 27 2 1 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 1 15 16 17 18 18 18 18 18 18 18 18 18 18	12 	7 76 23 2 89 5 60 8 -4 6 15 12 59 17 2
OTHER DEPARTMENTS:— Electricity	10		mind no	10
TOTALS	197	194	20	411

In addition, 70 examinations prior to entry to a Teacher's Training College, were made in 1966.

#### Crematorium

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

The number of certificates required in 1966 was 998.

# Blindness, Cerebral Palsy and Epilepsy

I am indebted to Mr. J. Sinnott, the Senior Welfare Officer, for the following details:

#### Blindness

There are 209 persons on the Blind Register and 66 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 five 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		 1	_	1
Maghull Homes, Maghull .	 	 3	2	5
Langho Colony, Blackburn	 	 1	1	2
West Hill, Southport	 	 1	-	1
		6	5	11

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

During the year, 218 examinations were carried out on behalf of the Children's Committee, the details being as follow:

Examination of children who are boarded-out in for	ster ho	mes	 202
Admissions to Links Avenue Children's Home			 10
Discharges from Links Avenue Children's Home			 4
Medical Inspections—Links Avenue			 2

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.

# Section V

ENVIRONMENTAL HYGIENE

#### 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 W	ater (	Chemical	Analysis.	8th	November,	1966
----------	--------	----------	-----------	-----	-----------	------

								P	arts per Million
Total solid	matter	in sol	ution			 	 		364
Oxygen abs		ate }	in 15 in 3 h	minutes ours		 	 		0·16 0·32
Ammonia						 	 		Nil
Albuminoid	Ammo	nia				 	 		0.005
Nitrogen as	Nitrate	es				 	 		0.09
Nitrogen as	Nitrite	s				 	 		Nil
Combined (	Chlorine	e				 	 		31
Free Chlori	ne					 	 		Nil
Lead						 	 		Nil
Copper						 	 		Nil
Zinc						 	 		Nil
Total Iron						 	 		0.03
Carbonate I	Hardnes	s (as	Calcium	Carbon	nate)	 	 		124
Total Hards	ness (as	Calci	um Car	bonate)		 	 		228
				Trajectory and the					

(PH. value: 7.7)

# Town's Water, Bacteriological Examination, 8th November, 1966

Faecal Coli per 100 ml. in water examined ... ... ... Nil

Total coliform organisms per 100 ml. in water examined ... ... Nil

This and other tests indicate that the water is highly satisfactory. Fluoride is present in quantities of approximately 0.1 parts per million.

Water supply to houses:-

Particulars	Number of houses	Mid Year Estimate of Population
Mains supply, provided by the West Lancs. Water Board	27774	79976
Water supply from sources other than specified above	2	4
TOTALS	27776	79980

**Public Baths**—The Victoria Baths near the Pier have ample bathing accommodation. There are three sea-water swimming baths, 40 slipper baths, "Pine Bubble Baths" and a suite of Turkish and Russian Baths. The number of attendances during the twelve months ending 31st December, 1966 was 325,591.

Outdoor bathers are accommodated at the Sea Bathing Lake on the Marine Drive, which has a capacity of 1,400,000 galls. of filtered and purified sea water.

The purification plant installed is capable of dealing with the water in  $6\frac{1}{2}$  hrs. but a defect in the machine introducing chlorine into the water, was not discovered until the end of the season, and this combined with the water required to make good leakages through the floor of the lake, resulted in some of the samples taken not complying with the standard required by the Ministry of Health.

Since the Lake has been closed during the Winter, efforts have been made to prevent leakage, and the apparatus for chlorinating the water has been repaired, and it is hoped that this will result in an improvement in the quality of the water.

The attendance during the year was 154,791.

	Chemical Samples	Satisfactory	Unsatisfactory	
Victoria Baths	Bacteriological Samples	1 2	2 1	
	TOTAL	3	3	
Sea Bathing Lake	Chemical Samples	3	3	
	Bacteriological Samples	3	2	
	TOTALS	6	5	

# Satisfactory Chemical Sample of Bathing Water Taken at the Victoria Baths on 23rd August, 1966

Appearance							Fairly clear and bright. Col- ourless, Minute trace of Floc- culent matter
pH Val	lue						7.1
Nitrite							Nil
Free Ar	nmonia	a, parts	per m	illion			Faint trace (0.04)
Free Re	esidual	Chlori	ne, par	ts per i	million		0.80
Total F Ch			rine (F			plus 	1.14
			F	Result-	-Satisfa	ctory	

# Satisfactory Chemical Sample of Bathing Water Taken at the Sea Bathing Lake on 1st June, 1966

Appearance						Clear and bright, practically colourless. Minute trace of Flocculent matter and deposit.
pH Value						7.6
Nitrite						Nil
Free Ammonia	a parts	per mi	llion			Trace (0.05)
Free Residual	Chlori	ne, par	ts per r	nillion		0.23
Total Residua Chlorami					plus	0.31
		I	Result-	-Satisfa	ctory	

# Report on Bacteriological Examination of Bathing Water at the Sea Bathing Lake on 3rd June, 1966

I consider of	Probable numb	Dr. 100 Corne	
Location of Sample	Coliform bacilli	Bact. coli (type 1)	PLATE COUNT Organisms per ml.
South end of the Lake	0	0	6 Satisfactory

# Report on Bacteriological Examination of Bathing Water at Victoria Baths taken on 3rd June, 1966

I agation of	Probable numb	Dr. ann. Corner	
Location of Sample	Coliform bacilli	PLATE COUNT Organisms per ml.	
Premier Plunge	0	0	0 Satisfactory

#### PUBLIC BATHS-ATTENDANCES 1962 TO 1966

	Number of Perso	ONS ATTENDING	
Year	Indoor	OPEN AIR	
rear	Victoria Baths (Opened 1836) (Remodelled 1926)	Bathing Lake (Opened 1928)	
1962	260525	143999	
1963	278676	201439	
1964	311201	179297	
1965	307824	162185	
1966	325591	154791	

#### SANITARY INSPECTION OF THE AREA

Land Charge Enquiries—Information has been supplied during the year on 2,481 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 is currently being modernised.

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

The Works at Ainsdale have materially helped in the development of the district and an average daily flow of 350,000 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 and removal by farmers, etc., or lagooning, and subsequent ploughing.

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

**Drainage**—Complaints of blocked drains totalled 2,198 and of these 1,741 were cleared, free of charge, by workmen employed by the Department; 282 cases of defective drains were dealt with under the supervision of the Public Health Inspectors, the work being undertaken by the Borough Engineer's Department.

#### DRAIN STOPPAGES REPORTED DURING YEAR 1966

Number	Number	Number Cleared	Number Cleared
Reported	Not Confirmed	No Charge	On Orders
2,198	175	1,741	282

Improvements in Sanitation—During the year the task of abolishing Bristol Closets in the Borough has continued. In 41 cases, statutory notices were served requiring owners to carry out the conversions.

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 Health Department's technical staff is sought on many other occasions where pests such as cockroaches, crickets, flies, bugs, wasps and other insects are involved. Information has been given and in many cases the work of exterminating these pests has been undertaken for the complainants.

Work has been undertaken to reduce the number of Feral Pigeons in the town

centre.

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. An improvement in the type of sanitary accommodation at some of the Church Schools, was achieved.

**Hostel**—There is one common lodging house in the Borough which provides frugal accommodation for men. While the accommodation is in no way pretentious it is clean.

#### Caravans

Number of licensed sites for holiday	caravans	 	 	 4
Total number of caravans permitted .		 	 	 113
Two of these sites are in use.				

#### 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 screen the premises adequately. The provision of a modern mortuary has been discussed but no decision has yet been made.

Throughout the year 247 bodies were received at the Mortuary and, of these, 212 were submitted to a post-mortem examination.

#### **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 of the Act.

Premises	Number on	Number of inspections (1) Written intimations (2)			
	Register	1	2		
Factories (other than domestic factories) where motive power is not employed	15	29	1		
Factories where motive power is employed	386	371	2		
Outworkers employed in finishing of wearing apparel	2	2	rong III		
No. of building sites inspected	29	36	1		

# Prevention of Damage by Pests Act, 1949

# Work done during year 1966

	Type of I	roperty
	Non Agricultural	Agricultural
Number of Properties in District	32,964	29
Total Number of Properties Inspected following		
Notification	346	26
Number Infested by (i) Rats	116	17
(ii) Mice	168	Nil
Number of Properties Inspected for other		
Reasons	867	29
Number Infested by (i) Rats	170	18
(ii) Mice	35	5

The work involved in dealing with the above mentioned properties resulted in 2,704 visits being made by the Rodent Officer.

Treatments were carried out by him or under his supervision in each case, and any re-infestations were treated similarly.

# PUBLIC HEALTH INSPECTORS

# Summary of Complaints and Visits made during year 1966:-

		N	luisar	ices				
COMPLAINTS IN	VESTIGAT	ED-						
Choked a	nd defec	tive drai	ins					 2,251
Housing	defects							 282
Ditches a		courses						 4
Smoke er								 30
								 45
Other nu								 740
outer na	iourrees							 
			T	otal N	o. of co	mplair	its	 3,352
Notices—								
Served	Prel	iminary,	350		Statuto	ry, 79		
Abated	Prel	iminary,	538		Statuto	ry, 29		
Visits—								
To Premises:								
Dwelling	houses							 7,198
								 2,055
Offices								 162
Factories	and wor	kshops						 430
Dairies								 248
Food pre	paring p	remises						 2,849
Ice Crear								 82
Other pre								 3,623
			Т	otal N	o. of V	isits		 16,653
Regarding:								
Drainage								 1,730
Conversion								 304
Ditches a	nd water	courses						 3
Rats, mic	e and ot	her vern	nin					 3,26
The Hou								 815
Rent Act								 4
Food Hy								 3,56
Works in								 308
Other ma	tters							 8,818

Food and D	rug Sa	mpies-	-Year 19	000	
SAMPLES OBTAINED FOR BACTI	ERIOLOG	ICAL EX	KAMINATIO	ON—	
Milk					 240
					 22
Other Foods					 46
Drinking Water (town's ma	in)				 1
					 14
Other Water					 3
	Total	l No. of	Samples		 326
SAMPLES OBTAINED FOR CHEMICAL	ANALY	rsis—			
Milk					 159
Other Food					 73
Drinking Water (town's ma					 2
Swimming Bath Water .					 9
	Total	No of	Samples		 243

## 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, and 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.

Eleven premises are registered under the Act, and five of these were granted licences to store rag flock during the year.

Eighteen samples were tested and all proved satisfactory.

#### CLEAN AIR

There were 29 complaints regarding nuisances from smoke. All were investigated and recommendations made. No legal proceedings were instituted.

There are indications that the campaign for a really clean atmosphere is slowly succeeding. The problem of industrial smoke in Southport is almost negligible, and it follows that the vast majority of our atmospheric pollution must come from domestic chimneys.

The undoubted improvement in this connection must be due to an increase in general standards of living rather than the effect of clean air legislation. Our whole approach to the question of heating our homes has undergone a drastic change in the last quarter of a century. No longer are we content with one coal fire to heat the entire house. The modern pace of living calls for something which is quick, clean and simple to operate. The affluent society has brought about a demand for a higher standard of comfort, and more and more families are coming to regard central heating as a necessity rather than a luxury. As a result, more and more homes are voluntarily becoming smokeless.

The open fire, burning coal, cannot be operated without making smoke. It is also the dirtiest and most wasteful method of space-heating.

The Chief Public Health Inspector would be glad to offer advice to any local resident who is contemplating installing a new space-heating appliance.

#### HOUSING

General—The number of inhabited houses was 27,776.

The following table shows the number of houses built during the period 1957 to 1966, plus additional accommodation made available as a result of adaptations and additions to existing properties:

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966
Number of houses built	305	122	214	115	102	255	252	298	549	416

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

Overcrowding—The number of complaints regarding alleged overcrowding received during the year was 13. 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 continued and during 1966 33 houses were represented to the Health Committee. The formal procedure prescribed by the Housing Acts, was commenced in respect of 25 houses.

The Local Authority is in favour of as many as possible of unfit 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.

## OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Work under this Act was curtailed due to shortage of staff.

# Registrations and General Inspections during year 1966

Class of Premises	Number of Premises Registered during the Year	Total Number of Registered Premises at End of year	Number of Registered Premises Receiving a General Inspection during the year
Offices	9	262	44
Retail Shops Wholesale Shops and Warehouses	11	706 40	64
Catering Establishments open to the public, Canteens Fuel Storage Depots	6	111 7	=
Totals	26	1126	108

Number of Visits of all kinds by Inspectors to Registered Premises-239.

# Analysis of Persons employed in Registered premises by workplace.

Cl	ass of wo	orkplace				Number of persons employed
Offices Retail Shops Wholesale department Catering establishment Canteens Fuel storage depots	ts and W	to the p	es ublic	}		2,025 3,420 379 { 1,456 25
				Totals		7,305
				Males		2,713
			25 TT	Female	es	4,592

On the whole, the Act is well received by occupiers of offices and shops, and no serious difficulties are encountered.

Contraventions—During the year 108 general inspections were made and contraventions found numbered 24, resulting in the service of informal intimations. In 32 cases the requirements had been met by the end of the year.

# Accidents reported during the year 1966

	N	No	Re	sults followi	ing Investig	ation
Class of Workplace	No. of Accidents Reported	No. Requiring Investi- gation	Prosecu- tion	Formal Warning	Informal Advice	No Action Required
Offices	-	-	_	_	_	_
Retail Shops	20	7	-	-	1	6
Catering Establish- ments Canteens	1	1		_	1	6 - <u></u>
Wholesale Shops, Warehouses and Fuel Storage Depots	1		_	opiad w	SORIF A TO	A Self
TOTALS	22	8	_	_	2	6

Animal Boarding Establishments—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. During 1966, 4 licences were granted.

# Riding Establishments

The Act introduces a system for licensing riding establishments and makes it an offence to keep such an establishment without a licence. The Act is not a public health measure. It is designed to prevent suffering to horses. The premises and the horses therein are inspected regularly by a veterinary surgeon.

By the end of the year three such licences had been issued.

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:—

to prevent overcrowding;

to secure adequate facilities for the number of persons living in such a house; and

to secure a proper standard of management.

Informal action to improve conditions in this type of house continued during the year.

#### NOISE ABATEMENT

The ever-growing problem of noise has now been included in the list of statutory nuisances which may be dealt with by a local authority under the Public Health Act. The only question which remains to be decided is when a particular noise becomes a public health nuisance. In the early days of this legislation no guidance on this point was given, but the Committee on the Problem of Noise has now presented its final report to Parliament and, for the first time, some guidance is available on this vexed question.

The report recommends that, in arriving at such a decision, certain factors should be taken into consideration, and these are:—A basic level of noise depending on the age of the factory and type of area in which it is situated; the nature of the noise; the time of day or night at which the noise occurs; the type of district; and a factor for noises which are not constant.

Each of these factors is given a noise-level value and, by a simple calculation, it is possible to arrive at a noise-level figure below which complaints are not likely to be received from "an ordinary reasonable person." This, of course, is not a legal standard but is merely a recommendation for our guidance. During the year under review 45 complaints were received regarding noise. In no case did the noise exceed the figure arrived at by the method described above. In every case the normal background level of noise (mainly from traffic) exceeded the level of the noise complained of.

The Noise Abatement Act provides a strong defence in the case of noise caused in the course of a trade or business.

# SECTION VI INSPECTION AND SUPERVISION OF FOOD

# Food and Drugs Acts-Records, 1961-1966

	N	umber (	of	An	NALYTIC	AL REST	JLTS OF	SAMP	LES	p				
Year		ples tal										of lulterat	of	
rear	Formal	Informal	Total	Formal	Informal	Total	Formal	Informal	Total	Ratio (%) of samples adulterated	Number of Prosecutions			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)			
1961 1962 1963 1964 1965	8 2 0 0 9 5	328 277 177 261 271 228	336 279 177 261 280 233	6 2 0 0 8 5	298 253 164 221 226 206	304 255 164 221 234 211	2 0 0 0 1	30 24 13 40 45 22	32 24 13 40 46 22	9·52 8·60 7·34 15·32 16·4 9·4				

<sup>\*</sup>Certified by the Public Analyst as being adulterated or otherwise giving rise to irregularity.

# Number of samples taken for Bacteriological Examination—Year 1966

Nature of	Nı	Number of Samples and Specimens taken for bacteriological examination									
Samples and Specimens	First Quarter	Second Quarter	Third Quarter	Fourth Quarter	Total for the year						
Ice Cream Milk Other Foods Town's Water	62 16 0	10 71 6 0	12 48 6 0	59 18 1	22 240 46 1						
TOTALS	78	87	66	78	309						

#### DISTRIBUTION OF MILK

There are 199 registered distributors of milk in the Borough, but as dealers in milk are only required to be registered by an appropriate Authority in one district, the number of persons selling milk in Southport exceeds this number.

Holders of licences registered 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.

# Samples of Milk taken during the Year 1966

# For Bacteriological Examination

Class of Milk	Number of Samples	Appropriate Tests	Number of Sample		
CLASS OF WILK	Tested	Appropriate Tests	Passed	Failed	
Pasteurised	159	Phosphatase Methylene Blue	159 159	Ξ	
Sterilised	18	Turbidity	18	-	
Untreated	62	Methylene Blue	.62	1	
		Totals	398	1	

# For Biological Examination

Designation	No. of	Tests	Results
Designation	Samples	Tests Applied	. Po itive
Untreated	62	Ring Test for Br. Abortus	4
-		Guinea Pig Inoculation for Br. Abortus	9
		Guinea Pig Test for R. Burneti	4
		TOTALS	17

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 inspected 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 159 samples of milk submitted for chemical analysis, 16 were reported as not complying with the prescribed standard laid down in the Sale of Milk Regulations, 1939. These results show that  $6 \cdot 2\%$  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.

#### FOOD INSPECTION

# Carcases Inspected and Condemned during year 1966

Particulars	Cattle (exclg.) Cows	Cows	Calves	Sheep and Lambs	Pigs
Number of animals killed and inspected	4,192	36	48	6,014	13,530
RESULTS All diseases except tuberculosis and cysticerci:					
Number of whole carcases condemned	_	2	11	122	150
Number of carcases of which some part or organ was condemned	1,749	3	5	546	993
Tuberculosis only: Number of whole carcases condemned	-	_	_	_	_
Number of carcases of which some part or organ was condemned	-	_	-	_	4
Cysticercus Bovis	_	_	_	-	_

# Summary of Meat and Other Articles of Food which were found to be diseased or unwholesome during year 1966

							Cwts.	Qrs.	Lbs.
Beef, Veal, Mutt					 	 	 460	2	19
Fish					 	 	 5	-	3
Poultry, Game as	nd	Rabb	its		 	 	 _	1	8
Tinned Goods					 	 	 88		-
Fruit					 	 	 _	_	-
Miscellaneous					 	 	 3	1	4
			Т	otal	 	 	 557	1	6

Total ... 27 tons, 1 qtr. 23 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. As with many old buildings of this kind the upkeep cost is high.

In 1966, the total number of animals slaughtered was 23,820 against 23,919 in 1965.

#### FOOD HYGIENE

The Education of food handlers has been continued and the following table clearly indicates the support that has been received from the food trade.

# Attendances at Food Hygiene Classes

			Number At	tended 1966	Totals
	Trade		Elementary Course	Advanced Course	to Date
1	Bakers and Confectioners	 	 12	_	187
2	Butchers and Meat Producers	 	 _	1	66
3	Catering I	 	 11	2	444
4	Catering II		 11	1	257
5			_	_	26
6	Fruiterers and Greengrocers	 	 _	_	5
7	Food and Fruit Preserving	 	 25	3	518
8	Grocers	 	 _	-	176
9	Ice Cream and Dairymen	 	 _	_	40
10	Nurseries	 	 7	-	122
11	Others	 	 _	1	86
	Totals	 	 66	8	1,927

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 1,283 students (Elementary Course) who did so, 905 were successful.

Further successes were obtained in the Certificate Examination in Food Handling conducted by the Royal Institute of Public Health & Hygiene, when 5 candidates were successful. 88 candidates have taken this examination and of this number, 84 have been successful.

**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 eradicate these pests permanently 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.

**Complaints**—The majority of complaints received regarding the sale of unsound food were found to be due to bad stock rotation.

Grocers and confectioners should be particularly careful to ensure an efficient rotation of their stock.

With canned goods this ensures that the goods are sold rapidly and with less likelihood of the contents becoming unsound, resulting in blown tins.

Refrigerated cabinets should be capable of maintaining a temperature of O°F JUST BELOW THE LOAD LINE. Above this load line the temperature of the shop prevails. It is essential, therefore, to ensure that frozen foods are never stacked above the permitted level, and also the stock should be carefully rotated to ensure that the earliest deliveries are sold first.

It should be emphasised that quick frozen foods which have been subjected to a temperature rise should never be re-frozen and offered for sale. Insurance companies will give cover against this loss at a reasonable premium.

Made up meat products such as pies should be kept at a temperature of 45°F.—50°F. They should never be placed in an ice cream cabinet or a frozen food cabinet. Strict stock rotation is imperative with this class of goods because in warm, humid weather mould formation quickly takes place.

# Summary of Food Hygiene Inspections for year 1966

Inspections												
Hotels, Restaurants	and	Kitchens								1,622		
Bakehouses										197		
Butchers' Shops					)							
Confectioners' and	Groc	ers' Shop			Retail	Food	Shops			1,540		
Fried Fish Shops					1							
Fishmongers', Gree	ngro	cers' and	Poul	terers'	1							
Public Houses, etc.										328		
Miscellaneous										243		
			т	otal						3,930		

#### 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 effected 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.

Twenty-nine 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:—

		N	Tumber				
For the purpose of manufa	cture	and sale			 	 	20
For the purpose of sale					 	 	250
For the purpose of storage					 	 	1
			Тот	AL	 	 	271

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

Year					Per	centage of Samples found to be unsatisfactory
1961	 	 	 	 		20.00
1962	 	 	 	 		21.60
1963	 	 	 	 		22.50
1964	 	 	 	 		50.00
1965	 	 	 	 		37.00
1966	 	 	 	 		40.00

The figure of 40% of unsatisfactory samples is not a fair indication of the standard of ice cream on sale in the Borough. In recent years it has been found that the wrapped product manufactured by the large ice-cream firms invariably passes the test. Consequently, in 1966, the number of samples taken of this type was reduced, and more attention was paid to the "soft freeze" variety.

The problems presented by the recent increase in the use of the "Soft Freeze" machine are due mainly to the inadequate cleansing and sterilising of the working parts. The cleansing and sterilising procedure is both time consuming and of a technical nature and the persons operating these machines are very often not properly instructed.

Due to constant sampling and supervision of general cleansing and sterilising practices by Public Health Inspectors, the general standard has improved somewhat, but still leaves a great deal to be desired.

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.

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

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

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

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

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

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:—

# Ice Cream Samples—Results During Year 1966

	N		RESULTS OF SAMPLES TAKEN								
YEAR	No. of Samples	Num	BER SATISFAC	TORY	Number Unsatisfactory						
	Taken	Grade I	Grade II	Total	Grade III	Grade IV	Total				
1961	50	27	13	40	8	2	10				
1962	51	36	5	41	5	5	10				
1963	16	9	5	14	_	2	2				
1964	30	10	5	15	7	8	15				
1965	41	20	6	26	9	6	15				
1966	22	11	2	13	5	4	9				

# COUNTY BOROUGH OF SOUTHPORT



# ANNUAL REPORT

OF THE

# PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1966

Telephone No. Southport 5523.

Health Department,
2 Church Street, Southport.

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#### EDUCATION COMMITTEE AS AT THE

# 31st December, 1966

The Mayor, Alderman Mrs. B. Pogson, J.P.

Councillor T. R. Glover (Chairman).

Councillor Mrs. E. M. Monk (Vice-Chairman)

Alderman J. Campion

Alderman A. J. Hughes

Councillor C. I. Anderson

Councillor H. Bond

Councillor E. J. Downs

Councillor R. Hodkinson

Councillor W. Prescott

Councillor R. B. Tomlinson

Councillor E. White

Councillor F. J. Wilde

Councillor Mrs. G. P. Williamson, J.P.

Mr. G. F. Dixon

The Rev. E. Formby

Mr. J. Gavin

The Rev. D. S. Noel

Dr. D. G. Pritchard

The Rev. A. Thompson

# Representatives on Joint Health and Education Sub-Committee

Councillor T. R. Glover (Chairman).

Councillor Mrs. E. M. Monk (Vice-Chairman)

Alderman J. Campion

Councillor E. J. Downs

Councillor F. J. Wilde

Councillor Mrs. G. P. Williamson, J.P.

# SCHOOL HEALTH SERVICE SENIOR STAFF,

as at 31st December, 1966

#### Medical Staff

Principal School Medical Officer

Deputy Principal School Medical Officer

School Medical Officer

School Medical Officer

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

ANNA I. DAVISON, M.B. Ch.B., C.P.H.

MARGARET C. FELL, M.B., Ch.B., D.P.H., D.C.H.

T. J. DAILEY, M.B., Ch.B., D.P.H.

# Visiting Medical Staff—

Eye Clinic

Ear, Nose and Throat Clinic

Skin Clinic Child Guidance Clinic

, 11000 and 1 mout chine

## Dental Staff-

Principal Dental Officer

Dental Officer

Dental Officer Consultant Orthodontist

(part time)

C. S. L. Peiris, f.r.c.s.(e), D.O. (Eng.), M.B. (Cey).

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

A. ROBY JONES, M.D.

I. BERMAN, M.B., Ch.B., D.P.M.

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

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

J. B. Leech, L.D.S., R.C.S. (Eng.)

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

# Nursing Staff—

Superintendent Nursing Officer

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

#### Medical Auxiliaries-

Senior Physiotherapist

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

#### Child Guidance Staff-

Educational Psychologist

L. J. C. Monk, B.Sc., P.G. Cert. Ed. Dip.Ex.Ed.Psy.

# Principal School Medical Officer's Annual Report

FOR 1966

# TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE

It is my privilege and duty to present a report on the work of the School Health Service in 1966.

As will be seen by the figures on page 5, the number of children in attendance at our schools has increased in two years by almost one thousand. Changes of this kind inevitably bring increased pressure of work on existing staffs. During the year it has been evident that the available staff were having difficulty in coping with the volume of work and the situation was under review at the end of the year. The health of our children is of great importance to this country and the School Health Service needs to be as good as it can be made. There is a national shortage of certain categories of staff but this authority has so far been fortunate in not suffering crippling shortages of key personnel. It will be necessary, however, to encourage suitable young people in every way possible to train for the medical, dental, nursing, physiotherapeutic and other specialist occupations in the service if the present standards are to be maintained and the service is to be developed in ways made possible by the great progress in medical science in recent years.

I am of the opinion that young people should be taught more about how to safeguard and maintain good health. Though a good deal is done in this way in the schools by the teaching as well as by school health staffs it is not possible to cover the whole subject in a really satisfactory way nor to lay sufficient emphasis from time to time on matters of current interest. If Government intentions come to fruition it will not be very long before the school leaving age will be raised and this will provide an opportunity for some of the additional available teaching time to be devoted to the promotion of health and the prevention of disease. Young people welcome education in health matters and the opportunity to ask school doctors and nurses questions: they want facts but they also want to make their own deductions from true facts: they are prepared to accept guidance from an adult whom they acknowledge to have special training and in whom they have trust. There is, in the long term proposals of the Health Committee, a Health Education Section of the Health Department and when money is available to establish this it will be possible to give a much better service of this kind to the schools than is at present the case. Some particularly good health education has been done during the year by the dental staff, the details of which are in the body of the report.

On the environmental side of the work some progress has been made but it has to be realised that the local education authority can only provide modern buildings at the rate allowed by the Government: physical conditions in schools, such as adequate space, lighting, heating, sanitary accommodation, proper facilities for the teaching, the school health and other staffs, are all important to the health and well being of the child but cannot automatically be produced at once as we all wish: we have to make the best of available resources. The Education Committee's programme of modernisation, however, particularly of toilet accommodation, moves steadily forward. During the last five years the authority has spent £53,800 on projects of this kind at Birkdale County Primary School, Churchtown County Junior School, Linaker Street County Primary School, Norwood Road County Primary School, King George V Grammar School and Churchtown County Infants' School, this including one project, the last named, which is being dealt with in the current financial year. The Managers of Voluntary Schools have also

done much to resolve this problem. Within the last three years, projects costing nearly £18,000 have been carried out at Ainsdale R.C. School, Holy Family R.C. School, St. Philip's C.E. School and St. Teresa's R.C. School. A tender for a project at All Saints' C.E. School costing £4,429 has been accepted and will be carried out as soon as Government approval has been received. Two further projects now nearing the building stage are at St. Simon & St. Jude's and Ainsdale C.E. Schools. This amounts to a very substantial programme, carried out at a difficult period, and it will virtually eliminate external toilet blocks and certain other unsatisfactory features.

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

G. N. M. WISHART,

Principal School Medical Officer.

## SCHOOL HEALTH SERVICE

A large part of the duties of the school health staff is aimed at helping each child to make the best of his opportunities at school, and of necessity much work of this kind, such as patient and accurate testing of eyesight and hearing, is unexciting: yet on the early detection of defects of this and other kinds may depend whether the child is able to make a success of his school and later life. The general public as a whole is now much more knowledgeable about such things, and parents are insisting that the health service provided by the Local Education Authority should be of a high standard. This is evident by the parents' attendance at medical inspections and by the questions they ask.

The school health service is largely an advisory and preventive medical one. When treatment other than of a minor kind is necessary, this is usually arranged through the family doctor or hospital services: there are excellent liaison arrangements between these three services. In the case of behavioural and emotional problems, the school doctor, because of his easy access to the child's teacher, may be in a particularly favourable position to help.

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

		Year 1964	Year 1965	Year 1966
Primary School Secondary Schools	 	 6,088 3,977	6,435 3,983	6,814 4,150
		10,065	10,418	10,964

#### ROUTINE MEDICAL INSPECTIONS

As usual all schools were visited during the year and 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.

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

818
713
744
524
2799

The Nursery School at Crossens and the Hospital Special School in Hawkshead Street were visited each term.

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

PRIMARY SCHOOL	OLS-							
Entrants						 	 	78.73%
Leavers						 	 	58.48%
SECONDARY SCI	HOOLS-							
Leavers						 	 	13.04%
ADDITIONAL M	EDICAL	INSPEC	TIONS	(All Sc	hools)	 	 	46.37%

# Defects found at Routine Medical Inspections.

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

	Primary	Schools	Secondary	Additional Inspections (all schools)	Totals
	Entrants	Leavers			
Number of children examined	818	713	744	524	2799
Number of children requiring treatment	111	102	46	59	318
Percentage requiring treatment	13.57	14.3	6.18	11.26	11.36

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. 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 9,971 and of these 86 were referred for further examination, together with 1,079 from last year's medical inspection.

#### CLINICS

Nurses Treatment Clinics—These clinics are open every week day and arrangements for treatment ensure that every effort is made to reduce waiting time and time lost from school.

During the year, 5,546 attendances were made by children—4,540 at 2 Church Street Clinic and 1,006 at Lincoln House Clinic.

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 1,188, and these children made 1,582 attendances. 15 cases were referred to the Southport Infirmary for further investigation, 11 to the Promenade Hospital, 1 to Royal Southern Hospital and 1 to Dept. of Deaf in Manchester University.

33 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, 799 attendances were made at this clinic. 164 new cases were examined and 351 children attended for observation of progress from previous years. 295 children had spectacles prescribed for them and 19 children were referred to the Southport Infirmary for operative treatment.

Ear, Nose and Throat Clinic—In 1966, 418 attendances were made at this clinic. 344 new cases were examined and 47 children attended for observation of progress from previous years. 194 cases were admitted to the Promenade Hospital for the removal of tonsils and/or adenoids, 2 for mastoidectomy and 109 for other forms of treatment.

Children who may have any loss of hearing are referred to the School for The Partially Hearing, Birkdale, or to the University Department for the Deaf in Manchester, for special examination.

Audiometric sweep testing of 5-year olds was carried out in all primary schools by the school nurses. Children who failed the test were invited to attend the school clinic for re-testing by one of the school medical officers. Some of these children were referred to the Ear, Nose and Throat Specialist. Further audiometric testing was carried out after treatment to make sure that the hearing had improved. 1,288 children were tested in school. In addition, 66 children were referred to a school medical officer for further testing. 29 children were kept under observation and 37 were found to require treatment. The majority of these children were referred to the Ear, Nose and Throat Specialist and were treated by him.

**Skin Clinic**—During the year, 428 attendances were made. 101 new cases were examined and 34 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.

203 children made 1,114 attendances during the year. Of these 191 were discharged cured and 19 were still being treated at the end of the year. Verrucae formed the greater part of the defects treated, and each child attended the Chiropodist approximately five times before being discharged.

**Enuresis Alarms**—During the year 28 of these alarms were supplied to school children at the request of the school medical officers and general practitioners.

The majority of these children were cured or showed great improvement after using this apparatus.

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.

69 school children were treated at 2 Church Street and made 864 attendances. 23 children were treated at Lincoln House and made 606 attendances.

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

224 children made 4,502 attendances during the year, at 2 Church Street and 106 children made 1,059 attendances at Lincoln House.

11 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.

**Speech Therapy**—Treatment for defective speech was given at the North West School of Speech and Drama, and 118 sessions were held during the year.

No. recommended by the school medical officers for tre	atment in	1966	32
No. of new cases admitted to regular classes in 1966			25
No. of children discharged as cured			30

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

(a)	Slow and abr	norma	speed	h devel	opment	 	 	48
(b)	Stammering					 	 	10
(c)	Lisp					 	 	8
(d)	Cleft palate					 	 	1
(e)	Dyslalia					 	 	2

During the year 872 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

This service has not been fully staffed throughout the year. Mr. Nuttall our Educational Psychologist left to return to teaching duties and Mr. Monk took over his work here. Mrs. Crouchman our Social Worker who gave part of her time to the clinic also left the department. Staff with the special skills necessary for this type of occupation are few and far between. Nevertheless good work has been done and has been aided by an increase in the amount of time which the Remedial Teacher, Mrs. H. J. Smith, has been able to devote to her duties: she now has six sessions each week instead of the three formerly available.

The statistical record is shown in the table at the end of the report.

#### 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.

23 children with the following handicaps were receiving education in the school at the end of the year:—

Sex	Age (years)	Handicap				
Boy	5	Right sided hemeplegia				
,,	5 5	Perthès Disease				
,,	5	Spina Bifida				
,,	6 7	Spastic Paralysis				
,,	7	Rudimentary Arms: Congenital Defect				
,,	7	Muscular Dystrophy				
>>	7	Spastic Paralysis				
,,	7	Muscular Dystrophy				
>>	8	Cerebral Tumur				
>>	8 8 9	Congenital Heart Disease				
>>	9	Muscular Dystrophy				
,,	9	Congenital Deformity of Urethra				
33	10	Spastic Diplegia				
23	11	Spastic Paralysis and Educationally Sub- Normal				
,,	14	Sclero-derma				
Girl	6	Spastic Paralysis				
22	8	Mid-Thoracic Scoliosis				
"	9	Arthro-Gryphosis Multiplex Congenita				
"	10	Asthma				
2)	10	Spina Bifida				
"	11	Bi-lateral Congenital Talipes				

In addition to the above defects, two children were admitted on a temporary basis for correction of speech difficulties.

Four of the above children were residential pupils or weekly boarders, the remainder being day pupils.

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

Deaf and Partially Hearing Children—Two partially hearing children are in residential schools. Nine 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. 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 nine 'Opportunity' Classes continued to do very good work during the year. In the present circumstances these classes admit children who are educationally subnormal 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 School—During the year, no 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, and there is an adequate exchange of information regarding contacts of this disease.

Notifications—During 1966, no school children were found to be suffering from pulmonary tuberculosis.

**B.C.G.** Vaccination—This was the twelfth 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 3.7% as against 3.0% 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
1962	81.1	1,110	17.4	79.8	2.8	872
1963	76.8	872	12.5	82.6	4.9	716
1964	85.5	887	12.9	83.2	3.9	728
1965	83.3	882	14.0	82.3	3.7	710
1966	88.5	958	12.7	77.7	9.6	739

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 eleventh 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 five 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
1962	717	8	1.1
1963	831	8	1.0
1964	832	3	0.4
1965	819	9	1.1
1966	718	7	1.0

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

#### INFECTIOUS DISEASES

Notifications were as follow, with figures for 1965 for comparison:-

	1965	1966
Measles	243	226
Rubella	73	125
Scarlet Fever	41	35
Chicken Pox	113	323
Diphtheria	Nil	Nil
Whooping Cough	17	3
Tuberculosis	Nil	2

## MISCELLANEOUS SCHOOL MEDICAL WORK

Examination of school children for	fitness to take part in public
entertainment	9
Examination of school children for pa	rt-time employment 55
No. of children seen at 'follow-up' visi	s to schools by School Nurses 228
Miscellaneous home visits by School	Jurses 769

#### HEALTH EDUCATION IN SCHOOL

Regular mothercraft classes were held at all the secondary modern schools at which girls attend, viz., Meols Cop, Christ the King, 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 the knowledge gained will be useful to them in later life.

#### SCHOOL MEALS

During the year, 1,367,890 meals were given to Southport school children. About 8% of these meals were supplied free. On an average, 74% of the school children have dinner in school.

#### SCHOOL DENTAL SERVICE

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

During the year the children in all schools have been inspected and where necessary offered treatment, and in addition six schools have been re-inspected thus maintaining a period of less than one year between inspection and re-inspection in some cases.

At the beginning of the year a revised scheme of documentation was introduced for the dental service for expectant and nursing mothers and children under five years of age—this is substantially the same as the return introduced the previous year for the school dental service. It was revised with the object of integrating the main treatment statistics of the Local Authority Dental Service with those provided by the Dental Estimates Board so that an overall national picture of the treatment given to children may become available.

A continued effort is being made to stress the simple rules for reasonable dental health—a large and varied supply of literature and pamphlets is always available in the waiting room; suitable ones are included with birthday cards sent to children attending welfare centres and the scheme continues whereby the parent of each new entrant to school receives a letter and pamphlets on dental health. During the year films on oral hygiene have been shown to sixteen schools and arrangements are in hand for more films to be shown in 1967.

In May an offer was made by the Fruit Producers' Association in conjunction with the General Dental Council whereby talks on oral hygiene in junior and infant schools would be given by Pierre the Clown. It was decided to accept this offer and in November Pierre spent a week in Southport during which time all the junior and infant schools were visited. He talked to them about brushing their teeth and of the value of apples after meals to clean away food debris. At the end of the talk each child received an apple; his visit being received by the children at each school with great enthusiasm. Hopes were expressed that the Fruit Producers' Association will see their way to sponsoring further visits of Pierre the Clown, so that his message may be given to newcomers and renewed by those who had seen him previously.

In conclusion it is encouraging to note that the number of pupils found to require treatment is slightly less than the previous year, and at 48.2% is in fact the lowest recorded for many years.

CLINICS AS AT THE 31St DECEMBER, 1966

DAY		2 CHURCH STREET	46 HOGHTON STREET	LINCOLN HOUSE
MONDAY	a.m.	*Ear, Nose and Throat Clinic (formightly) Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Dental Clinic Artificial Sunlight Clinic Remedial Exercises Clinic
MONDAY	p.m.	Doctors' Minor Ailment Clinic Nurses' Dressings Clinic Dental Clinic	-	Nurses' Dressings Clinic Dental Clinic
TUESDAY	a.m.	*Bye Clinic Nurses' Dressings Clinic Dental Clinic	*Remedial Exercises Clinic	Nurses' Dressings Clinic Dental Clinic
TUESDAY	p.m.	Nurses' Dressings Clinic Dental Clinic	1	Nurses' Dressings Clinic Dental Clinic
WEDNESDAY	a.m.	Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Dental Clinic  Artificial Sunlight Clinic  Remedial Exercises Clinic
WEDNESDAY	p.m.	*Orthopsedic (monthly) Nurses* Dressings Clinic *Orthodontic Clinic (fortnightly) Dental Clinic	1	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.	Chiropody Clinic Nurses' Dressings Clinic Dental Clinic	*Artificial Sunlight Clinic *Remedial Exercises Clinic	Dental Clinic *Artificial Sunlight Clinic *Remedial Exercises Clinic
FRIDAY	p.m.	Immunisation Clinic (fortnightly) Nurses' Dressings Clinic Dental Clinic		Nurses' Dressings Clinic Dental Clinic
SATURDAY	a.m.	*Orthodontic Clinic		

. By Appointment Only.

#### **YEAR 1966**

Statistics of Medical Inspection of Pupils attending Maintained Primary, and Secondary Schools, the Nursery School and the Hospital Special School.

PART I
PERIODIC MEDICAL INSPECTIONS
Physical Condition of Pupils Inspected

Age Groups Inspected (by year of birth) (1)	No. of pupils Inspected (2)	Satisfactory (3)	Unsatisfactory (4)
1962 and later	109	109	_
1961	336	336	_
1960	448	447	1
1959	69	69	_
1958	66	66	_
1957	60 54	60 54	_
1956	54	54	_
1955	511	511	_
1954	270	270	_
1953	52	51	1
1952	550	548	2
1951 and earlier	274	274	_
TOTAL	2799	2795	4

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)
1962 and later	1	6	7
1961	4	27 71 9 12	31
1960	7	71	77
1959	1	9	9
1958	_	12	12
1957	3	6	6
1956	_	10	10
1955	15	57	72
1954	6	57 31	36
1953	4	6	10
1952	.4	33	35
1951 and earlier	4	10	14
TOTAL	49	278	319

#### OTHER INSPECTIONS

Number of Special Inspections Number of re-inspections	 	 	 		::: _	873 1874
				Тот	AL	2747

# PART I (cont.) INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons
Total number of individual pupils found to be infested
Number of individual pupils in respect of whom cleansing notices were issued
(Section 54(2), Education Act, 1944)None
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 I	Disease	6	Entrants	Senior Leavers	Others	TOTAL
Skin		T	5	6 3	7 6	18 9
Eyes—Vision		Т	11	7	28	46
Squint		O	1 3 5	4	7 3	12
Other		T	-	4	11 2	6 5 15 2
		T	13 7 4 3 2 4	2	13	28 10
		T	3	1 2	3 3 2	10 8 5 4
Other		T	4		=	4
Nose and Throat		T	24 17	3 5	11 10	38 32
Speech		т	4 24	=	5 5	9 29
Lumphatia Clauda		T	1		,	2
Lymphatic Glands		T	7	2	-	9
Heart		T	15	3 2	7 7	10 24
Lungs		т	5 6	_1	6 7	12 13
Developmental—Hernia .		т	-	_	-	-
Other .		O	1 8 23	1 1	2 5 16	3 14 40
Orthopaedic—Posture .		Т	7 3	7 6	36 13	50 22 41
Feet .		T	14 12	3	24 10	41
Other .		T	9 12	6 3 3 3 5	11 11	25 23 28
Nervous System—Epileps	v	Т	_		_	_
Other .		0	=	=	=	_
Juli 1		T	3	-	3	6
Psychological—Developme		Т	1	1	-2	2
Stability .		T	1	1	2 2 1	2 3 2 3
Abdomen		T	3 4	-3	1	4 7
Other		T	5 19	7 6	12 16	24 41

# PART II (cont.)

# (b) At Special Inspections

	D	efects	or Dise	ases		Pupils requiring Treatment	Pupils requiring Observation
Skin						 101	1
Eyes-Vision						 9	_
Squint						 1	-
Other	***					 29	1
Ears—Hearing						 57	65
Otitis M	edia					 6	3
Other						 25	3
Nose and Thro	at					 41	24
Speech						10	_
		***				 10	
Lymphatic Gla	nds					 _	1
Heart						 1	1
Lungs						 6	5
Developmental						CONTRACTOR OF THE PARTY OF THE	
Hernia						_	_
Other						 2	3
Orthopaedic-							
Posture						 12	1
Feet			•••		***	 19	4
Other	•••					 89	13
Nervous Syster	n						
Epilepsy						 _	1
Other						 _	_
Donah alaminat							
Psychological— Develop	ment					11	
Stability						 7	4
Abdomen						 22	6
Other						 109	26
			Т	OTAL		 557	162

# 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 sq Errors of refraction (including squint)			53 506
200		Total	559
Number of pupils for whom spectacles were prescribed	 		295

# DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

				Number of cases known to have been dealt with
Received operative treatment—				
for diseases of the ear	 		 	60
for adenoids and chronic tonsillitis	 		 ***	194
for other nose and throat conditions	 		 	51
Received other forms of treatment	 		 	427
			Total	732
Number of pupils in schools who are known provided with hearing aids—	o have	been		
in 1966 (2 supplied for E.S.N. Children)	 •••		 	5
in previous years			 	14

# ORTHOPAEDIC AND POSTURAL DEFECTS

					Number of cases known to have been treated
Pupils treated at clinics or out-patient	ts depar	tmen	ts—		
Specialist Clinics				 	11
By Local Authority Medical Staff				 	129
Pupils treated at school for postural	defects			 	_
				Total	140

# PART III (cont.)

# DISEASES OF THE SKIN

(excluding uncleanliness, for which see Part I)

									Number of cases known to have been treated
Ringworm-	_	Scalp	 	 					_
		Body	 	 	***	***	***		_
Scabies			 	 		***		***	4 3
Impetigo			 	 					3
Other skin	disea	ises	 	 					441
								Total	448

#### CHILD GUIDANCE SERVICE

		•			Number of cases known to have been treated
Pupils treated at Child Guidance Clin	nic:—				
Maintained school children		 	 		45
Pre-school children		 	 		2
Private school children		 	 		3
Lancashire County school children		 	 		1
				Total	51

(For further details see Table VI)

# SPEECH THERAPY

				Number of cases known to have been treated
Pupils treated by speech therapists	 	 	 	69

# OTHER TREATMENT GIVEN

									Number of ca known to ha been dealt w
Pupils with minor ai Pupils who received	lments	 scent t	reatme	 nt und	der Scho	ool He	alth S	ervice	564
arrangements									_
Pupils who received	B.C.G.	vacci	nation						739 92
Artificial Sunlight									92
Remedial Exercises									330
No. of 5 year old ent									718
								Total	2443

# PART IV SCHOOL DENTAL SERVICE

	Health Depart- ment	Lincoln House	TOTAL
Inspections			
(a) Number of pupils having a first inspection during		2450	10412
(b) Number of those pupils found to require treatment	6963	3450 2082	10413 5023
	2645	1543	4188
(d) Number of those pupils found to require treatment	1404	618	2022
Number of individual pupils treated (i.e. first visits for	or		
treatment)	1821	975	2796
Number of attendances made by pupils for treatment or advice	e 4722	3604	8326
Half days devoted to:-			
(a) Visits to schools (Inspections and Health Education)	200 (0.00)	36	115 1104
(b) Treatment (including 63 Orthodontic Sessions)	707	397	1104
	2795	1082	3877
(b) Temporary Teeth	1104	1245	2349
Total no. of fillings	3899	2327	6226
Number of Teeth filled—(a) Permanent Teeth	2436	980	3416
(1) Tr	1020	1100	2120
Total no. of teeth filled	3456	2080	5536
			500
(h) Tomassau Tooth	403	325 430	728 1474
(b) Temporary Teeth	1044	430	14/4
Total no. of extractions	1447	755	2202
General Anaesthetic administered by Dental Officers	370	177	547
Orthodontics:			
(a) New Cases commenced	44	19	63
(c) Cases discontinued	35	10	45 5
(d) Total attendances	689	168	857
Prosthetics—Number of dentures supplied	8	1	9
Other Operations (including X-rays, Prophylaxis, Teeth other wise conserved, Root treatment, Inlays, Crowns, Dressing			
	gs, 815	1051	1866

# TABLE V

# AVERAGE HEIGHTS AND WEIGHTS

The table below shows the heights and weights of children in 1966.

	Age last Birthday									19	66	
Age last Birthday							Height ft. ins.		Weight st. lbs.			
Age 5 year	ars											
Boys									3	7½ 7½	3	2 03
Girls									3	71	3	03
Age 10 y	ears											
Boys									4	7	5	6½ 8
Girls									4	7	5	8
Age 14 ye	ears											
Boys									5	31	8	11
Girls									5	3½ 2¼	8	$\frac{1\frac{1}{2}}{1\frac{1}{2}}$
Age 15 ye	ears											
Boys									5	7 3½	9	04
Girls									5	31	9	11

# TABLE VI

# CHILD GUIDANCE SERVICE

	sot	JTHPOR	Т	LANCA		
	School C	hildren	Pre-	Cabaal	Pre-	Тота
	Maintained Schools	Private Schools	School Children	School Children	School Children	
Number of new children re- ferred	27	_	3	1		31
Number of children referred by:— Family Doctors	9	_	3	_	_	12
School Medical Officers	7	_	_	_=	_	7
Juvenile Court & Probation Officers	-	_	_	_		_
Consultant Medical (in- cluding Hospital Staff)	1	_	_	1	-	2
Children's Officer	_	_	_	_		_
Chief Education Officer	_	_	_	_	-	-
Miscellaneous	10	-	_	_	_	10
Total	27	_	3	1		31
Number of individual child- ren seen during year	45	3	2	1	_	51
Number of attendances made by:— Children	218	9	7	2		236
Parents	135	7	10	6	_	158
TOTAL	353	16	17	8	_	394
Number of children on wait- ing list at commencement of year	20	1	2	4	_	27
Number of children on wait- ing list at end of year	12	_	_	1	_	13

Number of sessions conducted by Consultant Child Psychiatrist ... ... 44

S	Southport	Land County			
School C	hildren	Des		D	
Maintained Schools	Private Schools	Pre- School Children	School Children	Pre- School Children	
17	-	1	2	_	20

Number of home visits by Psychiatric Social Worker

TABLE VII
HANDICAPPED PUPILS

Towns	STATE OF		-	7	1	17	1	13	70	21	9	137	272
SCHOOL UNPLACED IE YEAR		Refusal by Parents	1	1	1	1	1	1	1	1	1	1	1
REQUIRING SPECIAL SCHOOL ACCOMMODATION BUT UNPLACED AT THE END OF THE YEAR		Special School	1	2	1	1	1	1	3	1	3	1	8
ACCOMMO AT TH		Day Class or School	1	1	1	-	1	1	28†	1	1	1	28
ROVIDED	Schools	Residential School	1		1	2	1	1	11	1	2	7	22
TYPE OF EDUCATION PROVIDED	Special Schools	Day Class or School			1	6	1	1	27	1	1	16	52
TYPE OF		Ordinary School	1	5	1	9	1	13	1	21	1	114	162
	No. on the	31st Dec., 1966	1	7	1	17	1	13	70	21	9	137	272
RTAINED	No.	drawn in 1966	1	2	-	2	1	3	13	8	ı	15	44
NUMBER ASCERTAINED	No added	during the year, 1966	-	2	1	4	1	3	16	9	2	61	52
	No. on the	the 1st Jan., 1966	1	7	1	15	1	13	67	23	4	133	264
Carecount	CALEGORI		BLIND	PARTIALLY SIGHTED	DEAF	PARTIALLY HEARING	DELICATE	DIABETIC	EDUCATIONALLY SUB-NORMAL	EPILEPTIC	Maladjusted	PHYSICALLY HANDICAPPED	TOTALS

† 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 SCHOOL CHILDREN

	KINI	OF SC	HOOL	TOT	ALS
	Local Authority Schools	Private Schools	St. Thomas More Approved School	No.	%
Number of consent forms issued to parents	999	137	61	1197	_
Number of parental consents received	882	116	61	1059	88 · 5
Number of definite refusals	83	11	_	94	7.8
Number of parents who did not reply	34	10	-	44	3.7
Total	999	137	61	1197	100
Number of Children tested	790	110	58	958	90.5
Number of children with consent forms but not tested	92	6	3	101	9.5
TOTAL	882	116	61	1059	100
Number of children tested and found to be:  Positive reactors Negative reactors	81 622	15 93	26 29	122 744	12·7 77·7
Number not read	87	2	3	92	9.6
Total	790	110	58	958	100
Number of negative reactors vaccinated	617	93	29	739	

# TABLE IX

# TUBERCULIN SKIN TESTING OF SCHOOL ENTRANTS

Number of children already tested					 	19
Number of 'no replies'					 	125
Number of definite refusals					 	65
Number of consents received					 	830
Total Number of eligible children					 	1039
Number of children tested					 	718
Number of children absent from th	e test				 	112
Total Number of children for whor	n cons	ents we	re rece	eived	 	830
Number of children tested and four	nd to b	e:				
(a) positive					 	7
(b) positive from previous B.O	C.G. va	accinati	on		 	24
(c) negative					 	668
(d) absent from reading					 	19
Total Number of children tested					 	718
Number of children referred to the	Chest	Clinic			 	7
Number of contacts found to have	active	disease			 	NIL



