[Report 1925] / Medical Officer of Health, St Helens County Borough.

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COUNTY BOROUGH OF ST. HELENS.

Annual Report

OF THE

Medical Officer of Health,

FOR THE YEAR, 1925.

FRANK HAUXWELL, M.B. Ch.B., D.P.H.
Medical Officer of Health,
and School Medical Officer.

St. Helens:
Wood, Westworth & Co., Ltd., Printers and Stationers,
Hardshaw Street.

1926.

TO THE MAYOR, ALDERMEN AND COUNCILLORS
OF THE COUNTY BOROUGH OF ST. HELENS.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit the 53rd Annual Report on the health of the Borough for the year ended the 31st December, 1925.

As requested by the Ministry of Health, the report for 1925 is in the form of a "Survey" of the work and progress during the five years ended on the 31st December of that year and, therefore, contains more detailed information than has been given in the four preceding reports.

That considerable improvement in the public health has been made in the last 25 years is seen by comparing the chief mortality rates for the five-yearly period 1921-25 with the corresponding rates for 1901-05. That this progress is being maintained is seen by comparing the rates for 1925 with the averages for the years 1921-25, when it will be noticed that, with the exception of the Zymotic death rate, the rates for 1925 are all below the average of the five-yearly period.

	Average for Quinquennial period.		Year.
	1901-05	1921-25	1925
Death rate per 1,000 of population...	19·0	12·3	12·0
Infant mortality per 1,000 births.....	138	102	100
Tuberculosis Death rate per 10,000 of population	20·4	11·7	11·1
Zymotic Death rate per 1,000 of population	2·54	0·73	0·85

Included in the report this year, I have thought well to add figures showing the expenditure on the various health services. When considered in proportion to the total rate, the amount spent on health cannot be regarded as extravagant. It must be remembered, however, that other items not directly chargeable to the health services (e.g., housing, baths, parks, roads, etc.) have

important effects on health and must not be neglected if the progress already made is to continue.

For the general work of the department, I would refer to the various sections of the report.

I take this opportunity of thanking members of the Council for the kindness and consideration shown to me in the conduct of my work, and I have to record my hearty appreciation of the loyal and willing co-operation of all members of my staff.

I have the honour to be,

Your obedient Servant,

FRANK HAUXWELL.

August, 1926.

GENERAL STATISTICS.

Area (Acres)	7284
Population (Census, 1921)	102640
Estimated Population mid-year 1925	109600
*Number of structurally separate sets of premises intended or used for habitation	18516
*Number of families or separate occupiers	19688
Rateable Value (year ending 31st March, 1926) ...	£447832
Sum represented by a penny rate	£1650

* From Census, 1921.

A structurally separate set of premises may be defined as any room, or set of rooms, having separate access either to the street or to a common landing or staircase. The figure furnished includes a small number of premises, which, for one reason or another were vacant on census night.

The Net Cost on the Rates of the various Health Services in St. Helens during the year ending 31st March, 1926, was as follows :—

	Pence per £.
Isolation Hospital	3·723
Tuberculosis	2·440
Maternity and Child Welfare	2·763
Venereal Diseases	·120
Blind Persons	·197
Food and Drugs Acts	·067
Slaughterhouse and Cold Stores	·446
Contagious Diseases of Animals	·044
General Sanitary and Administrative Charges	3·896
Sewage Disposal.....	3·004
Collection and Disposal of Refuse	10·659
Public Conveniences	·276
Total Health Services.....	**27·635d.**

Total Rate ..... 16/- (192 pence) per £.

STAFF.

Medical Officer of Health, Administrative Tuberculosis Officer, Medical Superintendent Corporation Hospitals, and School Medical Officer :

*Frank Hauxwell, M.B., Ch.B. (Glasgow), D.P.H. (Camb).

Deputy Medical Officer of Health :

*W. Howard Blackburn, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H. (Camb).

Assistant Medical Officers of Health :

*J. A. Fraser, M.B., Ch.B. (Edinburgh), D.P.H. (Edinburgh).
*Eileen Dowling, M.B., Ch.B. (Liverpool), L.M. (Rotunda).

Dental Surgeons :

*R. M. Timperley, L.D.S.
*W. A. Linnell, L.D.S. (to 31st August, 1925).
*A. Lee, L.D.S. (from 1st September, 1925).

Sanitary Inspectors, etc. :

*W. J. Milligan (1).....Chief Sanitary Inspector.
H. Brown (1), (4), (5), (6), (8).....Sanitary Inspector.
H. Lowe (4), (6)..... do.
J. Skeath (4) ..... do.
T. Blashill (1), (5).....Superintendent of Public Abattoir.

Matron of Corporation Hospitals :

*Edith Carder.

*Health Visitors, School Nurses and Tuberculosis Nurses :

Ethel Denman,	(1),(2),(3),(7)	Emily Corrish,	(2),(3)
Grace Healey,	(2),(3),(7)	Mary H. Masterson,	(3),(7)
Florence Faber	(3),(7)	Anne Phillips,	(3),(7)
Mary Riding	(3),(7)	Daisy C. Cruickshank,	(3),(7)
Winifred Cowan	(2),(3),(7)	Nora Hogan,	(3),(7)
Florence Wilkinson,	(7)	Selina Hacking,	(3),(7)
Amy Coates,	(2),(3),(7)	Mary Corish	(3),(7)
Louisa Austin,	(3),(7)	May Belsher	(3),(7)
May Dyer,	(3),(7)	Grace Sumner	(7)

*School Dental Nurses :

Ethel M. K. Elliot	(7)	Dorothy Davies,	(9)

(1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
(2) Health Visitor's Certificate of the Royal Sanitary Institute.
(3) Certificate of the Central Midwives Board.
(4) Sanitary Inspector's Certificate of the Liverpool University.
(5) Certificate for Meat Inspection of the Royal Sanitary Institute.
(6) Certificate for Meat Inspection of Liverpool University.
(7) A trained Nurse.
(8) Certificate for Building Construction, first stage.
(9) Certificate for Health Visitor and School Nurse. Sanitary Training College.

The following are part time officers :

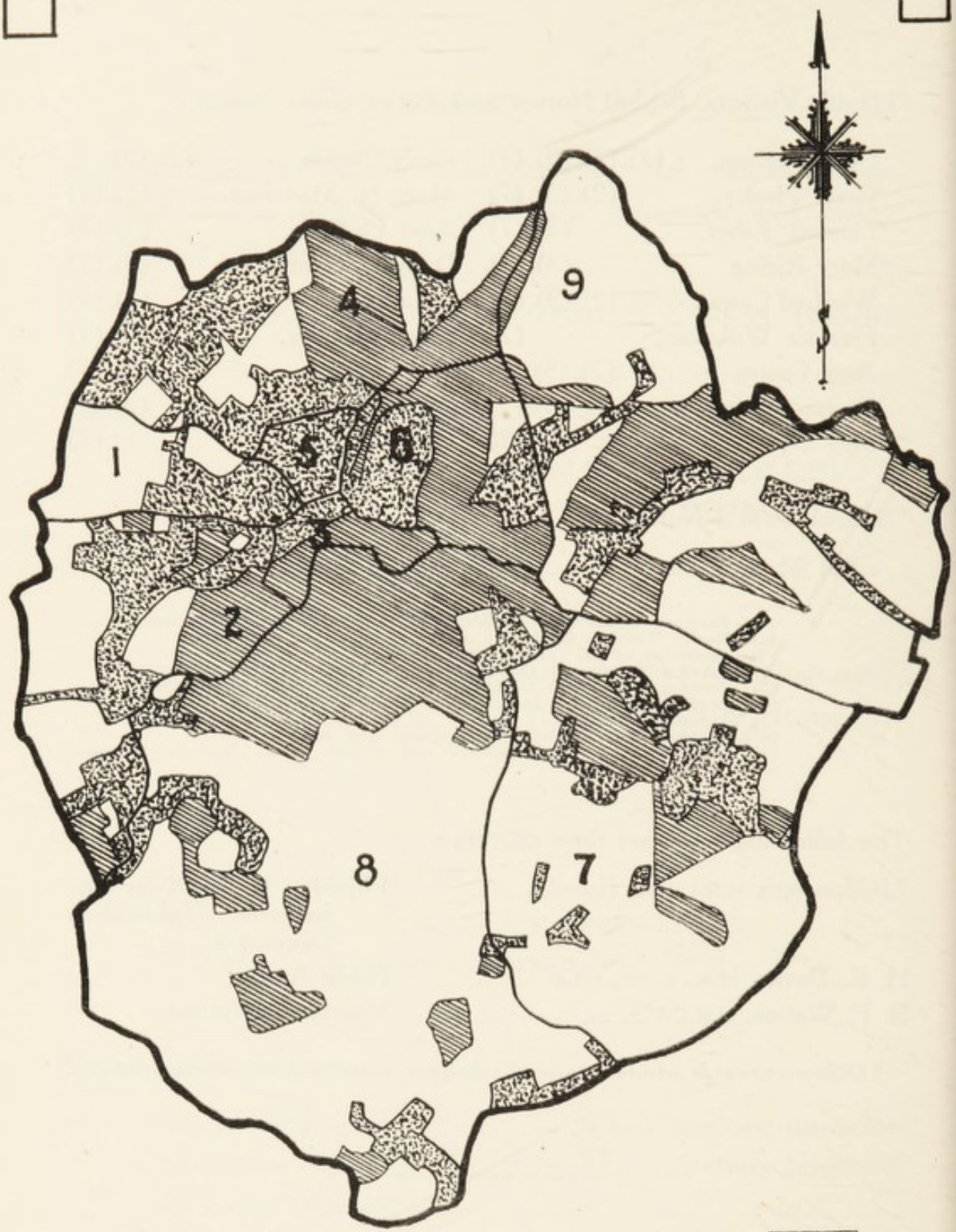
*J. Unsworth, M.B., B.S., (Lond.)	Physician to the X-ray Department, Tuberculosis Dispensary.
H. E. Davies, M.A., B.Sc., F.I.C.	Public Analyst.
R. F. Watson, M.R.C.V.S.	Veterinary Inspector.

* Officers towards whose salaries Exchequer contributions are received.

1.—NATURAL AND SOCIAL CONDITIONS OF THE AREA.

PHYSICAL FEATURES AND GENERAL CHARACTER.

St. Helens is situated in the South-west of Lancashire about 10 miles east of Liverpool and 20 miles west of Manchester.



HOUSING AREAS
WORKS AREAS
AGRICULTURAL AREAS

WARDS

1. NORTH ECCLESTON.
2. SOUTH ECCLESTON.
3. CENTRAL.
4. NORTH WINDLE.
5. SOUTH WINDLE.
6. HARDSHAW.
7. EAST SUTTON.
8. WEST SUTTON.
9. PARR.

The coast is nearest at Seaforth, a town at the mouth of the Mersey, 11 miles west of the Borough.

The line of the borough boundary is roughly the circumference of a circle with the centre at Peasley Cross and a diameter of approximately 4 miles. On the north east are the Urban Districts of Ashton-in-Makerfield and Haydock, and on the east the Rural District of Warrington. On the remainder of the circumference the boundary touches on the Whiston Rural District.

Converging in the Borough are three streams, the Rainford Brook from the north, the Windle Brook from the north-west and the Sutton Brook from the south-west. The two latter join near the centre of the town, and from their junction flow in an easterly direction under the name of the Sankey Brook to be joined just before leaving the Borough by the Rainford Brook. The general level of the land in these valleys is about 70 feet above sea level and from the brooks it rises in gentle slopes, the highest point being on the west 260 feet above sea level. Between St. Helens and the coast the land generally is low lying and is used for agriculture.

Geologically the soil consists of clay overlying coal measures, but on the west a tongue of red sandstone intrudes.

The area of the Borough is 7,284 acres and it is estimated that approximately $\frac{1}{4}$ of this area is occupied by factories and other industrial works, and $\frac{1}{4}$ by housing ; the remainder is mainly agricultural land and parks. The distribution of these areas is shown in Table 1. As a whole the Borough is remarkable for the large number and extent of open spaces, but there are several congested areas (mainly in the Greenbank and Peasley Cross districts) which require opening out and replanning.

The district is well supplied with public parks and recreation grounds—both public and private. The Corporation maintain 8 parks and recreation grounds covering approximately 169 acres.

SOCIAL CONDITIONS.—The chief industries of the town are coal mining and glass making. The chemical industry which in past years supported several large works has almost disappeared.

The principal occupations of the inhabitants as ascertained at the last Census (1921) were as follows :—

	Male.	Female.
Total population	52628	50012
Population, age 12 years and over	39005	36664
Total occupied, age 12 years and over	34640	8846
Occupations :		
Mining and Quarrying	10594	204
Makers of Glass and Glass-ware	5293	805
Metal workers	2617	58
Electrical apparatus makers and fitters and electricians	526	152
Textile workers and makers of textile goods, and articles of dress	442	784
Workers in wood and furniture	1045	46
Makers of, or workers in paper, skins or leather	108	74
Builders, bricklayers, stone and slate workers	1041	10
Painters and decorators	298	1
Persons employed on transport and communications	1998	166
Commercial, Finance and Insurance	1661	1420
Clerks and draughtsmen	1027	709
Persons engaged in personal service	445	2185
Professional occupations	568	888
Persons engaged in Public Administration and defence	490	80

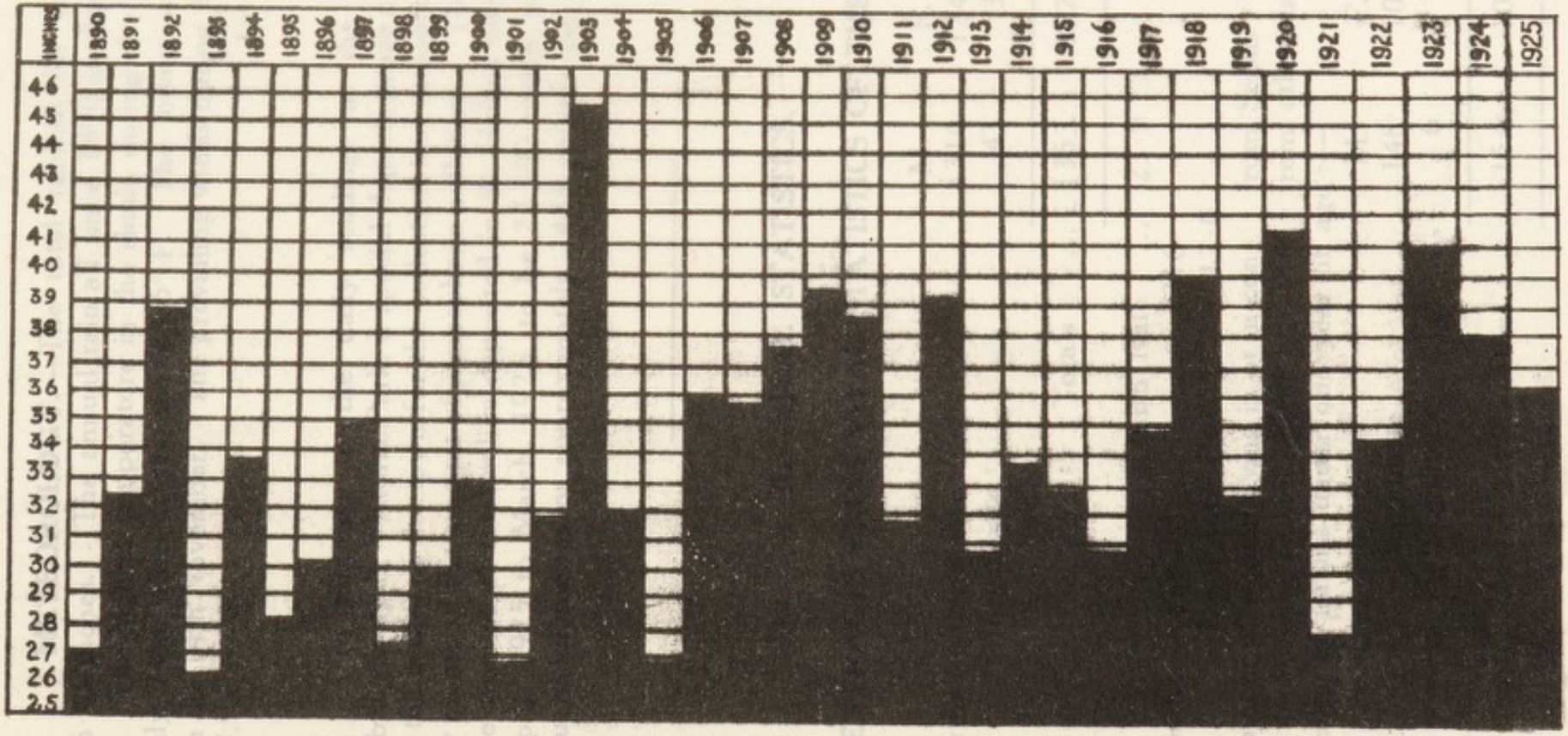
The average number of unemployed in St. Helens on the register of the Labour Bureau during 1925 (as shown by the figures taken on the first Monday in each month) was 2,524 men, 290 women, and 252 juveniles (total 3,066). The largest number of unemployed was 4,427 in September.

The total amount of domiciliary relief granted in St. Helens by the Board of Guardians during the year was £40,476/3/0, whilst from St. Helens, 387 men, 170 women, and 149 children were admitted to the Poor Law Infirmary, and 152 men and 30 women to the "House."

Under the National Health Insurance Act, the total number of insured persons in St. Helens on 1st October, 1925, was 43,890, or approximately 40% of the total population.

Table 2.

TOTAL RAINFALL IN INCHES IN ST. HELENS SINCE 1890.



TOTAL RAINFALL IN INCHES AT ST. HELENS SINCE 1890

METEOROLOGY.—The total rainfall for the year was 36·45 inches. The annual rainfall since 1890 is shown in Table 2. The highest temperature in the shade during the year was on July 24th when it reached 88·5° F. The lowest was 21·3° F. on the 14th November. The prevailing winds during the year were W. & N.-W.

In addition to the daily readings at the Corporation Observatory in Victoria Park, a special deposit guage is maintained in the centre of the town for the collection and measurement month by month of the amount of atmospheric pollution. This has shown the amount of total solids deposited in St. Helens during the year April, 1925 to March, 1926, to be 27,590 metric tons per 100 square kilometres or approximately 2483 pounds per acre.

II.—VITAL STATISTICS.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR :

	M.	F.	Total.
Births :—Legitimate	1310	1241	2551
Illegitimate	43	36	79
Totals ...	1353	1277	2630

Birth Rate ... 23·9

Deaths :—Total 1316

Death-rate (R.G.) 12·0

Number of women dying in or in consequence of child birth ... 14

from Sepsis 7

from other causes ... 7

Deaths of infants under one year of age :—

	M.	F.	Total.
Legitimate	148	104	252
Illegitimate	6	5	11
Total ...	154	109	263

Infant Mortality ...	100·0	
Deaths from Measles (all ages)		17
,, Whooping Cough (all ages)		33
,, Diarrhœa (under 2 years of age)		28
,, Tuberculosis		122
Zymotic Death Rate		0·85

Table 3 gives a summary of the vital statistics for St. Helens since 1873.

POPULATION.—The procedure followed in adjusting the local census population of 1921 in order to arrive at an estimate of the resident population of St. Helens for that year, which could suitably be used in connection with statistics of births and deaths, is described in the Annual Report for 1921.

The estimate of population as at 30th June, 1925, which is now given, has been based on the adjusted 1921 figures, after allowance for the varying rate of natural increase as evidenced by the births and deaths in the area, and of migration as indicated from other sources of information such as the changes in the numbers on the Parliamentary Register and the migration returns obtained by the Board of Trade. According to such an adjustment the estimated mid-year population of St. Helens for 1925 was 109,600.

The natural increase of population during 1925, i.e., the excess of the number of births over deaths was 1,314 ; the natural increase in 1924 was 1,320.

The distribution and density of the population in the different wards of the Borough at the Census of 1911 and at 1921, and the estimated population of each ward at mid-year 1925, are shown in Table 4.

Table 3.

Statistics for St. Helens since 1873.

YEARS	Population.	Birth Rate.	Death Rate.	Zymotic Death Rate.	Infant Mortality Rate.	Rate of Persons Married.	DEATHS FROM							
							Small Pox.	Measles.	Scarlet Fever	Typhoid Fever.	Typhus Fever.	Diarrhœa.	Whooping Cough.	Diphtheria.
1873	45,500	46·6	23.6	2·75	148	—	4	19	99	20	0	94	9	25
1874	46,188	46.3	31.4	5.03	198	—	0	29	238	19	0	110	41	26
1875	48,668	45.4	24.6	2.51	138	—	0	4	21	45	0	101	31	41
1876	52,246	45.6	23.2	3.20	149	—	0	101	21	42	0	94	7	30
1877	54,463	44.3	22.8	2.09	150	—	0	2	12	22	0	77	48	31
1878	57,534	43.2	23.9	3.09	165	—	0	4	22	35	0	135	15	74
1879	57,522	41.1	22.4	5.51	136	—	0	143	82	31	0	52	2	29
1880	58,807	41.6	20.0	2.92	169	—	0	0	27	32	0	131	71	8
1881	57,575	43.5	21.6	2.03	128	—	0	14	27	45	0	76	3	22
1882	58,903	43.7	25.4	4.95	180	—	0	205	35	24	0	85	36	38
1883	60,263	40.69	21.65	2.5	143	—	0	3	14	31	0	69	24	11
1884	61,584	42.50	24.16	5.3	173	—	0	131	16	33	2	131	9	11
1885	62,932	39.93	23.32	3.5	168	—	0	81	13	7	1	56	53	11
1886	64,311	40.70	22.46	5.2	172	—	0	102	34	28	0	122	41	10
1887	65,718	37.00	21.69	3.9	163	—	0	53	35	34	0	101	28	11
1888	67,158	39.20	19.80	3.1	151	—	0	38	11	22	0	65	61	21
1889	68,628	39.86	23.50	4.18	177	—	0	78	3	81	1	85	15	29
1890	70,132	38.90	25.43	5.3	170	—	0	19	181	24	1	74	68	13
1891	71,509	40.80	26.02	3.0	180	—	0	54	24	26	0	78	29	9
1892	72,399	40.2	21.0	2.64	147	—	1	23	18	25	0	84	31	12
1893	73,576	41.3	24.4	5.4	196	—	5	135	6	52	0	168	19	16
1894	*76,112	37.8	18.3	2 21	161	14.6	0	21	14	26	2	38	61	10
1895	77,288	40.9	21.8	3.10	181	13.0	1	54	9	59	0	101	14	8
1896	78,482	38.7	20.9	3.73	177	13.2	0	38	59	40	0	63	78	17
1897	79,694	40.0	21.8	4.3	181	14.2	0	87	44	33	0	133	33	20
1898	80,926	40.3	19.9	3.2	172	14.2	0	17	24	30	0	140	34	16
1899	82,176	38.3	20.4	2.9	157	13.0	0	21	8	43	0	114	41	15
1900	83,445	37.1	22.8	3.2	188	13.0	0	59	25	19	0	91	56	19
1901	84,734	36.9	19.7	2.56	175	13.9	0	17	29	34	0	95	17	3
1902	86,043	37.4	19.7	2.60	167	11.4	0	59	52	25	0	50	18	20
1903	87,372	39.1	17.5	1.72	138	13.0	0	1	26	18	0	53	30	23
1904	88,722	37.4	20.9	3.96	174	12.9	3	131	17	13	0	120	49	22
1905	89,843	36.05	17.2	1.88	132	11.7	0	41	16	2	0	66	26	18
1906	91,153	33.9	17.3	1.79	159	11.9	0	10	4	18	0	105	5	22
1907	92,476	34.1	18.3	2.87	155	13.6	0	145	10	12	0	36	52	11
1908	93,812	35.2	16.0	1.32	122	12.3	0	0	29	12	0	59	7	17
1909	95,161	32.0	18.5	3.5	149	12.7	0	188	33	13	0	27	62	12
1910	96,523	32.7	14.5	1.26	121	13.1	1	15	22	10	0	51	16	7
1911	96,870	33.5	18.3	3.03	158	12.7	0	69	13	22	0	143	39	8
1912	98,159	31.9	15.5	1.76	124	14.0	0	62	19	8	0	49	46	19
1913	99,460	32.1	18.9	3.74	155	14.6	0	189	26	4	0	120	18	15
1914	100,775	33.3	17.0	1.62	138	14.1	0	25	5	4	0	98	24	8
1915†	92,240	32.1	19.3	3.1	129	16.1	0	126	12	6	0	78	40	32
1916†	90,000	26.5	16.8	1.95	108	14.9	0	2	30	2	0	64	34	85
1917†	90,600	22.0	16.53	2.26	123	10·60	0	65	20	2	0	37	19	79
1918†	90,600	24.1	21·2	2.45	126	11.4	0	26	24	0	0	48	24	100
1919†	100,805	25 5	15·0	0·82	117	17·5	0	5	9	2	0	35	7	25
1920	104,822	31·8	13·5	1.2	113	16·8	0	56	7	0	0	44	7	13
1921	104,900	29·1	12·6	0·83	103	17·2	0	7	5	0	0	63	24	5
1922	106,400	26·4	13·4	0·93	115	11·5	0	60	4	2	0	28	3	5
1923	107,100	24·4	11·9	0.39	91	12.8	0	0	4	1	0	24	10	8
1924	108,700	24.1	12.0	0.68	103	12.7	0	29	1	2	4	36	11	4
1925	109.600	23 .9	12.0	0.85	100	12.6	0	17	7	3	0	35	33	6

†Estimated civil population *Borough extended

Table 4.

	Area in Acres	Census 1911. Population	Census 1911. Persons per acre	Census 1921. Population	Census 1921. Persons per acre	Estimated population mid-year 1925.
St. Helens C.B.	7284	96551	13.2	102640	14.1	109600
Central	94	6336	67.4	6403	68.1	6781
East Sutton	1312	11584	8.8	12308	9.4	13036
Hardshaw	343	11526	33.6	12048	35.1	12757
North Eccleston	235	12252	52.1	12670	53.9	13420
North Windle	697	12188	17.4	12269	17.6	13892
Parr	1485	12209	8.2	12899	8.7	13660
South Eccleston	622	11873	19.0	13618	21.9	14422
South Windle	67	8279	123.5	8047	120.1	8522
West Sutton	2429	10304	4.2	12378	5.1	13110

BIRTHS.—The number of births registered in St. Helens during 1925 was 2,557. 96 births occurring in other districts were transferable to St. Helens and 23 occurring in the borough were transferred to other districts, making a total of 2,630 births belonging to the borough. The birth rate for the year was 23·9 per 1,000 of population, showing a decrease from the figure of 24·1 per 1,000 for the previous year. The rate for England and Wales during 1925 was 18·3 and for the 105 County Boroughs and Great Towns 18·8 per 1,000.

The following table shows the birth rate and the marriage rate for St. Helens for 1925, in comparison with the rates for quinqennial periods during the last 30 years.

Period.	Birth Rate per 1,000 of the population.	Marriage Rate per 1,000 of the population.
1896-1900	37·0	13·5
1901-1905	37·3	12·5
1906-1910	33·5	12·7
1911-1915	32·5	14·3
1916-1920	25·9	14·2
1921-1925	25·5	13·2
1925	23·9	12·0

It will be seen from this table that though there has been a marked and steady fall in the birth rate it has not been associated with either a constant fall or a fall of anything like the same degree in the marriage rate. Comparing the rates for 1925 with the rates for the quinqennium 1896-1900, the marriage rate has fallen 11·1% whereas the birth rate has fallen 35·3%.

Table 5.

Number of illegitimate births.

Years	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Number of illegitimate births	76	68	70	87	80	84	71	108	84	96	97	92	78	78	112	127	131	136	81	76	70	79
Proportion per 1,000 population	0·85	0·75	0·76	0·94	0·85	0·88	0·73	1·11	0·85	0·96	0·96	0·90	0·79	0·79	1·1	1·2	1·2	1·3	0·7	0·7	0·64	0·72

Table 6.

Number of marriages.

Years	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Number of marriages	576	529	544	632	579	608	637	617	691	730	706	745	568	536	579	924	882	903	612	686	692	661
Marriage rate per 1,000 population	12·96	11·76	11·93	13·6	12·3	12·7	13·1	12·7	14·09	14·6	14·01	14·5	11·58	10·60	11·4	17·5	16·8	17·2	11·5	12·8	12·7	12·0

In 1925, the male births numbered 1,353 and the female 1,277, being a proportion of 1,059 male to 1,000 female children born.

Illegitimate births were 3·0% of the total, as compared with 2·7% in the previous year.

Table 7 shows the number of births notified in each ward during the year. Table 8 shows the birth rate in St. Helens since 1873, and Table 5 gives the illegitimate birth rate since 1904.

Table 7.

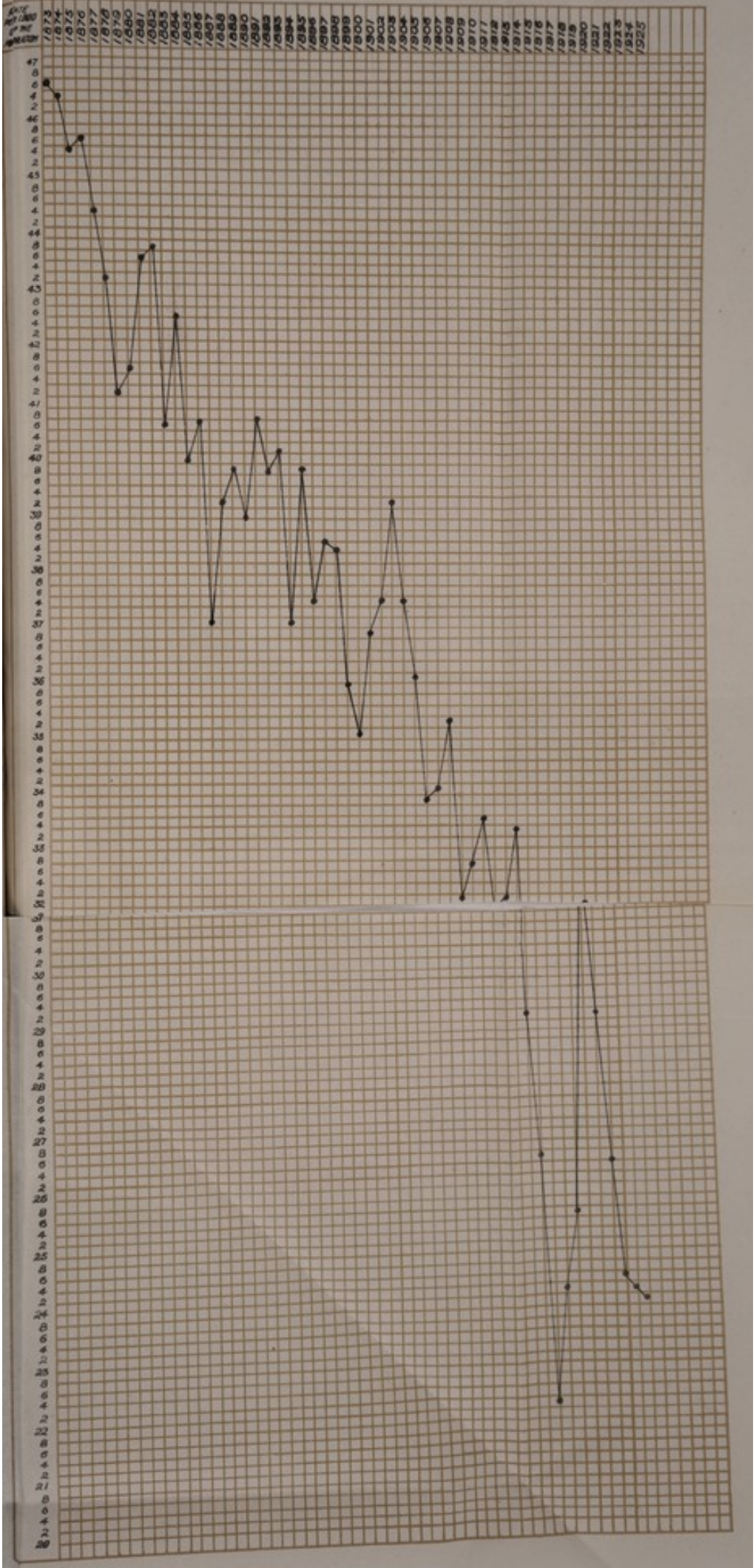
WARD.	Number of births notified.	Birth-rate per 1000 population.	Number of deaths.	Death-rate per 1000 population.
Central ...	159	23·5	117	17·2
East Sutton ...	289	22·2	138	10·5
Hardshaw ...	274	21·5	166	13·0
North Eccleston	317	23·7	142	10·5
North Windle	265	19·1	156	11·2
Parr	370	27·1	180	13·1
South Eccleston	309	21·5	162	11·2
South Windle...	177	20·8	96	11·2
West Sutton ...	357	27·3	159	12·1
Total ...	2517	22·9	1316	12·0
England & Wales	—	18·3	—	12·2
105 Great Towns	—	18·8	—	12·2

MARRIAGES.—The number of marriages during the year has been 661, giving a rate of persons married of 12·0 per thousand of the population. Table 6 shows the rate for past years.

DEATHS.—The number of deaths occurring within the borough during the year was 1,241. This total includes 127 deaths in St. Helens of persons usually resident in other areas, but excludes 202 deaths of persons usually resident within the borough which

TABLE 8.

BIRTH RATE - St. HELENS, 1873-1925.



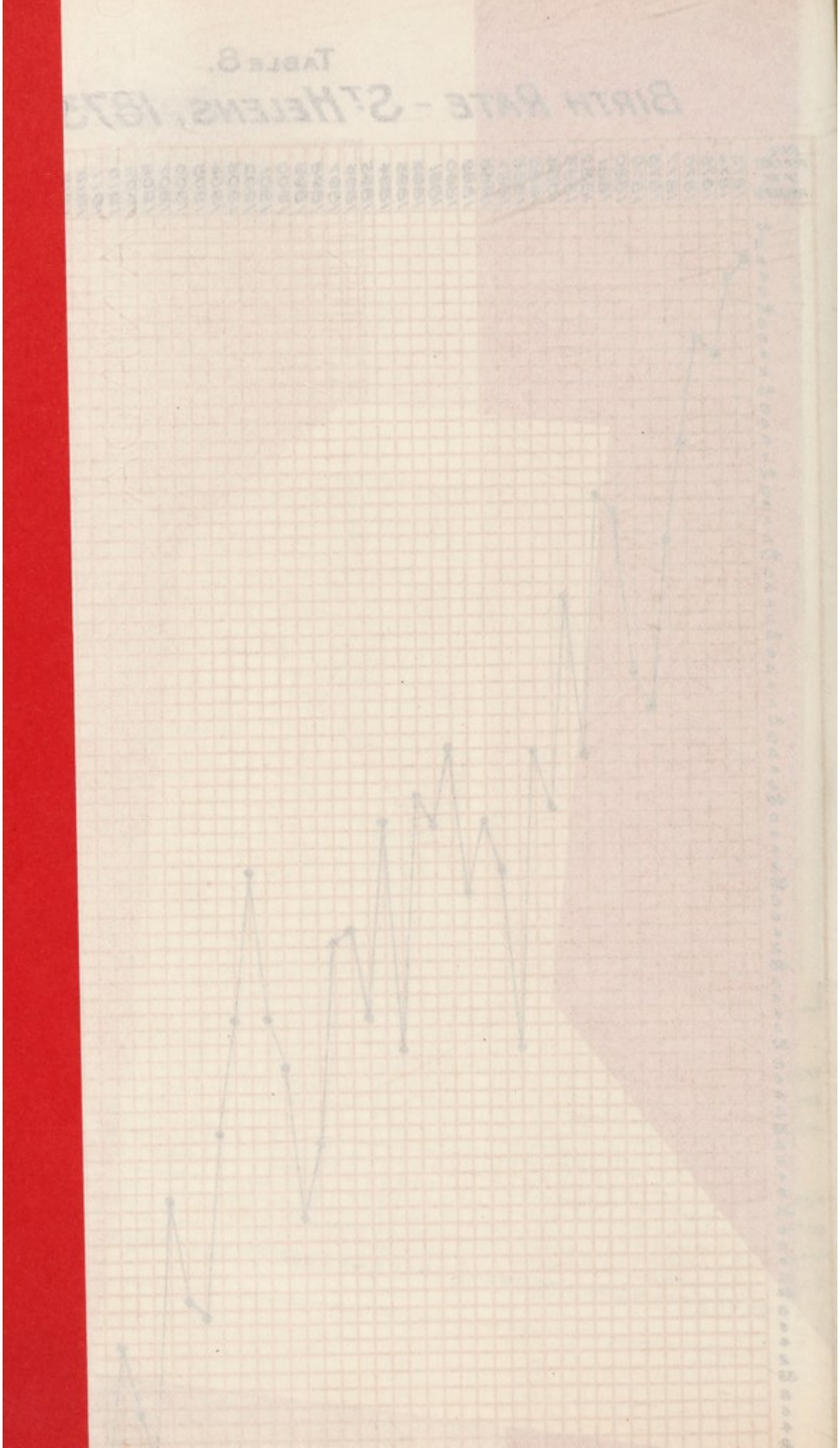
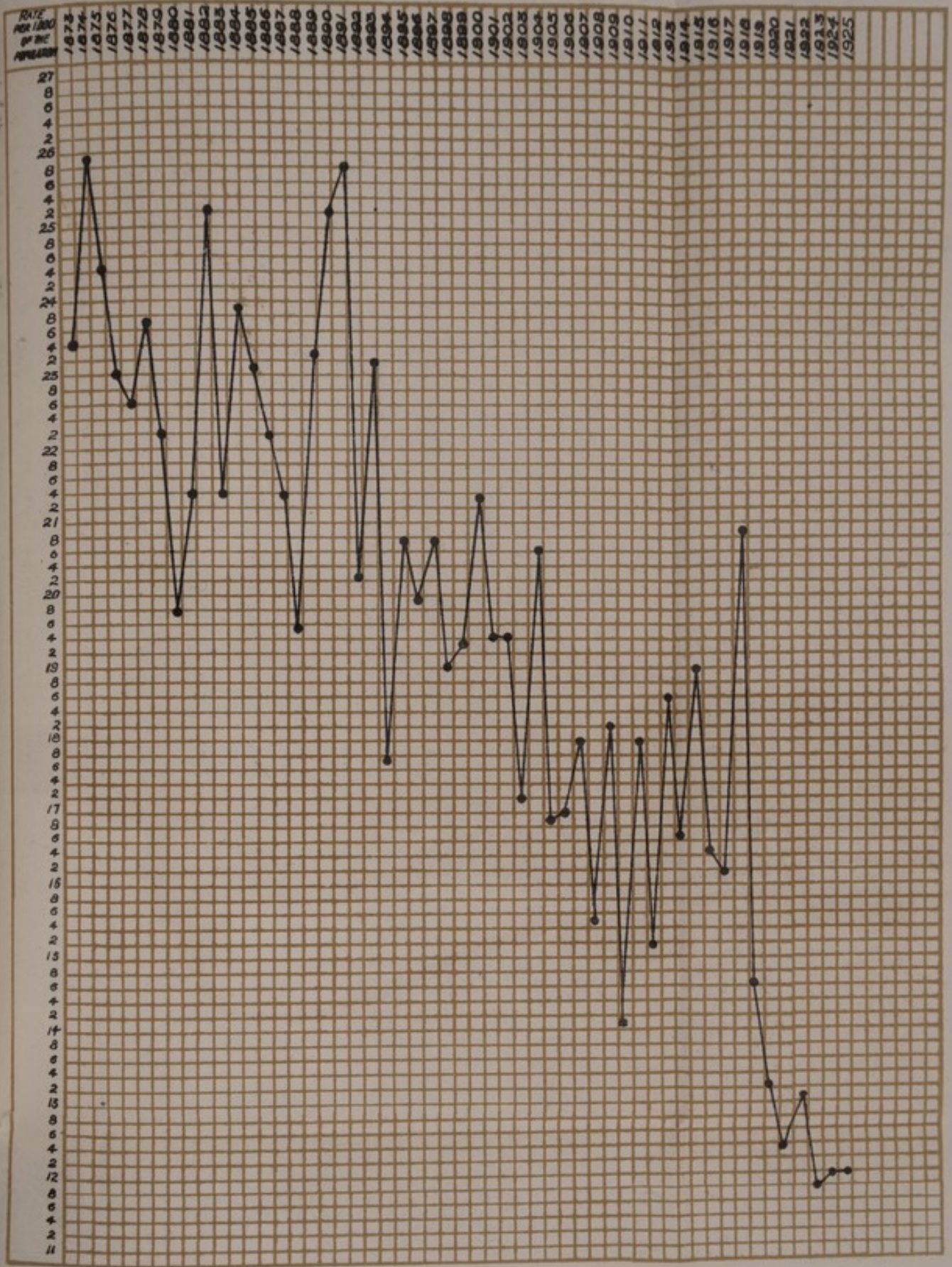


TABLE 9.

DEATH RATE - ST HELENS, 1873-1925.



The death rate is not corrected for age & sex distribution.

TABLE 9.

DEATH RATE - ST HELENS, 1871

occurred in other areas, the actual number of deaths assignable to St. Helens being 1,316. This gives a net death rate of 12·0 per 1,000 of the population.

A comparison of the death rate in St. Helens during the past 50 years with the rate for England and Wales during the same period is seen in the following statement :—

Period.	Death Rate per 1,000 of the population. St. Helens (crude).	England and Wales.
1876-80	22·5	20·8
1881-85	23·2	19·4
1886-90	22·5	18·9
1891 95	21·8	18·7
1896-1900	20·3	17·7
1901-05	19·0	16·0
1906-10	16·9	14·7
1911-15	19·8	14·3
1916-20	16·6	14·4
1921-25	12·3	12·1
1925	12·0	12·2

Table 7 gives the number of births and deaths occurring in the different wards during 1925, and Table 9 shows the death rate in the borough since 1873.

Seasonal Deaths.—The following statement gives the number of deaths which occurred in St. Helens in each quarter of the year, with the death rate for each quarter, and the death rates for England and Wales for the same periods.

	No. of Deaths.	Death rate per 1,000 of population.	
		St. Helens	England & Wales
First Quarter ...	389	14·2	14·4
Second Quarter	316	11·5	11·7
Third Quarter	271	9·9	9·7
Fourth Quarter	340	12·4	12·9

Coroners Inquests.—During the year 99 deaths were reported to the Coroner. In 42 of these the Coroner was able without an inquest to issue a certificate attributing the death to natural causes. In 57 instances an inquest was held, and in these cases the deaths were recorded as attributable to :—

Colliery Accidents	12
Street Accidents	9
Accidents in Works	5
Drowning	11
Poisoning	1
Scalds and Burns	3
Other Deaths from violence	5
Natural Causes	6
Other Causes	5
	57

Causes of Death.—Figures relating to the causes of and ages at death during the year are given in Table 10.

Zymotic death rate.—The number of deaths caused by the seven "principle epidemic diseases" during 1925 was 94 giving a Zymotic death rate of 0·85 per 1,000 of the population.

The causes of these deaths were as follows :—

Diarrhœa and enteritis (under 2 years)	28
Whooping Cough	33
Measles	17
Scarlet Fever	7
Diphtheria (including membranous croup)	6
Fever (enteric, typhus, and simple continued fever)	3
Small-pox	0

Table 3 shows the figures since 1873.

Table 10.

Cause of, and age at, death during 1925.

Causes of Death	Sex	All Ages	At Ages 0–1	1—	2—	5—	15—	25—	45—	65—	75—
All Causes	M	724	154	45	39	26	27	90	195	94	54
	F	592	109	45	23	31	44	73	105	101	61
Enteric Fever	M	2	—	1	1	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	1	—	—
Small-pox	F	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—
Measles	M	6	3	2	1	—	—	—	—	—	—
	F	11	1	6	4	—	—	—	—	—	—
Scarlet Fever	M	3	1	—	2	—	—	—	—	—	—
	F	4	1	—	1	2	—	—	—	—	—
Whooping Cough	M	17	3	6	6	2	—	—	—	—	—
	F	16	7	6	3	—	—	—	—	—	—
Diphtheria	M	3	—	—	2	—	—	1	—	—	—
	F	3	—	2	—	1	—	—	—	—	—
Influenza	M	18	—	—	1	1	—	4	9	2	1
	F	18	1	2	—	2	1	6	2	4	—
Encephalitis Lethargica	M	1	—	—	1	—	—	—	—	—	—
	F	1	—	—	—	—	—	1	—	—	—
Meningococcal Meningitis	M	1	1	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	M	51	—	—	2	3	7	20	19	—	—
	F	46	—	—	1	7	22	13	3	—	—
Other Tuberculous diseases	M	16	4	4	2	2	—	2	2	—	—
	F	9	—	3	2	2	1	1	—	—	—
Cancer, Malignant disease	M	42	—	—	—	—	2	2	26	8	4
	F	42	—	—	—	—	—	3	24	10	5
Rheumatic fever	M	7	—	—	—	2	1	—	4	—	—
	F	4	—	—	—	—	1	2	1	—	—
Diabetes	M	5	—	—	—	—	1	1	2	1	—
	F	4	—	—	—	—	—	—	3	1	—
Cerebral Hæmorrhage, &c.	M	24	1	—	—	—	—	—	10	8	5
	F	23	—	—	—	—	—	—	9	11	3
Heart disease	M	60	—	—	—	3	4	7	26	15	5
	F	60	—	—	—	2	3	9	13	26	7
Arterio-sclerosis	M	16	—	—	—	—	—	—	5	8	3
	F	6	—	—	—	—	—	1	1	2	2
Bronchitis	M	53	7	2	—	—	—	4	17	10	13
	F	47	8	—	—	—	1	2	8	12	16
Pneumonia (all forms)	M	104	22	19	11	4	5	16	21	5	1
	F	66	18	16	5	1	3	7	10	6	—
Other respiratory diseases	M	5	3	—	—	—	—	1	1	—	—
	F	8	1	1	—	1	—	1	2	2	—
Ulcer of Stomach or duodenum	M	4	—	—	—	1	—	—	2	1	—
	F	3	—	—	—	—	—	2	1	—	—
Diarrhœa, &c.	M	21	15	3	1	—	—	—	1	—	1
	F	14	6	4	2	—	—	—	—	2	—
Appendicitis and typhlitis	M	1	—	—	—	—	1	—	—	—	—
	F	4	—	—	—	1	1	2	—	—	—
Cirrhosis of Liver	M	7	—	—	1	—	—	1	5	—	—
	F	—	—	—	—	—	—	—	—	—	—
Acute and chronic Nephritis	M	22	—	—	1	—	2	4	10	4	1
	F	19	1	1	—	2	—	4	6	4	1
Puerperal Sepsis	M	—	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	1	6	—	—	—
Other Accidents and diseases of pregnancy and parturition	M	—	—	—	—	—	—	—	—	—	—
	F	7	—	—	—	—	6	1	—	—	—
Congenital debility and malformation Premature birth	M	58	58	—	—	—	—	—	—	—	—
	F	42	42	—	—	—	—	—	—	—	—
Suicide	M	6	—	—	—	—	—	3	2	1	—
	F	2	—	—	—	—	1	—	1	—	—
Other Deaths from violence	M	38	—	1	2	5	1	12	12	3	2
	F	5	1	—	—	2	—	—	—	2	—
Other defined disease	M	125	35	6	4	3	3	11	19	26	18
	F	116	22	3	5	8	3	10	19	19	27
Causes ill-defined or unknown	M	8	1	1	1	—	—	1	2	2	—
	F	4	—	1	—	—	—	2	1	—	—
TOTALS		1316	263	90	62	57	71	163	300	195	115

Deaths from Tuberculosis.—Tuberculosis was the cause of 122 deaths during the year—that is 9·27% of all deaths belonging to the borough. Of these deaths 97 were attributable to Tuberculosis of the lungs and 25 to other forms of Tuberculosis. The ages at which these deaths occurred are shown in Table 10

Malignant Diseases.—The deaths from these diseases during the past five years were as follows :—

Age.	1921	1922	1923	1924	1925
Under 1 year	—		—	—	—
1—2 years	—	—	1	—	—
2—3 ,,	—	—	—	—	—
3—4 ,,	—	—	—	—	—
4—5 ,,	—	—	—	—	—
5—10 ,,	1	—	—	—	—
10—15 ,,	—	—	—	—	—
15—20 ,,	1	—	—	1	1
20—35 ,,	3	3	6	3	2
35—45 ,,	9	10	8	7	4
45—65 ,,	50	58	43	54	50
65 and over	34	27	33	31	27
Totals	98	98	91	96	84
Death rate per 1,000 of population	0·93	0·92	0·84	0·88	0·76
Death rate per 1,000 of population, England and Wales	1·21	1·22	1·26	1·29	*

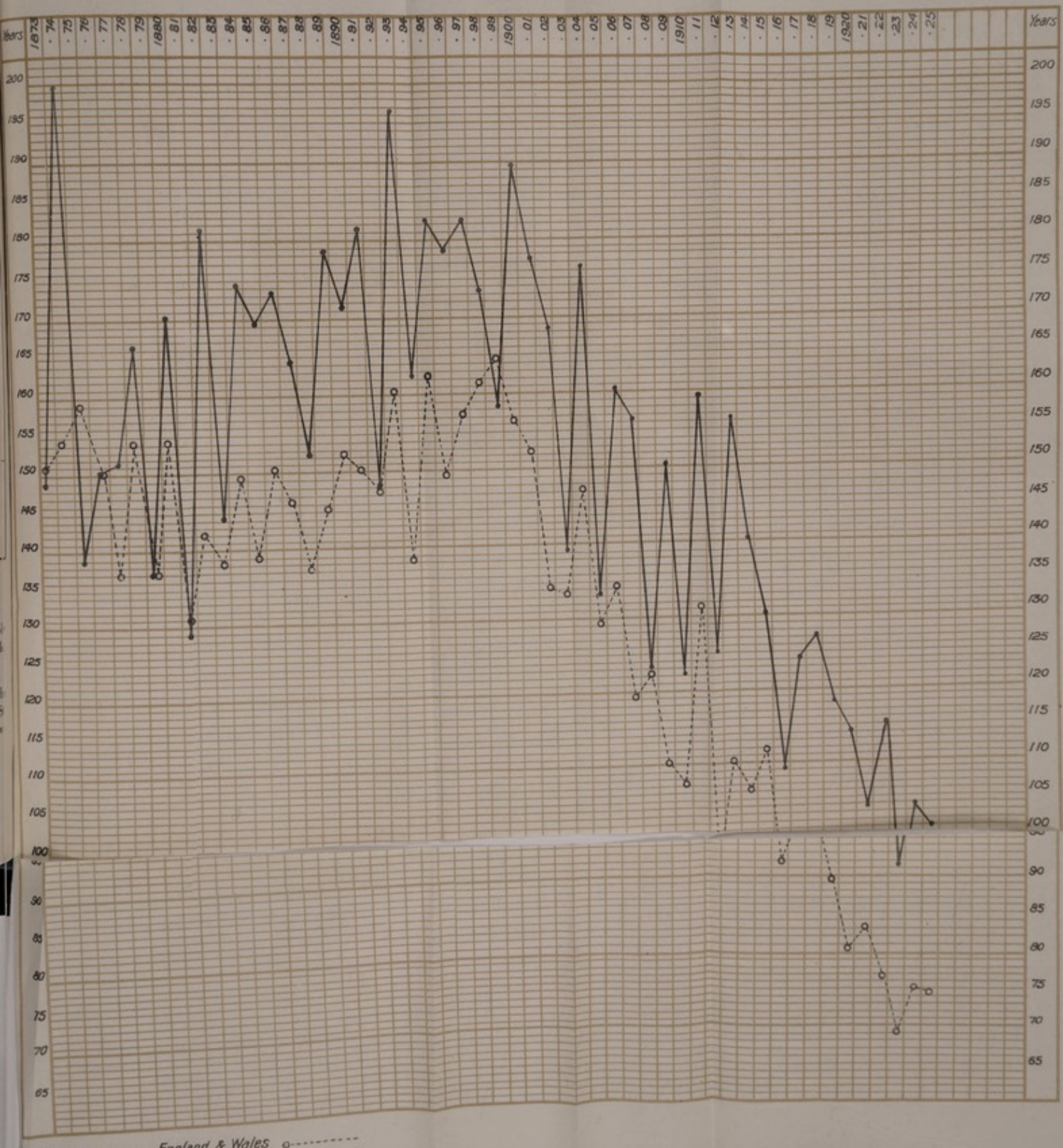
* figures not available.

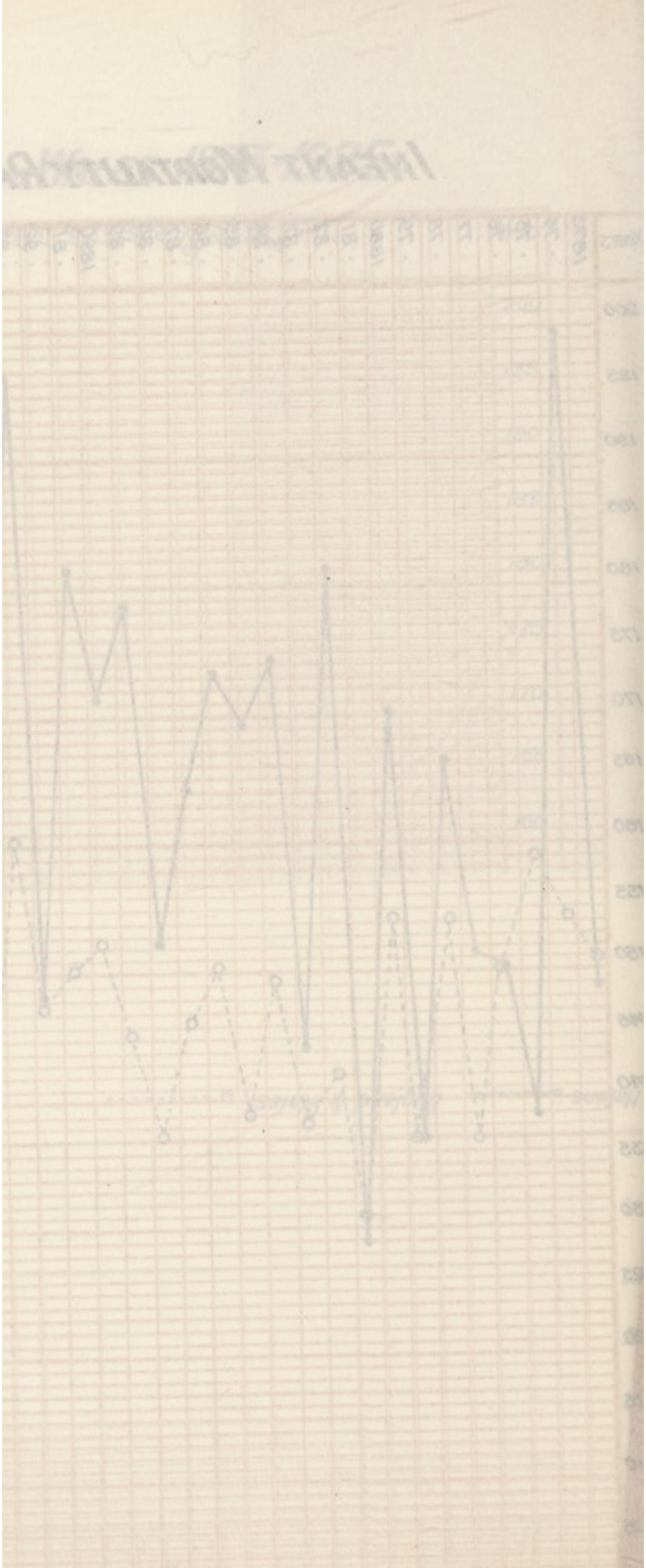
The death rate for St. Helens is seen to be considerably lower than that which obtained for England and Wales as a whole.

There would appear to be no relationship between the incidence of Malignant Diseases and industrial processes in St. Helens, although during the last five years more deaths have occurred in males than in females from this cause.

Table II.

INFANT MORTALITY RATE. ST HELENS AND ENGLAND AND WALES 1873-1925.





This is seen from the following figures :—

Deaths from Malignant Diseases.

	1921	1922	1923	1924	1925	Total
Males	57	59	43	40	42	241
Females	41	39	48	56	42	226

Other causes of death.—The following extract from Table 10 shows some of the other principal causes of death :—

Pneumonia (all forms)	170
Bronchitis and other Respiratory Diseases	113
Heart Disease	120
Cerebral Hæmorrage, etc	47
Cancer and Malignant Disease	84
Suicide and other deaths from violence	51

Infant Mortality.—During 1925 there were 263 deaths of children under one year of age. This corresponds to an infant mortality rate of 100 per 1,000 births. The infant death rate for 1924 was 103·5.

Further reference to this important subject is made in the Maternity and Child Welfare Section.

Table 11 shows the infant death rate for St. Helens since 1873, and the figures for England and Wales for the same period.

III.—INFECTIOUS DISEASES.

The following are the infectious diseases compulsorily notifiable to the Medical Officer of Health in St. Helens :—

Small Pox	Plague
Scarlet Fever	Puerperal Fever
Diphtheria and Membranous Croup	Cerebro Spinal Fever
	Acute Poliomyelitis
Enteric Fever	Acute Polio Encephalitis
Typhus Fever	Acute Encephalitis Lethargica
Relapsing Fever	Ophthalmia Neonatorum
Continued Fever	Erysipelas
Trench Fever	Malaria
Dysentry	†Measles and German Measles
*Pneumonia	†Whooping Cough
Cholera	Tuberculosis (all forms)

**Acute Primary Pneumonia and Acute Influenzal Pneumonia.*

†Notification by medical practitioner is not required if the disease "has occurred in the same family or institution and been notified within the perod of two months immediately preceding the date on which he first becomes aware of a further case."

Table 12 shows the total number of cases notified during the year, the total number of deaths which occurred, and the numbers admitted to the Corporation Hospitals.

Table 13 gives the age distribution of the cases notified, and table 10 the age distribution of the deaths which occurred. The number of cases notified during each week of the year is shown in Table 14, and the number of notifications each year since 1913 is seen in Table 15.

Table 12.

Infectious Diseases, 1925.—Total number of cases notified, number of cases admitted to hospital and the total deaths.

DISEASE.	Notifications received.	Cases admitted to hospital.	Total Deaths.
Small-pox	—	—	—
Diphtheria	145	145	6
Scarlet Fever	241	232	7
Enteric Fever	7	7	3
Typhus Fever	—	—	—
Puerperal Fever	16	22	7
Erysipelas	70	12	2
Pneumonia	242	7	81
Ophthalmia Neonatorum	16	4	2
Polio-Myelitis	1	—	—
Encephalitis Lethargica	2	—	2
Cerebro Spinal Fever	2	—	1
Dysentery	3	—	—
Measles	1850	31	17
Whooping Cough	920	5	33

Table 13.

Age distribution of cases of infectious Diseases notified during 1925.

DISEASE.	Notifications received.	Under 1	1—	2—	3	4—	5—	10—	15—	20—	35—	45—	65—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	241	4	4	14	26	25	118	38	4	8	—	—	—
Diphtheria	145	3	7	7	10	12	38	13	21	25	4	5	—
Pneumonia	242	15	26	17	23	11	35	16	8	38	14	27	12
Erysipelas	70	—	—	—	1	—	4	3	7	17	12	23	3
Puerperal Fever	16	—	—	—	—	—	—	—	1	11	4	—	—
Ophthalmia Neonatorum	16	16	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	7	—	1	1	1	—	—	1	—	2	—	1	—
Polio-myelitis	1	—	—	—	1	—	—	—	—	—	—	—	—
Encephalitis Lethargica	2	—	—	—	—	1	—	—	—	1	—	—	—
Cerebro Spinal Fever	2	1	—	1	—	—	—	—	—	—	—	—	—
Dysentery	3	—	—	—	—	—	—	—	—	1	2	—	—
Whooping Cough	920	130	158	126	142	128	227	4	2	3	—	—	—
Measles	1850	92	153	197	251	303	743	83	9	15	3	1	—

Table 14.

Infectious Diseases.—Number of cases of Infectious Disease notified each week in 1925.

Week ending	Scarlet Fever.	Diphtheria.	Pneumonia.	Erysipelas.	Puerperal Fever.	Ophthalmia Neonatorium.	Enteric Fever.	Polio-myelitis.	Encephalitis Lethargica	Cerebro Spinal Fever	Measles.	Whooping Cough.	Dysentery.
Jan. 3	2	4	6	2	—	—	—	—	—	—	25	10	—
10	10	2	6	1	—	1	—	—	—	—	15	19	—
17	7	11	5	3	—	—	1	—	—	—	20	17	—
24	10	6	2	3	—	1	1	—	—	—	9	24	—
31	2	2	4	—	1	1	—	—	—	—	7	33	—
Feb. 7	7	4	4	1	—	1	—	—	—	—	17	27	—
14	6	2	8	2	2	1	—	—	—	—	7	28	1
21	11	2	6	1	—	—	—	—	—	—	27	54	—
28	8	4	2	6	—	—	—	—	—	—	13	47	—
Mar. 7	1	4	5	—	—	—	—	—	—	—	22	49	—
14	5	4	7	2	—	—	—	—	—	—	37	53	—
21	5	1	3	4	—	—	—	—	—	—	46	50	—
28	4	5	5	4	—	—	—	—	—	—	62	35	—
April 4	2	1	4	—	—	—	—	—	1	—	53	41	—
11	5	4	3	1	—	—	—	—	—	1	40	36	—
18	3	5	7	1	—	—	—	—	—	—	56	22	—
25	7	2	5	2	—	—	—	—	—	—	66	20	—
May 2	2	—	5	—	1	—	—	—	—	—	72	33	—
9	3	6	7	1	—	—	—	—	—	—	40	31	—
16	7	9	3	2	—	1	—	—	—	—	57	20	—
23	2	2	8	1	—	1	—	—	—	—	54	23	—
30	7	—	7	1	—	—	—	—	—	—	47	35	—
June 6	6	3	4	—	—	—	—	—	—	1	29	14	—
13	5	6	2	—	—	1	2	—	—	—	39	26	—
20	4	1	6	—	—	—	1	—	—	—	45	22	—
27	4	1	5	—	—	1	—	—	—	—	59	26	—
July 4	4	4	8	1	1	—	—	—	—	—	42	18	—
11	6	6	2	2	—	—	—	—	—	—	62	20	—
18	4	2	4	2	1	—	—	—	1	—	34	7	—
25	3	3	2	2	—	—	—	—	—	—	43	9	—
Aug. 1	4	2	3	—	—	—	—	—	—	—	23	4	—
8	3	1	—	3	—	—	—	—	—	—	14	4	—
15	6	1	1	3	—	1	—	—	—	—	11	7	—
22	—	3	1	1	—	2	—	—	—	—	9	6	—
29	5	2	2	1	—	—	—	—	—	—	16	3	—
Sept. 5	—	4	—	—	—	—	—	—	—	—	10	5	—
12	6	3	—	2	2	—	—	—	—	—	7	1	—
19	2	2	2	1	—	—	—	—	—	—	12	1	—
26	4	2	4	—	—	—	1	1	—	—	17	4	—
Oct. 3	4	—	2	1	1	—	—	—	—	—	25	3	—
10	9	1	6	1	1	1	—	—	—	—	20	8	—
17	4	1	8	3	—	1	—	—	—	—	58	2	—
24	3	1	7	—	—	2	—	—	—	—	71	2	—
31	4	1	7	—	2	—	—	—	—	—	90	—	—
Nov. 7	2	3	9	2	1	—	—	—	—	—	59	7	—
14	3	2	9	3	1	—	—	—	—	—	39	1	—
21	8	—	5	—	—	—	—	—	—	—	31	5	—
28	2	—	5	—	—	—	—	—	—	—	37	1	—
Dec. 5	2	—	8	—	—	—	—	—	—	—	38	—	1
12	4	3	8	2	—	—	1	—	—	—	35	5	—
19	8	2	7	1	1	—	—	—	—	—	32	2	—
26	6	5	3	1	1	—	—	—	—	—	51	—	1
TOTALS	241	145	242	70	16	16	7	1	2	2	1850	920	3

Table 15.

Notifications of Infectious Disease received during the undermentioned years.

	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Diphtheria	148	120	289	536	538	756	237	128	51	88	105	89	145
Scarlet Fever	723	335	501	736	589	568	221	474	232	190	258	163	241
Enteric Fever	25	27	27	11	8	7	7	—	2	3	2	2	7
Puerperal Fever	4	17	10	10	5	8	17	13	18	10	4	17	16
*Pneumonia	—	—	—	—	—	—	322	148	77	233	190	126	242
Erysipelas	75	109	74	84	96	68	72	53	79	42	53	40	70
Ophthalmia Neonatorum	7	74	71	61	48	40	76	63	42	48	30	34	16
Poliomyelitis	—	1	—	—	4	2	1	1	2	1	1	1	1
Continued Fever	—	—	—	—	—	—	—	—	1	—	—	—	—
§Encephalitis Lethargica	—	—	—	—	—	—	2	4	1	—	9	4	2
§Polio-Encephalitis	—	—	—	—	—	—	—	—	2	—	—	—	—
*Dysentery	—	—	—	—	—	—	54	17	21	42	6	—	3
*Malaria	—	—	—	—	—	—	158	22	2	—	—	—	—
‡Measles	1999	454	2106	196	4628	1106	913	2960	196	3437	74	3513	1850
‡Whooping Cough	123	207	474	1128	631	814	206	287	576	388	895	235	920
Cerebro-Spinal Fever	—	—	8	2	1	—	3	1	—	—	1	2	2
Small Pox	—	—	—	—	—	—	—	—	—	1	—	—	—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	8	—

*Only notifiable since 1st March, 1919.

‡Compulsorily notifiable since 1st August, 1915, previous to which date information was only received through the schools.

§Compulsorily notifiable since 1st January, 1919.

SMALL POX.—Only one case of this disease has been notified in the borough during the past five years. This occurred in January, 1922. The patient was immediately removed to the Small Pox Hospital and the usual methods, (viz : the vaccination and the supervision of contacts, etc.), of checking a possible epidemic were immediately adopted. No further cases occurred.

On various occasions within the period under review, Small Pox contacts from other areas have come to reside within the borough and have been examined daily for the usual quarantine period.

The extent of vaccination in St. Helens since 1897 is shown in Table 16.

Table 16.

Vaccination returns since 1897.

YEAR.	2 Vaccinated.	3 Insusceptible.	4 Dead.	5 Con-Obje't'r	6 Post-poned.	7 Removed	8 Un-accounted	Percentage not Vaccinated including Columns 5, 6, 7, 8
*1897	2,680	11	390	4	7	110	7	4·9
*1898	2,696	15	383	14	1	103	15	4·6
*1899	2,625	32	346	10	3	94	16	4·8
*1900	2,654	10	367	5	12	82	18	4·2
1901	2,639	4	391	11	29	59	24	4·4
1902	2,788	4	342	7	12	58	34	3·8
1903	2,977	8	325	2	6	62	11	2·6
1904	2,940	7	341	10	10	42	25	2·8
1905	2,923	3	270	6	10	29	18	2·1
1906	2,733	5	318	8	12	39	22	2·8
1907	2,810	9	257	24	19	49	17	3·7
1908	2,858	18	248	70	11	35	20	4·5
1909	2,720	8	241	81	9	33	11	4·7
1910	2,731	3	255	131	3	23	19	6·0
1911	2,750	9	277	148	5	26	14	6·5
1912	2,646	4	249	216	12	23	4	8·7
1913	2,499	6	296	339	14	27	9	13·0
1914	2,654	11	281	348	6	22	24	13.0
1915	2,352	2	189	367	9	34	15	15.3
1916	2,056	4	186	287	3	39	24	14.6
1917	1,702	4	158	267	1	6	45	15.7
1918	1,861	0	201	281	8	40	19	14·5
1919	1,999	2	189	385	4	25	18	17·8
1920	2,452	1	223	553	12	18	23	19·8
1921	2,234	2	179	530	6	29	17	20·6
1922	2,143	7	185	411	5	27	23	17·8
1923	2,144	10	139	261	4	10	22	12.17
1924	2,227	7	156	157	6	12	25	8.24†

*The above Returns are for St. Helens Sub-District of the Prescot Union, which does not include quite the whole of the Borough.

†Of the 8·24 per cent unvaccinated 6·47 per cent are conscientious objectors.

TYPHUS FEVER.—A small outbreak of Typhus Fever occurred during 1924. This was fully reported in my Annual Report for that year. There were eight cases, all of whom (with one exception) were relatives of each other and occupied three houses in close proximity. The epidemic commenced mid-July, 1924, and lasted about two months. The source of the infection was not traced.

The following is a summary of the cases in chronological order.

Case No.	Initials.	Age.	Sex.	Relationship.	Approx. date of onset.	Result.
1	E. L., Jr.	10	F	1st case	13/7/24	Recovered.
2	M. L.	14	F	Sister	1/8/24	Died 14/8/24.
3	J. L.	36	M	Father	7/8/24	Recovered.
4	K. L.	5	F	Sister	25/8/24	Recovered.
5	E. L., Sr.	36	F	Mother	25/8/24	Died 7/9/24.
6	K. K.	46	F	Sister of No. 3	26/8/24	Died 5/9/24.
7	W. D.	22	M	Contact of No. 6	4/9/24	Died 16/9/24.
8	T. K.	12	M	Son of No. 6	13/9/24	Recovered.

There were thus four deaths and four recoveries.

SCARLET FEVER.—During 1925, 241 cases were notified with seven deaths. The following statement shows the age distribution of the cases occurring and of the deaths :—

Age.	No. of Cases.	No. of Deaths.	Case Mortality.
Under 5 years.....	73	5	6·8%
5—15 years.....	156	2	1·2%
15—35 ,, ...	12	—	—
35—45 ,, ...	—	—	—
45—65 ,, ...	—	—	—

Attack rate per 1,000 of population	2·19
Death rate per 1,000 of population.....	0·06
Attack rate per 1,000 of population in England and Wales.....	2·36
Death rate per 1,000 of population in England and Wales.....	0·03

The incidence of the disease during the past five years was as follows :—

Year.	Cases notified.	Admissions to Hospital.	Return Cases	Percentage of Return Cases to Admissions	Deaths	Death rate per 1,000 of the population	Attack Rate per 1,000 of the population
1921	232	229	8	3·4	5	·047	2·21
1922	190	195	4	2·0	4	·037	1·78
1923	258	253	12	4·7	4	·037	2·40
1924	163	163	1	0·6	1	·009	1·49
1925	241	232	10	4·3	7	·063	2·19

DIPHTHERIA :— During 1925, 145 cases were notified with six deaths. The following statement shows the age distribution of the cases and of the deaths occurring :—

Age.	No. of Cases.	No. of Deaths.	Case Mortality.
Under 5 years.....	39	4	10·25%
5—15 years.....	51	1	1·96%
15—35 ,, ...	46	—	—
35—45 ,, ...	9	1	11·11%
45—65 ,, ...	—	—	—

Attack rate per 1,000 of population	1·32
Death rate per 1,000 of population.....	0·05
Attack rate per 1,000 of population in England and Wales	1·23
Death rate per 1,000 of population in England and Wales.....	0·07

The incidence of Diphtheria during the past five years was as follows :—

Year	Cases notified	Admiss-ions to Hospital	Deaths	Death Rate per 1,000 of the popul-ation	Attack rate per 1,000 of the population
1921	51	46	5	·047	0·48
1922	88	83	5	·046	0·82
1923	105	91	8	·074	0·98
1924	89	87	4	·036	0·81
1925	145	145	6	·054	1·32

Diphtheria antitoxin may be obtained by medical practitioners either at the office of the Medical Officer of Health or at the Borough Isolation Hospital.

No use has been made of the Shick or Dick tests for Diphtheria or for Scarlet Fever, nor have the recent artificial methods of immunization against these diseases been practised.

ENTERIC FEVER.—Seven cases were notified during the year and three deaths were stated to be due to the disease. One of the cases died prior to receipt of the notification and hence before detailed investigations could be undertaken. In the other six cases, which were undoubtedly true Enteric Fever, no definite source of infection could be traced. Three of them were members of one family who took ill about the same time, and, though there was a probability that in these cases the infection had arisen through the consumption of shell fish, no proof of this could be obtained. Of the other cases occurring, two were in children who were brothers, and the third case was an isolated one. The four groups of cases occurred at different periods in different areas of the town and appeared to be in no way related.

The notifications of the disease received during the past five years were as follows :—

Year.	Cases notified.	Admitted to Hospital.	Deaths.
1921	(a) 2	1	—
1922	(b) 3	3	2
1923	(c) 2	2	1
1924	2	2	2
1925	7	6	3

(a) The diagnosis in both cases was subsequently proved to be incorrect.

(b) In neither of the fatal cases was the diagnosis supported by bacteriological examination. The third case subsequently proved to be pneumonia.

(c) The case which recovered was a definite case of Enteric Fever but the diagnosis of the case which died was not supported by bacteriological examination.

✣ **MEASLES.**—During 1925, 1850 cases were notified with 17 deaths. The following statement shows the age distribution of the cases and of the deaths occurring :—

Age.	No. of cases.	No. of Deaths.	Case Mortality.
Under 5 years.....	996	... 17 ...	1·7%
5—15 years	826	... — ...	—
15—35 ,, ...	24	... — ...	—
35—45 ,, ...	3	... — ...	—
45—65 ,, ...	1	... — ...	—

Attack rate per 1,000 of population.....	16·8
Death rate per 1,000 of population.....	0·15
Death rate per 1,000 of population in England and Wales	0·13

✣ **Note.**—Further details regarding these diseases will be found in that section of the report dealing with Maternity and Child Welfare. Page 55.

The incidence of the disease during the past five years was as follows :—

Year	Cases notified	Deaths	Death rate per 1,000 of the population	Attack rate per 1,000 of the population
1921	196	7	·06	1·86
1922	3,437	60	·56	32·30
1923	74	—	—	0·69
1924	3,513	29	·26	32·31
1925	1,850	17	·15	16·87

✣ **WHOOPING COUGH.**—During 1925, 920 cases were notified with 33 deaths. The age distribution of these cases and of the deaths was as follows :—

Age.	No. of Cases.	No. of Deaths.	Case Mortality.
Under 5 years.....	684	31	4·5%
5—15 years	231	2	0·86%
15—35 ,, ...	5	—	—
35—45 ,, ...	—	—	—
45—65 ,, ...	—	—	—

Attack rate per 1,000 of population..... 8·3
Death rate per 1,000 of population..... 0·30
Death rate per 1,000 of population for England and Wales ..... 0·15

The incidence of the disease during the past five years was as follows :—

Year	Cases notified	Deaths	Death rate per 1,000 of the popul-ation	Attack rate per 1,000 of the population
1921	576	24	0·22	5·4
1922	388	3	0·02	3·6
1923	895	10	0·09	8·3
1924	235	11	0·10	2·1
1925	920	33	0·30	8·3

✣ **Note.**—Further details regarding these diseases will be found in that section of the report dealing with Maternity and Child Welfare. Page 55.

✣ **PUERPERAL FEVER.**—16 cases were notified during 1925, and seven deaths occurred.

✣ **OPHTHALMIA NEONATORUM.**—16 cases were notified during 1925, and two deaths occurred.

CEREBO SPINAL MENINGITIS.—During 1925, two cases of the disease were notified and one death was attributed to this cause. The incidence of the disease during the past five years was as follows :—

Year.	Cases notified.	Deaths.
1921	—	—
1922	—	—
1923	1	1
1924	2	2
1925	2	1

In only one of the above cases (viz : that in 1923) was the diagnosis proved bacteriologically.

POLIOMYELITIS AND POLIOENCEPHALITIS.—During 1925, one case of Poliomyelitis was notified. It is obvious that many cases of Poliomyelitis remain unnotified, and this is evidenced by the number of children who are discovered at infant welfare clinics and at school medical inspections suffering from crippling of various degrees due to this cause.

✣ **Note.**—Further details regarding these diseases will be found in that section of the report dealing with Maternity and Child Welfare. Page 55.

The following are the notifications and deaths for the past five years :—

Year.	Cases notified.	Deaths.
1921	3	—
1922	1	—
1923	—	—
1924	—	—
1925	1	—

ENCEPHALITIS LETHARGICA.—During 1925, two cases were notified and two deaths were attributed to this cause. The first case occurred in the County Mental Hospital, Rainhill, and the second case (a child of four years) was notified on the date of death. The notifications of the disease during the past five years were as follows :—

Year.	Cases notified.	Deaths.
1921	1	2 (a)
1922	—	—
1923	9 (b)	7
1924	4	3 (c)
1925	2	2

(a) One death was most probably due to tuberculous meningitis.

(b) Of the cases notified, only five proved to be true encephalitis lethargica, the other cases being :—

i. Cerebal tumour.
ii. Meningitis following pneumonia (two).
iii. Meningitis following whooping cough.

Of the seven deaths attributed to Encephalitis Lethargica, two occurred in unnotified cases, and in three instances there is reason to doubt the accuracy of the diagnosis. Accepting as correct the two deaths in unnotified cases, the true position would appear to be that seven cases occurred with four deaths. The three cases which recovered now have mental changes which are suggestive of sequelæ following Encephalitis.

(c) One death was most probably due to Tuberculous Meningitis, and one death occurred in an unnotified case.

ERYSIPELAS.—During 1925, there were 70 notifications, and two deaths were attributed to this disease. The age distribution of these cases and of the deaths was as follows :—

Age.	No. of cases.	No. of Deaths.	Case Mortality.
Under 5 years.....	1	—	—
5—15 years	7	—	—
15—35 ,, ...	24	—	—
35—45 ,, ...	12	—	—
45—65 ,, ...	23	2	8·6%
65 and over ...	3	—	—

The incidence of the disease as compared with the previous five years was as follows :—

Year.	Cases notified.	Admissions to Hospital.	Deaths.	Case Mortality.
1921	79	14	3	3·7%
1922	42	3	1	2·3%
1923	53	7	1	1·8%
1924	40	4	—	—
1925	70	12	2	2·8%

DYSENTERY.—During the five years under review, 72 notifications of this disease were received from the County Mental Hospital, Rainhill. None of the cases proved fatal and no other case was notified within the borough. There were :—

21 notifications in 1921,
42 ,, ,, 1922,
6 ,, ,, 1923, and
3 ,, ,, 1925.

MALARIA.—There were two cases notified in 1921, but there have been no subsequent notifications.

TRENCH FEVER.—No notifications of this disease have been received during the period under review.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.—The following statement shows the deaths (under two years of age) from Diarrhœa, Enteritis, etc. for the past five years :—

Year.	0—1 years of age.	1—2 years of age.	Total Deaths.
1921	37	10	47
1922	22	3	25
1923	13	6	19
1924	18	5	23
1925	21	7	28

The mortality from Influenza during this period was as follows :—

Age.	1921	1922	1923	1924	1925
Under 1 year	1	3	5	5	1
1—2 years	1	1	3	2	2
2—5 years	1	4	—	2	1
5—15 years	1	1	1	2	3
15—25 years.....	3	4	1	1	1
25—45 years.....	5	9	6	7	10
45—65 years.....	6	14	9	11	11
65—75 years.....	4	6	4	5	6
Over 75 years	1	3	2	3	1
Total Deaths..	23	45	31	38	36
Death rate per 1,000 of population	0·21	0·42	0·28	0·34	0·32
Death rate per 1,000 of population England and Wales	0·23	0·56	0·22	0·48	0·32

Other non-notifiable acute infectious diseases have exerted their influence chiefly amongst the school population. Thus Chicken Pox has been the cause of frequent absences from school and has necessitated the examination of numerous cases when Small-Pox has appeared in the vicinity of the borough. Mumps was prevalent towards the end of 1923, and in the early part of 1924 necessitated the closure of six school departments.

Cases of infectious disease occurring in schools are reported directly by the teachers to the Health Department, and the school nurses also become aware of the occurrence of cases during their visits to schools.

From time to time inspections have been carried out in the schools to discover "missed" cases of Scarlet Fever, or cases of Measles in their early stages, and classes and departments have been swabbed when necessary in the search for Diphtheria carriers.

BOROUGH ISOLATION HOSPITAL.—This hospital is situated at Peasley Cross, and has accommodation for about 100 patients. There is no resident medical officer. Cases are also admitted to this hospital from the Urban District of Haydock. At the beginning of the year there were 36 patients in hospital. New cases admitted during the year numbered 696, making a total number of 732 patients dealt with. At the end of the year there were 39 patients remaining. The highest number of patients under treatment at any one time was 72 and the lowest, 32.

The details of admissions and discharges are shown in Table 17.

Table 17.

Peasley Cross Isolation Hospital

Record of cases treated during 1925.

DISEASE.	In hospital Jan. 1st, 1925.	Admitted.	Discharged.	Died.	In hospital Jan. 1st, 1926.
Typhoid Fever.....	—	7	5	2	—
Scarlet Fever	16	261	241	8	28
Diphtheria	3	110	99	8	6
Puerperal Fever	2	22	14	8	2
Venereal Disease	—	9	9	—	—
Measles	—	26	20	3	3
Scabies	—	1	1	—	—
Other Diseases	14	240	230	16	8
Mothers with sick babies	—	2	2	—	—
Babies with sick mothers	1	18	18	—	1
Total	36	696	639	45	48

AMBULANCE PROVISION.—Two motor ambulances are kept at the Isolation Hospital to convey patients to either of the Corporation Hospitals. During the year the total distance travelled was 13,580 miles.

DISINFECTION.—Disinfection of premises by means of the formalin spray is carried out by the disinfectors from the Medical Officer's Department, and bedding and articles of clothing, etc. are disinfected by steam or other appropriate method at the Borough Isolation Hospital. During the year the disinfectors dealt with 2,137 premises, and the number of articles disinfected at the Isolation Hospital was as follows :—

	Articles.
Hospital Clothing and Bedding.....	2,785
Blankets, Sheets and Rugs	4,150
Pillows and Cushions	2,147
Mattresses, etc.	619
Other Articles of Clothing	865
Library Books	42
Other Articles	568

There is no municipal cleansing station, but facilities for the cleansing and disinfection of persons and their belongings are afforded at the Borough Isolation Hospital. School children are also removed to this Institution for compulsory cleansing when required.

IV.—LABORATORY WORK.

The majority of the routine bacteriological and pathological examinations are carried out by the medical staff at the Borough Laboratory at the Town Hall, but bloods for the Wasserman reaction and specimens of an unusual nature are examined at the City Laboratories, Liverpool. Table 18 shows the numbers of specimens dealt with during 1925.

Outfits for the collection of specimens of sputa, blood specimen, throat swabs, etc., are supplied free of charge.

Table 18.

Specimens.	Number Received.	Results.	
		Positive.	Negative.
Swabs for Diphtheria	2647	202	2445
Blood for Typhoid Fever	55	14	41
Sputa for Tuberculosis	535	123	412
Hairs for Ringworm	72	32	40
Blood for Wasserman Reaction	208	79	129
Films for Gonococci	111	34	77
Pus and other fluids and discharges for various organisms	79	36	43
Other Specimens	58	23	35
Total	3765	543	3222

Specimens requiring chemical anaylsis are dealt with by the Public Analyst at his laboratories.

V.—TUBERCULOSIS.

INCIDENCE.—Particulars of new cases of Tuberculosis notified in the area during 1925 are given in Table 19 and the number of new cases each year since 1912 in Table 20.

Table 19.

Particulars of new cases and deaths during 1925.

Ages.	New Cases.				Deaths.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females.	Males	Females	Males	Females	Males	Females
Under 1 year	—	1	7	3	—	—	4	—
1 to 5 years	3	—	8	12	2	1	6	5
5 to 10 years	7	3	10	16	1	1	2	1
10 to 15 years	9	6	8	16	2	6	—	1
15 to 20 years	10	8	3	3	2	11	—	—
20 to 25 years	7	11	3	4	5	11	—	1
25 to 35 years	26	14	2	—	13	7	2	1
35 to 45 years	11	3	2	—	7	6	—	—
45 to 55 years	11	3	—	—	11	3	—	—
55 to 65 years	8	1	—	—	8	—	2	—
65 upwards	2	—	—	—	—	—	—	—
Totals	94	50	43	54	51	46	16	9

Table 20.

Number of new cases notified and number of deaths each year, 1912 to 1925.

Year.	Cases notified.		Deaths.		Death Rate per 10,000 of population.	
	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.	Pulmonary.	Non-Pulmonary.
1912	130	—	91	65	9·27	6·02
1913	253	164	100	90	10·05	9·0
1914	207	116	113	65	11·2	6·45
1915	203	126	99	56	10·7	6·07
1916	189	137	127	41	14·1	4·5
1917	198	62	121	42	13·3	4·64
1918	144	40	107	34	11·8	3·75
1919	150	56	99	31	9·8	3·08
1920	221	65	82	37	7·9	3·53
1921	179	63	102	32	9·7	3·05
1922	167	58	78	39	7·3	3·66
1923	141	45	85	27	8·0	2·52
1924	154	75	118	27	10·8	2·48
1925	141	88	97	25	8·8	2·28

At the end of 1925, there remained on the Tuberculosis Register in St. Helens 570 cases of pulmonary and 419 cases of non-pulmonary tuberculosis.

Of the 141 new cases of pulmonary tuberculosis notified during 1925, 52 died during the year and the average duration of life in these cases was only 45·5 days. In 11 cases death occurred within one week of notification. Furthermore, of the 97 deaths from pulmonary tuberculosis registered during 1925, 5 were not previously notified as suffering from the disease.

These figures again point to that very serious obstacle in the campaign against Tuberculosis, namely, late notification of the disease. That, in a disease which normally is one of some years' duration, approximately one third of the patients notified died during the year of notification, and that, of those dying, the average duration of life was 45·5 days, means that too many cases are only notified in the last stage of the disease. Why should this be so? It is distinctly unfair to the patient, it exposes healthy members of the community to unnecessary risk of infection, and it is wholly unnecessary. When the patient's own doctor is in doubt it should be remembered that the Tuberculosis Officer

is an expert with more aids to diagnosis to hand than has the busy medical practitioner, and it is in the interests of all concerned that advantage should be taken of such facilities.

MORTALITY.—During 1925 there were within the borough 122 deaths from all forms of tuberculosis, giving a Tuberculosis Death Rate of 11·1 per 10,000 of the population. Of these deaths, 97 were due to pulmonary tuberculosis and 25 to non-pulmonary tuberculosis giving a pulmonary death rate of 8·8 per 10,000 of the population and a non-pulmonary death rate of 2·2.

The ages at which these deaths occurred are shown in Table 10 and the number of deaths and the death rate from each form of the disease each year since 1912 in Table 20.

The following statement shows the death rate from all forms of the disease for St. Helens and for England and Wales since 1900.

TUBERCULOSIS (ALL FORMS) DEATH RATE,
per 10,000 population.

Year.	England and Wales.	St. Helens.
1900	19·02	23·4
1901	18·07	18·6
1902	17·42	23·0
1903	17·37	19·7
1904	17·84	21·7
1905	16·39	19·1
1906	16·54	22·8
1907	16·17	19·3
1908	15·95	20·4
1909	15·37	17·6
1910	14·34	15·8
1911	14·69	16·9
1912	13·74	15·8
1913	13·52	19·1
1914	13·61	17·6
1915	15·17	16·8
1916	15·23	18·6
1917	16·02	17·9
1918	16·68	15·5
1919	12·84	12·8
1920	11·33	11·3
1921	11·26	12·7
1922	11·21	10·9
1923	10·62	10·5
1924	10·58	13·3
1925	*	11·1

* Figures not available.

It will be seen that during the past 25 years there has been a fall of approximately 50% in the death rate from all forms of tuberculosis in St. Helens, and a comparison with the rates for England and Wales for the same period shows that, on the whole, the reduction in St. Helens is keeping pace with that for the whole country.

The great reduction that has taken place in the pulmonary death rate during the past 45 years is shown in the accompanying chart (Table 21) which also gives the corresponding figures for England and Wales.

TUBERCULOSIS DISPENSARY.—During 1925, sessions were held at the Central Dispensary thrice weekly for ordinary cases and once weekly for X-ray. For ordinary cases these have been increased during the current year to five sessions weekly at the Central Dispensary with one session weekly at Sutton.

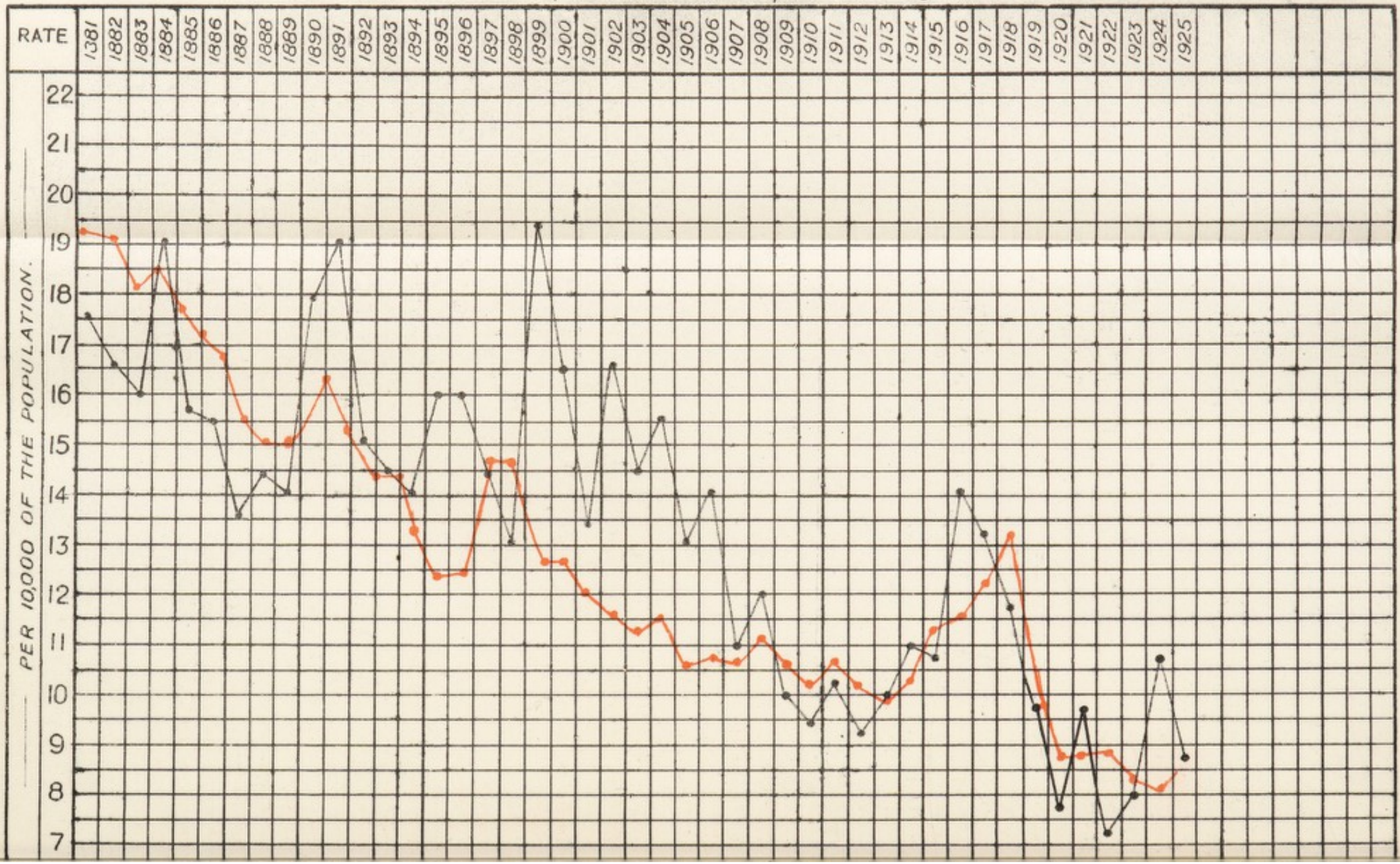
Table 22.

Record of the work of the Dispensary during 1925.

	Pulmonary.				Non-Pulmonary.				Total.			
	Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
A. New cases examined (excluding contacts)	—	—	—	—	—	—	—	—	—	—	—	—
1. Definitely Tuberculous	22	12	5	4	6	1	17	24	28	13	22	28
2. Doubtfully Tuberculous	—	—	—	—	—	—	—	—	6	6	19	12
3. Non-Tuberculous	—	—	—	—	—	—	—	—	11	4	8	8
B Contacts examined.												
1. Definitely Tuberculous	1	—	4	2	1	—	2	4	2	—	6	6
2. Doubtfully Tuberculous	—	—	—	—	—	—	—	—	3	2	6	8
3. Non-Tuberculous	—	—	—	—	—	—	—	—	3	2	7	14
C. Cases written off Register.												
1. Cured	—	—	—	—	—	—	1	2	—	—	1	2
2. Diagnosis not confirmed or Non-Tuberculous	—	—	—	—	—	—	—	—	35	24	33	37
D. Number of persons on Register 31st Dec.												
1. Diagnosis completed	72	22	15	15	10	3	37	49	82	25	52	64
2. Diagnosis not completed	—	—	—	—	—	—	—	—	18	15	19	16

Table 21.

Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England & Wales and St. Helens, 1881-1925.



PER 10,000 OF THE POPULATION.
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22

During the year 165 new cases, 59 contacts and 6 other cases were added to the Dispensary Register ; 3 cases were discharged from the Register as cured, 129 were written off as not tubercular and 95 died. This left at the end of the year 291 persons on the Register.

The total number of attendances made at the Dispensary was 2,502, giving an average weekly attendance of 48. A detailed return showing the work of the Dispensary during the year is given in Table 22. The number of consultations with medical practitioners was :—

(a)—At the homes of the patients..... 3

(b)—Otherwise 63

The number of X-ray examinations made at or in connection with the Dispensary was 143 of chests and 14 of bones and joints. 32 cases of tubercular adenitis and 18 cases of tubercular skin affections made 524 attendances for X-ray treatment.

During the year, 535 specimens of sputum were examined and 123 found positive.

The number of insured persons on the Dispensary Register at the 31st December, 1925, was 81 and in addition 91 insured persons were receiving domiciliary treatment. During the year only 37 reports from panel practitioners were received in respect of new cases of insured persons and 8 quarterly reports in respect of persons under domiciliary treatment. In this connection a conference with the panel practitioners in the latter part of the year has lead to better co-operation between them and the Tuberculosis Officer.

During the year the Tuberculosis Officer paid 89 visits to the homes of patients, and in the following-up of cases 2,818 visits were paid by Health Visitors. Home visitation by the Tuberculosis Officer has necessarily been limited by the staff available. This seems to me a most important requirement of the work in St. Helens. With late notification and some diffidence on the part of those notified and of contacts in attending the Dispensary, patients come under the Dispensary at too late a stage in the disease.

With the increase during the current year in the medical staff devoted to Tuberculosis, arrangements have been made for a medical officer to visit every case soon after notification. It is not intended that such visitation should take the place of consultation at the Dispensary, rather it should increase these, and by getting in personal touch with the patient at the earliest, increase the possibilities of effective treatment both for patient and for contacts.

Further visits by the medical officer are made in special cases as and when required.

Home visiting by nursing staff is done in the first instance by a special Tuberculosis Nurse who is also the nurse attending at all Dispensary sessions. Further visits are paid by her for special purposes as and when required, but routine supervision of the cases is carried out by the Health Visitor for the district in which the patient lives, and such Health Visitor makes periodic reports to the Tuberculosis Officer. In this way the Tuberculosis Officer and the nurse at the Dispensary have a personal knowledge of all conditions affecting the patient and contacts, whilst the Health Visitor, who is probably interested in and visiting the house for other purposes, becomes as far as possible the one link between the home and the Health Department.

Home disinfection of premises and bedding is carried out on all occasions when a definitely tubercular patient is removed to hospital and after the death of a patient at home. Intermediate disinfection is carried out as circumstances merit. During the year disinfection was performed in 431 instances.

Owing to the scarcity of suitable premises in conjunction with patients' homes, shelters are not provided in St. Helens.

There are no arrangements under the Tuberculosis Scheme for the provision of Home Nursing in St. Helens, but many of the cases are dealt with by the St. Helens and District Nursing Association.

Patients undergoing home treatment are supplied with fresh milk free of charge at the discretion of the Tuberculosis Officer.

During the year ending March, 1926, the cost of this assistance was £21/9/2.

During the year no cases have come to notice in which action was required under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (control of tuberculous persons employed in the milk trade), nor has it been necessary to obtain compulsory removal to hospital of any patient under the Public Health Act, 1925, Section 62. The latter provision (which replaces Section 93 of the St. Helens Corporation Act of 1911) has, however, been found a most effective argument in persuading obstinate patients.

NON-PULMONARY TUBERCULOSIS.—Though no complete scheme for the treatment of non-pulmonary tuberculosis has been in operation, many of these cases have been dealt with either at or in connection with the Dispensary or have been sent to residential institutions.

During 1925, 49 patients suffering from tubercular glands or from Lupus made 524 attendances at the Dispensary for X-ray treatment, and 52 patients suffering from the following types of diseases received treatment at various residential institutions during the year :

Bones and Joints	27
Abdominal	14
Glandular	8
Other Organs	3

Splints are supplied as required to hospital cases and in a few cases on the recommendation of surgical specialists to patients attending the Dispensary.

During the current year, arrangements have been made in conjunction with the Maternity and Child Welfare and School Medical Service for an Orthopaedic Scheme which will deal with all children under the age of 16 years. There is no doubt that this will prevent much of the tubercular crippling at present found. The outline of the scheme is printed in the Appendix. It should be noted that this scheme does not provide for persons over 16 years of age.

CONTACTS AND DOUBTFUL CASES.—Every effort is made to have all contacts of notified pulmonary cases examined at least once, either at the Dispensary or at their homes. Considerable difficulty has been experienced in carrying this out in the past owing to limitations of the staff, but, with the increase of medical officers during the current year, it is hoped that in the future all who are willing will undergo a thorough examination. Re-examinations will be carried out as and when circumstances indicate. School children contacts are kept under supervision by the School Medical Service.

Doubtful cases, which cannot be decided after a short period of clinical observation, are submitted to X-ray diagnosis or admitted to the Sanatorium for special observation.

DENTAL TREATMENT.—In-patients at Eccleston Hall Sanatorium are examined regularly by the Dental Surgeon who visits once weekly. Minor treatment such as extractions, fillings, etc., are carried out as a matter of routine and in special cases dentures are supplied either wholly at the expense of the Corporation or in conjunction with the patient's Approved Society or the Ministry of Pensions. There is no special scheme for dealing with patients attending the Dispensary but urgent cases are from time to time referred to the Dental Surgeon for treatment.

INSTITUTIONAL TREATMENT.—Institutional treatment for cases of tuberculosis in St. Helens is provided as follows :—

(a)—Eccleston Hall Sanatorium:—maintained by the St. Helens Corporation. This institution contains 70 beds with accommodation for approximately 30 men, 18 women, and 22 children.

The institution is primarily for pulmonary tuberculosis, but non-pulmonary cases are admitted as and when necessary. Though originally intended for sanatorium treatment only, it has been found necessary to use this institution also for advanced cases, the proportions for 1925 being approximately equal. There is a Sanatorium School for children in-patients.

(b)—Four beds are reserved at the Liverpool Sanatorium, Delamere, for pulmonary cases.

(c)—Four beds are reserved at the Leasowe Open Air Hospital for Children for non-pulmonary cases.

(d) Occasional beds are taken as and when required for special cases at various institutions.

The average number of beds available during 1925 was as follows :—

	Observation.	Pulmonary Tuberculosis	Non-Pulm. T.B.		Total.
		Sanatorium and Hospital Beds.	Diseases of bones and joints.	Other conditions.	
Adult Males	1	30	—	—	31
Adult Females	1	20	—	—	21
Children under 15	2	4	8	12	26
Totals	4	54	8	12	78

Table 23 shows the extent of institutional treatment provided during 1925 at the foregoing Sanatoria and Hospitals, and Table 24 shows the immediate results of treatment of patients discharged during the year. Consideration of the latter table shows the relatively large proportion of advanced cases receiving institutional treatment as compared with cases in the early stages. This is not due to the admission of advanced cases at the expense of early cases but it is mainly the result of :—

(a) the advanced stage of the disease when notified, and

(b) the difficulty sometimes experienced in persuading early cases to undergo sanatorium treatment.

It cannot be too strongly emphasised that the early stage of the disease is the curable stage and, the more advanced the disease becomes, the less likelihood there is of complete cure.

CARE AND AFTER-CARE.—No After-care Committee has yet been formed in St. Helens, but I would suggest that this omission should be remedied at an early date. Such a committee to be effective however must be (a) a small committee and (b) an active committee,i.e. one in which every member takes an active personal part in the work and not one in which the executive duties are left to one individual. With a voluntary committee on these lines much good could be done in assisting patients and their dependents. The funds required would be relatively small, the most important function being personal interest in the way of advice and help to enable these patients to fight against economic circumstances. The duties are to a limited extent at present attempted by the Tuberculosis Officer in co-operation with the various welfare workers in the town, but such duties are not properly for an official department.

Table 23.

Return showing the extent of Institutional Treatment during the year 1925.

				In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of Patients		Adults.	M.	24	73	45	21	31
			F.	9	33	20	13	9
		Children.	M.	16	19	21	1	13
			F.	24	21	21	5	19
Number of Observation Cases		Adults.	M.	—	8	6	1	1
			F.	1	1	2	—	—
		Children.	M.	—	13	11	—	2
			F.	—	6	5	—	1
		Total		74	174	131	41	76

Table 24.

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1925.

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Total.
		Under 3 months.			3—6 months.			6—12 months.			More than 12 months.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
§ Pulmonary Tuberculosis. — Class T.B. minus.	Quiescent	2	2	2	3	1	4	2	1	5	1	...	2	25
	Improved	1	1	1	2	...	2	...	1	2	1	...	...	11
	No material improvement	...	...	1	...	...	...	...	...	...	...	...	...	1
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
§ Pulmonary Tuberculosis. — Class T.B. plus Group 1.	Quiescent	1	...	...	...	...	...	2	...	...	...	...	...	3
	Improved	1	1	...	...	...	...	2	...	...	...	...	...	4
	No material improvement	...	1	...	...	2	...	...	...	...	...	...	...	3
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
§ Pulmonary Tuberculosis. — Class T.B. plus Group 2.	Quiescent	1	...	...	...	1	...	...	1	...	1	...	...	4
	Improved	1	2	...	4	1	...	2	...	...	...	...	...	10
	No material improvement	...	...	...	2	...	...	...	...	...	...	...	...	2
	Died in Institution	2	2	1	3	2	1	1	...	...	...	1	1	14
§ Pulmonary Tuberculosis. — Class T.B. plus Group 3.	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
	Improved	1	...	...	3	3	...	2	...	...	2	...	...	11
	No material improvement	2	1	...	1	...	...	...	...	...	...	...	...	4
	Died in Institution	14	6	3	1	1	...	...	1	...	...	...	...	26
Non-Pulmonary Tuberculosis. — Bones and Joints.	Quiescent or arrested	...	...	...	...	...	1	2	...	1	1	...	2	7
	Improved	1	...	1	...	...	1	...	...	1	...	...	...	4
	No material improvement	...	...	1	...	...	...	...	...	...	...	...	...	1
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Pulmonary Tuberculosis. — Abdominal.	Quiescent or arrested	...	...	...	...	...	5	...	...	2	...	...	...	7
	Improved	...	...	...	...	...	1	...	...	...	...	...	...	1
	No material improvement	...	...	1	...	...	...	...	...	...	...	...	...	1
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Pulmonary Tuberculosis. — Other Organs.	Quiescent or arrested	...	...	...	...	...	...	...	...	...	...	...	2	2
	Improved	...	...	...	...	...	...	...	...	...	...	...	...	...
	No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
Non-Pulmonary Tuberculosis. — Peripheral Glands.	Quiescent or arrested	...	...	1	...	...	1	...	...	2	...	1	...	5
	Improved	...	...	...	1	...	...	...	...	...	...	...	...	1
	No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
	Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...

Observation for purpose of diagnosis.		Under 1 week.			1—2 weeks.			2—4 weeks.			More than 4 weeks.			
	Tuberculous	...	...	4	...	...	1	1	1	1	...	...	2	10
	Non-tuberculous	1	...	...	...	...	2	...	...	1	...	...	8	12
	Doubtful	...	...	...	...	...	1	...	...	...	...	...	2	3

§ Pulmonary Tuberculosis : Patients suffering from this disease are now divided into two classes, viz. : *Class T.B. minus*, which comprises those patients in whose sputum tubercle bacilli have never been found : *Class T.B. plus* comprises those cases in which tubercle bacilli have at any time been found.

Class T.B. plus is further sub-divided into three groups. *Group 1* comprises early cases who will probably have their disease arrested by a period of Sanatorium treatment. *Group 3* includes advanced cases and cases with grave complications, *e.g.*, diabetes and *tuberculosis* of larynx or intestine. *Group 2* all cases of Class T.B. plus who cannot be

VI.—VENEREAL DISEASES.

A treatment centre for these diseases has been open since 1917. There are two weekly sessions each of 1½ hours, one being for male patients and the other for women and children. Treatment is carried out by the Staff of the Medical Officer's Department, the services of a female Assistant Medical Officer being available for the treatment of women and children.

In the main, the existing facilities are satisfactory and meet all requirements, but difficulty is still experienced in securing the regular attendance of gonorrhœa patients for intermediate treatment. This defect, which is largely due to the varying "shifts" of work in the district and the impossibility of keeping open the centre during hours which will suit all workers, has considerably improved in recent years.

Accommodation for six male and six female patients is provided at the Borough Isolation Hospital for persons requiring in-patient treatment.

Bacteriological and serological examinations are carried out at Liverpool University.

The main development of the scheme in recent years has taken the form of increased ante-natal investigation and treatment with the subsequent treatment of the new-born when necessary. This has been facilitated by the progressive increase of ante-natal work under Maternity and Child Welfare Schemes. Efforts are also made to correlate the work of the male and female departments by securing the attendance of other members of the family of an infected person.

On the whole there has been increased readiness on the part of medical practitioners to send cases for diagnosis and treatment. The number of practitioners in the area who are qualified to receive free supplies of arsenobenzol compounds is four, and during the past five years the number of doses of salvarsan substitutes which have been so issued was as follows :—

Year.	No. of doses.
1921 ...	43
1922 ...	91
1923 ...	—
1924 ...	—
1925 ...	24

Particulars of facilities for diagnosis and treatment are exhibited in public places and notices are published from time to time in the local press. Occasional lectures, etc. have also been given under the auspices of the British Social Hygiene Council. Information of this kind is also given by medical officers, health visitors, etc., working in other branches of the Health Department.

No action has been taken in the area under the Venereal Disease Act, 1917.

During 1925, 150 male and 84 female patients made a total of 2,408 attendances at the Treatment Centre and six patients received in-patient treatment at the Isolation Hospital. Table 25 gives particulars of the treatment of these diseases since 1917.

Table 25.

Particulars of the treatment of Venereal Diseases from 1917 to 1925 inclusive.

	MALES.									FEMALES.								
	1917	1918	1919	1920	1921	1922	1923	1924	1925	1917	1918	1919	1920	1921	1922	1923	1924	1925
1.—No. of persons dealt with for the first time and found to be suffering from :—																		
Syphilis	19	26	67	46	33	24	18	19	14	13	23	26	34	18	18	11	15	29
Soft Chancre	....	....	23	5	18	....	....	....	1	....	....	5	5	2	....	....	....	....
Gonorrhœa	5	20	71	78	46	26	34	30	26	1	2	14	9	7	3	2	9	4
Non-Venereal Diseases	1	7	12	20	9	17	27	19	18	2	8	7	4	3	9	10	9	11
2.—No. of persons discharged after completion of treatment:																		
Syphilis	....	....	....	16	3	9	20	3	6	....	....	....	15	....	2	8	....	10
Soft Chancre	....	....	....	16	....	14	....	....	....	....	....	....	5	....	6	....	....	....
Gonorrhœa	1	....	....	52	....	9	16	22	10	....	....	....	....	....	....	....	....	....
3.—No. of persons who ceased to attend before completion of treatment :—																		
Syphilis	....	15	36	11	5	54	27	16	23	....	10	16	12	....	42	12	18	23
Soft Chancre	....	....	....	2	3	6	....	....	....	....	....	....	....	....	....	....	....	....
Gonorrhœa	....	11	11	14	22	24	42	15	25	....	2	5	4	4	5	4	5	3
4.—Total attendances of all persons :—																		
Syphilis	85	338	895	1208	1340	1024	584	526	463	40	266	413	563	544	343	246	168	536
Soft Chancre	....	....	80	102	71	40	....	....	5	....	....	25	71	37	49	....	....	....
Gonorrhœa	19	234	591	1212	1003	549	607	1087	1209	1	5	54	84	58	84	24	166	117
Non-Venereal Diseases	1	9	54	104	51	40	105	86	52	7	11	29	36	12	49	49	39	26
5.—No. of days of In-patient treatment given :—																		
Syphilis	241	*	263	403	117	194	46	29	49	190	*	608	370	250	57	112	14	99
Gonorrhœa	28	*	47	....	168	....	....	4	16	27	*	70	76	38	....	18	140	16

* The total number of days of in-patient treatment in 1918 was 1,035, but statistics giving disease and sex are not all available.

VII.—SUMMARY (for reference) of Nursing Arrangements, Hospitals, and other Institutions available for the district.

HOME NURSING.—The St. Helens and District Nursing Association, supported by voluntary contributions, maintain a superintendent, assistant superintendent and ten nurses to attend non-infectious cases in their own homes. 1,538 new cases and 165 old cases were nursed during the year, the total number of visits amounting to 52,329.

During the current year, arrangements have been made with this Association for the home nursing of all cases of Ophthalmia Neonatorum, Measles, and Whooping Cough in children under 5 years of age not requiring hospital treatment.

MIDWIVES.—No district midwives are employed or subsidised by the public health authority. In exceptional cases however, where the parent has been unable to do so by reason of poverty, the Council have paid the midwife's fee.

CLINICS AND TREATMENT CENTRES.—The following clinics and treatment centres are provided by the Corporation :

(1).—Maternity and Child Welfare Centres—combined clinics for expectant and nursing mothers and for children under 5 years of age.

(a) Town Hall Clinic ... Open Monday, Wednesday and Thursday, 2 to 4 p.m. For Hardshaw, Thatto Heath, Derbyshire Hill and Parr Districts.

(b) Albion Street Clinic ... Open Monday, Tuesday and Wednesday, 2 to 4 p.m. For North & South Eccleston, North and South Windle, and Central Districts.

(c) Elizabeth Street Clinic — Open Thursday, 2 to 4 p.m. For Peasley Cross and Sutton Districts.

(d) Marshalls Cross Clinic — Open Tuesday, 2 to 4 p.m. For Marshalls Cross, Sutton Manor and Clock Face Districts.

(2).—Ante-natal Clinics—For ante-natal cases only.

(a) The Dispensary, Claughton Street ... Friday, 2 to 4 p.m.

(b) Elizabeth Street Maternity and Child Welfare Centre ... ... Thursday, 2 to 4 p.m.

(3).—School Clinic, Claughton Street.—For treatment of minor ailments, throat and nose defects, eyes, dental defects and the X-ray treatment of ringworm. Minor ailments are treated daily 9 a.m. to 5 p.m., and other defects on special days. A scale of income has been drawn up for recovery of cost of treatment in non-necessitous cases.

(4).—Tuberculosis Dispensary, Claughton Street.—Open Monday from 10 to 11-30 a.m., Wednesday from 5-30 to 7-0 p.m., Thursday from 2-30 to 4 p.m., and Friday from 10 to 11-30 a.m. and from 6 to 7 p.m.

A session is also held at the Elizabeth Street Clinic from 2-30 to 4 p.m. on Friday.

(5).—Venereal Diseases Centre, Claughton Street.—Open for males on Monday, 6 to 7 p.m., and for females, Wednesday, 5-30 to 7 p.m. The centre is also open daily from 9 a.m. to 5 p.m., for irrigation, advice and prophylactic treatment.

HOSPITALS.—

Provided by the Council :—

(1)—Borough Isolation Hospital, Peasley Cross. For Infectious Diseases (other than Small-pox). Beds, 100.

(2) Eccleston Hall Sanatorium for cases of Tuberculosis. Beds, 70.

(3)—Old Whint Hospital, Haydock. For maternity cases and pre- and post-natal complications. Also for debilitated and ailing infants. Beds : Maternity, 10 ; Children, 20. (In view of the proposed new arrangements for these cases this hospital will probably be closed at an early date).

Subsidised by the Council.—Sankey Small-pox Hospital, for cases of Small-pox. St. Helens pays an annual retaining fee to the Warrington Corporation and the costs of treatment of any patient admitted from St. Helens.

Other Hospitals.—*The St. Helens Hospital.*—Supported partly by subscribers and partly by contributions. For all medical and surgical non-infectious cases. A new block containing 15 beds has recently been added for maternity cases. Total accommodation about 130 beds. Out-patient department for Ophthalmic and Gynaecological cases.

The Providence Free Hospital.—Accommodation for about 100 patients (general medical and surgical cases).

VIII.—MATERNITY AND CHILD WELFARE.

The various activities under the Maternity and Child Welfare Schemes of the Council comprise the following :—

1.—Notification of Births under the Notification of Births Acts, 1907 and 1915.

2.—Inspection and supervision of midwives.

3.—Health visiting.

4.—Provision of ante-natal and maternity and child welfare clinics for consultation and advice.

5.—Provision of hospital accommodation for maternity cases and for ailing and debilitated children at Old Whint Hospital.

6.—Provision of hospital accommodation at Peasley Cross Isolation Hospital for cases of puerperal fever and septic confinement cases, and for ophthalmia neonatorum, measles, etc.

7.—Provision of home nursing for cases of ophthalmia neonatorum, measles and whooping cough.

8.—Supply of milk at less than cost price to infants, and nursing and expectant mothers.

9.—Provision of maternity bags for necessitous cases.

10.—Provision of treatment for minor ailments and dental defects in necessitous cases.

11.—Provision of treatment for the crippled child.

NOTIFICATION OF BIRTHS.—Under the Notification of Births Acts, 2517 live births and 97 still births were notified during the year. Of these 2,438 were notified by midwives and 279 by doctors and parents.

INFANT MORTALITY.—During 1925, 2,630 births were registered, and the deaths of 263 infants under one year of age occurred, giving an infant mortality rate of 100 per 1,000 births as compared with 103 for the previous year. Of the 263 deaths under one year, 252 were legitimate children and 11 illegitimate children, giving a legitimate infant mortality rate of 98·7 per 1,000 legitimate births and an illegitimate infant mortality of 139·2 per 1,000 illegitimate births.

In the following table (and more graphically in Table 11) the fall in the infant mortality rate during the past fifty years is shown :—

Period	Infant mortality per 1,000 births. St. Helens.	England and Wales.
1876-80 ...	153	145
1881-85	158	139
1886-90 ...	166	145
1891-96 ...	173	151
1896-1900 ...	175	156
1901-05 ...	157	138
1906-10 ...	141	117
1911-15 ...	140	110
1916-20 ...	117	90
1921-25 ...	102	75
1925 ...	100	75

The principal causes of these deaths in 1925 were as follows:

Congenital debility, malformations and premature birth...	100
Pneumonia	40
Bronchitis and other respiratory diseases	19
Diarrhoea, etc.	21
Whooping Cough	10
Tuberculosis	4
Measles	4
Scarlet Fever	2
Other Causes.....	63

The following statement reviews the infant death rates under the principal causes in the years 1921 to 1925.

	Infant Mortality per 1,000 births. 1921	1922	1923	1924	1925
Congenital debility, malformations and premature births	39·88	44·43	39·77	44·90	38·02
Pneumonia, Bronchitis and other respiratory diseases	26·80	35·19	22·94	23·59	22·43
Measles and Whooping Cough	2·61	4·62	·76	3·43	5·33
Diarrhoea, etc.	12·09	7·82	4·97	6·85	7·98
Other Diseases	22·23	23·46	22·94	24·73	26·24

Examination of this table shows that taken over the five years the chief decreases have been in deaths from respiratory and diarrhœal diseases, whereas the infant mortality from whooping cough and measles has increased. There has been, however, during the last two years an increase in the diarrhœal death rate. This latter fact is of extreme importance as pointing to dirt and carelessness in the home and its surroundings. In this connection one cannot help feeling that much of the teaching of the Health Visitors loses its value when parents find themselves surrounded by overcrowded and insanitary conditions. Further, unless the water supply is ample and convenient, refuse removed and disposed of in the most sanitary method, streets and back passages kept clean and properly paved, the Local Authority cannot escape some measure of direct responsibility if the hygiene of the home is not as it should be. There is always a danger that "personal services" like Maternity and Child Welfare, schemes for Tuberculosis, etc. may be developed at the expense of "communal services" included under the term general sanitation, and any rise in the diarrhœal death rate is a prompt reminder that both services are necessary for any true progress.

The ages at which the infant deaths occurred during the past five years are shown in the following statement :—

	Expressed as % of total infant deaths.				
	1921	1922	1923	1924	1925
Deaths under 1 day old...	15·50	19·25	14·65	15·07	10·27
Deaths 1 to 7 days old...	9·49	10·86	13·80	13·25	14·45
Deaths 1 to 4 weeks old...	13·29	13·04	14·65	14·34	15·20
Deaths 4 weeks to 3 months old	18·68	18·64	11·29	16·54	11·03
Deaths 3 to 6 months old	18·03	13·97	19·67	15·07	16·73
Deaths 6 to 12 months old	25·00	24·23	25·94	25·73	32·32

Comparing these figures it will be seen that, though there has been during the past four years a decrease in the proportion of the infant death rate assignable to deaths at the earlier ages, the proportion during 1925 is still slightly higher than in 1921. This is best seen by comparing the percentage of the death rate attributable to deaths of infants under 1 month old (neo-natal deaths). For the five years 1921–25, this has been successively 38·28%, 43·15%, 43·10%, 42·66% and 39·92%. These deaths

are mainly due to congenital conditions and represent that portion of the infant mortality which it is hoped to reduce by antenatal care and supervision.

STILL BIRTHS.—The proportion of still births to live births occurring each year since 1921 is shown in the following statement. These figures are based on the notifications received under the Notification of Births Acts.

	1921	1922	1923	1924	1925
Live births notified	3068	2730	2561	2587	2517
Still births notified	40	121	90	101	97
Still births per 1,000 total births notified	12·87	42·44	33·94	37·57	37·10

Except in cases notified by a registered practitioner, every still birth is investigated with a view to finding preventable causes. During recent years, 326 of these special enquiries have been made and the following is a summary of the information obtained.

(a) Period of Pregnancy :—

Full term	149	= 45·7%
Between 8th and 9th month	68	= 20·9%
Between 7th and 8th month	109	= 33·4%

(b) Condition of foetus :—

Macerated	120	= 36·8%
Non-Macerated	206	= 63·2%

(c) Pregnancy.

1st pregnancy	67	(20·6%)
2nd ,, ,, ...	43	(13·2%)
3rd ,, ,, ...	34	(10·42%)
4th ,, ,, ...	31	(9·5%)
5th ,, ,, ...	36	(11·04%)
6th ,, ,, ...	21	(6·4%)
7th ,, ,, ...	23	(7·06%)
8th ,, ,, ...	16	(4·9%)
9th ,, ,, ...	18	(5·5%)
10th ,, ,, ...	13	(3·98%)
11th ,, ,, ...	9	(2·8%)
12th ,, ,, ...	5	(1·5%)
13th ,, ,, ...	10	(3·1%)
14th ,, ,, ...	—	

(d) Legitimacy.

Legitimate	319	(97·8%)
Illegitimate	7	(2·2%)

Causes.—Owing to the fact that the classification of the cause had to be made mainly on the history obtained from the parent or the midwife in attendance, the following cannot be considered as strictly accurate. The percentage shown as attributable to syphilis is I think much lower than is truly the case, and some cases shown as due to anaemia or overlifting or to no apparent cause were very likely really due to syphilis.

Notwithstanding such fallacies, the list is interesting as indicating the immediate causes so far as they could be ascertained.

1.	Renal Diseases	22	(6·7%)
2.	General Diseases (heart, lungs, anaemia, etc.)	55	(16·9%)
3.	Syphilis	20	(6·1%)
4.	Placenta Praevia & ante partum haemorrhage	35	(10·7%)
5.	Difficult labour (Malpresentations, etc.)	58	(17·8%)
6.	Inattention at birth	10	(3·1%)
7.	Monstrosity	23	(7·1%)
8.	Overlifting, strain, etc.	11	(3·4%)
9.	No apparent cause	92	(28·2%)

MATERNAL DEATHS.—The numbers of deaths of mothers at or in connection with childbirth (all puerperal causes) during the past five years were as follows :—

		St. Helens.	England and Wales
	Deaths.	Rates per 1000 births	
1921	15	4·90	3·91
1922	11	3·91	3·81
1923	3	1·14	3·82
1924	17	6·47	3·90
1925	14	5·32	4·08

The causes of deaths in St. Helens were :—

	1921	1922	1923	1924	1925
Placenta Praevia and accidental hæmorrhage :—					
Number of deaths	5	1	—	3	1
Rate per 1,000 births...	1·63	0·36	—	1·14	0·38
Eclampsia :—					
Number of deaths	1	2	—	2	1
Rate per 1,000 births...	0·32	0·71	—	0·76	0·38
Puerperal Sepsis :—					
Number of deaths	6	4	1	5	7
Rate per 1,000 births...	1·96	1·42	0·38	1·90	2·66
Other Causes :—					
Number of deaths	3	4	2	7	5
Rate per 1,000 births...	0·98	1·42	0·76	2·66	1·90

From the above it will be seen that Puerperal Sepsis, Eclampsia and Placenta Praevia are responsible for more than half the deaths that occurred. Yet deaths from these causes are largely preventable. The great majority of cases of Eclampsia and Placenta Praevia are easily recognisable by medical examination prior to the onset of labour, and, with efficient ante-natal care and treatment and suitable arrangements for the conduct of the labour, could be taken through the confinement in safety.

The Puerperal Sepsis death rate could also be greatly reduced by ante-natal care and supervision. No doubt much of it is due to difficult and abnormal confinements taking place under bad home conditions, whereas, if these cases had undergone ante-natal examination the abnormality would have been discovered and rectified or arrangements made for confinement under suitable conditions. Not all, however, are due to abnormal confinements. The death rate amongst midwives cases (i.e. presumably normal deliveries) was 1·14 per 1000 births in 1925 whilst the rate for cases attended by doctors was 1·52. That normal cases also contribute to deaths from puerperal sepsis is shown by the following analysis of the notifications of puerperal fever received during the past five years.

	Normal Confinements.		Abnormal confinements.	
	Notifications Received.	Rate per 1,000 births.	Notifications Received.	Rate per 1,000 births.
1921 ...	6 ...	1·96 ...	12 ...	3·92
1922 ...	4 ...	1·42 ...	6 ...	2·13
1923 ...	1 ...	·38 ...	3 ...	1·14
1924 ...	8 ...	3·04 ...	9 ...	3·42
1925 ...	10 ...	3·80 ...	6 ...	2·28

Therefore, if deaths from puerperal sepsis are to be reduced, two factors are required—(a) increased ante-natal supervision to discover and if possible rectify abnormalities and (b) increased hospital accommodation so that the confinement may be conducted under the best possible conditions. To these must be added, as also for all other conditions contributing to maternal deaths, increased skill on the part of the midwife and the medical attendant.

Other causes of maternal deaths include difficult labours, embolism, post partum hæmorrhage and deaths from diseases unassociated with the labour but precipitated by it. Again, many of these could be avoided by ante-natal supervision. Overcrowding, lack of nourishment and too frequent child bearing also play their part in maintaining this death rate.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN

Puerperal Fever.—16 cases of puerperal fever were notified during the year and 7 deaths occurred giving a death rate of 2·66 per 1,000 births.

The number of cases notified each year during the past five years was as follows :—

1921	...	18	(5·88 per 1,000 births)
1922	...	10	(3·55 ,, ,,)
1923	...	4	(1·52 ,, ,,)
1924	...	17	(6·46 ,, ,,)
1925	...	16	(6·08 ,, ,,)

It is difficult to account for the small number of cases in 1923. That it was a real decrease and not caused by any failure in notification is supported by the unusually low death rate attributable to puerperal sepsis that year.

Ophthalmia Neonatorum.—The following statement shows of the number of cases occurring each year since 1921 and the nature and result of treatment. The deaths recorded occurred whilst the child was under treatment and were due to congenital debility or to concurrent syphilis.

	1921	1922	1923	1924	1925
Cases notified	42	48	30	34	16
Treated—At home	35	43	20	22	11
In hospital	6	5	10	12	5
At Clinic	1	—	—	—	—
Recovery with vision unimpaired	37	47	28	33	14
,, ,, ,, impaired	5	1	1	—	—
,, totally blind	—	—	1	—	—
Deaths	—	—	—	1	2

Measles and Whooping Cough.—92 cases of measles in children under 1 year old and 904 cases in children aged 1 to 5 years were notified during the year. The deaths occurring in each age group were respectively 4 and 13.

130 cases of whooping cough were notified in children under 1 year old and 554 cases in children aged 1 to 5 years, the deaths due to this cause being respectively 10 and 21.

Other Infectious Diseases.—Table 26 shows the number of cases of other infectious diseases which occurred in children under 5 years of age in the years 1921 to 1925.

Table 26.

Infectious Diseases at ages 0—1 and 1—5 years during years 1921 - 25.

	1920		1922		1923		1924		1925	
	Under 1 yr	1-5 yrs	Under 1 yr	1-5 yrs	Under 1 yr	1-5 yrs	Under 1 yr	1-5 yrs	Under 1 yr	1-5 yrs
Scarlet Fever	2	53	6	58	1	75	6	53	4	69
Diphtheria	2	16	1	30	1	33	—	33	3	36
Pneumonia	7	21	34	51	8	51	14	38	15	77
Erysipelas	2	2	2	3	1	3	—	2	—	1
Enteric Fever	—	—	—	—	—	—	—	—	—	3
Poliomyelitis	—	2	—	—	—	1	—	—	—	1
Encephalitis Lethargica	—	—	—	—	—	2	—	1	—	1
Cerebro Spinal Fever	—	—	—	—	—	—	—	—	1	1
Whooping Cough	79	296	54	213	99	539	36	151	130	554
Measles	16	89	223	2083	14	40	206	2375	92	904
Continued Fever	—	1	—	—	—	—	—	—	—	—
Polio-Encephalitis	—	1	—	—	—	—	—	—	—	—
Tuberculosis (Pulmonary)	—	1	—	3	—	2	—	4	1	3
,, (Non-Pulmonary)	4	22	1	5	2	8	1	21	10	20

Provision of Treatment.—Cases of puerperal fever and puerperal septic conditions are admitted to the Borough Isolation Hospital. I am perfectly convinced that hospital treatment is the only sound method of treatment whenever there is any suspicion of sepsis. Unfortunately at present too many cases are kept at home until the disease is well established, with resulting lessened chances of effective treatment.

Cases of scarlet fever and diptheria and, as occasion arises, enteric fever, cerebro-spinal fever, etc., occurring in children under 5 years of age, are admitted to the Isolation Hospital as a matter of routine.

Accommodation at the Isolation Hospital is also available for cases of measles, whooping cough, and ophthalmia neonatorum when such cases are serious or cannot be nursed properly at home. The majority of these cases, however, do not require hospital treatment and are treated at home and, though occasionally nurses from the staff of the Medical Officer's Department have been available for home nursing, no organised scheme has been in operation. To remedy this defect, the Council have during the current year made arrangements with the St. Helens and District Nursing Association for the home nursing of all cases not admitted to hospital. There is no doubt that, with efficient home nursing, the number of cases with serious complications will be reduced, with a consequent saving of lives and a reduction of chronic invalidism.

INSPECTION AND SUPERVISION OF MIDWIVES.

There were 49 midwives on the register as practising in the Borough during the year.

The qualifications of these midwives were as follows :—

Holding the certificate of the Central Midwives Board	36
Having other recognised certificates	9
Untrained	4

Inspections of midwives were carried out on 67 occasions by medical officers, and the health visitors paid 96 routine and 92 special visits for purposes of inspection and supervision. In

17 instances it was considered necessary to suspend a midwife from practice for 24 hours after contact with an infectious case to allow of the disinfection of herself and of her appliances.

During the year the midwives found it necessary to call medical practitioners to their assistance on 740 occasions. The reasons for sending and the number of occasions in which medical assistance was required were as follows :—

Number of cases attended by midwives.....	2,583	
Number and percentage in which medical assistance was obtained	740	(28·6%)

Reasons for medical assistance :—

(a) For abortions and premature labours ...	54	(2·1%)
(b) For ante-natal illnesses...	102	(3·9%)
(c) For difficult confinement	330	(12·8%)
(d) For suturing the perinæum, expelling the placenta, excessive hæmorrhage, etc.	117	(4·5%)
(e) For post-natal illnesses...	47	(1·8%)
(f) For the child	90	(3·5%)

Under the Midwives' Act, 1918, the Local Supervising Authority is responsible for the payment of the fees of doctors called in by the midwives and have power to recover from the patient the whole or part of fees so paid. During the financial year 1925-26, £999 11s. was paid to medical practitioners for this service, and £517 14s. 4d. was recovered from the patients.

In June, 1924, ante-natal registers were issued to the midwives for recording bookings, examinations, previous history of the patient, and any ante-natal treatment advised. These registers are inspected at intervals by the medical officers and health visitors and have been found on the whole to be well kept. There is, however, in St. Helens a considerable reluctance on the part of expectant mothers to any examination previous to the confinement. This is greatly to be regretted and appears to be purely a matter of prejudice to be overcome by education. If the confinement is to be made as safe as possible it is essential that mothers should consult their midwife or doctor or attend an ante-natal clinic previous to the confinement. By so doing, points requiring special care would be discovered and treated or suitably arranged for, and the confinement made reasonably safe.

During 1925, in only 1,478 of the 2,583 midwives' cases were the midwives consulted previous to the confinement. In 758 of these, the midwife saw the patient once only ; in 391 cases, twice ; in 220 cases, three times ; in 90 cases, four, five or six times ; and in the remainder (19), still more frequently. In 88 cases, the patient was recommended to see a doctor. The interval between the consultation with the midwife and the confinement varied very considerably, being in 381 cases one month or less ; in 366, between one and two months ; in 291, between two and three months ; in 250, between three and four months ; and in the remainder (190), over four months.

During the year a "refresher" course was conducted by one of the Assistant Medical Officers for all midwives practising within the area. The course consisted of eight lectures summarising the most important points in midwifery practice, and two practical demonstrations in hospital. The course was well attended and was much appreciated. Though necessarily a short course, it is hoped by making it a yearly feature to extend gradually the ground covered. This would allow practising midwives, who otherwise have few facilities for post-graduate study, to keep in touch with the latest developments of their work.

HEALTH VISITING.—The following table shows the progressive increase in visits paid by health visitors since 1921. This increase is most pronounced in the visiting of expectant mothers and of children aged one to five years.

	1921	1922	1923	1924	1925
To expectant mothers:					
(a) First visits	867	540	783	930	979
(b) Subsequent visits.....	633	462	1,077	1 ,464	1,464
To infants under one year :					
(a) First visits —...	3,251	2,770	2,705	2,660	2,616
(b) Subsequent visits.....	12,635	10,563	10,790	15,328	14,366
To children, aged one to five years	14,918	16,590	22,353	24,715	23,558
Totâl Visits ...	32,304	30,925	37,708	45,097	42,983

MATERNITY AND CHILD WELFARE CLINICS.—Maternity and Child Welfare Centres are established at the Town Hall (open 3 days a week), Albion Street (open 3 days a week), Marshalls Cross (open 1 day a week), and Elizabeth Street (open 1 day a week). Further centres are required in the Thatto Heath and Sutton Manor districts.

At the centres, combined clinics for expectant and nursing mothers and for children under 5 years of age are held, and the clinics are so arranged that the mothers may come on those days on which the health visitor for their own district is in attendance. The medical work is carried out by the assistant medical officers, and short "talks to mothers" and demonstrations are given by the medical officers, dentist and health visitors.

A special ante-natal clinic is also held at the dispensary in Claughton Street for pregnant women who require special examinations or supervision. To this clinic are referred all cases where there is reason to suspect abnormality or where the history of previous pregnancies points to the need of careful supervision. During the year, 171 mothers made 331 attendances at this clinic.

At the beginning of the current year a second ante-natal clinic was started at the Maternity and Child Welfare Centre at Elizabeth Street, and is slowly becoming more popular. As mentioned in discussing the midwives' ante-natal registers, these clinics still suffer through local prejudice, but are an essential and most important feature in any scheme for making child-bearing safer and producing healthier children.

The number of attendances at the various clinics is shown in Table 27.

Table 27.

Attendances at Maternity and Child Welfare Clinics, 1921 - 1925.

	1921	1922	1923	1924	1925
Number of Expectant Mothers attending Maternity and Child Welfare Clinics:—					
(a) First visits	307	189	167	234	289
(b) Subsequent visits	235	151	341	412	484
Number of Expectant Mothers Attending Ante-natal Clinics	—	—	—	137	171
Number of Mothers attending :—					
(a) First visits	2,553	2,212	1,729	1,979	2,023
(b) Subsequent visits	1,949	1,672	5,858	6,648	6,050
Number of Children attending :—					
(a) First visits	3,324	2,628	2,118	2,519	2,481
(b) Subsequent visits	2,383	2,011	6,675	7,396	6,710
Number of attendances of :—					
(a) Expectant mothers	1,101	893	1,123	1,753	2,061
(b) Mothers	18,107	14,586	15,872	20,698	19,039
(c) Children	18,411	16,084	17,655	22,573	21,194
TOTAL NUMBER OF ATTENDANCES	37,619	31,563	34,650	45,024	42,294

HOSPITAL ACCOMMODATION.—The old Small Pox Hospital at Old Whint continues to be used for maternity cases and for weakly and ailing children.

During the current year, arrangements have been made (subject to the consent of the Ministry of Health) for the maternity cases to be dealt with at the new maternity block at the St. Helens Hospital, and for the children to be treated at the Peasley Cross Isolation Hospital.

During 1925, 112 ante-natal and 5 post-natal cases were admitted to the Old Whint Hospital, and 85 confinements were conducted. Two maternal deaths occurred. On the children's side of the hospital, 82 infants were dealt with, of whom 58 were discharged in good health, 4 were discharged improved, and 2 cases returned home before any improvement could be effected. 14 children died in hospital.

Table 28 gives a general summary of the maternity cases dealt with, and Table 29 shows the complications requiring medical assistance. For the children's side, Table 30 gives a summary of the cases treated, whilst Table 31 shows the reasons for admission, and Table 32 shows the causes of the deaths that occurred.

Table 28.

General Summary of Cases in Old Whint Maternity Hospital, 1925

Number of cases admitted.		Average Duration of stay in days.	Number delivered by Doctor.	Number delivered by Midwives.	Number notified as Puerperal Sepsis.	Number in which Temperature rose above 100.4.	Number notified as Ophthalmia Neonatorum	Number of cases of Inflamation of Eye	Number of children not entirely breast fed in Institution with reasons.			Number of Maternal Deaths with causes.		Number of Foetal Deaths with causes.	
Ante Natal	Post Natal								Twins	Mother had severe Ante-partum Haemorrhage	Mother suffering from Nephritis	Placenta Praevia	Eclampsia	Prematurity	Stillborn
112	5								1	1	1	1	1	4	11
117		24	7	78	1	5	1	6	3			2		15	

Table 29.

Old Whint Maternity Hospital.

Table showing number of cases in which medical assistance was sought by the resident midwife during 1925 with reasons for requiring assistance.

Ante Natal.				During Labour.						After Labour				For Infant
Abortions	Ante-partum Hæmorrhage	Induction of Labour	Albuminuria	Transverse Presentation	Twins	Cardiac	Eclampsia	Placenta Praevia	Uterine Inertia (Forceps)	Rise of Temperature	Ruptured Perineum	Cardiac	Eclampsia	Prematurity
6	3	3	6	1	1	1	3	6	4	5	4	1	2	
18				16						12				2

Table 30.

General summary of cases in Hospital for Children at Old Whint.

Number of Admissions	Average Duration of Stay in Days.	Number of Cases Discharged.				Number of Cases of Infectious Disease.			
		No Improvement.	Improved.	In Good Health.	Discharged on Account of Illness.	Measles.	Whooping Cough.	Epidemic Diarrhœa.	Chicken Pox.
82	36	2	4	58	7	Nil.	Nil.	Nil.	7

Table 31.

Table showing reason of admission of children to Old Whint Hospital with number of cases under each heading.

Reason of Admission.	Number.
Malnutrition	17
Marasmus	26
Impetigo	1
Rickets	23
Pneumonia	3
Convulsions	1
Infantile Paralysis	1
With Mother	6
Diarrhoea and Vomiting	3
Enteritis	1
	82

Table 32.

Table showing deaths of children at Old Whint Hospital, with dates and causes, period of residence, and ages.

Date.	Cause of Death.	Days in Hospital.	Age.
5— 1—25	Rickets and Broncho Pneumonia	8	11 weeks.
3— 2—25	,, ,, ,,	27	10 months.
4— 2—25	,, ,, ,,	6	2 years.
12— 2—25	Marasmus	33	7 months.
5— 3—25	Marasmus and Inanition	2	2 weeks.
12— 3—25	Malnutrition	27	7 months.
14— 3—25	Marasmus and Inanition	11	3 weeks.
29— 3—25	Malnutrition and Pneumonia	33	10 months.
18— 5—25	Meningitis	31	10 months.
31— 8—25	Marasmus and Inanition	11	4 months.
18— 9—25	,, ,, ,,	46	7 months.
1—10—25	,, ,, ,,	31	9 months.
8—11—25	,, ,, ,,	23	$2\frac{1}{2}$ years.
7—12—25	Pneumonia	13	$1\frac{7}{12}$ years.

The following statement gives a summary of the cases dealt with at the Old Whint Hospital during the past five years :—

	1921	1922	1923	1924	1925
Maternity Cases :—					
No. of cases admitted	96	75	88	124	117
No. of confinements	54	47	40	64	85
No. of confinements in which medical aid was required for the mother or child	32	18	23	20	48
No. of maternal deaths...	—	2	2	2	2
No. of cases of puerperal fever	—	—	—	—	1
No. of cases of ophthalmia neonatorum ...	—	1	—	1	1
Children :—					
No. admitted	141	113	117	119	82
No. died	22	15	23	21	14

MILK FOR MOTHERS AND INFANTS.—At each maternity and child welfare centre full cream dried milk is on sale at cost price. When, however, the financial circumstances of the home warrant it, the milk powder is supplied free or at less than cost price. This is done under the Maternity and Child Welfare Act, 1918, and in accordance with the regulations of the Ministry of Health. There are no arrangements for the provision of meals for mothers.

During the year approximately 273½ cwt. of dried milk were disposed of, and, of this, 19,057 lbs. were issued free and 573 lbs. at less than cost price.

The following statement shows the very great increase in the amount of milk issued during the past five years :—

	1921	1922	1923	1924	1925
	lbs.	lbs.	lbs.	lbs.	lbs.
Supplied free	9,886	9,657	10,057	16,757	19,057
Supplied at less than cost price	2,064	699	1,340	1,337	573
Total	11,950	10,356	11,397	18,094	19,630

Cod Liver Oil Emulsion, Malt and Oil, and Virol are also provided at the centres at cost price or free in suitable cases.

MATERNITY BAGS.—Maternity bags are issued on loan to cases in which the mothers have been unable to make the necessary provision. Bags have been lent out in 56 cases during the year.

MINOR AILMENTS AND DENTAL DEFECTS.—During the year, 142 children received treatment for minor ailments, and 108 mothers and 49 children received dental treatment at the school clinic.

The Dentist also visits Old Whint Hospital once a week, to advise the mothers regarding treatment and to carry out any urgent treatment required. Cases requiring further treatment are recommended to attend the clinic after discharge from hospital.

CRIPPLED CHILDREN.—Though there has been in the past no organised scheme for dealing with these children, many have been sent to Liverpool hospitals for immediate treatment and later admitted to Old Whint Hospital or Peasley Cross Isolation Hospital for necessary supervision. During the current year an orthopaedic scheme has been completed and it is hoped will be in operation at an early date. The scheme is printed as an appendix.

CO-ORDINATION WITH THE SCHOOL MEDICAL SERVICE.—When a child reaches the age of five years, the Birth Card, containing its history up to that age, is transferred to the school medical cabinets and is filed with the child's school medical cards. Further, the health visitor, being also school nurse, is able to follow up the child into and through its school life.

IX.—LIST OF ADOPTIVE AND LOCAL ACTS, BYELAWS, AND LOCAL REGULATIONS AND ORDERS

relating to the public health, in force in the district.

ADOPTIVE ACTS.

The Infectious Disease (Notification) Act, 1889, applied to :

(1) Ophthalmia Neonatorum, by Order of the Local Government Board, which came into force on the 7th April, 1910.

(2) Acute Poliomyelitis and Cerebo Spinal Fever, by Order of the Local Government Board, which came into force on the 19th February, 1912.

The Infectious Disease (Prevention) Act, 1890. Adopted 7th January, 1891.

The Public Health Acts Amendment Act, 1890. Parts II and III adopted 1st April, 1891. Part IV adopted 1st July 1923. Part V adopted 24th October, 1894.

Public Health Acts Amendment Act, 1907, Sections 78, 79, 80, 81, 85, 88, 89 and 90, put in force 1st January, 1909. Sections 19, 25, 26, 27, 29, 32, 33, 34, 35, 36, 46, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 59, 60, 61, 62, 63, 64, 66, 67, 68, 93, and 95, and Part V, put in force 23rd August, 1909.

LOCAL ACTS with Sanitary Clauses.

The St. Helens Improvement Act, 1869.

The St. Helens Corporation Act, 1893.

The St. Helens Corporation Act, 1898.

The St. Helens Corporation Act, 1911.

The Ministry of Health Provisional Orders Confirmation (No. 2) Act, 1920 ; confirming the St. Helens Order, 1920, as to Tuberculosis.

The St. Helens Corporation Act, 1921.

BYELAWS.

Byelaws as to Nuisances, confirmed by the Home Office, 11th May, 1870.

Byelaws as to Slaughterhouses, made by the Council on the 2nd March, 1870.

Byelaws with respect to Streets and Buildings, made by the Council on the 14th October, 1893.

Byelaws with respect to New Buildings, made by the Council on 2nd August, 1905.

Byelaws as to Alteration of Buildings, made by the Council on the 7th August, 1907.

Byelaws with respect to the Structure of Staircases and Ventilation of Buildings, made by the Council on the 3rd May, 1911.

Byelaw with respect to the Height of Rooms intended to be used for Human Habitation, made by the Council on the 1st April, 1914.

Byelaws with respect to Common Lodging Houses, made by the Council on the 2nd May, 1894.

Byelaws with respect to Houses let in Lodgings, made by the Council on the 2nd May, 1894.

Byelaws with respect to Female Domestic Servants' Registries, made by the Council on the 1st December, 1909.

Byelaws with respect to the Supply of Water, made by the Council on the 6th June, 1900.

Byelaws with respect to Cisterns, Waterclosets and Urinals, made by the Council on the 1st February, 1922.

Byelaws as to Spitting, made on the 23rd August, 1911.

REGULATIONS.

Regulations with respect to Dairies, Cowsheds and Milkshops, made by the Council on the 2nd May, 1894, and Further Regulations made by the Council on the 28th October, 1910.

Regulations as to Public Abattoir and Cold Air Stores, made by the Council on the 2nd May, 1906.

ORDERS—SHOP ACTS.

General Weekly Half-Holiday Order, made on the 7th August, 1912.

Weekly Half-Holiday Extension Order (Butchers and Chemists) made on the 4th December, 1912.

Closing Order (Motor, Cycle and Aircraft dealers) confirmed by the Home Secretary on the 30th January, 1913.

Closing Order (Tailors, etc. Shops) confirmed by the Home Secretary on the 10th December, 1915.

X.—FOOD.

MILK.—Twenty-two persons are registered as cow-keepers and there are about 230 cows kept for dairy purposes within the borough. The animals are inspected regularly by the Veterinary Surgeon appointed by the Council.

On only two occasions during the year did cases of tuberculous or suspected tuberculous cattle come to notice under the Tuberculosis Orders, 1925. In both cases the animal concerned was slaughtered by the owner.

At the end of 1925 there were 68 persons registered as purveyors of milk, and during the year 410 visits for inspection purposes were paid to the dairies and milk shops.

In only one instance during the year was it necessary to refuse under the Milk and Dairies (Amendment) Act, 1922, the registration of a retailer.

No applications have been received for licences under the Milk (Special Designations) Order of 1923.

MEAT.—There is a municipal abattoir with cold stores attached. Slaughtermen are licenced by the Committee and all animals killed are inspected by a qualified meat inspector.

There are two private slaughterhouses in the borough licensed for the slaughter of pigs only.

Table 33 shows the number of animals slaughtered and the approximate weight in lbs. of meat found diseased.

There are a number of shops where sausages are made and these, together with the butchers' shops, were regularly inspected during the year.

Table 33.

Number of Animals slaughtered and amount of diseased meat condemned during the year 1925.

	Abattoir.				Private slaughter houses.			
1925	Number of Animals Slaughtered.	No. of Animals found diseased.		Weight in lbs. of Meat Condemned	Number of Animals Slaughtered.	No. of Animals found diseased.		Weight of Meat in lbs. Condemned
		Tuberculosis.	Other diseases.			Tuberculosis.	Other diseases.	
Beasts	4,536	409	426	64,188	—	—	—	—
Calves	711	2	9	—	—	—	—	
Sheep	2,804	—	3	112	—	—	—	
Pigs	7,363	160	151	8,313	2,709	43	16	935

BAKEHOUSES.—There are 107 bakehouses on the register —one is underground. Mechanical power is used in 14 instances. Four defects were found during the year and after notice each was remedied.

UNSOUND FOOD.—During the year, as the result of inspection, approximately 168 lbs. rabbits, 2,016 lbs. of fish, 1,568 lbs. of fruit, and a quantity of other food stuffs were found to be unsound and were destroyed.

FOOD AND DRUGS ACTS.—During the year 191 Formal samples and 15 Informal samples were taken.

The natures of the samples taken with the result of examinations by the Public Analyst are shown in Table 34.

Table 34.

Number of samples taken under the Food and Drugs Acts during 1925, and results of analysis by the Public Analyst.

ARTICLE	No. of Samples Taken.	No. found to be genuine.	No. Adulterated.
Milk	147	116	31
Butter	1	1	—
Margarine	4	4	—
Tea	3	3	—
Cocoa	3	3	—
Sausages	7	6	1
Tinned Foods ...	2	2	—
Coffee	2	2	—
Jams	3	3	—
Sugar	2	2	—
Lard	4	4	—
Apples	1	1	—
Beer	10	10	—
Fruit Cordials ...	4	4	—
Vinegar	2	2	—
Mincemeat	4	4	—
Cheese	7	7	—
Total ...	206	174	32

The appended statement shows the actions taken in the case of adulterated samples.

(a)—Legal proceedings instituted under the Sale of Food and Drugs Acts :—

Sample	2793.	Milk	... 6 grains sediment and dirt per gallon.—Dismissed.
,,	2834.	,,	... 6 grains sediment and dirt per gallon.—Dismissed.
,,	2835.	,,	... 10 grains sediment and dirt per gallon.—Fined £2 and costs.
,,	2795.	,,	... 3% deficient in fat.—Dismissed.
,,	2841.	,,	... 7% deficient in fat.—Fined £1 and analyst's fee.
,,	2845.	,,	... 6% deficient in fat.—Fined £1 and analyst's fee.
,,	2842.	,,	... 10 grains sediment and dirt per gallon.—Fined £2 and analyst's fee.
,,	2843.	,,	... 4 grains sediment and dirt per gallon.—Dismissed.
,,	2868.	,,	... 6 grains sediment and dirt per gallon.—Dismissed.
,,	2877.	,,	... 11 grains sediment and dirt per gallon.—Fined £2 and costs.
,,	2873.	,,	... 8% deficient in fat: 3% added water: and 3 grains sediment and dirt per gallon.—Fined £2 and costs.
,,	2874.	,,	... 5 grains sediment and dirt per gallon.—Dismissed.
,,	2878.	,,	... 7% deficient in fat, and 2 grains sediment and dirt per gallon.—Fined £2 and costs.
,,	2879.	,,	... 7 grains sediment and dirt per gallon.—Dismissed.
,,	2831.	,,	... 12% deficient in fat, and 8 grains sediment and dirt per gallon.—Fined £3 and costs.
,,	2861.	,,	... 7 grains sediment and dirt per gallon.—Fined £5 and costs.

,,	2863.	,,	... 8% added water, and 7 grains sediment and dirt per gallon.—Fined £5 and costs.
,,	2864.	,,	... 5% added water, and 4 grains sediment and dirt per gallon.—Fined £5 and costs.
,,	2778.	,,	... 18% deficient in fat.—Fined £5 and costs.
,,	2859.	,,	... 3% added water.—Dismissed on payment of costs.

(b)—No legal proceedings instituted, but the seller in each case warned.

Sample	14.	Sausages	... Containing only 47% of meat.—Warned by Committee.
,,	2836.	Milk	... 3 grains sediment and dirt per gallon.—Warned by Committee.
,,	2837.	,,	... 3 grains sediment and dirt per gallon.—Warned by Committee.
,,	2838.	,,	... 3 grains sediment and dirt per gallon.—Warned by Committee.
,,	2440.	,,	... 8% deficient in fat.—Warned by Committee.

MILK AND CREAM REGULATIONS.—147 samples of milk were examined during the year, but in no instance was any preservative discovered.

Eight samples of preserved cream and four samples of fresh cream were purchased for analysis. All samples conformed to the regulations.

XI.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The Water Supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirby and Melling, supplemented by a supply from the Liverpool Corporation's Rivington Main and Water from coal measures at Collins Green.

Analysts' reports show the water to be of a high degree of purity, though hard. The total hardness is reduced from 22·26 degrees to 10·5 degrees by a softening process before distribution.

DRAINAGE AND SEWERAGE.—With the exception of the Sutton Manor District, the Derbyshire Hill District, a portion of East Sutton and a portion of Hardshaw and Gerards Bridge Districts, the sewage is conveyed by a main arterial sewer to the Sewage Purification Works at Double Locks where it is treated by a precipitation method. Effluent from the Works enters the Sankey Brook at Derbyshire Hill.

Sewage from Derbyshire Hill and East Sutton Districts is drained directly into the Sankey Brook without treatment.

Sewage from the Sutton Manor District is supposed to be treated by a septic tank and contact bed originally installed for forty houses only. As there are now between four and five hundred houses in this district, the septic tank and bed are quite inadequate to deal with this sewage, and it is proposed at an early date to provide new purification works for this district.

The sewage from approximately 700 houses in the Hardshaw and Gerards Bridge Districts at present discharges directly into the Canal at Gerards Bridge. This has caused a very great nuisance in the past, necessitating frequent cleaning-out of the canal with a consequent deposit of only semi-purified matters on waste land in the vicinity. It is hoped that this matter also will be dealt with at an early date.

SCAVENGING.—Removal of house refuse and the emptying of pail closets and privy middens is carried out by the Borough Engineer's Department. Pail closets are emptied weekly and privy middens as required. Household refuse is taken to the Parr Tipping Depot where it is ultimately covered and sown with grass.

There is no destructor in the town.

CLOSET ACCOMMODATION.—At the end of the year 1,249 privy middens and 1,162 tub and pail closets were estimated to be still in existence in the Borough. Approximately 55 of the tub and pail closets are not in use and will probably be abolished. During the year, 82 privy middens and 278 tub and pail closets were converted to the water carriage system.

Table 35 shows the estimated number of houses with the various types of sanitary conveniences existent within the Borough each year since 1907, and Table 36 shows the number of conversions completed each year since 1904.

It will be noticed that the number of conversions completed during 1925 is less than during the three previous years. This is partly due to absorption for other purposes of the labour usually employed. It is also due to the fact that in the areas now to be completed satisfactory and sufficient sewers are sometimes lacking, and efficient sewage disposal is not always available. As the conversion to water carriage of all existing privy middens and pail closets is one of the most important factors in improving the general sanitation of the borough, it is hoped that the council will see that these deficiencies are remedied at an early date.

Table 35.

The number of houses with the various types of sanitary conveniences existing in the borough.

Year.	Water closet.	Tub and pail closet.	Privy midden.	Total.
1907 ...	6,196	7,150	5,154	18,410
1908 ...	6,503	7,120	4,907	18,530
1909 ...	6,718	7,071	4,795	18,584
1910 ...	7,041	7,028	4,616	18,685
1911 ...	7,626	6,863	4,338	18,827
1912 ...	9,205	5,734	4,019	18,958
1913 ...	10,493	5,058	3,542	19,093
1914 ...	12,316	4,058	2,829	19,203
1915 ...	13,100	3,704	2,529	19,333
1916 ...	13,298	3,592	2,472	19,362
1917 ...	13,455	3,422	2,353	19,230
1918 ...	13,504	3,401	2,325	19,230
1919 ...	13,794	3,259	2,177	19,230
1920 ...	14,447	2,890	1,893	19,230
1921 ...	14,765	2,692	1,818	19,275
1922 ...	15,315	2,492	1,623	19,430
1923 ...	15,859	2,125	1,491	19,475
1924 ...	16,800	1,440	1,331	19,571
1925 ...	17,407	1,162	1,249	19,818

Table 36.

The number of conversions to the water carriage system completed each year since 1904.

Year.	Privies.	Tub and pail closets.	Total.
1904	69	67	136
1905	80	64	144
1906	47	19	66
1907	237	125	362
1908	243	24	267
1909	106	38	144
1910	179	33	212
1911	270	129	399
1912	301	691	992
1913	460	646	1,106
1914	691	976	1,667
1915	300	380	680
1916	57	112	169
1917	45	103	148
1918	18	21	39
1919	148	142	290
1920	284	369	653
1921	75	198	273
1922	45	350	395
1923	132	367	499
1924	160	685	845
1925	82	278	360

SANITARY INSPECTION OF THE DISTRICT.—The total number of visits paid by the Sanitary Inspectors was 6,265. Table 37 contains a list of the notices served during 1925 and a record of the defects remedied.

Table 37.

Sanitary defects—Number of notices served during 1925.

Reason for Inspection and Notice.	Preliminary notices served	Statutory notices served	Number remedied	Number *not* remedied at end of year.
To clear choked drains and w.c's	178	60	178	0
,, provide new and repair drains	52	32	51	1
,, provide and repair slopstones	29	21	25	4
,, repair w.c's, baths, basins, lavatories, and cisterns	45	35	41	4
,, repair roofs to dwelling houses	127	115	116	11
,, cleanse back yards and filthy dwellings	7	2	7	0
,, provide sufficient ashpit, ashplace, privy, pail closet, and w.c. accommodation	145	132	138	7
,, provide or repair eavesgutters and downspouts	96	72	90	6
,, repair pavement in yards and floors in dwellinghouses	57	53	55	2
,, remove fowls, pigs, offensive matter from near dwellinghouses	13	9	13	0
,, abate overcrowding of dwelling houses	1	2	2	0
,, replaster walls and ceilings and prevent dampness of dwelling	119	107	111	8
,, remedy defects in workshops	3	3	3	0
,, remedy defects in cowsheds and dairies	3	3	3	0
,, remedy miscellaneous nuisances	195	132	188	7
,, convert to water carriage system	9	601	360	241
Totals	1079	1379	1381	291

OFFENSIVE TRADES.—There are seven offensive trades carried on in the Borough. Five of these are tripe boilers, one a tallow melter, and one a gut scraper.

FACTORY AND WORKSHOPS ACTS.—Factories—Five notices of defects remediable under the Public Health Acts were received from H.M. Inspector of Factories. In all, 15 inspections were made and all defects remedied.

Workshops.—The number of workshops registered is 191. During the year, 333 inspections of these premises were made, and as a result 2 notices regarding defects found were issued. All defects found were remedied during the year.

Table 38 shows the classes of workshops registered.

Outworkers—No lists of outworkers were received from employers during the year.

Table 38.

Registered workshops.

	Workshops on the Register (s. 131) at the end of the year.	Number
1	Dressmakers and mantle making	22
2	Milliners	16
3	Tailors	16
4	Hosiery Knitters	4
5	Joiners, builders, cabinet-makers and plumbers, etc.	25
6	Blacksmiths, wheelwrights, coach builders and masons	12
7	Weighing machine repairers	3
8	Cloggers and boot repairers	47
9	Cycle makers	1
10	Cooper	1
11	Tripe Dressers	5
12	Herbal Brewer	5
13	Pearl Ash Manufacturer	—
14	Seltzogene, charge maker	1
15	Tea wrapping	—
16	Drysalter	—
17	Leadlight makers	1
18	Cab washing	3
19	Saddler	1
20	Knackers Yard	1
21	Sundries	28
22	Ice Cream Makers	8
	Total number of Workshops on Register	200

TENTS, VANS, SHEDS, Etc.—During the past few years there has been a very great increase in the use of Vans, Sheds, etc., for housing purposes, and if allowed to continue unchecked their use will become a very serious problem.

Many of these structures are totally unfit for the purpose to which they are put and, being in all but name permanent erections on unprepared sites and with no proper sanitary arrangements, will lead to a very serious nuisance. It is hoped, that with the Bye Laws at present being applied for, some measure of control of these structures will be obtained. The proper solution of the problem is, however, the provision of sufficient housing accommodation.

COMMON LODGING HOUSES.—There are five common lodging houses registered for the accommodation of 223 lodgers. During 98 inspections, 2 infringements of byelaws were discovered and dealt with.

HOUSES LET IN LODGINGS.—There are only 15 houses registered in the borough as let in lodgings, but there are a considerable number which though not registered are being used for this purpose. These will have to be dealt with as soon as the present house shortage has been overcome.

RATS AND MICE DESTRUCTION ACT, 1919.—Inspections under this Act are carried out by the Rat Officer. A Corporation rat catcher is not now employed. All piggeries, poultry yards, fish and meal merchants' premises, etc. were visited periodically and the occupiers advised.

CANAL BOATS ACT.—No Canal Boat was inspected during the year.

MORTUARY.—A public mortuary, with post mortem room, is maintained behind the Town Hall and is under the supervision of the Medical Officer of Health. During the year, 28 bodies were received into the mortuary and 6 post mortem examinations were conducted.

HEALTH WEEK.—A highly successful Health Week was held in the Borough from October 18th until October 24th by the Health Committee in conjunction with the St. Helens Insurance Committee and the St. Helens Education Committee.

The main part of the programme consisted of a series of evening film lectures on various health subjects of public interest. Special afternoon meetings dealing particularly with maternity and child welfare were also held, and, by kind permission of employers concerned, mid-day informal talks were given to workers at several of the large works in the town. Special provision was also made for school children.

The lecturer at all meetings was Mr. T. Bowen Partington of the British Social Hygiene Council, whose services both as lecturer and as organiser were much appreciated.

The meetings were very well attended, on several occasions the demand for admission being in excess of the accommodation available.

There is no doubt but that such "Health Weeks" are a most important factor in Public Health propaganda, and although immediate benefits may not be obvious, they cannot fail to be of great service to the health of the community.

XII.—HOUSING.

Progress in the reduction of the house shortage in St. Helens is still very disappointing. Since 1914 the population has increased by 8825 persons, yet only 880 houses have been built. This means that the rate of building is not even sufficient to cope with the increase of population, far less to replace houses that should be condemned. The amount of overcrowding that exists to-day is appalling, and if allowed to continue will be the cause of much ill health in later years. That so far no very serious epidemic has occurred is a matter for congratulation.

Apart from the ill health likely to be caused by overcrowding, there is the further danger to health caused by persons living in old dilapidated and insanitary houses. Under ordinary circumstances such houses would be certified as unfit for human habitation, but with existing shortage it is impossible to close them.

No attempt has yet been made to deal with unhealthy areas as these necessarily must wait until more houses are available. The areas suggested are Greenbank, Russell Street, and Peasley Cross, involving approximately 47 acres and 1214. houses.

Of the 247 houses erected during 1925, 219 were subsidy houses, and, of these, 74 were erected by the Local Authority and 145 by private or commercial enterprise. During the year building operations were commenced by the Corporation for a further 144 houses on the following sites :—

Pocket Nook	52
Scholes Lane	46
Gower Street	8
Lacey Street	38
	144

The number of dwelling houses erected in each ward since 1904 is shown in Table 39.

Table 39.

The wards of the borough in which dwelling houses have been erected during the years mentioned.

Year.	North Eccleston	South Eccleston	Central	North Windle	South Windle	Hardshaw	East Sutton	West Sutton	Parr	Total
1904	105	53	7	37	18	47	59	1	70	397
1905	19	93	1	44	16	90	42	10	54	369
1906	11	51	—	31	13	31	73	24	39	273
1907	22	38	—	26	—	22	77	3	29	217
1908	2	52	—	4	2	27	22	—	20	129
1909	—	36	—	10	—	10	6	3	10	75
1910	2	31	—	10	—	24	18	—	25	110
1911	14	20	—	—	—	30	75	26	12	177
1912	35	28	—	4	—	26	28	58	1	180
1913	10	31	—	—	3	19	14	99	6	182
1914	10	42	—	9	16	14	20	63	29	203
1915	6	9	—	26	1	2	8	25	27	104
1916	0	12	—	1	1	2	4	16	16	52
1917	—	—	—	—	—	—	—	9	—	9
1918	—	—	—	—	—	—	—	3	—	3
1919	—	1	3	—	—	—	—	—	—	4
1920	—	—	—	—	—	—	—	—	—	—
1921	—	1	—	41	—	—	—	6	—	48
1922	—	1	—	164	—	—	—	—	—	165
1923	1	5	2	2	—	2	—	33	—	45
1924	2	24	—	25	—	—	2	45	5	103
1925	8	76	—	90	—	1	9	48	15	247

The work carried out by the Department during the year under the Public Health and Housing Acts and Housing Regulations is shown in Table 40.

Table 40.

Inspection of housing, 1925.

1.—Unfit Dwelling Houses.

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)..... 844

(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulation, 1910, or the Housing Consolidated Regulations 1925..... Nil.

(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation..... 293

(4) Number of dwelling houses (exclusive of those referred to under the preceeding sub-heading) found not to be in all respects reasonably fit for human habitation 147

2.—Remedy of Defects without Service of formal notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the local Authority or their Officers..... 815

3.—Action under Statutory Powers.

A. Proceedings under section 3 of the Housing Act, 1925 ..... Nil.

B. Proceedings under Public Health Acts,

(1) Number of dwellings in respect of which notices were served requiring defects to be remedied 583

(2) Number of dwelling houses in which defects were remedied :—

(a) by owners 565

(b) by Local Authority in default of owners 18

C. Proceedings under Sections 11, 14, and 15 of the Housing Act, 1925..... Nil.

APPENDIX.

PROPOSED ORTHOPÆDIC SCHEME FOR ST. HELENS.

(Approved by the St. Helens Education, Health and Maternity and Child Welfare Committees, March, 1925).

I.—Type of case under consideration.

The cases to be dealt with in an orthopædic scheme include the following :—

(a) Tuberculosis of bones and joints.

(b) Paralysis.

(c) Congenital or acquired deformities (including rickets, talipes, curative of the spine, etc.).

It is proposed, in so far as the present scheme is concerned, that only those under 16 years of age be dealt with.

II.—Present agencies for treatment.

Up to the present such cases have received treatment from one or other of the following sources :—

(a) The St. Helens Crippled and Invalid Childrens' Aid Society, who arranged for the necessary treatment at the Pilkington Special Hospital or similar institution.

(b) The Education Committee have kept four beds occupied (with children of school age) at the Leasowe Open Air Hospital.

(c) Occasional cases have been sent to the Liverpool Childrens' Hospital or other institution at the expense of the Maternity or Tuberculosis Account of the Health Department.

(d) Occasional cases have been treated at the Liverpool Childrens's Hospital or other institutions at the parents' expense or expense of some other voluntary aid society.

There has however, been no definite or organised scheme for dealing with these cases, and, as the local Crippled Childrens' Aid Society has had, through the closure of the Pilkington Special Hospital, to give up a considerable amount of this work, I think the time has now come for the Corporation to draft a definite scheme.

III.—Scheme proposed.

Should the Corporation take over this work the scheme would require :—

(a) The continuance of the present system whereby these cripples are discovered. This is mainly through (1) the Health Visitors who follow up all children up to the age of 5 years ; (2) School Medical Inspections ; and (3) notification of cases of tuberculosis. The earlier the case is discovered the greater are the possibilities of doing effective good, and there is no doubt that, were it known that specialist treatment was available in the town, more cases would come forward in the early stages, thereby lessening the number of irremediable cripples who later have to be provided for.

(b) The provision of a suitably equipped orthopædic centre or clinic in St. Helens, in charge of a sister with special orthopædic training. This sister would work part-time at the clinic doing massage, remedial exercises, adjusting splints, etc., for those able to attend, and during the remainder of her time would visit and advise or treat cases unable to attend.

(c) The appointment of a consulting orthopædic surgeon who would be responsible for all work carried out under the scheme. He would attend at the clinic every two or three weeks to review the cases, to supervise the treatment and generally to control the work. He should also have at his disposal a certain number of hospital or institutional beds for cases requiring such treatment, and when necessary do such operations as may be required.

(d) The provision of the required number of hospital beds for cases requiring operation, and institutional beds for cases requiring more prolonged treatment.

(e) The provision of splints and appliances and the renewal or repair of these as and when required.

Such a scheme should be worked by the Health Committee, under its Tuberculosis and Maternity and Child Welfare activities, in conjunction with the Education Committee under their scheme for the treatment of school children.

IV.—Number of cases to be dealt with.

It is estimated that the number of cases at the present time to be dealt with under such a scheme in St. Helens, would be as follows :—

(a) Cripples under 5 years of age—		
(1) non-tuberculous	80	
(2) tuberculous	6	
	—	86
(b) Cripples 5 to 16 years of age—		
(1) non-tuberculous	95	
(2) tuberculous	42	
	—	137
Total		223

V.—Estimated cost of the scheme.

(a) **Consulting Surgeon.** The best arrangement would be to pay an "all in" fee for this work, *i.e.*, to include all visits to the clinic and any operations necessary. Say £150 per annum.

(b) **Sister-in-Charge.** To get a thoroughly trained and efficient sister (an absolute necessity for the success of the scheme) will cost £4 to £5 per week. Say with travelling expenses £250 per annum.

(c) **Orthopædic Clinic.** It is proposed that Albion Street Maternity and Child Welfare Centre be used for this purpose, so that extra cost to the Corporation for the provision of premises is unnecessary. There would, however, be an increased cost in charges for heating, lighting, cleaning and repairs—say £50 per annum. As the present general charges (*i.e.*, interest and sinking fund, rates, heating, lighting, cleaning and repairs) on these premises are approximately £200 per annum, this would mean the future general charges would be approximately £250, and I would suggest that half such charges be debited to the Maternity and Child Welfare Account for the use of the premises as a Maternity and Child Welfare Centre, and half be charged to the Orthopædic Scheme, the latter half to be again allocated as detailed later.

There would also be an initial cost, chargeable to the Orthopædic Scheme, of approximately £30 for extra equipment and an annual cost of approximately £30 for bandages, dressings, etc.

(d) **Hospital and Institutional Treatment.** At the commencement of the scheme and for some years at least, 12 beds would be required. The Education Committee already retain four beds at the Liverpool Open Air Hospital for Children at Leasowe at a cost of £417 per annum, and in the estimates of the Health Committee for the current year, £182 was allocated in the Tuberculosis Account for the use of two beds at the Royal Hospital for Children, Liverpool. For the six additional beds required, it is proposed that the Corporation (a) take over from the St. Helens & District Crippled Childrens' Aid Society at a cost of approximately £209 per annum, responsibility for maintenance of two out of the three beds at present maintained by that Society at the Leasowe Hospital, and (b) maintain an additional four beds at the Liverpool Childrens' Hospital (which includes the use of beds at the Heswall Convalescent Branch of that Institution) at a cost of £91 per bed per annum, *i.e.*, £364 per annum. The additional cost to the Corporation under, the scheme would therefore only be £573 per annum.

(e) **Splints and Appliances.** The St. Helens & District Crippled Children's Aid Society will take responsibility for the provision of such items as splints, surgical boots, etc., and the repair

of same when necessary. This Society would also send a representative to the orthopædic clinic when children are being treated and would undertake additional home visiting with a view to improving home conditions of the child, the supply of extra nourishment and clothing, arrangements for convalescent or holiday homes, etc.

VI.—Summary.

The total cost to the Corporation for the scheme as outlined above would be £1,727 per annum, but if deduction is made from this amount of costs already being incurred or estimated for (*i.e.*, four beds at Leasowe—£417, two beds at Liverpool Childrens' Hospital—£182, present annual cost for maintenance of Albion Street Centre—£200, a total of £799), the additional cost is £928 only.

It is proposed that the total cost of the scheme be allocated to the Tuberculosis, Maternity and Child Welfare and Education Accounts on the following principles :—

(a) The cost of the Consulting Surgeon, the Orthopædic Sister and the Orthopædic clinic to be divided in the proportion of 1/3rd to each account (*i.e.*, 2/3rds to the Health Committee, and 1/3rd to the Education Committee).

(b) The cost of hospital or institutional treatment to be allocated in accordance with the classification of the case, *i.e.*, tuberculous cases to Tuberculosis Account, non-tuberculous cases under 5 years of age to Maternity and Child Welfare Account, and non-tuberculous cases aged 5 to 16 years, to the Education Account.