[Report 1926] / 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 1926.

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.

1927.

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 54th Annual Report on the health of the Borough for the year ended the 31st December, 1926.

In conformity with the requirements of the Ministry of Health, the Report for 1926 is a short or Ordinary Report and is less comprehensive than the Survey Report issued for the previous year. In order, however, to preserve continuity of record, many statistical tables have been retained, and, that each Report may be as complete as possible in itself, notes on many details have been repeated though unchanged.

A comparison of the main vital statistics of St. Helens with those of other County Boroughs (Table 2) shows that of the 17 County Boroughs in Lancashire, St. Helens has the highest birth rate and has the fourth lowest death rate and the sixth lowest rate of maternal mortality. It shares with another borough, however, the position of sixth highest in the rate of infant mortality and is seventh highest in the tuberculosis death rate.

If the statistics for St. Helens for 1926 are compared with those for the previous year, it will be seen that (a) the Birth Rate fell from 23·9 per 1000 of the population to 23·2; (b) the General Death Rate remained the same—12·0 per 1000 of the population ; (c) the Infant Mortality rose from 100 per 1000 births to 102·3 ; (d) the Maternal Mortality fell from 5·32 per 1000 births to 4·29 ; and (e) the Tuberculosis Death Rate remained the same—11·1 per 10,000 of the population.

It would seem, therefore, that though no improvement can be recorded for 1926, the health of the Town was, on the whole, well maintained despite the severe industrial depression.

Developments of the work during the year included—

(a) The provision of an Orthopaedic Scheme for the treatment of all crippling under 16 years of age.

(b) The transfer of maternity cases from the Old Whint Hospital to the St. Helens Hospital.

(c) The opening of an Ante-natal Clinic in Sutton.

(d) The appointment of a Consultant Gynaecologist.

(e) The provision of increased facilities for the treatment of Puerperal Fever and Puerperal Pyrexia.

For details regarding the 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, 1927.

GENERAL STATISTICS.

Area (Acres)	7,284
Population (Census, 1921)	102,640
Estimated Population mid-year 1926	110,000
*Number of structurally separate sets of premises intended or used for habitation	18,516
*Number of families or separate occupiers	19,688
Assessable Value (year ending 31st March, 1927) ...	£436,510
Product of a penny rate	£1,687

* 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, 1927, was as follows :—

	Pence per £.
Isolation Hospital	4·018
Tuberculosis	2·619
Maternity and Child Welfare	3·265
Venereal Diseases	·106
Blind Persons	·306
Food and Drugs Acts	·063
Slaughterhouse and Cold Stores	·173
Contagious Diseases of Animals	·093
General Sanitary and Administrative Charges	3·919
Sewage Disposal.....	2·446
Collection and Disposal of Refuse	11·187
Public Conveniences	·357
Total Health Services.....	**28·552d.**

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). (resigned 30th September, 1926).
*Eileen Dowling, M.B., Ch.B. (Liverpool), L.M. (Rotunda). (resigned 31st August, 1926).
*T. K. Hughes, M.B., Ch.B., D.P.H. (Liverpool). (from 1st March, 1926).
*J. M. Tyrrell, M.B., Ch.B., D.P.H., (Edin.). (from 1st November, 1926).
*Helen Standring, M.B., Ch.B., D.P.H. (Liverpool), (from 1st September, 1926).

Dental Surgeons :

*R. M. Timperley, L.D.S. (died 18th May, 1926).
*A. Lee, L.D.S.
*A. C. Wilson, L.D.S. (from 1st November, 1926).

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)	†Anne Phillips,	(3),(7)
†Grace Healey,	(2),(3),(7)	Daisy C. Cruickshank,	(3),(7)
Florence Faber	(3),(7)	Nora Hogan,	(3),(7)
Mary Riding	(3),(7)	Selina Hacking,	(3),(7)
Winifred Cowan	(2),(3),(7)	Mary Corrish,	(3),(7)
Florence Wilkinson,	(7)	Mary Belsher,	(3),(7)
Amy Coates,	(2),(3),(7)	Grace Sumner	(7)
Louisa M. Austin,	(3),(7)	Rosana J. O'Connor	(3),(7)
Mary Dyer,	(3),(7)	Alice Happold,	(3),(7)
Emily Corrish,	(2),(3),(7)	Mary Elliott,	(3),(7)
†Mary H. Masterson,	(3),(7)		

*After Care Sister (Orthopaedic Scheme) :

Olive I. Burton, (7),(10)

*Dental Nurses :

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

† Resigned during the year.
(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.
(10) Certificate of Chartered Society of Masseuses, etc.

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 10 miles east of Liverpool and 20 miles west of Manchester, and lies on the southern fringe of the

Lancashire coal fields. The area of the borough is 7,284 acres of which approximately one-quarter only is occupied by factories and other industrial works. Taken as a whole, the borough is remarkable for the large number and extent of open spaces, though in older portions of the town there are several congested areas (mainly in the Greenbank and Peasley Cross districts) which require opening out and re-planning.

Geologically the soil consists of clay overlying coal measures, and owing to past mining activities some portions of the town are peculiarly susceptible to subsidence. This is particularly so in the Sutton and Derbyshire Hill districts.

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 average number of unemployed in St. Helens on the register of the Labour Bureau during 1926 (as shown by the figures taken on the first Monday in each month) was 3,658 men, 334 women, and 497 juveniles (total 4,489). The largest number of unemployed was 6,951 in December.

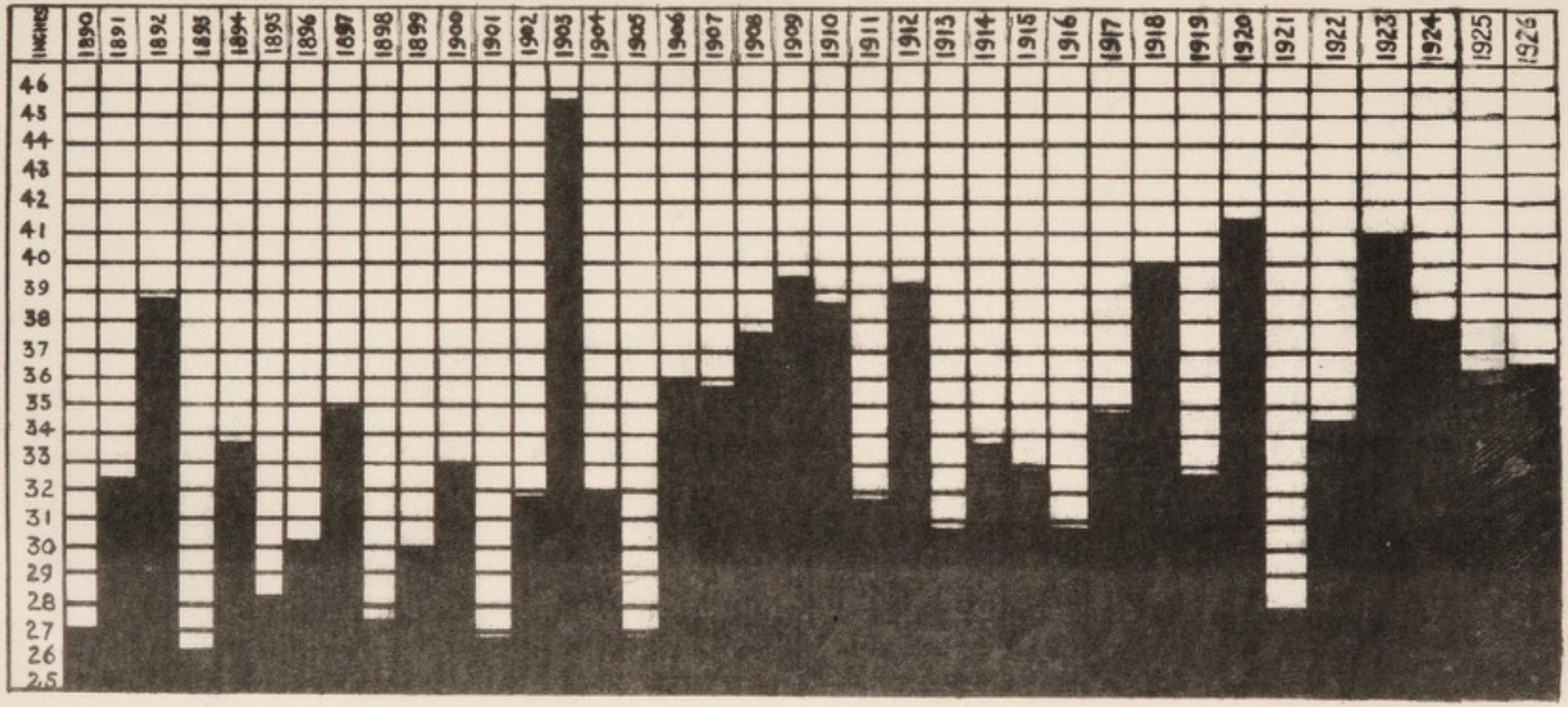
The total amount of domiciliary relief granted in St. Helens by the Board of Guardians during 1926 was £157,528/17/2, of which sum £20,220/8/3 was granted to miners' families during the coal trade dispute. From St. Helens, 298 men, 163 women, and 105 children were admitted to the Poor Law Infirmary, and 248 men and 47 women to the "House" during the year.

Under the National Health Insurance Act, the total number of insured persons in St. Helens on 1st October, 1926, was 44,627, or approximately 40% of the total population.

METEOROLOGY.—The total rainfall for the year was 36·64 inches. The annual rainfall since 1890 is shown in Table 1. The highest temperature in the shade during the year was on July 14th when it reached 85°F. The lowest was 26·2°F on the 1st November. The prevailing wind during the year was N.W.

Table I.

TOTAL RAINFALL IN INCHES IN ST. HELENS SINCE 1890.



TOTAL RAINFALL IN INCHES IN ST. HELENS SINCE 1890.

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, 1926 to March, 1927, to be 22,896 metric tons per 100 square kilometres or approximately 2,061 pounds per acre.

II.—VITAL STATISTICS.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR :

	M.	F.	Total.
Births :—Legitimate	1312	1181	2493
Illegitimate	39	29	68
Totals ...	1351	1210	2561

Birth Rate ... 23·2

Deaths :—Total 1325

Death-rate (R.G.) 12·0

Number of women dying in or in consequence of child birth ... 11 — from Sepsis ... ... 5; from other causes ... 6

Deaths of infants under one year of age :—

	M.	F.	Total.
Legitimate	146	100	246
Illegitimate	7	9	16
Total ...	153	109	262

Infant Mortality ... 102·3

Deaths from Measles (all ages)	27
,, Whooping Cough (all ages)	4
,, Diarrhœa (under 2 years of age)	31
,, Tuberculosis	123
Zymotic Death Rate	0·62

Table 3 gives a summary of the vital statistics for the past 50 years.

Table 2 shows the main vital statistics of St. Helens in comparison with those of other County Boroughs in Lancashire as well as with those for all the County Boroughs of the Northern Counties and all the County Boroughs of England and Wales.

Table 2.

COUNTY BOROUGH	Estimated civil population	Birth Rate per 1,000	Crude Death Rate population	Infant Mortality per 1,000	Maternal Mortality births	Tuberculosis Death Rate (all forms) per million population
All County Boroughs of England and Wales ...	—	18.7	12.3	81	4.33	1159
All County Boroughs of Northern Counties ...	—	19.1	12.9	90	*	*
Barrow-in-Furness ...	70,420	16.4	11.5	80	6.07	1079
Blackburn	124,400	14.0	13.0	91	8.03	949
Blackpool	88,640	13.2	13.1	76	6.82	801
Bolton	177,000	16.5	14.3	101	4.12	927
Bootle	84,580	22.0	11.9	101	1.61	1431
Burnley	99,600	16.1	13.2	86	5.61	974
Bury	57,040	14.2	12.9	76	9.85	792
Liverpool	862,600	22.9	13.5	105	3.94	1486
Manchester	752,000	18.6	13.4	87	4.87	1439
Oldham	143,000	16.0	15.9	105	4.81	1112
Preston	124,200	17.3	12.9	91	6.96	1135
Rochdale	91,510	15.3	13.7	86	5.72	852
ST. HELENS	110,000	23.3	12.0	102	4.29	1118
Salford	247,400	18.3	12.4	102	2.87	1516
Southport	77,970	11.9	11.9	64	4.32	590
Warrington	77,280	20.6	12.3	86	1.89	1430
Wigan	88,620	20.0	13.0	103	5.64	984

* Figures not available.

From this table it will be seen that of the 17 County Boroughs in Lancashire, St. Helens has the highest birth rate and has the 4th lowest death rate and 6th lowest rate of maternal mortality. It shares with Salford, however, the position of 6th highest in the rate of infant mortality and is 7th highest in the tuberculosis death rate.

POPULATION.—According to the Registrar General's estimate, the population of St. Helens at 30th June, 1926 was

Table 3.

Statistics for St. Helens since 1877.

YEAR	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.
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	7	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	12.0	0	17	7	3	0	35	33	6
1926	110,000	23.2	12.0	0.62	102	10.2	0	27	1	0	0	43	4	6

† Estimated civil population.
* Borough extended.

110,000 and from this figure the various rates in this Report have been calculated. The corresponding estimate of population for 1925, was 109,600, so that the estimate for 1926 allows for an increase of population of only 400 during the intervening 12 months. This is the lowest increase since the census of 1921.

The natural increase in population during 1926, i.e., the excess of the number of births over deaths was 1236 ; the natural increase in 1925 was 1314. It would appear therefore from the Registrar General's estimate, in the calculation of which allowance is made for migration as well as for natural increase (or decrease) in population, that St. Helens lost by migration during the 12 months ending 30th June, 1926, approximately two-thirds of its natural increase in population.

The distribution and density of the population in the different wards of the Borough as shown by the Census Reports of 1911 and 1921, and the estimated population of each ward at mid-year 1926, are shown in Table 4.

Table 4.

	Area in Acres	Census 1911		Census 1921		Estimated population mid-year 1926
		Population	Persons per acre	Population	Persons per acre	
St. Helens C.B. ...	7284	96551	13.2	102640	14.1	110,000
Central	94	6336	67.4	6403	68.1	6,806
East Sutton	1312	11584	8.8	12308	9.4	13,084
Hardshaw	343	11526	33.6	12048	35.1	12803
North Eccleston ...	235	12252	52.1	12670	53.9	13469
North Windle	697	12188	17.4	12269	17.6	13943
Parr	1485	12209	8.2	12899	8.7	13709
South Eccleston ...	622	11873	19.0	13618	21.9	14475
South Windle	67	8279	123.5	8047	120.1	8553
West Sutton	2429	10304	4.2	12378	5.1	13158

BIRTHS.—The number of births registered in St. Helens during 1926 was 2,498. 89 births occurring in other districts were transferable to St. Helens and 26 occurring in the borough were transferred to other districts, making a total of 2,561 births belonging to the borough. The birth rate for the year was 23·2 per 1,000 of population, showing a decrease from the figure of 23·9

Table 5.

Number of illegitimate births.

Years	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
Number of illegitimate births	87	80	84	71	108	84	96	97	92	78	78	112	127	131	136	81	76	70	79	68
Proportion per 1,000 population ...	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	0.61

Table 6.

Number of marriages.

Years	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
Number of Marriages	632	579	608	637	617	691	730	706	745	568	536	579	924	882	903	612	686	692	661	565
Marriage rate per 1,000 population ...	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	10.2

per 1,000 for the previous year. The rate for England and Wales during 1926 was 17·8 and for the 105 County Boroughs and Great Towns 18·2 per 1,000.

The following table shows the birth rate and the marriage rate for St. Helens for 1926, in comparison with the rates for quinquennial periods during the last 30 years.

Period.	Birth Rate per 1,000 of the population.	Marriage Rate
1896–1900	... 37.0	13.5
1901–1910	... 33.5	12.7
1906–1905	... 37–3	13.5
1911–1915	... 32.5	14.3
1916–20	... 25.9	14.2
1921–25	... 25.5	13.2
1926	... 23.2	10.2

In 1926, the male births numbered 1,351 and the female 1,210, being a proportion of 1,116 male to 1,000 female children born.

Illegitimate births were 2·6% of the total, as compared with 3·0% in the previous year. Table 5 gives the illegitimate birth rate since 1907.

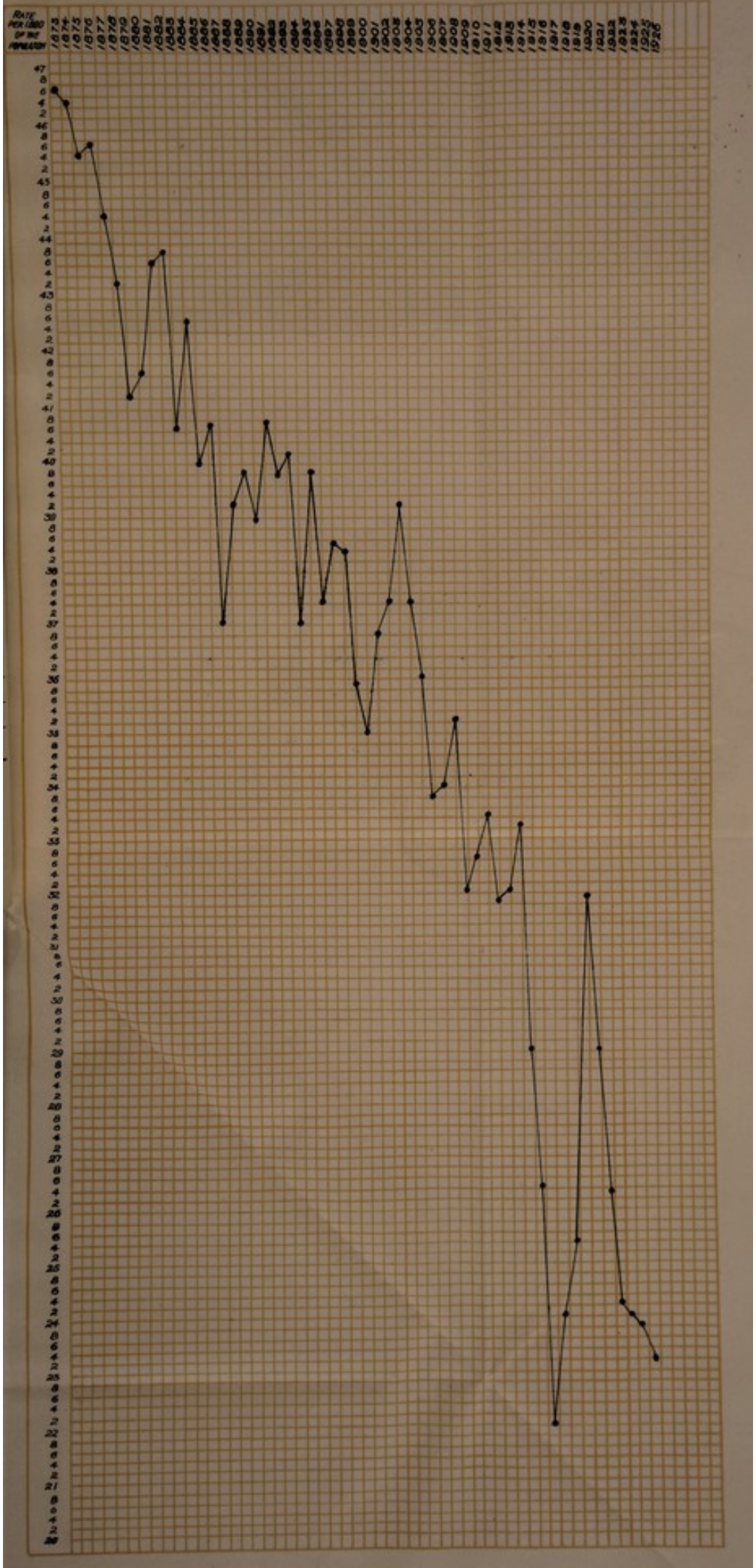
Table 7 shows the number of births notified in each ward during the year, and Table 8 shows the birth rate in St. Helens since 1877.

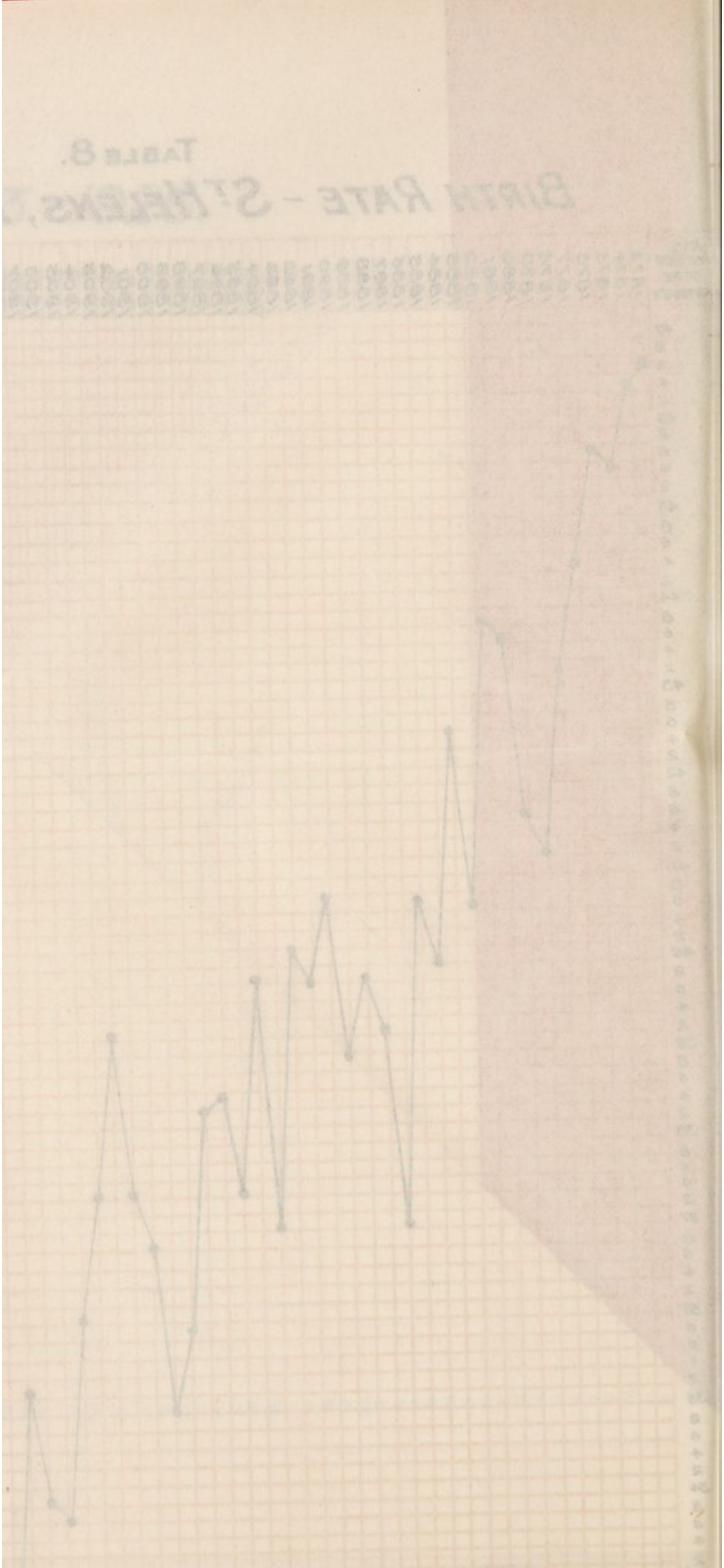
Table 7.

WARD	Number of births notified	Birth-rate per 1000 population	Number of deaths	Death-rate per 1000 population
Central	194	28.5	122	17.9
East Sutton	244	18.6	142	10.8
Hardshaw	244	19.0	160	12.4
North Eccleston	292	21.6	144	10.6
North Windle	278	19.9	158	11.3
Parr	374	27.2	186	13.5
South Eccleston	334	23.0	161	11.1
South Windle	197	23.0	112	13.0
West Sutton	336	25.5	140	10.6
Total	2493	22.6	1325	12.0
England and Wales ...	—	17.8	—	11.6
105 Great Towns	—	18.2	—	11.6

TABLE 8.

BIRTH RATE - ST HELENS, 1873-1926.





MARRIAGES.—The number of marriages during the year was 565, giving a rate of persons married of 10·2 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 1,223. This total includes 106 deaths in St. Helens of persons usually resident in other areas, but excludes 208 deaths of persons usually resident within the borough which occurred in other areas, so that the actual number of deaths assignable to St. Helens is 1,325. 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
1926	12·0	11·6

Table 7 gives the number of births and deaths occurring in the different wards during 1926, and Table 9 shows the death rate in the borough since 1877.

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	312 ...	11·3 ...	13·6
Second Quarter ...	410 ...	14·9 ...	11·7
Third Quarter	255 ...	9·0 ...	9·3
Fourth Quarter	348 ...	12·6 ...	12·1

Coroners Inquests.—During the year 99 deaths were reported to the Coroner. In 47 of these the Coroner was able without an inquest to issue a certificate attributing the death to natural causes. In 52 instances an inquest was held, and in these cases the deaths were recorded as attributable to :—

Colliery Accidents	8
Street Accidents	6
Accidents in Works	5
Drowning	5
Poisoning	8
Scalds and Burns	8
Other Deaths from violence	5
Natural Causes	5
Other Causes	2
	52

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 "principal epidemic diseases" during 1926 was 69 giving a Zymotic death rate of 0·62 per 1,000 of the population.

The causes of these deaths were as follows :—

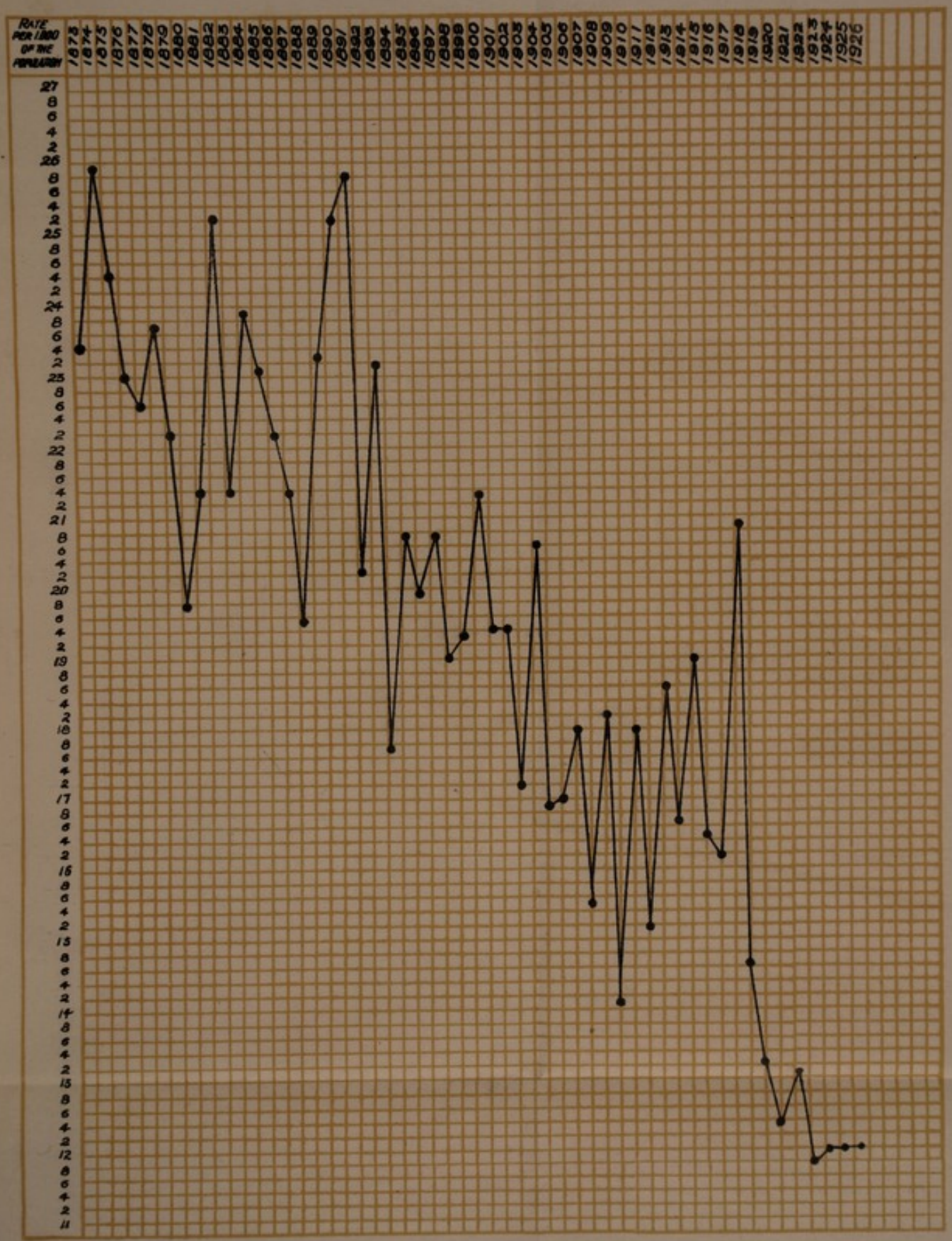
Diarrhœa and enteritis (under 2 years)	31
Whooping Cough	4
Measles	27
Scarlet Fever	1
Diphtheria (including membranous croup)	6
Fever (enteric, typhus, and simple continued fever)	0
Small-pox	0

Table 3 shows the figures since 1877.

Deaths from Tuberculosis.—Tuberculosis was the cause of 123 deaths during the year—that is 9·28% of all deaths belonging to the borough. Of these deaths 91 were attributable to Tuberculosis of the lungs and 32 to other forms of Tuberculosis. The ages at which these deaths occurred are shown in Table 10.

TABLE 9.

DEATH RATE - ST HELENS, 1873-1926.



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

Table 10.

Cause of, and age at, death during 1926.

Causes of Death	Sex	All Ages	0–1	1—	2—	At 5—	Ages 15–	25–	45–	65	75–
All Causes	M	732	153	40	33	26	42	87	161	135	55
	F	593	109	32	27	28	32	71	113	98	83
Enteric Fever	M	—	—	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—
Small-pox	F	—	—	—	—	—	—	—	—	—	—
	M	—	—	—	—	—	—	—	—	—	—
Measles	M	17	4	10	2	1	—	—	—	—	—
	F	10	—	4	5	—	1	—	—	—	—
Scarlet Fever	M	—	—	—	—	—	—	—	—	—	—
	F	1	—	1	—	—	—	—	—	—	—
Whooping Cough	M	1	—	—	1	—	—	—	—	—	—
	F	3	1	1	1	—	—	—	—	—	—
Diphtheria	M	2	—	1	—	1	—	—	—	—	—
	F	4	—	—	—	3	1	—	—	—	—
Influenza	M	32	6	1	1	4	2	5	9	3	1
	F	23	3	1	—	2	—	4	6	6	1
Encephalitis Lethargica	M	1	—	—	—	—	1	—	—	—	—
	F	2	—	—	—	1	—	—	—	1	—
Meningococcal Meningitis	M	—	—	—	—	—	—	—	—	—	—
	F	1	1	—	—	—	—	—	—	—	—
Tuberculosis of Respiratory System ...	M	51	—	1	2	2	9	22	13	2	—
	F	40	—	—	—	1	17	17	4	—	1
Other Tuberculous diseases...	M	13	3	2	2	5	2	2	1	1	—
	F	14	2	2	4	2	—	2	2	—	—
Cancer, Malignant disease	M	54	—	—	—	—	1	2	26	21	4
	F	48	—	—	—	—	—	3	26	13	6
Rheumatic Fever	M	4	—	—	—	—	2	1	1	—	—
	F	2	—	—	—	1	1	—	—	—	—
Diabetes	M	1	—	—	—	—	—	1	—	—	—
	F	2	—	—	—	—	—	—	1	1	—
Cerebral Haemorrhage, etc.	M	32	—	—	—	—	—	—	7	19	6
	F	30	—	—	—	—	—	—	7	13	10
Heart Disease	M	71	—	—	—	1	3	6	25	29	7
	F	73	—	—	1	3	4	12	25	14	14
Arterio-sclerosis	M	19	—	—	—	—	—	2	9	5	3
	F	9	—	—	—	—	—	—	2	4	3
Bronchitis	M	58	10	1	2	2	—	6	18	7	12
	F	47	8	3	—	—	1	1	10	17	7
Pneumonia (all forms)	M	85	28	11	12	3	5	8	13	4	1
	F	58	16	7	10	7	1	4	6	5	2
Other respiratory diseases	M	12	—	—	1	—	1	2	5	3	—
	F	8	1	1	—	—	2	3	1	—	—
Ulcer of Stomach or duodenum	M	8	—	—	—	1	—	2	5	—	—
	F	2	—	—	—	—	—	—	2	—	—
Diarrhoea, etc.	M	20	10	5	3	—	1	—	1	—	—
	F	23	12	4	2	1	1	1	—	2	—
Appendicitis and typhlitis	M	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	1	—	—	—
Cirrhosis of Liver	M	1	—	—	—	—	—	—	1	—	—
	F	3	—	—	—	—	—	—	2	—	1
Acute and chronic Nephritis	M	19	—	—	—	2	3	1	7	2	4
	F	10	—	—	—	—	—	3	2	5	—
Puerperal Sepsis	M	—	—	—	—	—	—	—	—	—	—
	F	5	—	—	—	—	1	4	—	—	—
Other Accidents and diseases of pregnancy and parturition	M	—	—	—	—	—	—	—	—	—	—
	F	6	—	—	—	—	1	5	—	—	—
Congenital debility and malformation Premature birth	M	55	55	—	—	—	—	—	—	—	—
	F	44	43	—	—	—	—	1	—	—	—
Suicide	M	5	—	—	—	—	—	1	3	1	—
	F	3	—	—	—	—	—	2	1	—	—
Other Deaths from violence	M	26	1	2	1	—	4	12	2	3	1
	F	11	—	3	1	2	1	1	—	—	3
Other defined disease	M	139	36	6	6	4	8	13	15	35	16
	F	106	22	4	3	5	—	7	13	17	35
Causes ill-defined or unknown	M	1	—	—	—	—	—	1	—	—	—
	F	4	—	1	—	—	—	—	3	—	—
Totals		1325	262	72	60	54	74	158	274	233	138

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

AGE	1922	1923	1924	1925	1926
Under 1 year	—	—	—	—	—
1—2 years	—	1	—	—	—
2—3 ,, ...	—	—	—	—	—
3—4 ,, ...	—	—	—	—	—
4—5 ,, ...	—	—	—	—	—
5—10 ,, ...	—	—	—	—	—
10—15 ,, ...	—	—	—	—	—
15—20 ,, ...	—	—	1	1	—
20—35 ,, ...	3	6	3	2	6
35—45 ,, ...	10	8	7	4	—
45—65 ,, ...	58	43	54	50	52
65 and over	27	33	31	27	44
Totals	98	91	96	84	102
Death rate per 1,000 of population ...	0.92	0.84	0.88	0.76	0.92
Death rate per 1,000 of population, England and Wales	1.22	1.26	1.29	1.33	*

* Figures not available.

Though there has been a slight increase during the past year the death rate for St. Helens remains considerably lower than that which obtains for England and Wales as a whole.

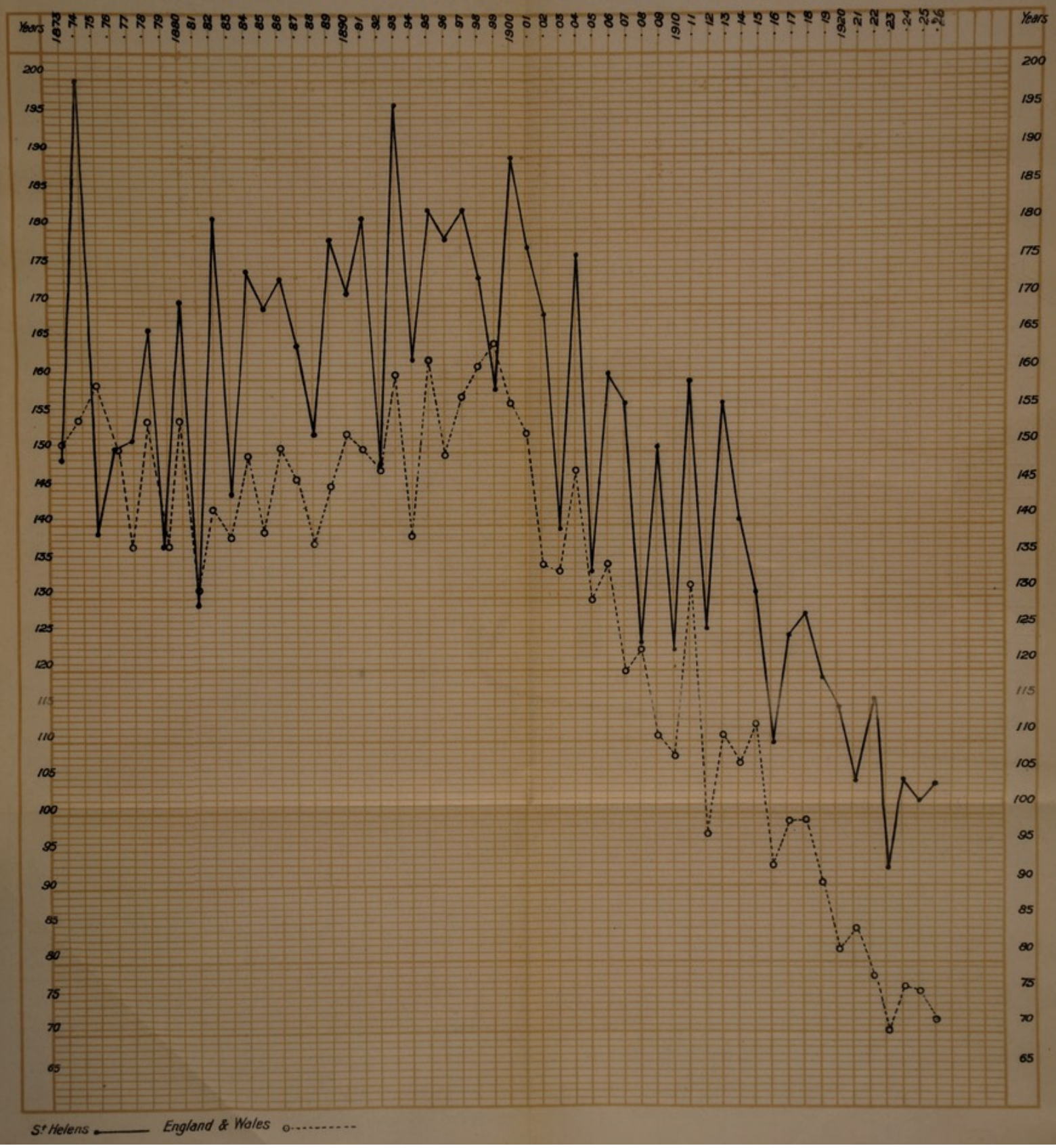
There would appear to be no relationship between the incidence of Malignant Diseases and industrial processes in St. Helens.

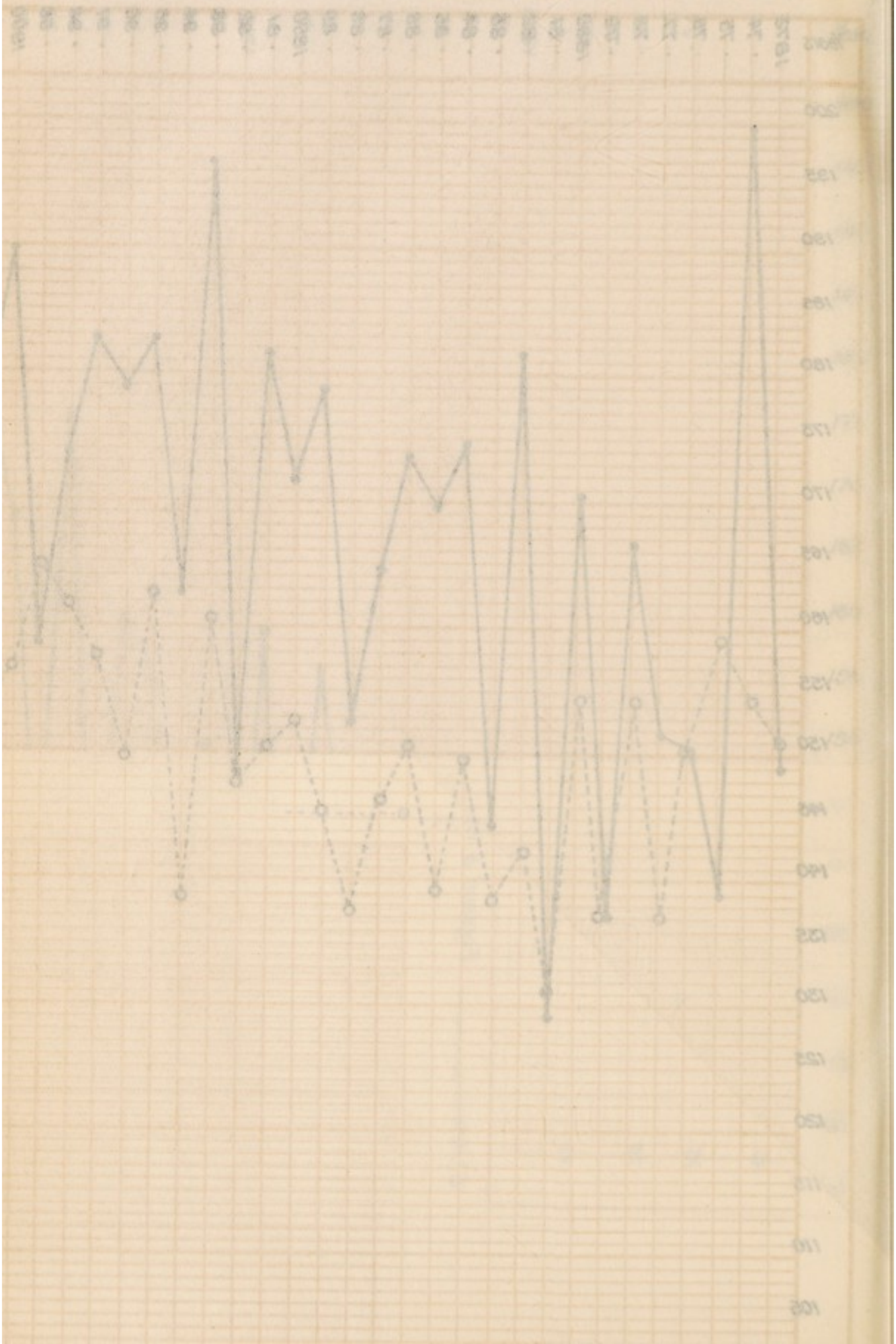
Other causes of death.—The following extract from Table 10 shows some of the other principal causes of death :—

	Number	Percentage of total deaths
Pneumonia (all forms)	143	10·79
Bronchitis and other Respiratory Diseases	125	9·43
Heart Disease	144	10·86
Cerebral Hæmorrhage, etc.	62	4·67
Cancer and Malignant Disease.....	102	7·69
Suicide and other deaths from violence	45	3·39

Table II.

INFANT MORTALITY RATE, St HELENS AND ENGLAND AND WALES 1873-1926.





Infant Mortality.—During 1926 there were 262 deaths of children under one year of age. This corresponds to an infant mortality rate of 102·3 per 1,000 births. The infant death rate for 1925 was 100.

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 1877, 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
Scarlet Fever
Diphtheria and Membranous Croup
Enteric Fever
Typhus Fever
Relapsing Fever
Continued Fever
Trench Fever
Dysentery
*Pneumonia
Cholera
Plague
Puerperal Fever
Puerperal Pyrexia
Cerebro Spinal Fever
Acute Poliomyelitis
Acute Polio Encephalitis
Acute Encephalitis Lethargica
Ophthalmia Neonatorum
Erysipelas
Malaria
†Measles and German Measles
†Whooping Cough
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 period 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 during the past 10 years is seen in Table 15.

Table 12.

Infectious Diseases, 1926.—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	103	92	6
Scarlet Fever	153	144	1
Enteric Fever	1	—	—
Typhus Fever	—	—	—
Puerperal Fever	7	7	5
Puerperal Pyrexia	10	6	
Erysipelas	42	4	1
Pneumonia	256	4	143
Ophthalmia Neonatorum	23	12	—
Polio-Myelitis	—	—	—
Encephalitis Lethargica	3	—	3
Cerebro Spinal Fever	2	2	1
Dysentery	6	—	—
Measles	1625	28	27
Whooping Cough	304	6	4

Table 13.

Age distribution of cases of infectious Diseases notified during 1926.

DISEASE	Notifications received.	Under 1	1—	2—	3—	4—	5—	10—	15—	20—	35—	45—	65—
Typhus Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	153	2	7	11	8	16	67	29	3	10	—	—	—
Diphtheria...	103	—	8	8	11	8	42	10	3	8	4	1	—
Pneumonia	256	19	15	28	14	8	35	13	14	40	28	35	7
Erysipelas	42	1	—	—	—	—	2	—	3	4	8	21	3
Puerperal Fever	7	—	—	—	—	—	—	—	—	5	2	—	—
Puerperal Pyrexia ...	10	—	—	—	—	—	—	—	1	4	5	—	—
Ophthalmia Neonatorum...	23	23	—	—	—	—	—	—	—	—	—	—	—
Enteric Fever	1	—	—	—	—	—	—	—	—	—	—	1	—
Polio-myelitis	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica ...	3	—	—	—	—	—	—	—	—	1	—	1	1
Cerebro Spinal Fever ...	2	1	—	—	1	—	—	—	—	—	—	—	—
Dysentery	6	—	—	—	—	—	—	—	—	2	2	2	—
Whooping Cough ...	304	45	48	55	30	34	90	2	—	—	—	—	—
Measles	1625	138	202	210	229	277	538	20	2	7	2	—	—

Table 14.

Infectious Diseases.—Number of cases of Infectious Disease notified each week in 1926.

Week Ending	Scarlet Fever	Diphtheria	Pneumonia	Erysipelas	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Enteric Fever	Poliomyelitis	Encephalitis Lethargica	Cerebro Spinal Fever	Measles	Whooping Cough	Dysentery
Jan. 2	4	1	5	2	–	–	–	–	–	–	–	39	3	–
9	2	–	6	2	–	–	–	–	–	–	–	113	–	–
16	2	1	4	2	–	–	3	–	–	–	–	52	2	–
23	3	1	2	3	–	–	–	–	–	–	–	72	–	–
30	2	–	5	2	–	–	–	–	–	–	–	76	4	–
Feb. 6	4	2	3	1	1	–	–	–	–	1	–	54	2	–
13	6	1	3	–	–	–	1	–	–	–	–	74	1	–
20	4	–	1	–	–	–	–	–	–	–	–	66	1	–
27	–	1	3	–	1	–	–	–	–	–	–	102	2	–
Mar. 6	2	–	5	1	–	–	–	–	–	–	–	79	4	–
13	4	3	6	–	–	–	–	–	–	–	–	148	3	–
20	3	2	2	–	2	–	–	–	–	–	–	80	3	–
27	3	1	6	–	–	–	1	–	–	–	–	97	1	–
April 3	1	–	2	1	–	–	–	–	–	–	–	56	2	–
10	4	–	5	3	–	–	1	–	–	–	–	89	–	–
17	3	2	9	1	–	–	–	–	–	–	–	92	3	–
24	4	1	9	2	–	–	–	–	–	–	–	52	2	–
May 1	3	4	10	–	–	–	–	–	–	–	–	62	2	–
8	2	3	12	–	–	–	–	–	–	–	–	27	5	–
15	4	2	13	–	–	–	–	–	–	1	–	27	6	–
22	2	2	8	1	–	–	–	–	–	–	–	25	1	–
29	1	4	9	–	–	–	–	–	–	–	–	24	1	–
June 5	1	3	8	–	–	–	–	–	–	–	–	19	1	–
12	1	1	3	–	–	–	1	–	–	–	–	7	–	–
19	4	1	4	3	–	–	–	–	–	–	–	15	2	–
26	2	7	4	–	–	–	2	–	–	–	–	16	5	–
July 3	4	3	2	–	–	–	–	–	–	–	–	3	9	–
10	2	3	6	–	–	–	–	–	–	–	–	2	14	–
17	4	1	5	–	–	–	–	–	–	–	–	3	5	–
24	3	2	2	1	–	–	1	–	–	–	1	5	8	–
31	4	–	1	–	–	–	1	–	–	–	–	12	7	–
Aug. 7	3	–	–	–	–	–	1	–	–	–	–	2	1	–
14	2	2	1	1	–	–	–	–	–	–	–	3	2	–
21	3	3	1	–	–	–	2	–	–	–	–	3	8	–
28	3	3	4	–	–	–	2	1	–	–	–	4	9	–
Sept. 4	2	3	5	1	–	–	–	–	–	–	–	3	5	1
11	2	3	6	2	–	–	1	–	–	–	–	2	8	–
18	–	1	5	–	1	–	–	–	–	–	1	3	5	–
25	3	5	3	1	–	–	–	–	–	–	–	1	9	–
Oct. 2	1	5	2	–	–	–	–	–	–	–	–	2	7	–
9	3	–	2	3	1	–	1	–	–	–	–	1	8	5
16	1	5	1	–	–	1	3	–	–	–	–	1	8	–
23	4	2	9	–	–	–	–	–	–	–	–	1	3	–
30	10	5	3	–	–	–	–	–	–	–	–	1	5	–
Nov. 6	4	2	10	2	–	1	–	–	–	–	–	–	7	–
13	1	4	4	–	–	1	1	–	–	–	–	–	11	–
20	–	1	13	4	–	1	–	–	–	–	–	3	8	–
27	4	3	3	–	–	1	–	–	–	–	–	–	11	–
Dec. 4	3	1	6	2	–	–	1	–	–	–	–	–	12	–
11	6	1	5	1	–	1	–	–	–	–	–	1	20	–
18	4	1	5	–	1	1	–	–	–	–	–	1	35	–
25	3	–	1	–	–	2	–	–	–	1	–	1	10	–
31	3	1	4	–	–	1	–	–	–	–	–	4	13	–
TOTAL	153	103	256	42	7	10	23	1	–	3	2	1625	304	6

Table 15.

Notifications of Infectious Disease received during the undermentioned years.

	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926
Diphtheria	538	756	237	128	51	88	105	89	145	103
Scarlet Fever ...	589	568	221	474	232	190	258	163	241	153
Enteric Fever ...	8	7	7	—	2	3	2	2	7	1
Puerperal Fever ...	5	8	17	13	18	10	4	17	16	7
†Puerperal Pyrexia ...	—	—	—	—	—	—	—	—	—	10
*Pneumonia	—	—	322	148	77	233	190	126	242	256
Erysipelas	96	68	72	53	79	42	53	40	70	42
Ophthalmia Neonatorum ...	48	40	76	63	42	48	30	34	16	23
Poliomyelitis ...	4	2	1	1	2	1	1	1	1	—
Continued Fever ...	—	—	—	—	1	—	—	—	—	—
§Encephalitis Lethargica ...	—	—	2	4	1	—	9	4	2	3
§Polio-Encephalitis ...	—	—	—	—	2	—	—	—	—	—
*Dysentery	—	—	54	17	21	42	6	—	3	6
*Malaria	—	—	158	22	2	—	—	—	—	—
‡Measles	4628	1106	913	2960	196	3437	74	3513	1850	1625
‡Whooping Cough ...	631	814	206	287	576	388	895	235	920	304
Cerebro-Spinal Fever	1	—	3	1	—	—	1	2	2	2
Small Pox	—	—	—	—	—	1	—	—	—	—
Typhus Fever ...	—	—	—	—	—	—	—	8	—	—

* 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.

† Notifiable since 1st October, 1926.

SMALL POX.—No case of Small Pox was notified during the year.

The extent of vaccination in St. Helens since 1901 is shown in Table 16.

Table 16.

Vaccination returns since 1897.

YEAR	2 Vaccinated	3 Insusceptible	4 Dead	5 Con-Objector	6 Postponed	7 Removed	8 Unaccounted	Percentage not Vaccinated including Columns 5, 6, 7, 8
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	294	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
1925	2,150	2	147	234	8	10	26	11.45 †

† Of the 11.45 per cent, unvaccinated 9.64 per cent. are conscientious objectors.

SCARLET FEVER.—During 1926, 153 cases were notified with one death. 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.....	44	1	2·2%
5—15 years.....	96	—	—
15—35 ,, ...	13	—	—
35—45 ,, ...	—	—	—
45—65 ,, ...	—	—	—

DIPHTHERIA.—During 1926, 103 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.....	35	1	2·8%
5—15 years.....	52	4	7·6%
15—35 ,, ...	11	1	9·0%
35—45 ,, ...	4	—	—
45—65 ,, ...	1	—	—

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 recent artificial methods of immunization against these diseases been practised.

ENTERIC FEVER.—One case was notified from the County Mental Hospital, Rainhill, and ended fatally.

✣ **MEASLES.**—During 1926, 1625 cases were notified with 27 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.....	1056	25	2·3%
5—15 years	558	1	0·1%
15—35 ,, ...	9	1	11·1%
35—45 ,, ...	2	—	—
45—65 ,, ...	2	—	—

✣ **Note.**—Further details regarding these diseases will be found in that section of the report dealing with Maternity and Child Welfare. Page 44.

✣ **WHOOPING COUGH.**—During 1926, 304 cases were notified with four 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.....	212	... 4	... 1·88%
5—15 years	92	... —	... —
15—35 ,, ...	—	... —	... —
35—45 ,, ...	—	... —	... —
45—65 ,, ...	—	... —	... —

PUERPERAL FEVER AND PUERPERAL PYREXIA.—Seven cases of Puerperal Fever and 10 cases of Puerperal Pyrexia were notified during the year, and five deaths were registered as due to Puerperal Sepsis.

OPHTHALMIA NEONATORUM.—23 cases were notified during 1926, and two deaths occurred.

CEREBRO-SPINAL MENINGITIS.—During 1926, 2 cases of the disease were notified and one death was attributed to this cause. The diagnosis in the case which recovered was confirmed by bacteriological findings. The fatal case occurred in an infant of five months ; meningeal symptoms were not pronounced and death was most probably due to marasmus.

POLIOMYELITIS AND POLIOENCEPHALITIS.—During 1926, no 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 44.**

ENCEPHALITIS LETHARGICA.—Three cases were notified and three deaths were attributed to this cause. The first was a youth of twenty-one years who had already died when the notification was received—hence the diagnosis could not be verified. The second case occurred in a woman aged 72. The signs and symptoms in this case were extremely vague, and it is possible that the case was one of senility. The third case was a woman of 52. In this case, a diagnosis of cerebral tumour could not be definitely excluded. These three cases were in no way related and they occurred at widely separated intervals. No secondary cases occurred in connection with any of them.

ERYSIPELAS.—During 1926, there were 42 notifications, and one death was attributed to this disease.

DYSENTERY.—During 1926, 6 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.

MALARIA AND TRENCH FEVER. No notifications of these diseases have been received during the year.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.—Apart from an outbreak of Mumps during the last quarter of the year which continued throughout the early part of 1927, there has been no marked prevalence of the more common non-notifiable infectious diseases.

Deaths from Diarrhœa, Enteritis, etc., in children under two years of age numbered 31, and this number shows a slight increase over the previous year (28 deaths in 1925). Though some deaths attributed to this cause may be traceable to bad sanitary conditions, there is no doubt that many are due to bad feeding.

Deaths attributed to Influenza during the year numbered 55, giving an Influenzal Death Rate of 0·5 per 1,000 of the population.

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 48 patients in hospital. New cases admitted during the year numbered 511, making a total number of 559 patients dealt with. At the end of the year there were 37 patients remaining. The highest number of patients under treatment at any one time was 60 and the lowest, 22.

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

Table 17.

Peasley Cross Isolation Hospital

Record of cases treated during 1926.

DISEASE	In hospital Jan. 1st, 1926	Admitted	Discharged	Died	In hospital Jan. 1st, 1927
Scarlet Fever ...	28	162	168	3	19
Diphtheria	6	82	77	8	3
Puerperal Fever ...	2	9	5	3	3
Venereal Disease ...	—	6	5	1	—
Measles	3	26	23	6	—
Other Diseases ...	8	207	186	18	11
Mothers with sick babies	—	6	6	—	—
Babies with sick mothers	1	13	13	—	1
Total	48	511	483	39	37

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 12,719 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 1,641 premises, and the numbers of articles disinfected at the Isolation Hospital were as follows :—

	Articles.
Blankets, Sheets and Rugs	4,508
Hospital Clothing and Bedding.....	3,110
Pillows and Cushions	2,236
Mattresses, etc.	673
Other Articles of Clothing	958
Library Books	54
Other Articles	670

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 1926.

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	3018	223	2795
Blood for Typhoid Fever	25	1	24
Sputa for Tuberculosis	695	189	506
Hairs for Ringworm	51	11	40
Blood for Wasserman Reaction	242	87	155
Films for Gonococci	73	34	39
Pus and other fluids and discharges for various organisms	107	43	64
Other Specimens	18	3	15
Total	4229	591	3638

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

V.—TUBERCULOSIS.

INCIDENCE.—Particulars of new cases of Tuberculosis notified in the area during 1926, 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 of deaths during 1926.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year ...	0	0	4	1	0	0	3	2
1 to 5 years ...	2	0	7	10	3	0	4	6
5 to 10 years ...	5	8	9	9	1	0	3	2
10 to 15 years ...	5	10	1	8	1	1	2	0
15 to 20 years ...	9	10	4	0	4	9	1	0
20 to 25 years ...	8	10	1	2	5	8	1	0
25 to 35 years ...	18	16	2	2	8	12	0	2
35 to 45 years ...	11	7	2	1	14	5	2	0
45 to 55 years ...	9	5	0	1	10	4	0	2
55 to 65 years ...	5	1	1	1	3	0	1	0
65 upwards ...	1	0	1	1	2	1	1	0
Totals ...	73	67	32	36	51	40	18	14

Table 20.

Number of new cases notified and number of deaths each year, 1912 to 1926.

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
1926	140	68	91	32	8.2	2.92

At the end of 1926, there remained on the Tuberculosis Register in St. Helens 548 cases of pulmonary and 409 cases of non-pulmonary tuberculosis.

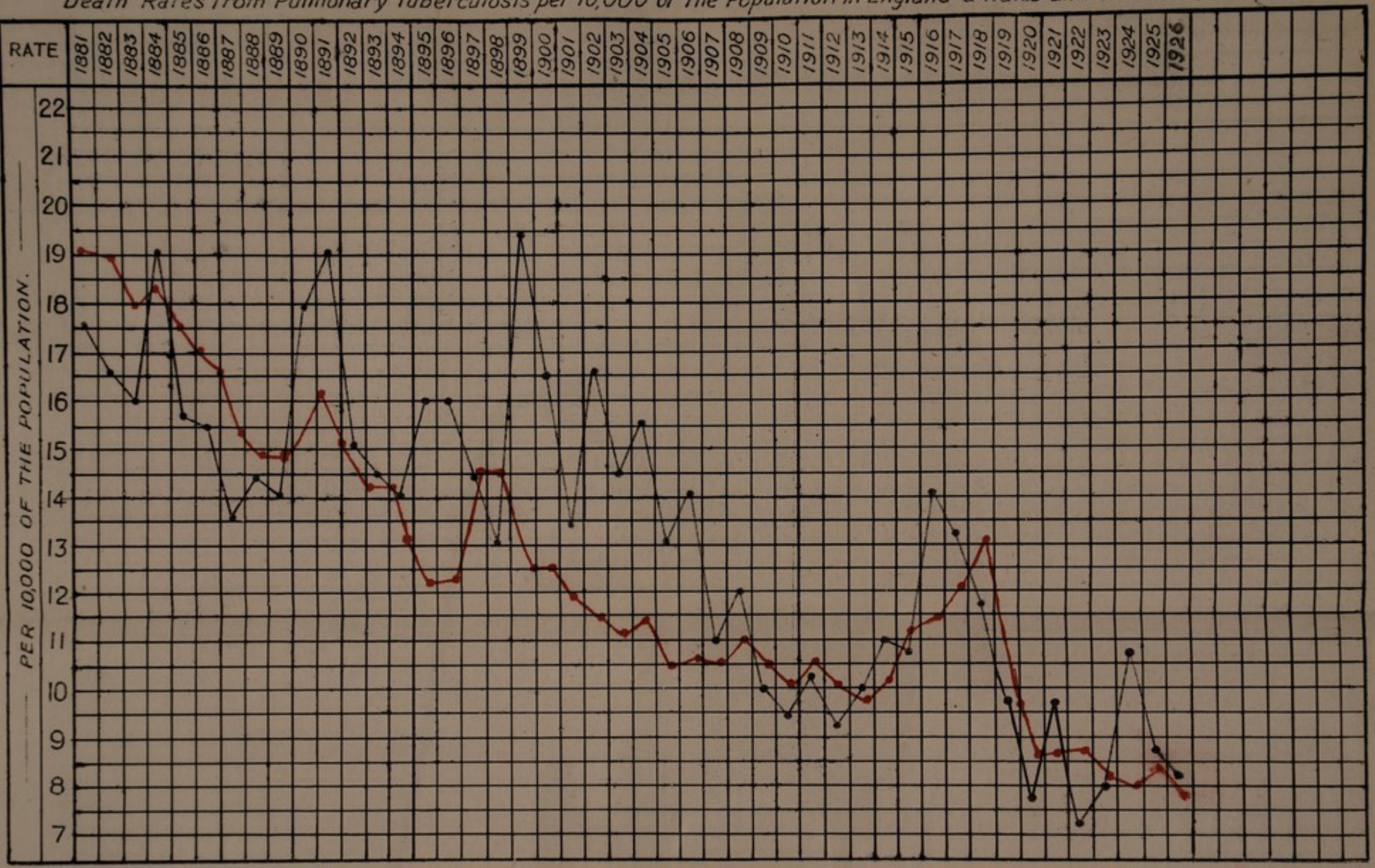
Of the 140 new cases of pulmonary tuberculosis notified during 1926, 49 died during the year and the average duration of life in these cases was 66·6 days. In 6 cases death occurred within one week of notification. Furthermore, of the 91 deaths from pulmonary tuberculosis registered during 1926, 8 were not previously notified as suffering from the disease.

MORTALITY.—During 1926, there were within the borough 123 deaths from all forms of tuberculosis, giving a Tuberculosis Death Rate of 11·1 per 10,000 of the population. Of these deaths, 91 were due to pulmonary tuberculosis and 32 to non-pulmonary tuberculosis, giving a pulmonary death rate of 8·27 per 10,000 of the population and a non-pulmonary death rate of 2·92.

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.

Table 21.

Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England & Wales and St. Helens, 1881-1926.



Black : St. Helens.
Red : England and Wales.

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	10·38	11·1
1926	9·61	11·1

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 1926, five sessions per week were held at the Central Dispensary for ordinary cases and one session weekly for X-ray. One session was held weekly at Sutton.

Table 22.

Record of the work of the Dispensary during 1926.

	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 ...	54	43	7	10	11	9	29	28	65	52	36	38
2. Doubtfully Tuberculous ...	—	—	—	—	—	—	—	—	9	10	4	13
3. Non-Tuberculous	—	—	—	—	—	—	—	—	41	16	17	9
B. *Contacts examined*												
1. Definitely Tuberculous ...	3	4	1	3	0	1	3	1	3	5	4	4
2. Doubtfully Tuberculous ...	—	—	—	—	—	—	—	—	4	8	10	5
3. Non-Tuberculous	—	—	—	—	—	—	—	—	29	80	53	61
C. *Cases written off Register*												
1. Cured	34	31	2	4	12	15	14	5	46	46	16	9
2. Diagnosis not confirmed or Non-Tuberculous									85	99	70	81
D. Number of persons on Register 31st December												
1. Diagnosis completed	109	67	24	26	22	25	61	68	131	92	85	94
2. Diagnosis not completed ...	—	—	—	—	—	—	—	—	43	39	21	24

During the year, 310 new cases, and 266 contacts were added to the Dispensary Register, and 196 cases were re-entered on the Register or were transferred from other areas : 117 cases were discharged from the Register as cured, 335 were written off as not tubercular, 77 died, and 5 were transferred to other areas or were lost sight of. This left at the end of the year 529 persons on the Register.

The total number of attendances made at the Dispensary was 2,763, giving an average weekly attendance of 53. 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 31

The number of X-ray examinations made at or in connection with the Dispensary was 158 of chests and 2 of bones and joints. 21 cases of tubercular adenitis and 18 cases of tubercular skin affections made 527 attendances for X-ray treatment.

During the year, 695 specimens of sputum were examined and 189 found positive.

During the year the tuberculosis officer paid 438 visits to the homes of patients, and in the following-up of cases 5,784 visits were paid by the tuberculosis nurse and health visitors.

The number of insured persons on the Dispensary Register at the 31st December, 1926 was 177, of whom 44 were receiving domiciliary treatment.

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 527 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.

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.—During 1926, 39 patients suffering from tubercular glands or from Lupus made 527 attendances at the Dispensary for X-ray treatment, and 34 patients suffering from the following types of diseases received treatment at various residential institutions during the year :

Bones and Joints.....	17
Abdominal	9
Glandular	5
Other Organs	3

The combined Orthopædic Scheme of the Tuberculosis, Maternity and Child Welfare and School Medical Services came into operation on the 1st October, and is rapidly proving its value. Under that scheme, crippled children are classified into three groups, viz. :—

(a) Non-tubercular children under 5 years of age.

(b) Children of school age in whom the crippling is due to causes other than Tuberculosis.

(c) Children in whom the crippling is due to Tuberculosis.

For the working of the scheme, the Committees have been fortunate in obtaining the services of Mr. T. P. McMurray, of Liverpool, as Orthopædic Surgeon. Six beds have been retained at the Leasowe Open-Air Hospital (mainly for tubercular cases), and it is expected that 6 beds will be kept fully occupied at the Royal Liverpool Children's Hospital (mainly for non-tubercular cases) or at its Heswall Branch. Cases at the Leasowe Hospital are under the care of the Senior Medical Officer of that hospital whilst there, but all other hospital cases and all cases receiving clinic treatment are under the care of Mr. McMurray.

The Orthopædic Clinic itself is conducted at the Albion Street Maternity and Child Welfare Centre, where a special room has been fitted with the necessary apparatus and appliances.

The orthopædic surgeon attends at the clinic approximately every alternate Wednesday afternoon. He sees new cases, reviews old cases, treats or recommends treatment as each case requires, and generally supervises the work of the scheme. One of the assistant medical officers of health attends on the Wednesdays between the visits of the orthopædic surgeon to deal with urgent cases.

Attached to the clinic is a whole time specially trained orthopædic nurse. In the intervals between the medical sessions, she carries out the intermediate treatments required, e.g., massage, electrical treatment, remedial exercises, adjustments of splints, plasters, etc. This intermediate treatment or aftercare is one of

the most important parts of the work. Too often is it thought that the surgeon's part only is essential, whereas, in the great majority of cases, care by the orthopædic nurse in the training of muscles and nerves after the surgeon has done his work is the secret of success. In addition to work at the clinic, the orthopædic nurse visits, and advises or treats in their own homes, cases unable to attend the clinic.

Co-operation of this official part of the work with the voluntary work of the St. Helens Cripple and Invalid Children's Aid Society is assured by the attendance at each medical session of the clinic of a representative from that Society, who acts as clerk to the clinic. In this way, the Voluntary Society come to know exactly what is required for each case and in what way they can best help the cripple with those extras which cannot be provided out of official funds. By taking the personal voluntary touch into the homes of these children, they are also of the greatest assistance in getting the co-operation of parents in the treatment. The Voluntary Society also undertake the supply and repair of all splints and appliances.

From the commencement of the scheme to the end of the year, 89 children had received treatment under the scheme. The cases dealt with were as follows :—

Surgical Tuberculosis	7
Paralysis	24
Rickets	35
Congenital Deformities	14
Miscellaneous	89

This involved 104 attendances for consultation or treatment by the orthopædic surgeon, 207 attendances for intermediate treatments by the nurse, 125 home visits by the nurse, and the admission of 16 cases to hospital.

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.

It is regretted that there is still considerable diffidence on the part of many contacts in submitting themselves to a thorough medical examination. There are two main types of objectors. Firstly, those who consider that, because they are still able to work and because no Tubercle Bacilli have been found in their sputum, they cannot possibly have the disease. These objectors fail to realise that when they reach the stage of being unable to work or of having Tubercle Bacilli in the sputum, the disease is then well advanced. The second type of objector includes those who fear that the disease may be discovered by examination and that, consequently, their liberty will be curtailed. To this type I would urge that if only the disease be discovered early enough there need be little interference with normal life, and that the aim of the Health Department is essentially to assist the patient to live such life as healthily as possible. Finally, to both types of objectors I cannot too strongly urge that the earlier the disease is discovered, the greater are the chances of cure ; if only this were realised by all, many lives could undoubtedly be saved.

Re-examinations are 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 and minor treatments such as extractions, fillings, etc., are carried out and in special cases dentures are supplied. 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-active 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 being approximately equal. There is a Sanatorium School for children in-patients.

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

(c)—Six 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 1926, 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	10	12	28
Totals	4	54	10	12	80

Table 23 shows the extent of institutional treatment provided during 1926, and Table 24 shows the immediate results of treatment of patients discharged during the year.

Table 23.

Return showing the extent of Institutional Treatment during the year 1926.

			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.	31	52	38	16	29
		F.	9	42	24	12	15
	Children	M.	13	31	24	3	17
		F.	19	25	25	1	18
Number of Observation Cases	Adults	M.	1	2	2	—	1
		F.	—	—	—	—	—
	Children	M.	2	3	5	—	—
		F.	1	3	3	—	1
	Total	...	76	158	121	32	81

Table 24.

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1926.

Classification on admission to the Institution		Condition at time of discharge	Duration of Residential Treatment in the Institution: Under 3 months M.	Under 3 months F.	Under 3 months Ch.	3—6 months M.	3—6 months F.	3—6 months Ch.	6—12 months M.	6—12 months F.	6—12 months Ch.	More than 12 months M.	More than 12 months F.	More than 12 months Ch.	Total
§ Pulmonary Tuberculosis	Class T.B. minus	Quiescent	2	1	...	2	1	2	2	...	4	1	...	2	17
		Improved	3	2	3	...	...	2	...	...	1	...	...	1	12
		No material improvement	...	2	3	...	...	1	...	...	...	...	...	...	6
		Died in Institution	...	1	...	...	2	...	...	...	1	...	...	...	4
	Class T.B. plus Group 1	Quiescent	...	...	...	1	...	...	1	...	...	...	...	...	2
		Improved	2	4	...	...	...	...	1	...	...	...	...	...	7
		No material improvement	...	1	...	...	...	...	...	...	...	...	...	...	1
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 2	Quiescent	...	...	...	...	...	...	1	1	...	...	...	...	2
		Improved	3	2	...	6	1	...	2	2	...	1	1	...	18
		No material improvement	1	2	...	1	1	...	2	...	...	1	...	...	8
		Died in Institution	...	...	...	1	1	...	...	...	1	...	...	...	3
	Class T.B. plus Group 3	Quiescent	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved	...	...	...	...	...	...	1	1	...	2	...	...	4
		No material improvement	1	...	...	...	...	...	1	...	...	...	...	...	2
		Died in Institution	10	7	1	1	...	...	2	1	...	1	...	...	23
Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent or arrested	...	...	...	...	...	1	...	1	2	...	...	4	8
		Improved	...	...	1	...	...	2	...	...	1	...	...	3	7
		No material improvement	...	...	1	...	...	...	...	1	...	...	...	...	2
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal	Quiescent or arrested	...	...	...	...	...	1	...	...	3	...	...	1	5
		Improved	...	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement	1	...	1	...	...	...	...	...	...	...	...	...	2
		Died in Institution	...	...	2	...	...	...	...	...	...	...	...	...	2
	Other Organs	Quiescent or arrested	...	...	1	...	...	1	...	...	...	...	...	...	2
		Improved	...	...	1	...	...	...	...	...	...	...	...	...	1
		No material improvement	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution	...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands	Quiescent or arrested	...	...	2	...	...	...	...	...	2	...	...	...	4
		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	...	...	...	...	...	...	...	...	...	...	...	2	2
	Non-tuberculous	...	...	...	1	...	2	...	1	1	...	...	2	7
	Doubtful	...	...	1	...	...	...	...	...	...	...	...	...	1

§ 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 placed in groups 1 and 3.

VI.—VENEREAL DISEASES.

Treatment is carried out by the Staff of the Medical Officer's Department, female cases being dealt with by the female assistant medical officer. Bacteriological examinations are carried out at the Liverpool University.

During the year, 170 male and 97 female patients made a total of 2,542 attendances at the Treatment Centre and 6 patients received in-patient treatment at the Isolation Hospital. Table 25 gives further details regarding these cases.

Compared with the previous year there is a slight increase in the number of new cases presenting themselves for treatment, (total in 1925—74 ; in 1926—84). This is almost entirely confined to cases of syphilis and is in great measure due to increased ante-natal work under Maternity and Child Welfare Schemes.

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 eleven nurses to attend non-infectious cases in their own homes. 1,771 cases were nursed during the year, the total number of visits amounting to 47,191.

Arrangements are also in operation for the Association to undertake the home nursing of cases of Ophthalmia Neonatorum and Puerperal Fever, and cases of Measles and Whooping Cough in children under 5 years of age.

Table 25.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Total	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. No. of cases which : (*a*) were under treatment or observation at the beginning of the year for ...	35	25	1	—	23	9	2	—	61	34
(*b*) returned to the treatment centre during the year after being marked off in a previous year as having ceased to attend or transferred to other centres	13	8	—	—	12	3	1	—	26	11
2. No. of cases dealt with at the Treatment Centre during the year for the first time ...	23	32	2	—	21	6	37	14	83	52
Total (Items 1 and 2)	71	65	3	—	56	18	40	14	170	97
3. No. of cases which ceased to attend (*a*) before completing the first course of treatment for :	11	9	—	—	17	5	—	—	28	14
(*b*) after one or more courses, but before completion of treatment for	16	11	—	—	—	—	—	—	16	11
(*c*) after completion of treatment, but before final tests as to cure of	—	10	—	—	—	5	—	—	—	15
4. No. of cases transferred to other Treatment centres after treatment for ...	1	—	—	—	—	—	—	—	1	—
5. No. of cases discharged after completion of treatment and observation for ...	5	4	3	—	3	2	—	—	11	6
6. No. of cases which, at the end of the year, were under treatment or observation for	38	31	—	—	36	6	—	—	74	37
7. Out-patient attendances ... ... (*a*) for individual attention by the Medical Officer	603	424	3	—	373	57	71	28	1050	509
(*b*) for intermediate treatment, e.g. irrigation, dressings, etc. ...	—	265	—	—	620	98	—	—	620	363
Total Attendances	603	689	3	—	993	155	71	28	1670	872
8. Aggregate No. of "In-patient days" of treatment given to persons who were suffering from	15	76	—	—	10	12	—	—	25	88

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 Thursday, 2 to 4 p.m. For North & South Eccleston, North and South Windle, and Central Districts.
(c)	Elizabeth Street Clinic	Open Wednesday, 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, 10 to 11 a.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 from 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.

District Clinics for the treatment of minor ailments are also open for a few hours daily at Derbyshire Hill, Sutton and Sutton Manor and, after school dental inspection, Dental Clinics are held in the same districts for varying periods.

(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.

(6).—Orthopædic Clinic.—At the Maternity and Child Welfare Centre, Albion Street. Orthopædic Surgeon attends on 1st and 3rd Wednesday of each month from 2 p.m. to 4 p.m.

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 debilitated and ailing infants. Beds : 20.

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 at the St. Helens Hospital, 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, and for puerperal fever and puerperal pyrexia.

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 orthopædic treatment for the crippled child.

NOTIFICATION OF BIRTHS.—Under the Notification of Births Acts, 2,493 live births and 104 still births were notified during the year. Of these 2274 were notified by midwives and 256 by doctors and parents.

INFANT MORTALITY.—During 1926, 2,561 births were registered, and the deaths of 262 infants under one year of age occurred, giving an infant mortality rate of 102·3 per 1,000 births as compared with 100 for the previous year. Of the 262 deaths under one year, 246 were legitimate children and 16 illegitimate children, giving a legitimate infant mortality rate of 98·6 per 1,000 legitimate births and an illegitimate infant mortality of 235·2 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
1926 ...	102	70

The principal causes of the deaths in 1926 were as follows :

Congenital debility, malformations and premature birth.....	98
Pneumonia	44
Bronchitis and other respiratory diseases	19
Diarrhoea, etc.	22
Whooping Cough	1
Tuberculosis	5
Measles	4
Meningoccal Meningitis	1
Due to Violence.....	1
Influenza	9
Other Causes.....	58

The following statement reviews the infant death rates under the principal causes in the years 1921 to 1926.

	Infant Mortality per 1,000 births. 1921	1922	1923	1924	1925	1926
Congenital Debility, malformations and premature births	39·88	44·43	39·77	44·90	38·02	38·26
Pneumonia, Bronchitis and other respiratory diseases	26·80	35·19	22·94	23·59	22·43	24·59
Measles and Whooping Cough	2·61	4·62	·76	3·43	5·33	1·95
Diarrhoea, etc.	12·09	7·82	4·97	6·85	7·98	8·59
All other Diseases.....	22·23	23·46	22·94	24·73	26·24	28·89

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

	Expressed as % of total infant deaths.					
	1921	1922	1923	1924	1925	1926
Deaths under 1 day old	15·50	19·25	14·65	15·07	10·27	12·22
Deaths 1 to 7 days old	9·49	10·86	13·80	13·25	14·45	16·0
Deaths 1 to 4 weeks old	13·29	13·04	14·65	14·34	15·20	14·13
Total deaths under 1 month old i.e. neo-natal deaths	38·28	43·15	43·10	42·66	39·92	42·35
Deaths 4 weeks to 3 months old	18·68	18·64	11·29	16·54	11·03	15·27
Deaths 3 to 6 months old	18·03	13·97	19·67	15·07	16·73	14·51
Deaths 6 to 12 months old	25·00	24·23	25·94	25·73	32·32	27·87

From these tables it will be seen that congenital debility, malformations and premature births still account for more than one-third of the infant mortality and that nearly one half of the deaths that occur are of infants under one month old. These deaths represent that portion of the infant mortality which it is hoped to reduce by ante-natal care and supervision.

Regarding other deaths it will be noted that there has been an increase in deaths attributable to respiratory and diarrhœal diseases. This is not surprising when one remembers the poverty and overcrowding that existed during the year. The increased death rate shown under the heading "All other diseases," was almost entirely due to the increase in deaths from Influenza, the death rate for which was increased at all ages during 1926.

STILL BIRTHS.—The number of still births notified during the year was 104, which gives a still birth ratio of 40 still births per 1,000 total births notified.

MATERNAL DEATHS.—During 1926, 11 deaths were registered as resulting from or in connection with childbirth, giving a maternal death rate of 4·29 per 1,000 live births. The causes of these deaths were :—

Puerperal Sepsis	5
Post partum hæmorrhage	2
Embolism	2
Eclampsia	1
Heart failure following craniotomy for obstructed labour.....	1
Total	11

It must be remembered, however, that these figures do not tell the full tale of the casualties caused. Instances occur where, because the mother suffers from some intercurrent disease, e.g., phthisis, severe heart disease, etc., the death is certified under that cause alone, and, in addition to deaths, there has also to be counted that much larger group of casualties—the damaged mothers. No one can estimate how big this group really is, but that it is considerable is evident from the record of cases attending hospitals for diseases of women. Further, it should include not only mothers damaged in child-bearing parts but others whose general health has been undermined in consequence of child bearing.

To obviate these casualties is one of the chief aims of maternity and child welfare schemes, and to this end the most important services are—

(a) Ante-natal care, and

(b) Good midwifery combined with suitable accommodation for the confinement.

Ante-natal care and supervision may be said to begin with the health visitor or midwife who probably sees the mother in the early stages of the pregnancy and advises as to general health. After that, much depends upon the individual case as to how much care and supervision is necessary. In all cases, however, there should be, in the later months of pregnancy, a thorough examination so that any abnormality may be discovered and either remedied or provided for.

The other factor which will promote healthy child-bearing is the practice of good midwifery in a suitable environment. The

standard of midwifery in St. Helens is fairly good, though perhaps there is still too great a tendency for unnecessary interference. The environment is not good. In the majority of houses it is rarely that a suitable room can be devoted entirely to the confinement, and in the great majority of cases the mother during her lying-in period is harassed with household worries. The provision of hospital accommodation is therefore very desirable for even normal confinements — for abnormal cases, it is a necessity. In this connection it is very pleasing to note how much the maternity beds at the St. Helens Hospital are appreciated.

INFECTIOUS DISEASES IN MOTHERS AND CHILDREN.—

Puerperal Fever and Puerperal Pyrexia.—The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, came into operation on 1st October, 1926. Till that date only "Puerperal Fever" was notifiable, and as much confusion existed as to what was included under that term, the new Regulations have added the term Puerperal Pyrexia. This is defined as "Any febrile condition (other than a condition which is required to be notified as Puerperal Fever under the Infectious Diseases (Notification) Acts) occurring in a woman within 21 days after childbirth or miscarriage in which a temperature of 100·4° Fahrenheit (38° Centigrade) or more has been sustained during a period of 24 hours or has recurred during that period." No doubt under such a wide definition many conditions will be notified which have small connection with the confinement or miscarriage, but as the definition will undoubtedly lead to the earlier notification of puerperal sepsis, it will allow more efficient measures to be taken to prevent infection from case to case, and should ensure improved treatment for these cases. The forms of notification prescribed by the Ministry of Health allow the notifying practitioner to ask for the provision of trained nurses, for hospital treatment, for a second opinion in the case, and for bacteriological examination. Provision for all these services has been made in St. Helens. By arrangement with the St. Helens and District Nursing Association trained nurses can be supplied ; beds are available at the Isolation Hospital for cases requiring hospital treatment (and I am strongly of opinion

that this is the only satisfactory method of treatment for all cases); the Corporation's consultant gynaecologist is available if a second opinion is required ; and arrangements have been made with the City Laboratory, Liverpool, for bacteriological examinations.

During 1926, 7 cases of puerperal fever and 10 cases of puerperal pyrexia were notified and 5 deaths occurred from puerperal sepsis. All cases of puerperal fever and 6 of the cases of puerperal pyrexia were admitted to hospital.

The subsequent diagnosis in the 10 cases notified as puerperal pyrexia were as follows :—

Shock following delivery	1
Influenza	2
Bronchitis and Pneumonia	1
Constipation	2
Puerperal Fever	4

Ophthalmia Neonatorum :—23 cases were notified during the year. Of these 11 were treated at home and 12 in Peasley Cross Isolation Hospital. As a result of enquiry at the end of the year it was found that 20 had unimpaired vision, 1 had slightly impaired vision and 2 had died. The deaths recorded were—

(a) at 19 days old of "gastritis" and

(b) at one month old of "congenital specific disease and marasumus."

Measles and Whooping Cough.—138 cases of measles in children under 1 year old and 918 cases in children aged 1 to 5 years were notified during the year. The deaths occurring in each age group were respectively 4 and 21.

45 cases of whooping cough were notified in children under 1 year old and 167 cases in children aged 1 to 5 years, the deaths due to this cause being respectively 1 and 3.

By arrangement with the St. Helens and District Nursing Association, home nursing of these cases is carried out by the district nurses, and beds are available at the Isolation Hospital for cases requiring hospital treatment or when home conditions are such that the case cannot be properly nursed at home.

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

Table 26.

Infectious Diseases at ages 0—1 and 1—5 years.

	1926	
	Under 1 Year.	1–5 yrs
Scarlet Fever	2	42
Diphtheria	—	35
Pneumonia	19	65
Erysipelas	1	—
Enteric Fever	—	—
Poliomyelitis	—	—
Encephalitis Lethargica	—	—
Cerebro Spinal Fever	1	1
Whooping Cough	45	167
Measles	138	918
Continued Fever	—	—
Polio-Encephalitis	—	—
Tuberculosis (Pulmonary)	—	2
,, (Non-Pulmonary)	5	17

INSPECTION AND SUPERVISION OF MIDWIVES.—There were 46 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	33
Having other recognised certificates	9
Untrained	4

Inspections of midwives were carried out on 50 occasions by medical officers, and the health visitors paid 93 routine and 131 special visits for purposes of inspection and supervision. In 6 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 743 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.....	2,489	
Number and percentage in which medical assistance was obtained	743	(29·8%)
Reasons for medical assistance :—		
(a) For abortions and premature labours ...	84	(3·3%)
(b) For ante-natal illnesses...	51	(2·0%)
(c) For difficult confinement	335	(13·5%)
(d) For suturing the perinæum, expelling the placenta, excessive hæmorrhage, etc.	121	(4·9%)
(e) For post-natal illnesses...	56	(2·3%)
(f) For the child	96	(3·8%)

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 1926-27, £930 11s. was paid to medical practitioners for this service, and £321 16s. 7d. was recovered from the patients.

In accordance with the Rules of the Central Midwives Board ante-natal registers are now kept by all practising midwives. In these are recorded 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.

During the year a "refresher" course was again conducted by one of the assistant medical officers and was well attended by 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.

HEALTH VISITING.—The following statement shows the visits paid by health visitors during the year.

To expectant mothers :—	
(a) First visits.....	1,081
(b) Subsequent visits	1,609

To infants under one year :—	
(a) First visits.....	2,561
(b) Subsequent visits	14,448
To children, aged one to five years...	24,178
Total Visits	43,877

As there had been considerable confusion of ideas in the past regarding the work of health visitors, school nurses, etc., a special report on the subject was submitted to the Health Committee early in the current year. This report is reprinted as an Appendix.

MATERNITY AND CHILD WELFARE CLINICS.—

At the Maternity and Child Welfare Centres, combined clinics for expectant and nursing mothers and for children under 5 years of age are held. There are eight sessions weekly, and the sessions are so arranged that the mothers may come on those days on which the health visitor for their own district is in attendance.

These clinics are supposed to be primarily educational, i.e. that by advice to mothers individually regarding their own and their children's health, and by "talks to mothers" collectively on health matters of interest to them all, the standard of health of the mother and of the child may be raised and maintained. Medical treatment must necessarily be given in some cases, but in a well organised clinic this is reduced to a minimum. A visit to one of these clinics in St. Helens and a glance at the number of attendances each year (Table 27) make one wonder if there is in St. Helens a true appreciation of these aims. Rather would it appear that many forget the educational side and look upon these clinics only as out-patient departments for treating minor illnesses. No doubt in treating these minor illnesses much good work is done, as many would go untreated were the clinics not available, and early treatment frequently prevents the development of more serious ailments. But to attend the clinic purely in the hope of obtaining a bottle of medicine, is using the clinic for a purpose for which it is not primarily intended.

These clinics are also used as the centres for the distribution of dried milk for mothers and infants. In the past it has been

a rule that (provided health and other reasons permitted) all who received dried milk should attend one of the clinics. This was done to encourage attendance for educational purposes. Though this rule was relaxed considerably during the industrial dispute of 1926, the very great increase in attendances for that year again makes one wonder whether a desire for guidance and help is the only motive which prompts many of these attendances.

Whatever the fault may be, these clinics are becoming too unwieldy and as a first step to bringing them back to their true function, I would suggest separating the milk depot from the clinic itself. The best way to do this would be to appoint an Almoner who would deal with all matters relating to the issue of dried milk, referring special cases only to the medical officers or health visitors. This would, I feel sure, reduce the number of attendances at the clinics considerably, and, with clinics reduced to a more reasonable size, medical officers and health visitors would have more time and opportunity for carrying on effectively their true work. The Almoner would also be extremely useful for dealing with the financial side of other services for which the parents are supposed when possible to make some contribution to the Corporation, e.g., repayment of fees paid to doctors called in by midwives, repayment of hospital costs, etc. These enquiries and assessments at present take up a considerable portion of medical officers' and health visitors' time—time which could be much better utilised in the work for which they are trained and time which at present is urgently required for expansion of ante-natal work.

In addition to the combined clinics, special ante-natal clinics are held twice weekly—one at the Dispensary in Claughton Street and one at Elizabeth Street Maternity and Child Welfare Centre. To these clinics are referred cases where there is reason to suspect abnormality or where the history of previous pregnancies points to need of careful supervision. Though at first looked upon with some local prejudice, these clinics are becoming more popular as mothers realise the benefits obtained by proper supervision throughout their pregnancy. For the abnormal case they are essential so that suitable and proper arrangements may be made for the confinement. During the year, 407 mothers made 974 attendances at these clinics.

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

Table 27.

Attendances at Maternity and Child Welfare and Ante-natal Clinics, 1921—1926.

	1921	1922	1923	1924	1925	1926
Maternity & Child Welfare Centres.						
1. No. of Expectant Mothers attending :						
(*a*) First Visits	307	189	162	234	289	430
(*b*) Subsequent visits	235	151	341	412	484	766
2. No. of Mothers attending :						
(*a*) First Visits	2553	2212	1729	1979	2023	244
(*b*) Subsequent Visits ...	1948	1672	5858	6648	6050	8705
3. No of Children attending :						
(*a*) First Visits	3324	2628	2118	2519	2481	3094
(*b*) Subsequent Visits	2383	2011	6675	7396	6710	9936
4. No. of Attendances of :						
(*a*) Expectant Mothers ...	1101	893	1123	1753	2061	2503
(*b*) Mothers	18107	14586	15872	20698	19039	29283
(*c*) Children	18411	16084	17655	22573	21194	31845
Total No of attendances	37619	31563	34650	45024	42294	63631
Ante-Natal Clinics.						
No. of Expectant Mothers attending	—	—	—	137	171	407
No. of Attendances	—	—	—	316	331	974

HOSPITAL ACCOMMODATION.—During the year, arrangements were completed whereby the Corporation rent five beds for maternity cases in the new maternity block of the St. Helens Hospital with the option of renting three more as required and as available. This arrangement came into operation on the 18th October, and since then the Old Whint Hospital has ceased to be used for maternity cases (except in emergency) and is now used entirely for ailing and debilitated children.

At the Old Whint Hospital during the year, 79 ante-natal and 7 post-natal cases were admitted, and 64 confinements were conducted. Two maternal deaths occurred. On the children's side of the hospital, 103 infants were dealt with, of whom 59 were discharged in good health, 11 were discharged improved, and 9 cases returned home before any improvement could be effected. 8 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.

Since the transfer of Maternity cases to the St. Helens Hospital, 23 cases have been provided for by the Corporation in that hospital.

Table 28.

General Summary of Cases in Old Whint Maternity Hospital, 1926

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 Inflammation 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													
79	7	22	4	60	—	4	—	—	Mother suffering from Debility 2	Cerebral Embolism 1	Eclampsia 1	Prematurity 4	Stillborn 3	7
86										2				

Table 29.

Old Whint Maternity Hospital.

Table showing number of cases in which medical assistance was sought by the resident midwife during 1926, with reasons for requiring assistance.

Ante Natal.		During Labour.			After Labour			For Infant
Threatened Abortion	Abortion	Ante-partum Hæmorrhage and Cardiac	Obstructed Labour	Placenta Prævia	Ruptured Perineum	Retained Placenta	Eclampsia	Prematurity
1	1	1	4	3	6	1	1	4
2		8			8			4

Table 30.

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

In Hospital on 1st Jan., 1926	Number of Admissions during Year	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.
11	92									
103		43	9	11	59	1	—	1	—	—

Table 31.

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

Reason of Admission	Number
Diarrhoea and Vomiting	7
Spastic Paraplegia	1
Malnutrition	2
Marasmus	24
Rickets	42
Bronchitis	4
Convulsions	1
Infantile Paralysis	1
Otorrhoea	2
Jaundice	1
Cervical Adenitis	1
Cervical Abscess	2
Debility	4
	92

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
1926			
April 15	Marasmus and Convulsions	65	6 months
May 25	Bronchitis and Convulsions	3	3 months
Sep. 10	Marasmus and Inanition	81	5 months
Sep. 27	Marasmus and Acute Bronchitis	21	6 months
Dec. 5	Jaundice and Convulsions	5	$2\frac{3}{5}$ years
Dec. 10	Pyelitis	56	7 months
Dec. 12	Broncho Pneumonia and Convulsions	28	$1\frac{5}{12}$ years
Dec. 21	Marasmus and Broncho Pneumonia	168	8 months

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. In reporting on the work of the Centres, I have already discussed the question of separating this service from the clinic proper.

There are no arrangements for the provision of meals for mothers.

During the year approximately 377 cwt. of dried milk were disposed of, and, of this, 1,968 lbs. were issued free and 33,644 lbs. at less than cost price. This is an increase of just over 100 cwt. compared with the amount disposed of during the previous year and was mainly due to the great increase in the amount issued at less than cost price during the coal dispute.

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 54 cases during the year.

MINOR AILMENTS AND DENTAL DEFECTS.—During the year, 99 children received treatment for minor ailments, and 129 mothers and 61 children received dental treatment at the school clinic.

CRIPPLED CHILDREN.—The Orthopædic Scheme outlined in my Report for 1925 came into operation on the 1st October, 1926. Among the maternity and child welfare cases, Rickets is the most frequent defect coming up for treatment, and to assist in the care of these it frequently has been found necessary to send children to the Old Whint Hospital so that errors in diet may be corrected and the health generally improved. For the prevention of Rickets amongst these children, an Artificial Sunlight installation would be very beneficial. A full report of the Scheme since its commencement is given in the Tuberculosis section of the Report.

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 Cerebro 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 St. Helens Corporation Act, 1921.
The Ministry of Health Provisional Orders Confirmation (No. 2) Act, 1926 ; confirming the St. Helens Order, 1926, as to Tuberculosis.

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 4th 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 Tents, Vans, Sheds and similar structures used for human habitation made by the Council on the 28th July, 1926.

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 2nd August, 1911.

REGULATIONS.

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.

During the year, two cowkeepers were removed from the Register at their own request, and the name of another cowkeeper was removed by the Council under the Milk and Dairies (Amendment) Act, 1922.

At the end of 1926 there were 72 persons registered as purveyors of milk, and during the year 538 visits for inspection purposes were paid to the dairies and milk shops.

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

Though there have been improvements in recent years, it must be confessed that taken generally there is still room for considerable improvement in the production and purveying of milk in St. Helens. It is surprising that it should still be necessary to point out to a farmer that the household washing house is not the place in which to keep milk tankards, or to a retailer that an uncovered jar of milk on the counter of a small general shop is as good as flypaper for collecting dust and dirt. The Milk and Dairies Order of 1926, lays particular stress on cleanliness in all operations in the production or handling of milk and it is only by insistence on the strictest cleanliness in all stages from the cow to the consumer that a clean milk supply can be assured.

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.

Table 33.

Number of Animals slaughtered and amount of diseased meat condemned during the year 1926.

	Abattoir.				Private slaughter houses.			
1926	Number of Animals Slaughtered.	No. of Animals found diseased. Tuberculosis.	No. of Animals found diseased. Other diseases.	Weight in lbs. of Meat Condemned	Number of Animals Slaughtered.	No. of Animals found diseased. Tuberculosis.	No. of Animals found diseased. Other diseases.	Weight of Meat in lbs. Condemned
Beasts	4,491	544	828	84,176	—	—	—	
Calves	536	—	1	70	—	—	—	
Sheep.....	3,574	—	38	161	—	—	—	
Pigs	6,075	126	121	9,958	2,220	45	22	651

BAKEHOUSES.—There are 103 bakehouses on the register —one is underground. Mechanical power is used in 16 instances. Three defects were found during the year and after notice each was remedied.

UNSOUND FOOD.—During the year, as the result of inspection, approximately 1,111 lbs. of fish, 1,180 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 150 Formal samples and 37 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 1926, and results of analysis by the Public Analyst.

ARTICLE	No. of Samples Taken.	No. found to be genuine.	No. Adulterated.
Milk	95	84	11
Butter	11	9	2
Margarine	10	10	—
Tea	6	6	—
Cocoa	3	3	—
Sausages	9	9	—
Coffee	2	2	—
Jams	2	2	—
Sugar...	5	5	—
Lard	9	9	—
Beer	3	3	—
Vinegar	7	7	—
Cheese	10	9	1
Tinned Fruit ...	6	6	—
Cream Cheese ...	1	—	1
Pepper	2	2	—
Polony	2	1	1
Epsom Salts ...	2	2	—
Cream	2	2	—
TOTAL ...	187	171	16

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	52.	Milk	...	9% deficient in fat.—Fined 40/,.
,,	196.	,,	...	7 grains sediment and dirt per gallon.—Dismissed.
* ,,	209.	Cream Cheese		Made from milk deprived of 14% of its fat.—Fined 40/- and Analyst's fee.
,,	213.	Polony	...	Contained only 43% of meat.—Dismissed.

* Also fined 10/- under the Merchandise Marks Act.

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

Sample	57.	Milk	...	2% added water.—Warned by Committee.
,,	58.	,,	...	About 2% added water.—Warned by Committee.
,,	62.	,,	...	3% short of fat.—Warned by Committee.
,,	64.	,,	...	4% short of fat.—Warned by Committee.
,,	65.	,,	...	5% short of fat.—Warned by Committee.
,,	96.	,,	...	4% short of fat.—(Informal).
,,	102.	,,	...	3% short of fat.—(Informal).
,,	122.	,,	...	5% short of fat.—(Informal).
,,	140.	,,	...	3% short of fat.—Warned by Committee.
,,	127.	Butter	...	16·26% of water.—Warned by Committee.
,,	142.	,,	...	16·14% of water.—Warned by Committee.
,,	212.	Cheese	...	Made from milk deprived of 37% of its fat—Warned by Committee.

MILK AND CREAM REGULATIONS.—95 samples of milk were examined during the year, but in no instance was any preservative discovered.

Two samples of fresh cream were purchased for analysis and were found to conform to the regulations.

TUBERCULOSIS ORDERS, 1925.—During the year 13 cattle were dealt with under the Tuberculosis Orders, 1925. Of these 4 were notified by private veterinary surgeons, 2 by owners, and 7 by the Corporation's veterinary inspector, (2 of the latter being discovered at a sale yard). With the exception of one animal returned from the sale yard to the farm, slaughter was carried out in each case by the Council and evidence of Tuberculosis was found on the post mortem examination. The total compensation paid to owners was £53 15s. and the net salvage was £2 9s. 4d.

The following statement shows the description of the animals dealt with, the form of the suspected disease and the classification of the stage of the disease as revealed at the post mortem examination :—

Description of Animal.	Form of the suspected disease.	Classification at post-mortem examination.
Cow in Milk ...	Tuberculous Emaciation and Chronic Cough	Advanced.
do. ...	Chronic Cough, etc.	... do.
do. ...	do. ...	... do.
Heifer	Tuberculous Emaciation ...	...Not Advanced
* do.	Chronic Cough, etc.	... —
Cow in Milk ...	Tuberculous Emaciation ...	...
	Chronic Cough, etc.	...Advanced.
Heifer	Tuberculous Emaciation ...	... do.
do. ...	do. ...	...Not Advanced
do. ...	do. ...	...Advanced.
do. ...	do. ...	...Not Advanced
Cow in Milk ...	Tuberculosis of the Udder	...Advanced.
Dairy Cow ...	Tuberculous Emaciation ...	... do.
Cow in Milk ...	do.	Not Advanced.

* This animal was returned by the owner to his farm, which was situated outside the Borough.

XI.—SANITARY CIRCUMSTANCES OF THE AREA.

CLOSET ACCOMMODATION.—At the end of the year 1,208 privy middens and 908 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, 39 privy middens and 238 tub and pail closets were converted to the water carriage system.

Table 35 shows the number of conversions completed each year since 1904.

It will be noticed that the number of conversions completed during 1926 is less than in the previous year. To some extent this was due to the industrial dispute, but there has been a slowing down of conversion work during the past four years. The chief reason for this is that the majority of what might be called simple conversions have been done and those that remain are complicated by drainage or sewerage questions, the solution of which entails considerable extra work on the staff of sanitary inspectors. To overcome this difficulty it was decided when Mr. Milligan resigned his appointment of Chief Sanitary Inspector early in the current year to retain Mr. Milligan's services as whole time Conversions Inspector. By so doing it is hoped to speed up the work so that all conversions may be completed within the next three years.

Table 35.

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
1926	39	238	277

SANITARY INSPECTION OF THE DISTRICT.—The total number of visits paid by the sanitary inspectors was 5,704. Table 36 contains a list of the notices served during 1926, and a record of the defects remedied.

Table 36.

Sanitary defects—Number of notices served during 1926.

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	123	44	44	0
,, provide new and repair drains	44	17	17	0
,, provide and repair slopstones	20	23	20	3
,, repair w.c's, baths, basins, lavatories, and cisterns	50	39	34	5
,, repair roofs to dwelling houses	136	138	127	11
,, cleanse back yards and filthy dwellings	12	1	1	0
,, provide sufficient ashpit, ashplace, privy, pail closet, and w.c. accommodation	127	72	70	2
,, provide or repair eavesgutters and downspouts	92	97	92	5
,, repair pavement in yards and floors in dwellinghouses	55	41	38	3
,, remove fowls, pigs, offensive matter from near dwellinghouses	7	6	6	0
,, abate overcrowding of dwelling houses	—	—	—	—
,, replaster walls and ceilings and prevent dampness of dwelling	101	115	100	15
,, remedy defects in workshops	4	3	3	0
,, remedy defects in cowsheds and dairies	1	0	0	0
,, remedy miscellaneous nuisances	185	143	118	25
,, convert to water carriage system	9	62	177	50
Totals	966	801	647	119

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—No defects remediable under the Public Health Acts were reported by H.M. Inspector of Factories.

Workshops.—The number of workshops registered is 196. During the year, 439 inspections of these premises were made, and as a result 3 notices regarding defects found were issued. All defects found were remedied during the year.

Table 37 shows the classes of workshops registered.

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

Table 37.

Registered workshops.

	Workshops on the Register (s. 131) at the end of the year.	Number
1	Dressmakers and mantle making	20
2	Milliners	14
3	Tailors	18
4	Hosiery Knitters	3
5	Joiners, builders, cabinet-makers and plumbers, etc.	28
6	Blacksmiths, wheelwrights, coach builders and masons	10
7	Weighing machine repairers	3
8	Cloggers and boot repairers	49
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	2
19	Saddler	1
20	Knackers Yard	1
21	Sundries	25
22	Ice Cream Makers	8
	Total number of Workshops on Register	196

TENTS, VANS, SHEDS, etc.—Owing to the housing shortage, there is an increasing number of vans used for human habitation, and small colonies of these structures are continually appearing in various parts of the Borough. If unchecked, these will become a very serious public health nuisance. Apart from the question of hardship to the tenant through default of the owner in keeping the van weatherproof, there is the more serious question of the

collection of these structures without sanitary conveniences or adequate means for the disposal of waste water and refuse on sites which are quite unsuited for the purpose. The result is that the ground surrounding soon becomes foul or, if the conveniences of neighbouring houses are used, these become overburdened and break down.

To obtain some control, Bye Laws dealing with these structures were obtained during 1926. Under these Bye Laws it is a definite offence for an owner or occupier of land to permit the use of those structures on his land without providing the usual sanitary necessities. I would urge, therefore, that though hardship might temporarily be caused to present tenants, strict enforcement of penalties on owners who fail in these respects would solve the problem.

COMMON LODGING HOUSES.—There are six common lodging houses registered for the accommodation of 265 lodgers. During 112 inspections, 5 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. As the Bye Laws at present in force are insufficient for dealing with these premises, I would urge that new Bye Laws be obtained at an early date.

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, 29 bodies were received into the mortuary and 5 post mortem examinations were conducted.

HEALTH WEEK.—Health Week which was held in 1926 from 14th to 20th November is now looked upon as an annual event in St. Helens. There is no doubt that it forms a very important part of the work in improving and maintaining the health of the community. There is a tendency now-a-days, to blame a health department for everything that goes wrong, and to expect that department to produce a remedy for every ill. Good public health depends, however, on a partnership between the individual and the State, and it is that the individual may learn and appreciate his share in the partnership that these propaganda weeks are carried out.

XII.—HOUSING.

Of the 450 houses erected during 1926, 413 were subsidy houses, and, of these, 178 were erected by the Local Authority and 235 by private or commercial enterprise. During the year building operations were commenced by the Corporation for a further 252 houses on the following sites :—

Windlehurst	50
Pocket Nook	58
Scholes Lane	144
	252

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
1926	19	172	—	106	16	4	19	63	51	450

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, 1926.

1.—Unfit Dwelling Houses.

Inspection—(1) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) 838

(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 preceding 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 582

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 481

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

(a) by owners 423

(b) by Local Authority in default of owners 6

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

APPENDIX.

HEALTH VISITORS.

Their part in the scheme for the improvement of the public health, with a record of the work done by Health Visitors in St. Helens during 1926.

(Special Report by the Medical Officer of Health—submitted to the Health and Maternity and Child Welfare Committee on the 26th April, 1927).

ORIGIN OF HEALTH VISITORS.

For many years now the importance of a healthy parentage and a healthy childhood in producing a healthy adult has been well recognised, and, as originally used, the term "Health Visitor" implied a woman who visited the homes of the people and advised mothers both as regards their own health and in the rearing of the infant. As time proceeded, the importance of this work in improving the general public health became more clearly appreciated. With the passing of the Midwives Acts of 1902 and 1918, the work of practising midwives was brought under stricter control and supervision, and thereby improved. Inspectors of midwives were appointed for this purpose. With the passing of the notification of Birth Acts, 1907 and 1915, every birth had to be notified to the Local Health Authority within 36 hours, and the work of health visiting, as applied to the earliest years of life, was considerably increased. Under the Maternity and Child Welfare Act of 1918, the health services were still further extended so as to include expectant mothers and children up to five years of age, and to allow the visiting and advising of mothers in their own homes, the institution of maternity and child welfare and ante-natal clinics and of hospitals for mothers and children, the provision of food for mothers and children and of medical attention when necessary, etc.

With this increase in work, the duties and responsibilities of health visitors have necessarily increased enormously, so that now the Ministry of Health will only approve as a health visitor

a woman who has undergone a special training and holds definite qualifications for the work. Strictly speaking, and following the original use of the term, a health visitor is one wholly employed on maternity and child welfare work. Many authorities, however, find it more convenient to combine all duties performed by nurses under the public health services in one person under the term "Health Visitor." In St. Helens, this means that the health visitor deals with cases under the maternity and child welfare scheme, the school medical service, the scheme for the prevention of tuberculosis and infectious diseases, schemes under the Blind Persons Act, etc. She also acts as a link between the household and the Sanitary Inspectors' staff for the remedying of any sanitary defects. From the health point of view, this is sound. It allows the one nurse to follow up the child from infancy through school life ; it allows her to know what ailments the child may have had which may need special after-care in school ; it allows her to know to what infections the child has been exposed ; and it allows her to know of circumstances influencing the parents which later may be reflected in the child. It makes her a health adviser of the family, and tends to prevent that irritation that can so easily be caused by a multiplicity of visitors. It is also economically sound in that one visit to a house can be utilised for several branches of the work, whereas, if special visitors have to go for each branch, the staff would have to be much larger.

DUTIES OF HEALTH VISITORS.

Dealing now with the duties of health visitors as the term is applied in St. Helens, these might be broadly summarised as follows :—

(a) Advising expectant mothers regarding their health during pregnancy and, if necessary, arranging for medical or hospital treatment, extra nourishment, maternity bags, etc.

(b) Advising and assisting mothers regarding the rearing of infants during the earliest years of life, and in the remedying of medical or surgical defects during infancy or during school life.

(c) Inspection of midwives so that the assistance given to the mothers may be the best and safest available.

(d) Advising and assisting parents regarding the prevention of the spread of infection, either in children or in adults.

(e) Advising teachers, etc. regarding the health of school children.

(f) Reporting environmental conditions which may have an effect on the health of the household.

STAFF IN ST. HELENS.

In St. Helens, the health visitors of the Health Department are allocated as follows :—

(A) District Health Visitors.....	14
(B) Health Visitors as Clinic Nurses...	2
(C) Special Health Visitor for Tuberculosis	1
	17

(D) To these may be added one nurse wholly employed in the treatment of minor ailments of school children in outlying districts. This nurse is wholly chargeable to the Education Committee, and is not graded as a health visitor.

Taking each of these classes in turn, the following statement gives a brief summary of the various duties involved, with a record of the work done during 1926.

District Health Visitors.—For this purpose, St. Helens has been divided into fourteen districts, each of which is in charge of a health visitor who is responsible for all health visitor's work in that district connected with maternity and child welfare, the school medical service, infectious diseases and Tuberculosis..

Under those headings, the main duties include :—

Maternity and Child Welfare.

1. Visiting and advising expectant mothers. For this purpose, 2,690 visits were made during 1926.

2. Visiting and revisiting infants during the first year of life. 17,009 visits were paid during 1926.

3. Visiting and advising regarding children up to five years of age. 24,178 visits were paid during 1926.

4. Visiting and investigating all cases where the midwife has required the services of a medical practitioner. This occurred in 743 cases during 1926, and involved 825 visits by health visitors.

5. Visiting and advising in cases of Ophthalmia Neonatorum, Puerperal Fever, Puerperal Pyrexia, Measles and Whooping Cough. 1,852 cases of these diseases were notified and involved 4,699 visits.

6. Visiting practising midwives for the purpose of inspecting midwives' bags, records, etc.—also arranging disinfection, when necessary, of midwives' bags and clothing. There were 46 midwives practising in St. Helens during 1926 and 224 visits were paid by health visitors.

7. Attending Maternity and Child Welfare Centres. Eight sessions per week are held at these Centres, and these are so arranged that each health visitor attends on the day when the mothers and children from her district attend. At these Centres during 1926, 430 expectant mothers made 2,503 attendances, 2,448 mothers made 29,283 attendances, and 3,094 children made 31,845 attendances.

8. Assisting the medical officers at the special ante-natal clinics. Two of these are conducted weekly and the health visitors take it in turn to attend. During 1926, 407 expectant mothers made 974 attendances.

9. Investigating and reporting upon all applications for dried milk. During 1926, 1401 mothers or infants received approximately 35,976 pounds of dried milk at less than cost price.

10. Visits in connection with maternal deaths, still births, etc., 48 visits during 1926.

School Medical Service.

1. Assisting the medical officers at the medical inspection of school children. During the year, 274 sessions were devoted to school medical inspection, and at these sessions 10,075 children were examined and 6,773 children previously found defective were re-examined.

   Preparing for the above inspections, the health visitors made 379 visits to schools for the purpose of weighing and measuring the children and testing their eyesight.

2. Arising out of these inspections, 6,595 defects were referred for treatment or for further observation, and in the following up of these, 3,876 home visits were paid by health visitors for the purpose of advising parents.

3. Assisting the medical officers at the inspection clinic held twice weekly at the Town Hall. During 1926, 3,742 attendances were made by children to the inspection clinic.

4. Examining all children in schools with respect to cleanliness. 51,248 inspections were made during the year and 3,446 notices were issued for dirty or verminous conditions.

5. Visiting each school at least once weekly (more frequently during outbreaks of infectious disease) for a general survey of the condition of the children and to confer with the teachers on any questions regarding the health of the children. 4,601 visits were paid during 1926 for this purpose.

6. Reporting on cases referred to the school medical department by the school attendance department, teachers regarding absences from school or sick children not receiving medical attention. During 1926, this involved 7,531 home visits.

Infectious Diseases.

1. Visiting and advising upon all notifications of infectious diseases (other than those dealt with under maternity and child welfare work), and re-visiting, if necessary, until the home is free from infection. During 1926, this involved 1,616 primary visits, 1,680 secondary visits, arranging for the disinfection of 500 houses, and the taking of 1,367 specimens.

2. Visiting and reporting on contacts with certain diseases, e.g. Small Pox, Typhus Fever, etc.

Tuberculosis.

Visiting, for advisory and supervisory purposes, known cases of Tuberculosis and arranging for the disinfection as and when required. For this purpose, 5,014 visits were paid by health visitors and 100 disinfections arranged. (Note:—First visits and special visits are made by the special health visitor for Tuberculosis).

Miscellaneous.

In addition to the above, various miscellaneous duties have from time to time to be carried out by the district health visitors. During 1926, these have mainly been in connection with blind persons, housing, etc., and these duties during the year involved 202 home visits.

Clinic Nurses.—Two nurses are kept constantly occupied at the School Clinic dealing with school children, maternity and child welfare cases and female venereal diseases cases. These nurses are classed as health visitors so that they may be interchangeable with district health visitors.

Their duties are :—

1. Treating minor ailments amongst school children. During 1926, 1,973 children made 20,956 attendances for treatment.

2. Treating minor ailments amongst maternity and child welfare cases. 16 mothers and 146 children made 805 attendances for treatment during 1926.

3. Assisting the ophthalmic surgeon in the treatment of eye defects. During the year, 387 children made 1,392 attendances for this purpose

4. Assisting the X-ray specialist in the treatment of Ringworm or other conditions requiring X-ray treatment. 12 cases made 65 attendances during 1926.

5. Treating, or assisting medical officers in the treatment of, female venereal diseases cases. During 1926, 97 cases made 872 attendances for this purpose.

Tuberculosis Nurse.—Since the appointment of an additional medical officer for Tuberculosis whose time is devoted entirely to the Tuberculosis service, it has been found more convenient to have one health visitor detailed specially to assist at all sessions of the Tuberculosis Dispensary. She also makes the first home visit when a case is notified, and makes a complete report regarding home conditions of the patient for the use of the Tuberculosis Officer. Subsequent supervisory visits are made by the district health visitors, except in special cases where special circumstances necessitate special visits by the tuberculosis nurse. In this way, the tuberculosis department is kept intimately in touch with home conditions affecting the patient with the minimum duplication of staff.

The duties of this nurse therefore, include :—

1. Assisting the Tuberculosis Officer in the examination and treatment of cases attending the Tuberculosis Dispensary. Sessions are held six times weekly (each approximately 2½ hours) and during 1926, 780 patients made over 2,076 attendances.

2. Visiting cases when first notified and special cases as and when required. Under this heading, the tuberculosis nurse paid 783 visits during 1926.

3. Assisting the X-ray specialist at the X-ray treatment of various tubercular conditions. One session is held weekly for this purpose, and during 1926, 36 patients made 527 attendances.

District Minor Ailment Nurse.—It was pointed out by me in a special report on the treatment of school children that (a) many children in the outlying districts who suffered from minor ailments failed to obtain treatment owing to the distance from the School Clinic in Claughton Street, and (b) that, when they did attend Claughton Street Clinic, much school time was lost in travelling to and from the Clinic. The Central Children's Care Committee decided, therefore, to appoint a nurse to visit the outlying districts and deal with cases. The district minor ailment nurse is now wholly employed in this work. Daily clinics are held at Sutton, Sutton Manor, and Derbyshire Hill, and, during 1926, 880 children attended these clinics and 19,809 treatments were given.

STAFF REQUIRED.

For maternity and child welfare and the school medical service, the standard of staff adopted by the Ministry of Health, is as follows :—

	No. of Nurses.
(a) **For Maternity and Child Welfare :**	
1 Whole-time nurse for every 400 births ; i.e. for 2,600 births in St. Helens	7
(b) **For School Medical Service :**	
1 Whole-time nurse for every 2,500 children (excluding nurses for the dental service). i.e. for 20,000 school children in St. Helens.....	8
Carried forward ...	15

Brought forward ... 15

In addition to these, however, there are required in St. Helens :—

(c) **For Tuberculosis :**

In 1926, 5,597 home visits were paid by health visitors in connection with the Tuberculosis services and 7 sessions weekly were held at the Tuberculosis Dispensary ..... say 4

(d) **For Infectious Diseases :**

In connection with these, 5,995 visits were paid by health visitors during 1926 (which was a non-epidemic year), say, 3

Total Staff required..... 22

It would appear, therefore, that, with the present staff, of 17 health visitors and 1 district minor ailment nurse, the staff in St. Helens is not excessive. Further, I consider that, with the great increase in recent years in work under maternity and child welfare schemes, the standard adopted by the Ministry is too low. More ante-natal work is required in St. Helens, and, though this has improved in recent years, it may be noted that, during 1926, only 2,690 visits were made to expectant mothers and only 974 attendances made by these mothers at the special ante-natal clinics.

That the present staff is not out of proportion to the needs of St. Helens can be further seen by comparison with the staff in 1913. In 1913, there were 7 health visitors and school nurses and 7 sanitary inspectors. At that time, the maternity and child welfare work was mainly confined to the inspection of midwives and visiting births notified under the Notification of Births Act—in 1918, this work was, by the Maternity and Child Welfare Act, extended to cover all matters relating to the health of the mother and child. Again in 1913, school medical inspection only applied to two age groups of children attending elementary schools, and the treatment of school children was in its infancy. Since then, a third age group of elementary school children and the secondary schools have been added, and treatment at the school clinics has increased enormously. Further, in 1913, work under the scheme

for the prevention of Tuberculosis had only just commenced, and the treatment of venereal diseases was not commenced until 1917. Finally in 1913, all infectious diseases were dealt with by the sanitary inspectors—this is now included in the health visitors' duties, and to the previously notifiable infectious diseases have been added Measles, Whooping Cough, Pneumonia, Ophthalmia Neonatorum, Encephalitis Lethargica, etc.

Considering, therefore, how enormously public health work has increased since 1913 by the expansion of already existing duties and the addition of new duties, the present staff of 18 nurses and 5 sanitary inspectors seems barely sufficient. It should be remembered also that there has been in recent years actually a reduction in the staff of nurses, for, whilst in 1919 there were 25 nurses, there are to-day only 18.

THE RESULTS OBTAINED.

To assess the value of the health visitor's work in the improvement in the general public health that has occurred in recent years can only be problematical. That there has been an improvement in the public health is undoubted, but all public health sources are so intertwined and the health visitor's work is incorporated in so many of the services that, to apportion the credit, is extremely difficult. Figures could be produced showing how increase in the number of school nurses corresponds with an increased percentage of attendances at school, how increased expenditure on maternity and child welfare corresponds with a decrease in infant mortality, etc., etc., but deductions from these facts alone would be unsafe.

So many factors have their part in the general improvement that has taken place that to no one of them can a definite portion of the credit be given. From a general survey of the position, however, one fact seems clear, namely, that with the growth of the "personal services" in public health (i.e. maternity and child welfare, tuberculosis, school medical, etc.), the rate of improvement has been greater than when the public health service was confined to "communal services" (general sanitation, food, infectious

diseases, etc.). Further, though no doubt there has been in recent years a continuous and in some instances (especially in regard to food supplies) a remarkable improvement in "communal services," there is also no doubt that the "personal services" have developed at a quicker rate. Arguing from this, it would seem, therefore, that the "personal services" in public health are responsible for a very considerable proportion of the improvement that has taken place, and, if that be so, then the work of the health visitors, forming as it does so large a part of these "personal services" must have had an important bearing on this improvement. Taking that service in which so much of the health visitor's work is done, namely, the maternity and child welfare service, it is at least significant that, though the infant mortality in St. Helens fell gradually from 153 infant deaths per 1,000 births in the period 1876-80 to 140 in the period 1911-15, it fell during the next 10 years to 102. It surely cannot be only coincidence that it has been during this latter period that the health visitor's work has developed and extended.