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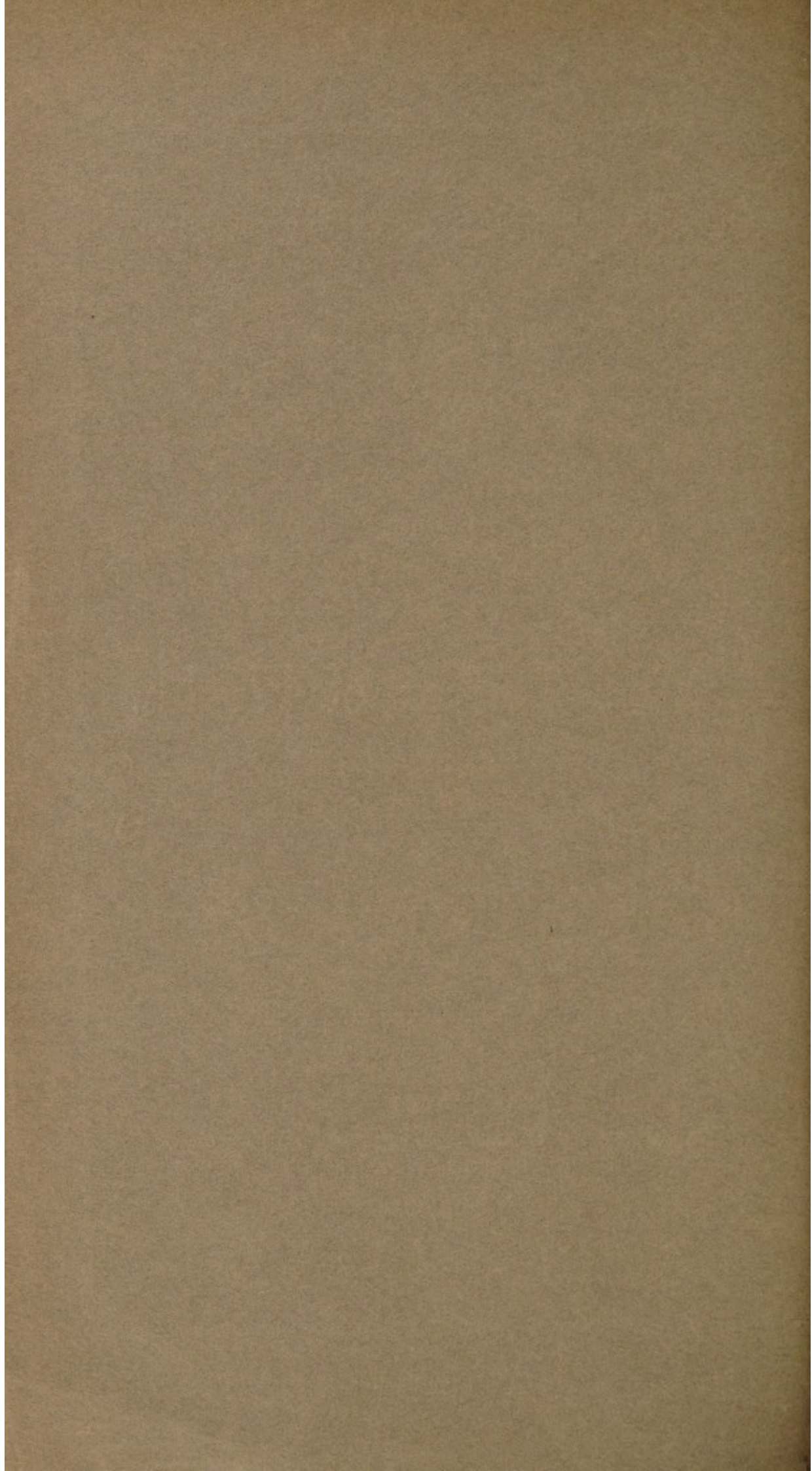
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COUNTY BOROUGH OF ST. HELENS



# Annual Report

OF THE

## Medical Officer of Health,

FOR THE YEAR 1930.

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FRANK HAUXWELL, M.B., Ch.B., D.P.H.

Medical Officer of Health,  
and School Medical Officer.

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St. Helens :

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1931.



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## Health and Maternity and Child Welfare Committee.

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*Chairman :*

ALDERMAN T. HAMBLETT, J.P.

*Deputy-Chairman :*

COUNCILLOR EVELYN PILKINGTON, C.B.E., J.P.

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THE RIGHT WORSHIPFUL THE MAYOR,  
(Alderman A. Rudd, J.P.)

ALDERMAN F. McCORMACK,

„ H. H. PEET, J.P.,

COUNCILLOR N. BIRCH, J.P.,

„ W. BURROWS,

„ A. DODD,

„ R. ELLISON, J.P.,

„ ELLEN McCORMACK,

„ M. McFARLANE, J.P.,

„ R. RENNIE,

„ J. THACKRAY, J.P.,

„ T. WOODS,

MRS. H. B. BATES and

„ B. McGHIE.

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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 58th Annual Report on the health of the Borough for the year ended the 31st December, 1930.

The estimated population upon which the various statistics for the year are based is that of the Registrar General's estimate for 1929, owing to the fact that the estimate for mid-year, 1930, will not be available until later in the current year. As practically all other Authorities have adopted the same procedure, however, the various statistics are relatively comparable. The mid-year estimate for 1929 was 109,200.

The birth rate for 1930 was 21·5 per 1,000 of the estimated population, being an increase of 0·8 per 1,000 as compared with the previous year. The death rate was 11·4 per 1,000 of the estimated population, showing a very considerable decrease compared with the rate of 14·6 the previous year. The corresponding birth and death rates for England and Wales for 1930 were 16·3 and 11·4 respectively.

The infant mortality rate in St. Helens for 1930 was 80 per 1,000 births and is the lowest yet recorded for the town. The corresponding rate for England and Wales was 60 per 1,000 births and for all the County Boroughs of the Northern Counties, 75 per 1,000 births.

An interesting comparison of these statistics with those of the County Boroughs in Lancashire is shown in Table 2.

Taken as a whole the health of the borough during the year was remarkably good, despite the fact that the figures for unemployment were practically double those of the previous year.



During the year considerable progress was made in the erection of the Council's new Maternity and Child Welfare Hospital, which is to provide accommodation for 15 maternity cases and 22 ailing and debilitated children. This hospital was opened in April, 1931, and marks considerable progress in the work which is being done for the mothers and children in St. Helens. An additional Clinic has also been opened for the Thatto Heath District, and special attention has been given during the year to the serious question of maternal mortality.

On the Tuberculosis side, it is pleasing to note a further decline in deaths, though there is still much to be done in the education of the public in combating this disease.

Special attention has been directed during the year to Housing and special reports on this subject are included in the Report.

Special attention has also been directed to the milk supply and great improvements have been obtained during the year in the methods of milk production.

With the passing of the Local Government Act, 1929, the Council have as from the 1st April, 1930, taken over the various duties formerly performed by the Prescot Board of Guardians, and a special section of the Report is devoted to the medical functions transferred. Though it is too early to give any considered judgment on the arrangements now made, I would emphasise the importance of, as soon as practicable, taking the sick out of the Poor Law. In dealing with the sick, the necessity for treatment should be the first consideration and not the financial circumstances of the patient.

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

June, 1931,



## GENERAL STATISTICS.

Area (Acres) ... ..	7,284
Population (Census, 1921) ... ..	102,640
Estimated Population mid-year 1929 ... ..	109,200
*Number of structurally separate sets of premises	
intended or used for habitation ... ..	18,516
*Number of families or separate occupiers ... ..	19,688
Assessable Value ... ..	£402,946
Product of a penny rate ... ..	£1,860

\* From Census, 1921.

The Net Cost on the Rates of the various Health Services in St. Helens during the year ended the 31st March, 1931, as compared with the previous year is given below. The comparison, however, is not quite equitable, as Ministry of Health Grants which were formerly credited to the grant-earning services, are now merged in the new Exchequer Grant under the Local Government Act, 1929; this has the effect of showing an apparent increase in the Net Cost.

	Pence per £.	
	1929-30	1930-31
Isolation Hospital .....	3·778	4·468
Tuberculosis .....	2·738	6·887
Maternity and Child Welfare .....	2·824	7·785
Venereal Diseases .....	·112	·419
Blind Persons .....	1·160	2·669
Food and Drugs Acts .....	·157	·230
Slaughterhouse and Cold Stores .....	·134	·173
Contagious Diseases of Animals .....	·060	·055
General Sanitary and Administrative Charges	4·610	5·641
Sewage Disposal .....	2·629	3·268
*Collection and Disposal of Refuse .....	*13·089	*16·457
Public Conveniences .....	·309	·625
<b>Total Net Cost of Health Services ...</b>	<b>31·600d.</b>	<b>48·677d.</b>

\*This service is under the control of the Cleansing and Transport Committee.

### STAFF.

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

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

Deputy Medical Officer of Health :

\*J. A. Fraser, M.B., Ch.B., D.P.H. (Edinburgh).

Assistant Medical Officers of Health :

\*W. H. Brown, M.B., Ch.B. (Glasgow), D.P.H. (Liverpool).

\*Helen Standring, M.D., Ch.B., D.P.H. (Liverpool).

\*R. W. Eldridge, M.D., Ch.B., M.R.C.S., L.R.C.P., B.Sc.,  
D.P.H. (resigned July, 1930).

\*A. B. Follows, M.B., Ch.B. (Liverp.), M.R.C.S., L.R.C.P.,  
D.P.H. (Liverp.), (from August, 1930).

Dental Surgeons :

\*A. G. Batten, L.D.S.

\*L. A. Jones, L.D.S.

\*Annie M. Kean, L.D.S.

Sanitary Inspectors, etc. :

\*Ernest Sefton, (1), (5), (10), (11).

Chief Sanitary Inspector

H. Brown (1), (4), (5), (6).....Sanitary Inspector.

H. Lowe (4), (6)..... do.

J. Skeath (4) ..... do

(retired 16th December, 1930).

W. B. Kennedy (6), (12), (13), (14) ..... do.

H. A. Perry (4), (12) ..... Asst. Sanitary Inspector,  
(from 6th February, 1930).

T. Blashill (1), (5).....Superintendent of Public Abattoir.

Matron of Corporation Hospitals :

\*Edith Carder,



\*Health Visitors and School Nurses :

Ethel Denman,	(1), (2), (3), (7)	Mary Corrish,	(3), (7)
Mary Riding,	(3), (7)	†Rosanna J. O'Connor,	(3), (7)
Winifred Cowan,	(2), (3), (7)	Alice Happold,	(3), (7)
Amy Coates,	(2), (3), (7)	Mary Elliott,	(3), (7)
†Louisa M. Austin,	(3), (7)	Edith Curran,	(3), (7)
Emily Corrish,	(2), (3), (7)	Ellen R. McDonald,	(2), (3), (7)
Daisy C. Cruickshank,	(3), (7)	Agnes Macdonald,	(2), (3), (7)
Nora Hogan,	(3), (7)	Doris Parkinson,	(2), (3), (7)

\*After-Care Sister (Orthopædic Scheme) :

Constance Anthony (9)

\*Tuberculosis Nurse :

Grace Sumner (7)

\*Clerk Dispenser and Venereal Diseases Attendant :

Jas. McP. Hutton.

\*Venereal Disease Nurse :

Florence Wilkinson (7)

† 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 Sanitary Science of the Royal Sanitary Institute.
- (9) Certificate of Chartered Society of Masseuses, etc.
- (10) Diploma of the Institute of Sanitary Engineers.
- (11) Diploma of the Building Surveyors' Association.
- (12) Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
- (13) Smoke Inspector's Certificate of the Royal Sanitary Institute.
- (14) Sanitary Inspector's Certificate of the Manchester College of Technology.

The following are part-time officers :

District Medical Officers and H. B. Bates, L.S.A., L.M.S.S.A.

Public Vaccinator : J. S. Fox, M.B., C.M., M.R.C.S.

P. J. O'Keeffe, L.R.C.P., L.R.C.S.,  
L.R.F.P.S., L.M.

Vaccination Officer . Alfred Griffin.

Physician to the X-ray Department, Tuberculosis Dispensary :	*J. Unsworth, M.B., B.S., (Lond.) .
Orthopædic Surgeon :	*T. P. McMurray, M.B., M.Ch., B.A.O. (R.U.I.), F.R.C.S. (Edin.).
Ophthalmic Surgeon :	*E. Allan, M.B., Ch.B. (Edin.).
Consultant Obstetrician and Gynaecologist :	*J. W. Burns, M.D. (Dublin), B.A., M.B., B.Ch., B.A.O., F.R.C.S. (Edin.).
Public Analyst :	Herbert J. Evans, B.Sc., F.I.C., F.C.S.
Veterinary Inspector :	T. J. Kenny, M.R.C.V.S.

\* 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.

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 average number of persons unemployed in St. Helens and registered at the Labour Exchange during 1930 (as shown by



the figures taken on Monday of each week) was 6,066 men, 927 women, and 339 juveniles (total 7,332). The largest number of unemployed was 9,097 in December.

The total amount of domiciliary relief granted in St. Helens by the Public Assistance Committee during the year ended 31st March, 1931, was £49,574/15/2d., of which sum £12,032/4/6d. was granted to unemployed men and their families.

From St. Helens 398 men, 205 women and 127 children were admitted to the Poor Law Infirmary, and 199 men, 63 women, and 52 children were admitted to the "House" during the year.

Under the National Health Insurance Act, the total number of insured persons in St. Helens on 1st October, 1930, was 43,601 or approximately 40% of the total population.

**METEOROLOGY.**—The total rainfall for the year was 42·99 inches. The annual rainfall since 1900 is shown in Table 1. The highest temperature in the shade during the year was on the 28th August, when it reached 89·2°F. The lowest was 22·2°F on the 21st February. The prevailing wind during the year was N.W.

In addition to the daily readings at the Corporation Observatory in Victoria Park, a special deposit gauge 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, 1930, to March, 1931, to be 14,189 metric tons per 100 square kilometres or approximately 1,277 pounds per acre.

The accompanying statement shows the amount deposited in St. Helens as compared with that at other stations during the same period, the figures given being the number of metric tons of total solids deposited per 100 square Kilometres—(a metric ton per square Kilometre is approximately 9 lbs. per acre).

Table 1.

TOTAL RAINFALL IN INCHES IN ST. HELENS SINCE 1900.

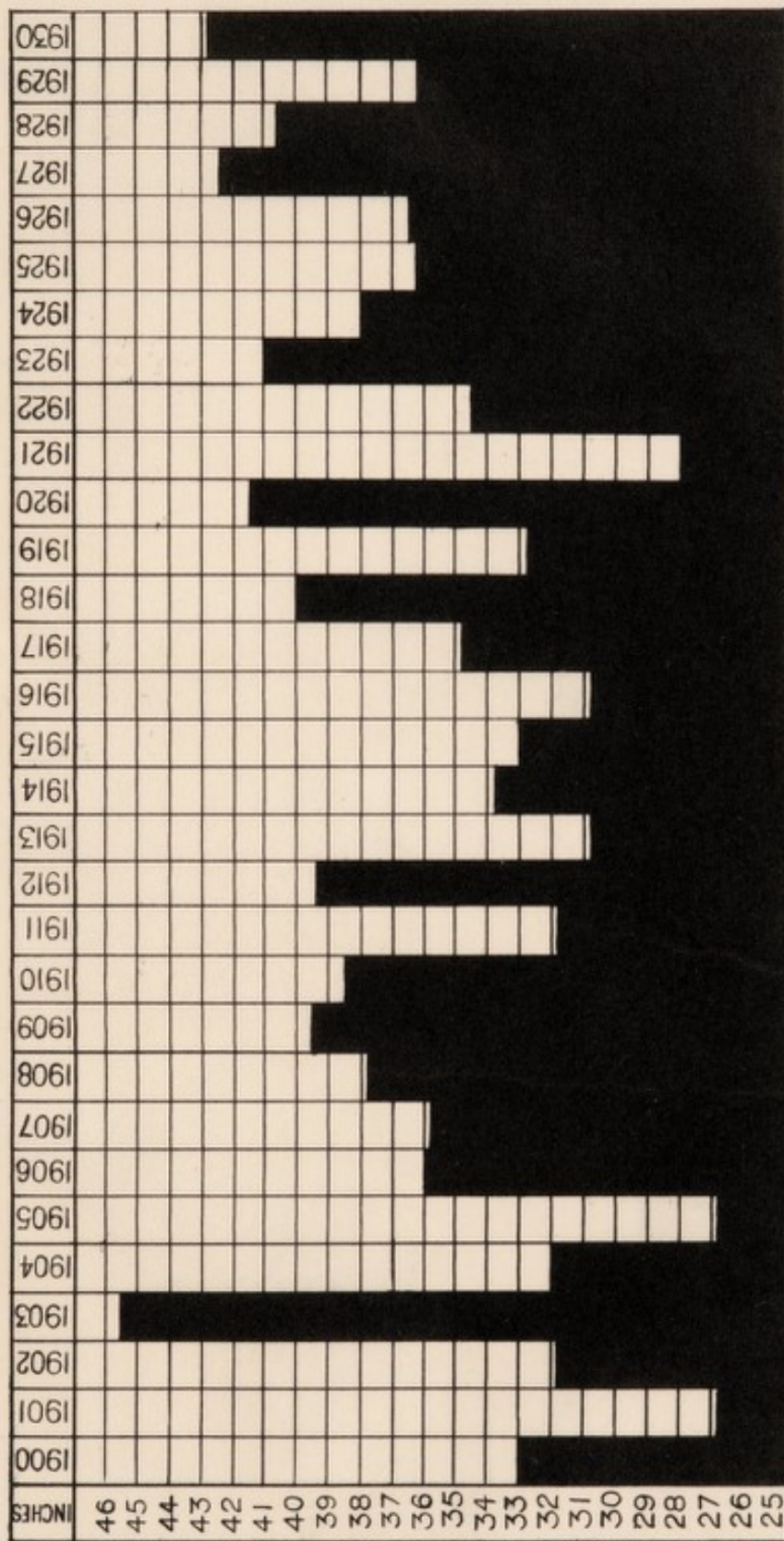
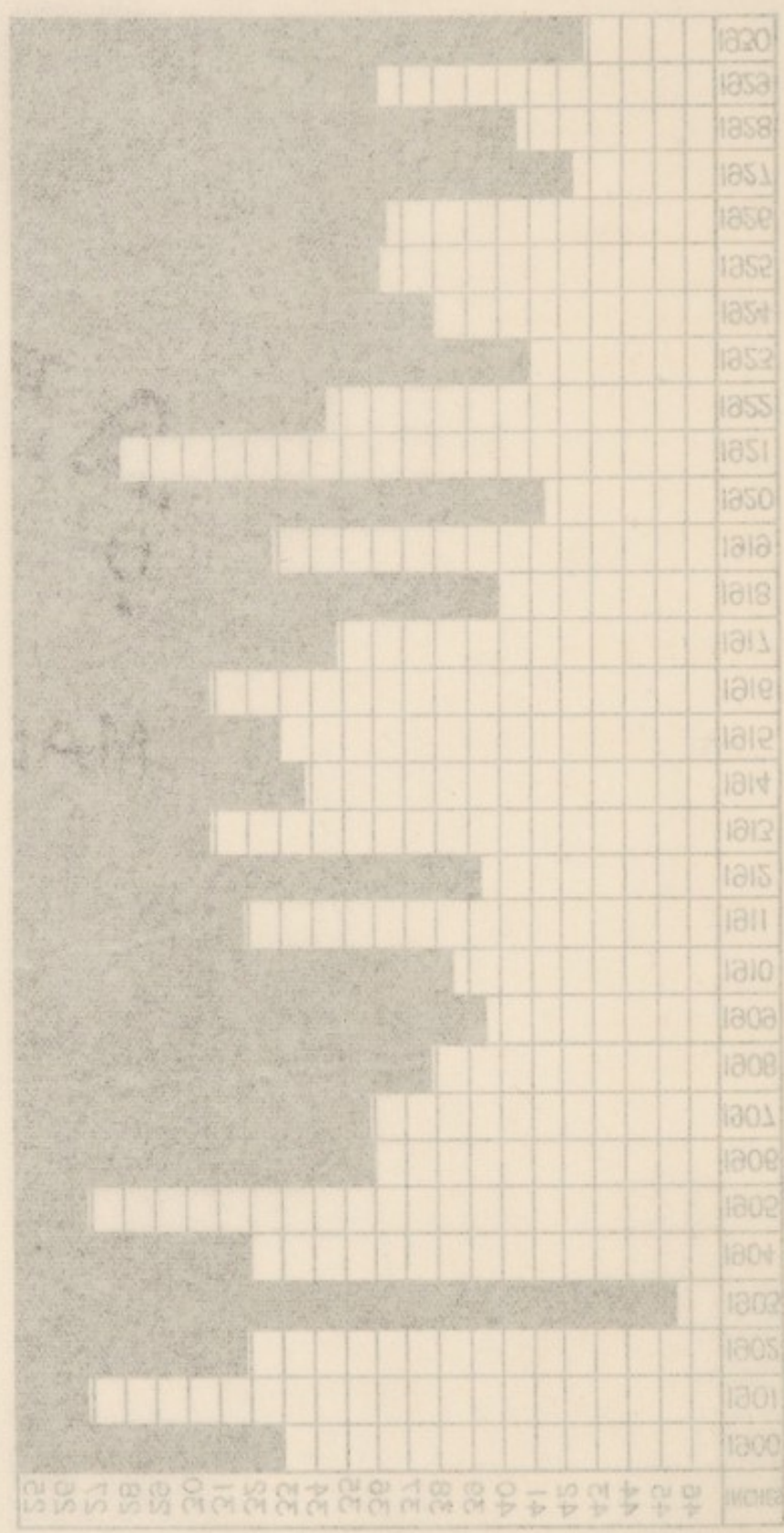




TABLE 1. HEIGHTS IN INCHES IN ST. HELENS SINCE 1800.



ST. HELENS    ...    ...    ...    ...    ...    ...    14,189

London :

Finsbury Park    ...    ...    ...    ...    ...    9,276  
 Kew Observatory "A"    ...    ...    ...    ...    5,772  
 South Kensington    ...    ...    ...    ...    8,990  
 Southwark Park    ...    ...    ...    ...    10,037  
 Wandsworth Common    ...    ...    ...    ...    6,988  
 Westminster    ...    ...    ...    ...    11,293

Birmingham :

Central    ...    ...    ...    ...    ...    16,785  
 West Heath    ...    ...    ...    ...    ...    4,842

Newcastle-on-Tyne :

St. Lawrence District    ...    ...    ...    ...    11,950  
 Town Moor    ...    ...    ...    ...    8,840  
 Westgate Road    ...    ...    ...    ...    11,323

Rotherham :

Town Hall    ...    ...    ...    ...    12,977  
 Oakwood Hall Sanatorium    ...    ...    ...    5,982

Liverpool :

Cambridge Street    ...    ...    ...    ...    14,484  
 Netherfield    ...    ...    ...    ...    23,922

Leeds :

Headingley    ...    ...    ...    ...    4,750  
 Hunslet    ...    ...    ...    ...    11,420  
 Park Square    ...    ...    ...    ...    13,760

Sheffield :

Attercliffe    ...    ...    ...    ...    12,405  
 Nether Green    ...    ...    ...    ...    4,091  
 Surrey Street    ...    ...    ...    ...    17,406

Southport :

Hesketh Park    ...    ...    ...    ...    4,830  
 Marshside...    ...    ...    ...    7,334



## II.—VITAL STATISTICS.

### EXTRACTS FROM VITAL STATISTICS OF THE YEAR :

	M.	F.	Total.
Births :—Legitimate ... ..	1,156	1,115	2,271
Illegitimate ... ..	32	40	72
Totals ...	1,188	1,155	2,343

Birth Rate ..... 21·5.

Still Births :—M. 56, F. 52 ; Total: 108. Rate per 1,000 total births ... 44·6.

Deaths :—Total ... .. 1,246  
 Death-rate (R.G.) ... 11·4

Percentage of total deaths occurring in public institutions : 36·8

Number of women dying in or in con- } from Sepsis ... .. 5  
 sequence of child birth. ... 12 } from other causes ... 7

Deaths of infants under one year of age :—

	M.	F.	Total.
Legitimate ... ..	112	67	179
Illegitimate ... ..	3	5	8
Totals ...	115	72	187

Infant Mortality ... 79·8

Deaths from Measles (all ages) ... .. 7  
 „ Whooping Cough (all ages) ... .. 8  
 „ Diarrhœa (under 2 years of age) ... .. 10  
 „ Tuberculosis ... .. 99  
 Zymotic Death Rate ... .. 0·28

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 population	Crude Death Rate per 1,000 population	Infant Mortality per 1,000 births	Maternal Mortality per 1,000 births	Tuber- culosis Death Rate (all forms) per 100,000 population
All County Boroughs of England and Wales	13,276,990	17.0	12.0	68	4.4	108.4
All County Boroughs of Northern Counties	7,014,200	17.5	12.6	75	4.9	114.7
Barrow-in-Furness	64,850	16.2	12.1	72	2.8	101.8
Blackburn	125,300	12.7	12.8	83	4.4	98.1
Blackpool	99,800	10.9	13.6	65	4.6	66.1
Bolton	181,500	13.3	12.4	69	5.2	82.6
Bootle	84,970	21.1	11.1	79	3.4	127.1
Burnley	100,200	13.4	12.7	76	4.5	90.0
Bury	56,830	12.9	13.4	69	5.4	82.7
Liverpool	879,657	21.5	12.8	82	4.0	139.8
Manchester	773,792	16.6	12.7	79	4.9	139.2
Oldham	142,500	14.5	13.7	65	8.6	97.5
Preston	126,100	15.7	11.4	73	6.6	99.1
Rochdale	90,900	13.7	13.8	66	9.6	69.0
ST. HELENS	109,200	21.5	11.4	80	5.1	90.7
Salford	235,600	16.1	13.0	85	5.2	111.1
Southport	80,070	11.0	*11.6	74	11.2	85.5
Warrington	79,400	19.5	11.8	65	3.2	133.5
Wigan	87,600	18.0	13.2	107	7.5	105.0

\* Corrected death rate.

From this table it will be seen that of the 17 County Boroughs in Lancashire, St. Helens has the second lowest death rate, the seventh lowest tuberculosis death rate and the ninth lowest rate of maternal mortality. It is, however, fifth highest in the rate of infant mortality. Liverpool and St. Helens have the highest birth rates.

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

**POPULATION.**—Owing to the fact that the Registrar General's estimate of population for mid-year 1930 will not be available until later in the current year, many statistics furnished in this report are based on the estimated population as given by the Registrar General for mid-year 1929, which was 109,200. As this procedure has been adopted by practically all other authorities the statistics are, therefore, relatively comparable.



Table 3.

Statistics for St. Helens since 1880.

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	Diarrhoea	Whooping Cough	Diphtheria
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	36.1	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	32.0	15.5	1.76	124	14.0	0	62	19	8	0	49	46	19
1913	99,460	32.2	18.9	3.74	155	14.6	0	189	26	4	0	120	18	15
1914	100,775	33.3	17.1	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	16.5	2.26	123	10.6	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
1927	113,100	20.8	11.4	0.82	88	11.5	0	60	2	0	0	26	5	7
1928	110,500	21.8	12.0	0.67	98	11.8	0	15	5	1	0	29	21	10
1929	109,200	20.7	14.6	0.91	114	13.0	0	49	6	1	0	23	13	11
1930	109,200	21.5	11.4	0.28	80	13.6	0	7	2	0	0	4	8	4

† Estimated civil population.

\* Borough extended.



The natural increase in population during 1930, i.e., the excess of the number of births over deaths was 1,097 ; the natural increase in 1929 was 660.

**BIRTHS.**—The number of births registered in St. Helens during 1930 was 2,331. 71 births occurring in other districts were transferable to St. Helens and 59 occurring in the borough were transferred to other districts, making a total of 2,343 births belonging to the borough. The birth rate for the year was 21·5 per 1,000 of the population, showing an increase as compared with the figure of 20·7 per 1,000 for the previous year. The rate for England and Wales during 1930 was 16·3 and for the 107 County Boroughs and Great Towns 17·0 per 1,000.

The following table shows the birth rate and the marriage rate for St. Helens for 1930, 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
1901-1905	33.5	12.7
1906-1910	37.3	13.5
1911-1915	32.5	14.3
1916-1920	25.9	14.2
1921-1925	25.5	13.2
1926-1930	21.6	12.0
1930	21.5	13.6

In 1930, the male births numbered 1,188 and the female 1,155, being a proportion of 1,029 male to 1,000 female children born.

Illegitimate births were 3·1% of the total, as compared with 2·6% in the previous year. Table 4 gives the illegitimate birth rate since 1910.

**Table 4.**  
Number of illegitimate births.

Years	...	...	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Number of illegitimate births			108	84	96	97	92	78	78	112	127	131	136	81	76	70	79	68	80	62	58	72
Proportion per 1,000 population		...	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	0.7	0.56	0.53	0.66

**Table 5.**  
Number of marriages.

Years	...	...	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Number of Marriages			617	691	730	706	745	568	536	579	924	882	903	612	686	692	661	565	653	653	710	740
Marriage rate per 1,000 population		...	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	11.5	11.8	13.0	13.6



TABLE 7.  
BIRTH RATE - ST. HELENS, 1880-1930.

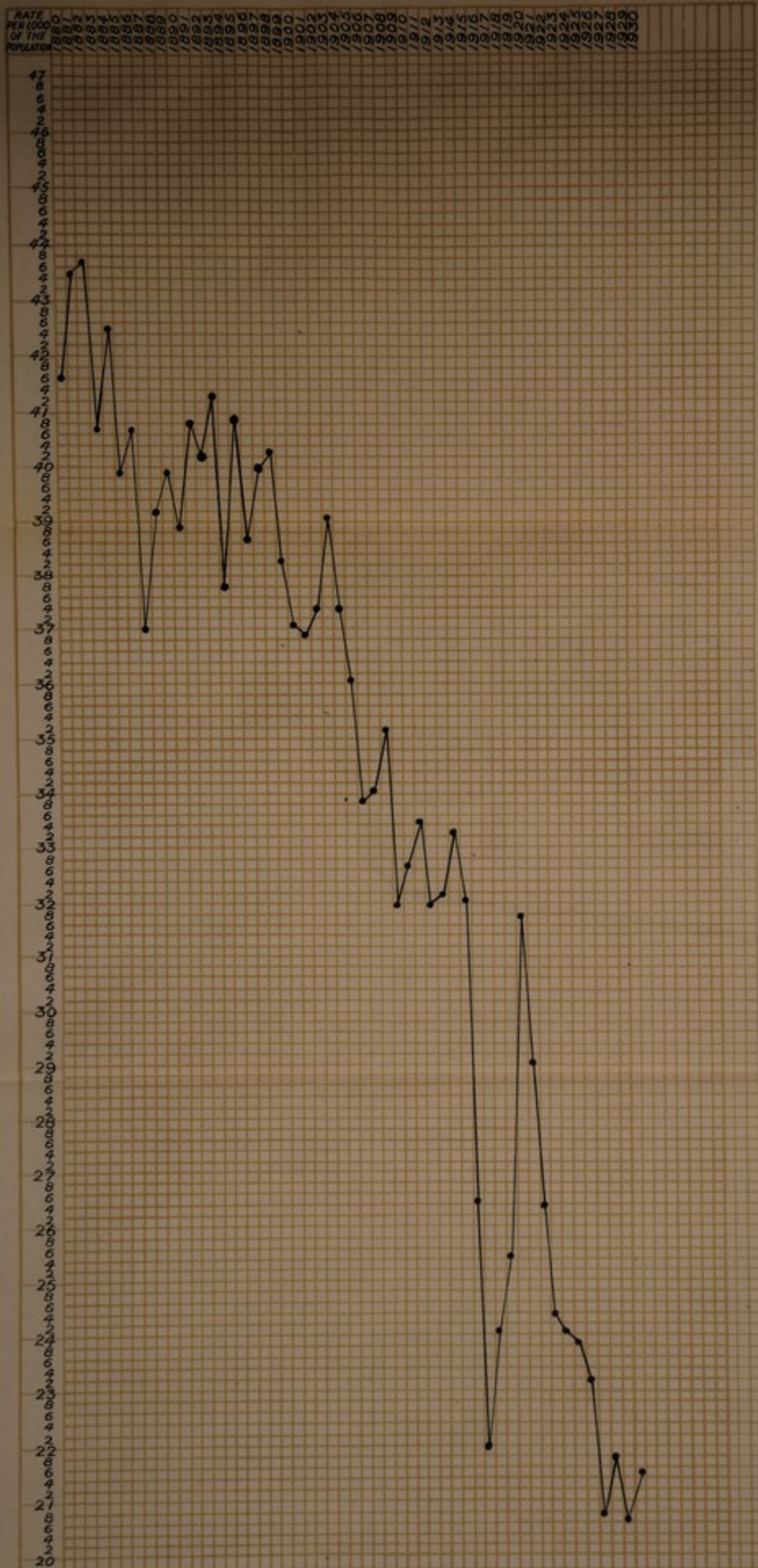






Table 6 shows the number of births notified for each ward during the year, and Table 7 shows the birth rate in St. Helens since 1880. The births and deaths in the local hospitals are allocated to the wards in which the usual places of residence are situated.

Table 6.

WARD	Number of births notified	Birth-rate per 1000 population	Number of deaths	Death-rate per 1000 population
Central .....	155	22.8	108	16.0
East Sutton .....	270	20.8	128	9.9
Hardshaw .....	253	19.9	149	11.7
North Eccleston .....	209	15.6	123	9.2
North Windle .....	238	17.2	163	11.8
Parr .....	388	28.5	179	13.2
South Eccleston .....	377	26.2	172	11.9
South Windle .....	136	16.0	106	12.5
West Sutton .....	279	21.4	118	9.0
Total .....	2305	21.1	1246	11.4
England and Wales .....	—	16.3	—	11.4
107 Great Towns .....	—	17.0 †	—	12.0

**MARRIAGES.**—The number of marriages during the year was 740, giving a rate of persons married of 13.6 per 1,000 of the population. Table 5 shows the rate for past years.

**DEATHS.**—The number of deaths occurring within the borough during the year was 1,147. This total includes 128 deaths in St. Helens of persons usually resident in other areas, but excludes 227 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 1,246. This gives a death rate of 11·4 per 1,000 of the population, compared with a death rate of 14·6 per 1,000 for 1929. The death rate for England and Wales for the year was 11·4 per 1,000. 36·8% of the deaths during the year occurred in public institutions.

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 :—

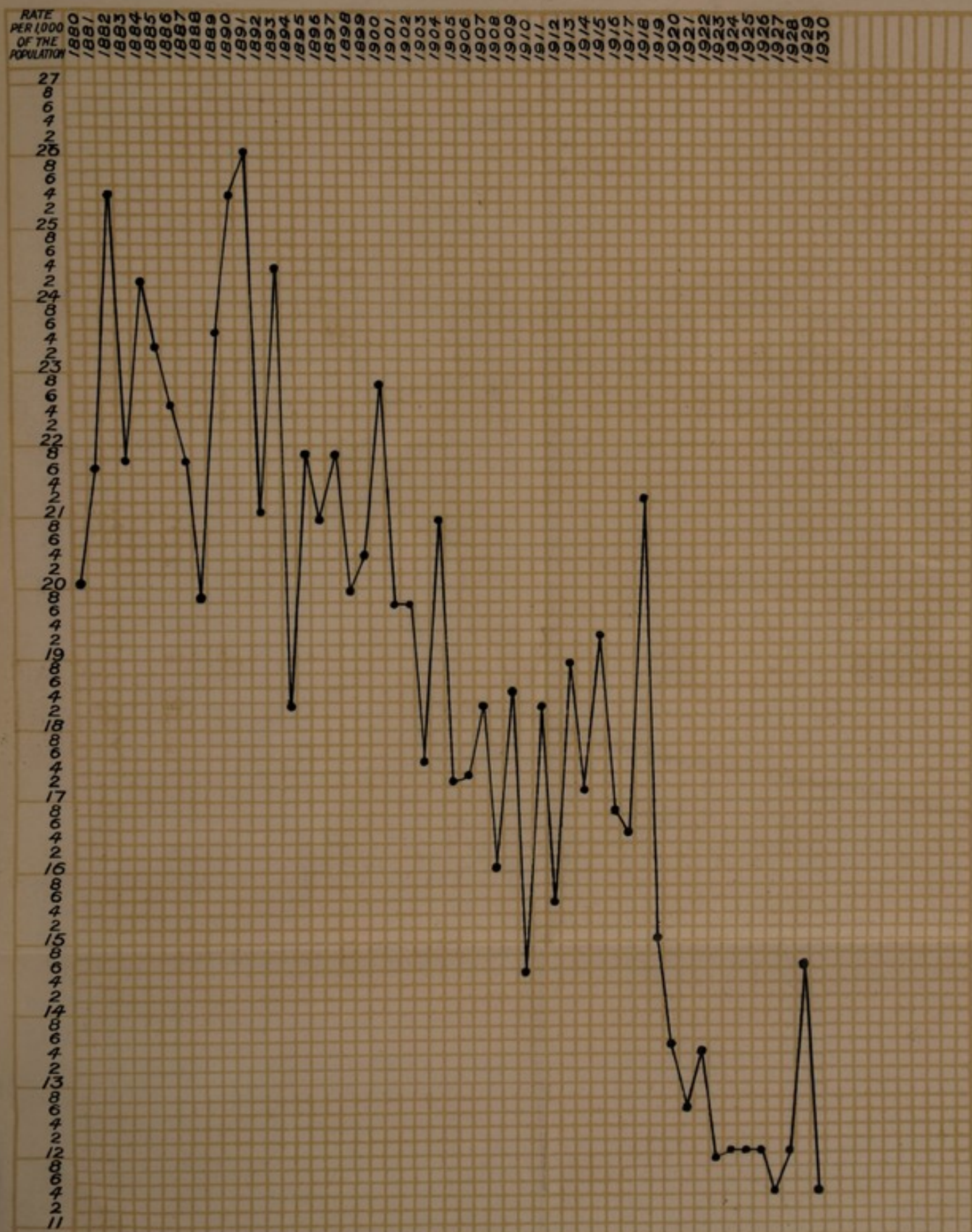
Period.	Death Rate per 1,000 of the population.	
	St. Helens (crude).	England and Wales.
1881-85	23·2	19·4
1886-90	22·5	18·9
1891-95	21·8	18·7
1896-1900	20·3	17·7
1901-05	19·0	16·0
1906-10	16·9	14·7
1911-15	19·8	14·3
1916-20	16·6	14·4
1921-25	12·3	12·1
1926-30	12·3	12·1
1930	11·4	11·4

Table 6 gives the number of deaths in the different wards during 1930, and Table 8 shows the death rate in the borough since 1880.

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



TABLE 8.

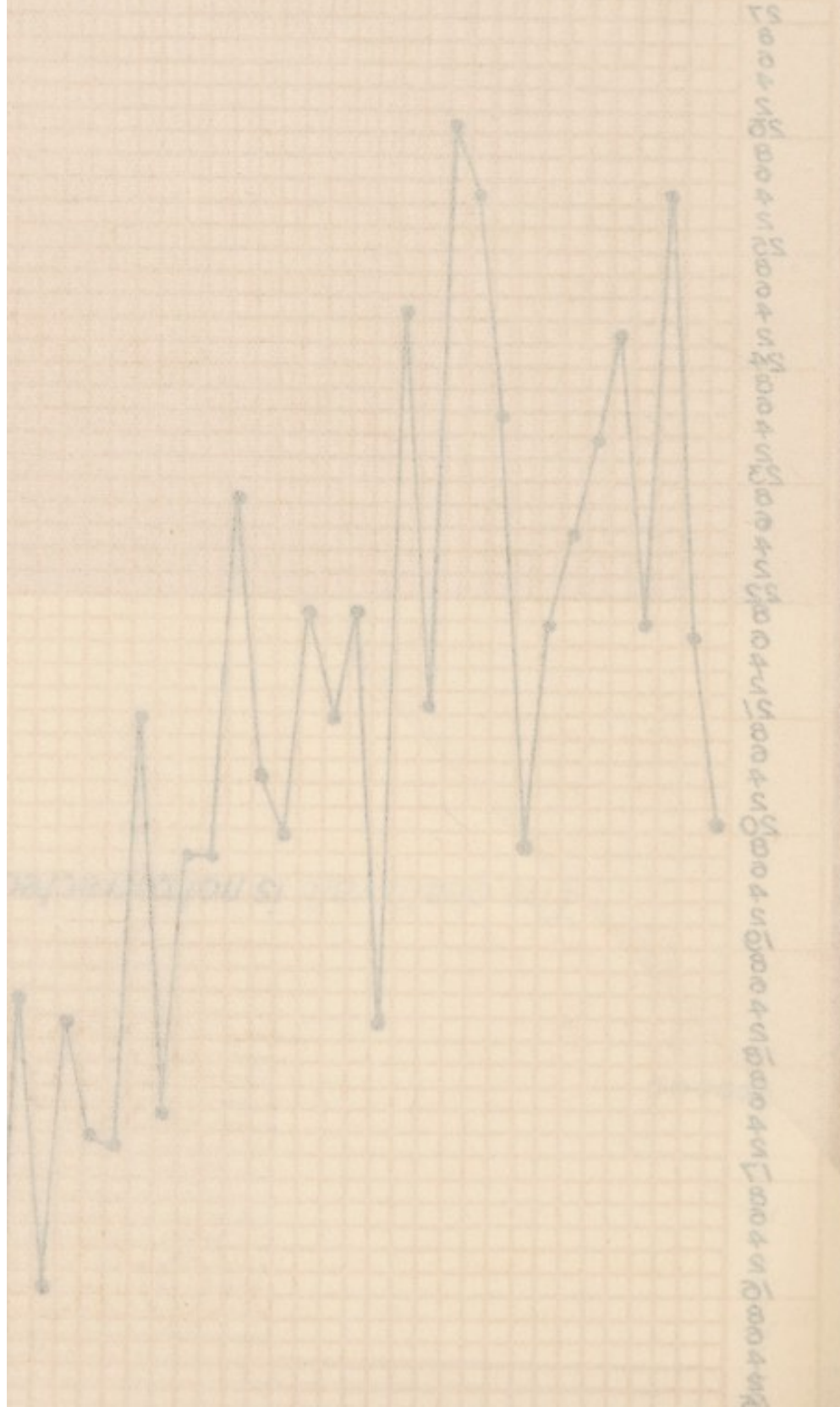
*DEATH RATE - ST HELENS, 1880-1930.*

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

TABLE

# DEATH RATE—ESTIMATED

POPULATION OF THE PER 1000 RATE





				Death rate per 1,000 of population		
				St. Helens	England & Wales	
No. of Deaths.						
First Quarter	...	...	334	...	12·2	13·5
Second Quarter	...	...	334	...	12·2	11·3
Third Quarter	...	...	266	...	9·7	9·6
Fourth Quarter	...	...	312	...	11·4	11·5

**Coroner's Inquests.**—During the year, 121 deaths were reported to the Coroner. In 60 of these the Coroner was able without an inquest to issue a certificate attributing the death to natural causes. In 61 instances an inquest was held, and in these cases the deaths were recorded as attributable to :—

Colliery Accidents .....	5
Street Accidents .....	9
Accidents in Works.....	5
Drowning .....	8
Poisoning .....	0
Scalds and Burns .....	9
Other Deaths from violence.....	18
Natural Causes .....	5
Other Causes .....	2
	<hr/>
	61
	<hr/>

**Causes of Death.**—Figures relating to the causes of and ages at death during the year are given in Table 9.



**Zymotic death rate.**—The number of deaths caused by the seven "principal epidemic diseases" during 1930 was 31, giving a Zymotic death rate of 0·28 per 1,000 of the population. This is the lowest yet recorded and is due to the absence of any severe epidemic during the year.

The causes of these deaths during 1930 were as follows :

Diarrhœa and enteritis (under 2 years)	10
Whooping Cough .....	8
Measles .....	7
Scarlet Fever .....	2
Diphtheria (including membranous croup)	4
Fever (enteric, typhus, and simple continued fever) .....	0
Smallpox .....	0

Table 3 shows the figures since 1880.

**Deaths from Tuberculosis.**—Tuberculosis was the cause of 99 deaths during the year—that is 7·95% of all deaths belonging to the borough. Of these deaths, 73 were attributable to tuberculosis of the lungs and 26 to other forms of tuberculosis. The ages at which these deaths occurred are shown in Table 9.

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

AGE	1926	1927	1928	1929	1930
Under 1 year ... ..	—	—	1	1	—
1—2 years ... ..	—	—	—	—	—
2—3 " ... ..	—	1	—	1	—
3—4 " ... ..	—	—	—	—	—
4—5 " ... ..	—	—	—	—	—
5—10 " ... ..	—	1	—	—	—
10—15 " ... ..	—	—	—	—	—
15—20 " ... ..	—	—	—	1	2
20—35 " ... ..	6	7	3	4	2
35—45 " ... ..	—	4	10	9	7
45—65 " ... ..	52	55	54	48	49
65 and over ... ..	44	36	53	38	42
Totals ... ..	102	104	121	102	102
Percentage of the total deaths	7.7	8.06	9.11	6.38	8.19
Death rate per 1,000 of population ...	0.92	0.91	1.09	0.93	0.93
Death rate per 1,000 of population, England and Wales ... ..	1.36	1.38	1.43	1.44	1.45

Table 9.

Causes of, and age at, death during 1930.

Causes of Death	Sex	All Ages	At Ages									
			0-1	1-	2-	5-	15-	25-	45-	65-	75-	
All Causes	M	682	115	28	17	33	37	81	182	130	59	
	F	564	72	18	11	32	26	81	133	106	85	
Enteric Fever	M	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	
Smallpox	M	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	
Measles	M	4	2	1	—	1	—	—	—	—	—	
	F	3	—	3	—	—	—	—	—	—	—	
Scarlet Fever	M	1	—	1	—	—	—	—	—	—	—	
	F	1	—	—	1	—	—	—	—	—	—	
Whooping Cough	M	4	2	1	1	—	—	—	—	—	—	
	F	4	3	1	—	—	—	—	—	—	—	
Diphtheria	M	2	—	—	1	—	—	1	—	—	—	
	F	2	—	—	1	1	—	—	—	—	—	
Influenza	M	22	3	—	2	—	3	—	9	4	1	
	F	17	—	1	2	4	2	2	3	2	—	
Encephalitis Lethargica	M	3	—	—	—	—	1	2	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	
Meningococcal Meningitis	M	1	1	—	—	—	—	—	—	—	—	
	F	1	—	—	—	1	—	—	—	—	—	
Tuberculosis of Respiratory System	M	41	1	—	—	1	9	15	13	2	—	
	F	32	—	1	—	5	10	11	5	—	—	
Other Tuberculous diseases	M	13	1	3	2	3	1	2	1	—	—	
	F	13	1	2	1	5	2	2	—	—	—	
Cancer, Malignant disease	M	42	—	—	—	—	1	2	19	16	4	
	F	60	—	—	—	—	1	7	30	17	5	
Rheumatic Fever	M	2	—	—	—	1	—	—	1	—	—	
	F	2	—	—	—	—	—	1	—	1	—	
Diabetes	M	5	—	—	—	—	—	2	1	2	—	
	F	7	—	—	—	—	—	—	5	2	—	
Cerebral Haemorrhage, etc.	M	32	—	—	—	—	—	—	11	11	10	
	F	33	—	—	—	—	—	2	11	14	6	
Heart disease	M	97	—	—	—	1	3	9	45	32	7	
	F	86	—	—	—	5	3	17	25	16	20	
Arterio-sclerosis	M	18	—	—	—	—	—	—	7	9	2	
	F	17	—	—	—	—	—	1	4	6	6	
Bronchitis	M	33	2	3	—	—	1	1	7	13	6	
	F	50	8	1	—	—	—	3	9	13	16	
Pneumonia (all forms)	M	91	23	12	3	11	3	12	17	6	4	
	F	32	7	7	2	3	—	1	8	2	2	
Other respiratory diseases	M	8	—	1	1	—	—	2	3	1	—	
	F	1	—	—	—	—	—	—	—	1	—	
Ulcer of Stomach or duodenum	M	7	—	—	—	—	2	3	1	1	—	
	F	1	—	—	—	—	—	—	1	—	—	
Diarrhoea, etc.	M	8	7	—	1	—	—	—	—	—	—	
	F	9	3	—	—	—	1	—	1	3	1	
Appendicitis and typhlitis	M	5	—	—	—	1	1	3	—	—	—	
	F	4	—	—	—	—	—	2	2	—	—	
Cirrhosis of Liver	M	2	—	—	—	—	—	—	2	—	—	
	F	2	—	—	—	—	—	—	2	—	—	
Acute and chronic Nephritis	M	12	—	—	—	—	—	2	7	5	1	
	F	21	—	—	—	1	2	7	5	6	—	
Puerperal Sepsis	M	—	—	—	—	—	—	—	—	—	—	
	F	5	—	—	—	—	—	5	—	—	—	
Other Accidents and diseases of pregnancy and parturition	M	—	—	—	—	—	—	—	—	—	—	
	F	7	—	—	—	—	—	7	—	—	—	
Congenital debility and malformation, Premature birth	M	53	51	—	—	—	1	1	—	—	—	
	F	41	41	—	—	—	—	—	—	—	—	
Suicide	M	3	—	—	—	—	1	—	2	—	—	
	F	1	—	—	—	—	—	1	—	—	—	
Other Deaths from violence	M	41	1	3	2	7	4	10	6	8	—	
	F	14	—	—	3	3	2	1	1	3	1	
Other defined diseases	M	127	21	3	4	7	5	14	27	22	24	
	F	95	9	2	1	4	2	11	20	19	27	
Causes ill-defined or unknown	M	5	—	—	—	—	1	—	3	1	—	
	F	3	—	—	—	—	1	—	1	1	—	
Totals		1246	187	46	28	65	63	162	315	236	144	



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 9 shows some of the other principal causes of death :—

	Number	Percentage of Total Deaths.
Pneumonia (all forms) .....	123	9·87
Bronchitis and other Respiratory Diseases .....	92	7·38
Influenza .....	39	3·13
Heart Disease .....	183	14·68
Cerebral Hæmorrhage, etc. ....	65	5·21
Suicide and other deaths from violence	59	4·73

**Infant Mortality.**—During 1930 there were 187 deaths of children under one year of age. This corresponds to an infant mortality rate of 79·8 per 1,000 births. The infant death rate for 1929 was 113·8.

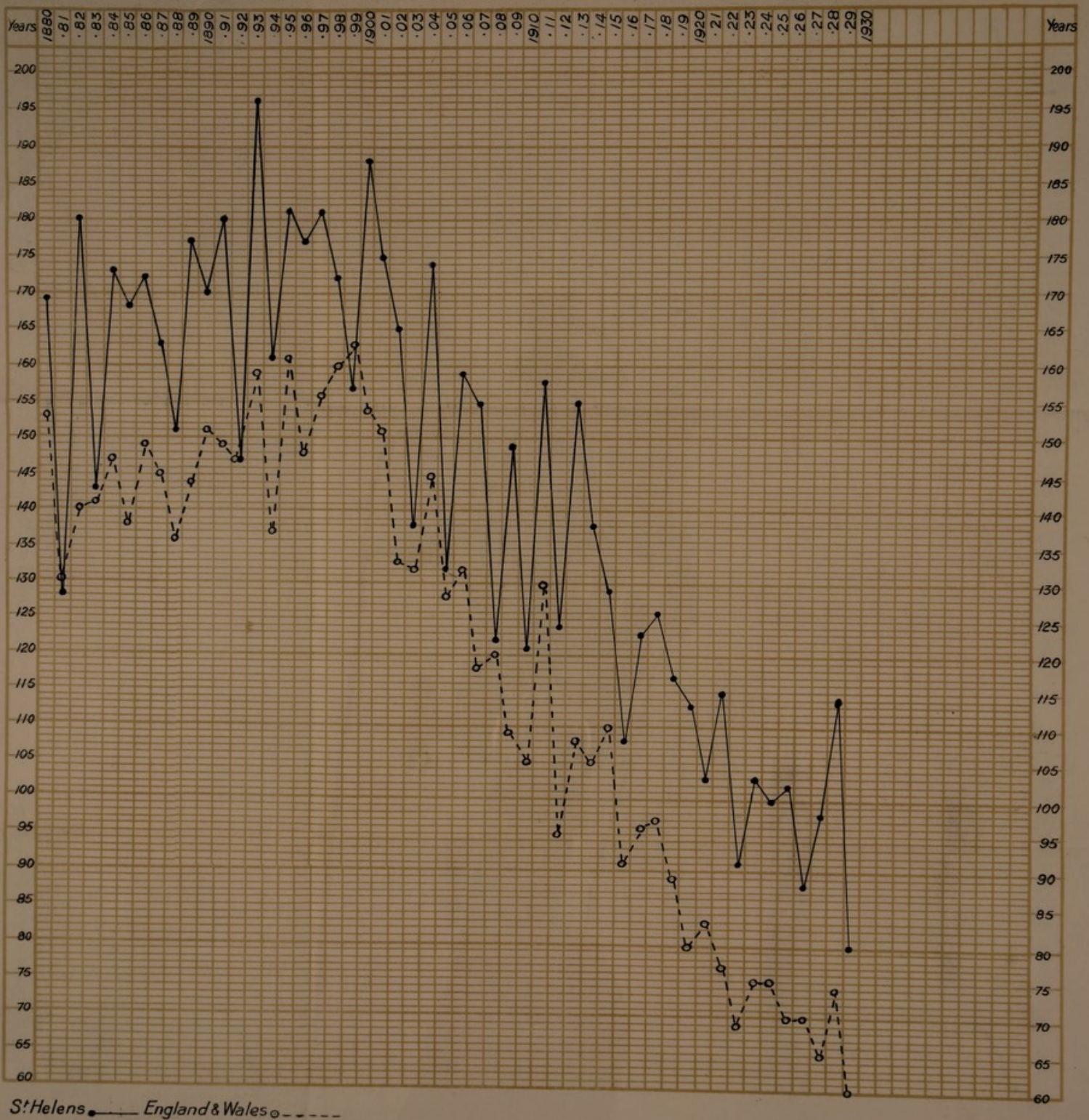
Further reference to this subject is made in the Maternity and Child Welfare Section.

Table 10 shows the infant death rate for St. Helens since 1880, and the figures for England and Wales for the same period.



Table 10.

*INFANT MORTALITY RATE, ST. HELENS AND ENGLAND AND WALES - 1880-1930.*







### III.—INFECTIOUS DISEASES.

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

Smallpox	Puerperal Fever
Scarlet Fever	Puerperal Pyrexia
Diphtheria and Membranous	Cerebro Spinal Fever
Croup	Acute Poliomyelitis
Enteric Fever	Acute Polio Encephalitis
Typhus Fever	Acute Encephalitis Lethargica
Relapsing Fever	Ophthalmia Neonatorum
Continued Fever	Erysipelas
Dysentery	Malaria
*Pneumonia	†Measles and German Measles
Cholera	†Whooping Cough
Plague	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 11 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 12 gives the age distribution of the cases notified, and Table 9 the age distribution of the deaths which occurred. The number of cases notified during each week of the year is shown in Table 13, and the number of notifications each year during the past 10 years is seen in Table 14.





Table 13.

25

Infectious Diseases.—Number of cases of Infectious Diseases notified each week in 1930.

Week Ending	Cerebro Spinal Fever	Diphtheria	Dysentery	Encephalitis Lethargica	Enteric Fever	Erysipelas	Measles	Malaria	Ophthalmia Neonatorum	Pneumonia	Poliomyelitis	Puerperal Fever	Puerperal Pyrexia	Scarlet Fever	Smallpox	Whooping Cough
Jan. 4	—	1	—	1	—	1	3	—	—	1	—	—	1	6	—	26
11	—	1	1	—	—	1	—	—	—	2	—	—	—	5	—	17
18	—	4	—	—	—	1	2	—	—	—	—	1	—	9	—	29
25	—	2	—	—	—	1	3	—	—	5	—	—	1	6	—	16
Feb. 1	—	2	—	—	—	3	9	—	—	3	—	2	—	11	—	20
8	—	1	—	—	—	1	4	—	—	5	—	—	—	8	—	27
15	—	3	—	—	—	1	11	—	—	8	—	—	—	4	—	21
22	—	3	—	—	—	2	8	—	2	3	—	—	—	10	—	13
Mar. 1	—	2	—	—	—	3	6	—	—	5	—	—	—	7	—	20
8	—	3	—	—	—	3	3	—	—	6	—	—	—	7	—	21
15	—	3	—	—	—	2	8	—	—	3	—	—	—	9	—	10
22	—	7	—	—	1	3	14	—	1	7	—	—	—	4	—	10
29	—	1	—	—	—	2	10	—	1	5	—	—	2	8	—	16
Apr. 5	—	4	—	—	—	4	7	—	1	11	—	1	—	2	—	25
12	—	2	—	—	—	—	2	—	—	2	—	—	—	4	—	12
19	—	2	—	—	—	3	2	—	—	5	—	2	1	2	—	11
26	—	2	—	—	—	3	5	—	—	3	—	—	—	5	—	9
May 3	—	2	—	—	—	—	4	—	1	5	—	—	—	4	—	22
10	—	4	—	—	—	—	5	—	1	4	—	2	1	2	—	13
17	—	5	—	—	—	—	6	—	—	6	—	1	—	2	—	21
24	—	3	—	—	—	4	4	—	1	7	—	—	—	5	—	21
31	—	2	—	—	—	1	3	—	—	8	—	—	—	3	—	18
June 7	—	4	—	1	—	1	6	—	—	10	—	—	—	4	—	10
14	—	7	—	—	—	—	7	—	—	6	—	—	—	3	—	6
21	—	4	—	—	—	1	31	—	—	10	—	—	—	5	—	16
28	—	4	—	—	—	2	12	—	—	3	—	—	—	1	—	13
July 5	—	4	—	—	—	2	36	—	2	2	—	—	—	2	—	8
12	—	4	—	—	—	1	16	—	—	—	—	—	1	3	—	14
19	—	3	—	—	1	—	23	—	2	2	—	—	1	4	—	6
26	—	2	—	—	—	—	22	—	—	4	—	2	—	3	—	2
Aug. 2	—	5	—	—	1	1	39	—	—	2	—	1	—	4	—	11
9	—	4	—	—	—	1	17	—	—	2	—	—	—	5	—	3
16	—	—	—	—	—	—	19	—	—	3	—	—	1	2	—	2
23	—	5	—	—	—	—	11	—	—	1	—	—	1	1	—	6
30	—	2	—	—	—	1	8	—	—	3	—	—	—	1	—	—
Sept. 6	—	1	—	—	—	—	10	—	1	7	—	1	—	4	—	6
13	—	3	—	—	—	2	25	—	—	2	—	—	—	4	—	1
20	—	4	—	—	—	1	15	—	—	4	—	—	1	5	—	4
27	—	6	—	—	—	3	18	—	—	5	—	—	—	5	—	1
Oct. 4	—	2	—	—	—	3	30	—	1	1	—	—	—	9	—	—
11	—	1	—	—	—	3	24	—	—	2	—	—	—	4	—	—
18	—	4	—	—	—	1	51	—	—	4	—	—	—	6	—	1
25	—	5	—	—	—	—	67	—	—	4	—	—	—	7	—	1
Nov. 1	—	3	—	—	—	1	70	—	—	8	—	1	1	1	—	1
8	—	7	—	—	—	1	86	—	—	6	—	—	—	3	—	1
15	—	1	—	—	—	1	47	—	—	3	—	1	—	7	—	—
22	—	4	—	—	—	—	35	—	—	4	—	—	—	9	—	—
29	—	2	—	—	—	3	22	—	—	4	—	—	—	5	—	—
Dec. 6	—	5	1	—	—	—	40	—	—	6	—	—	—	9	—	3
13	—	2	—	—	—	1	17	—	—	5	—	1	—	4	—	1
20	—	1	—	—	—	—	46	—	—	9	—	—	—	8	—	—
27	—	2	—	—	—	1	13	—	—	9	—	1	1	1	—	—
Jan. 3	—	2	—	—	—	2	44	—	—	16	—	—	—	3	—	1
Total	—	162	2	2	3	72	1026	—	14	251	—	17	13	255	—	516



**Table 14.**

Notifications of Infectious Diseases received during the undermentioned years.

	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930
Diphtheria ...	51	88	105	89	145	103	131	153	170	162
Scarlet Fever ...	232	190	258	163	241	153	206	1111	506	255
Enteric Fever ...	2	3	2	2	7	1	1	1	2	3
Puerperal Fever ...	18	10	4	17	16	7	6	11	16	17
†Puerperal Pyrexia ...	—	—	—	—	—	10	23	20	25	13
Pneumonia ...	77	233	190	126	242	256	209	263	491	251
Erysipelas ...	79	42	53	40	70	42	70	80	77	72
Ophthalmia										
Neonatorum ...	42	48	30	34	16	23	23	20	24	14
Poliomyelitis ...	2	1	1	1	1	—	—	—	9	—
Continued Fever ...	1	—	—	—	—	—	—	—	—	—
Encephalitis										
Lethargica ...	1	—	9	4	2	3	2	3	1	2
Polio-Encephalitis ...	2	—	—	—	—	—	—	—	—	—
Dysentery ...	21	42	6	—	3	6	1	13	1	2
Malaria ...	2	—	—	—	—	—	1	—	—	—
Measles ...	196	3437	74	3513	1850	1625	2892	1465	1995	1026
Whooping Cough ...	576	388	895	235	920	304	448	649	685	516
Cerebro-Spinal Fever	—	—	1	2	2	2	—	—	1	—
Smallpox ...	—	1	—	—	—	—	—	2	—	—
Typhus Fever ...	—	—	—	8	—	—	—	—	—	—

† Notifiable since 1st October, 1926.

**SMALLPOX.**—No case of smallpox was notified during the year.

The extent of vaccination in St. Helens since 1901 is shown in Table 15.

**Table 15.**

Vaccination returns since 1901.

YEAR	2 Vaccinated	3 Insus- ceptible	4 Dead	5 Con- scientious Objector	6 Post- poned	7 Re- moved	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
1926	2,084	8	151	237	14	9	14	11.62
1927	1,984	7	145	196	10	20	11	10.67
1928	1,990	5	149	242	8	20	8	12.26
1929	1,782	8	139	288	7	16	11	15.3 †

† Of the 15.3 per cent unvaccinated, 13.68 per cent. are conscientious objectors.

**SCARLET FEVER.**—During 1930, 255 cases were notified and 2 deaths were attributed to this disease. 246 cases were admitted to hospital during the year, and the average duration of stay was 28.5 days.



The following statement shows the age distribution of all cases occurring and of the deaths :—

Ages	No. of Cases.	No. of deaths.	Case Mortality
Under 5 years .....	80	... 2	2.5%
5—15 years .....	157	... —	—
Over 15 years .....	18	... —	—

**DIPHTHERIA.**—During 1930, 162 cases were notified with 4 deaths, giving a case mortality of 2.5% as compared with a mortality of 6.5% in 1929. The following statement shows the age distribution of the cases and of the deaths occurring in 1930 :

Ages	No. of Cases.	No. of deaths.	Case Mortality
Under 5 years .....	38	... 2	5.3%
5—15 years .....	94	... 1	1.1%
15—45 years .....	27	... 1	3.7%
Over 45 years .....	3	... —	—

Diphtheria antitoxin is available for medical practitioners either at the office of the Medical Officer of Health or at the Borough Isolation Hospital.

The Schick Test for discovering those susceptible to diphtheria has only been used in connection with the staff of the department. All those found susceptible have been successfully immunized.

**ENTERIC FEVER.**—Three cases were notified during the year 1930. In each case the diagnosis was confirmed clinically and by bacteriological examination. All three cases were admitted to the Borough Isolation Hospital and made good recoveries. One patient, a medical student, had been handling *B. typhosus* cultures in a bacteriological laboratory ; another had partaken freely of ices and shell fish when on holiday on the South coast ; but in the third case the source of infection could not be traced.

✦**MEASLES.**—Measles was again very prevalent during 1930 and it would appear that the old idea of measles epidemics occurring only every two years will now have to be altered, as last year makes the seventh year in succession when, during some part of the year, the disease has been present in epidemic form. The greatest prevalence in 1930 was during the second half of the year, the number of cases increasing gradually from about July up to a maximum in the first week of November, when 86 cases were notified. During 1930 the disease appeared to be milder than in the previous year, there being only seven deaths in the 1,026 cases that occurred, as compared with 49 deaths in 1,995 cases in 1929. The following statement shows the age distribution of the cases and of the deaths occurring :—

Age Period	No. of Cases.	No. of deaths.	Case Mortality
Under 5 years .....	833	6	0·7%
5—15 years .....	190	1	0·5%
Over 15 years .....	3	—	—

✦**WHOOPING COUGH.**—During 1930, 516 cases were notified with 8 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 .....	426	8	1·8%
5—15 years .....	90	—	—
Over 15 years .....	—	—	—

✦**PUERPERAL FEVER AND PUERPERAL PYREXIA.**—17 cases of puerperal fever and 13 cases of puerperal pyrexia were notified during the year, and 5 deaths were reported as due to puerperal sepsis. Accommodation is available at the Borough Isolation Hospital and every endeavour is made to get such cases into hospital, as it is only by energetic treatment in hospital that deaths due to these conditions can be reduced. During the year

✦**Note.**—Further details regarding this disease will be found in that section of the Report dealing with Maternity and Child Welfare, page 51.



all the cases of puerperal fever and 7 of the 13 cases of puerperal pyrexia were treated at the Borough Isolation Hospital, and 4 cases of puerperal pyrexia at the St. Helens Hospital.

❖**OPHTHALMIA NEONATORUM.**—14 cases were notified during 1930.

**CEREBRO-SPINAL MENINGITIS.**—No case was notified during the year.

**POLIOMYELITIS.**—No cases of this disease were notified during the year.

**ENCEPHALITIS LETHARGICA.**—Two cases were notified during the year and both were admitted to the Borough Isolation Hospital. One made an excellent recovery with no permanent symptoms and the other, who was in poor health before the attack, died after an illness of only seven days. In addition, one un-notified case died at a local hospital and one person usually resident in St. Helens, died outside the borough from this disease.

**ERYSIPELAS.**—During 1930, there were 72 notifications, and three deaths were attributed to this disease.

**DYSENTERY.**—Two cases of this disease were notified during the year. These occurred in patients of the County Mental Hospital, Rainhill.

❖ **Note.**—Further details regarding these diseases will be found in that section of the Report dealing with Maternity and Child Welfare, page 51.

**MALARIA.**—No case was notified during the year.

#### **NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.**

Mumps was prevalent during the months February to May, and again in October, and chicken pox from about the last week in March to the end of July with another increase in November. During the year 565 cases of mumps and 322 cases of chicken pox came to the notice of the Health Department.

The number of deaths from diarrhoea, etc., in children under 2 years of age was 10. There is no doubt, however, that the majority of these deaths are not due to infective diarrhoea, but result from gastric and intestinal disturbances of a non-infectious character.

**BOROUGH ISOLATION HOSPITAL.**—This hospital is situated at Peasley Cross and has accommodation for 136 patients, but lacks proper accommodation for the isolation of the very varied types of cases that now have to be admitted. The present accommodation is divided into six pavilions, each with a large male and female ward, but with only four small isolation wards. The latter are very frequently required for serious cases of the diseases for which the wards to which they are attached are in use. Mixed infections (e.g., patients with both scarlet fever and measles, or scarlet fever and chicken pox) have frequently to be admitted, as also have cases of the less common infectious diseases (e.g., cerebro spinal fever, encephalitis lethargica, etc., and cases of pneumonia for whom accommodation cannot be obtained at either of the other local hospitals), and when the side wards above mentioned are in use, other large wards have to be opened for these. I would suggest, therefore, that the Committee consider the provision in the immediate future of a small Isolation Block of single cubicles. This could be provided by the building of an entirely new block, or the conversion of one of the existing blocks into cubicles. Cases are also admitted to this hospital from the Urban Districts of Haydock and Rainford. There is no resident medical officer. At the beginning of the year there were 62 patients in hospital. New



cases admitted during the year numbered 573, making a total number of 635 patients dealt with. At the end of the year there were 45 patients remaining. The highest number of patients under treatment at any one time was 72, and the lowest, 25.

The details of admissions and discharges are shown in Table 16.

**Table 16.**

Peasley Cross Isolation Hospital.

Hospital Diagnoses of cases treated during 1930.

DISEASE	In hospital Jan. 1st, 1930	Admitted	Discharged	Died	In hospital Jan. 1st, 1931
Scarlet Fever	32	256	264	1	23
Diphtheria	22	147	151	6	12
Puerperal Fever	—	17	13	4	—
Puerperal Pyrexia	—	9	7	—	2
Venereal Disease	—	1	1	—	—
Measles	—	26	23	1	2
Other Diseases	6	98	84	14	6
Mothers with sick babies	—	1	1	—	—
Babies with sick mothers	2	18	17	3	—
Total	62	573	561	29	45

Of the 256 cases of scarlet fever admitted, 9 were return cases (3·6%), for which 8 "infecting" cases were responsible. The average duration of isolation of these infecting cases was 32 days, in place of the average isolation of all cases of 28·5 days. All except one were uncomplicated and had no signs of any discharge on leaving hospital or when visited at home on the occurrence of the return case. The remaining case suffered from otitis media in hospital, was detained for 61 days, and was not sent home until one week after cessation of discharge. This case also was found free from any discharge on the occasion of the re-visit.

**AMBULANCE PROVISION.**—Two motor ambulances are kept at the Isolation Hospital to convey patients to either of the Corporation Hospitals, and a Morris van for the conveyance of bedding, etc. During the year the total distance travelled was 10,747 miles.

**DISINFECTION.**—Disinfection of premises by means of formalin sprays 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 1,756 premises, and the numbers of articles disinfected at the Isolation Hospital were as follows :—

	Articles.
Blankets, Sheets and Rugs .....	5,970
Hospital Clothing and Bedding.....	3,864
Pillows and Cushions .....	3,894
Mattresses, etc. ....	865
Other Articles of Clothing .....	2,679
Library Books.....	127
Other Articles .....	2,940

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.

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#### 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 17 shows the numbers of specimens dealt with during 1930.

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



Table 17.

SPECIMENS.	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria .....	2567	236	2331
Blood for Typhoid Fever .....	27	6	21
Sputa for Tuberculosis .....	674	211	463
Hairs for Ringworm .....	16	4	12
Blood for Wasserman Reaction .....	172	40	132
Films for Gonococci .....	145	38	107
Pus and other fluids and discharges for various organisms .....	40	17	23
Other Specimens .....	53	7	46
Total .....	3694	559	3135

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 1930 are given in Table 18, and the number of new cases each year since 1912 in Table 19.

Table 18.

Particulars of new cases and of deaths during 1930.

Ages	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
Under 1 year .....	—	—	—	1	1	—	1	1
1 to 5 years .....	1	1	4	4	—	1	5	3
5 to 10 years .....	5	1	11	6	—	2	1	4
10 to 15 years .....	3	5	5	3	1	3	2	1
15 to 20 years .....	3	8	4	4	5	6	1	1
20 to 25 years .....	7	8	—	3	4	4	—	1
25 to 35 years .....	22	18	2	2	11	10	1	2
35 to 45 years .....	12	6	—	2	4	1	1	—
45 to 55 years .....	13	1	2	—	8	4	1	—
55 to 65 years .....	4	—	—	—	5	1	—	—
65 upwards .....	1	—	—	—	2	—	—	—
Totals .....	71	48	28	25	41	32	13	13

**Table 19.**

Number of new cases notified and number of deaths each year, 1912 to 1930.

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
1927	129	61	74	22	6.5	1.95
1928	139	68	84	21	7.6	1.90
1929	130	50	91	24	8.3	2.2
1930	119	53	73	26	6.7	2.4

At the end of 1930, there remained on the Tuberculosis Register in St. Helens 539 cases of pulmonary and 352 cases of non-pulmonary tuberculosis.

Of the 119 new cases of pulmonary tuberculosis notified during 1930, 32 died during the year and the average duration of life after notification in these cases was 42.5 days. In 4 cases death occurred within one week of notification. Furthermore, of the 73 deaths from pulmonary tuberculosis registered during 1930, 7 were not previously notified as suffering from the disease.

From these figures it is again obvious that there is undue delay in the notification of pulmonary tuberculosis and it is most disheartening to have to return to this subject year after year without any appreciable effect. In a disease which is notoriously of long duration it is appalling to find that in more than a quarter



of the cases notified last year, the average duration of life after notification was only six weeks. Further, it is the experience of the tuberculosis officer that more than one half of the cases seen by him for the first time are in the last stages of the disease. And why is this so? The family doctor is, of course, the culprit; but is he entirely to blame? Granted there may be cases where the diagnosis has not been made, but could be made by taking advantage of the facilities of the Tuberculosis Dispensary. Too often, however, the delay is the result of excessive zeal on the part of the family doctor to spare the feelings of the patient and relatives.

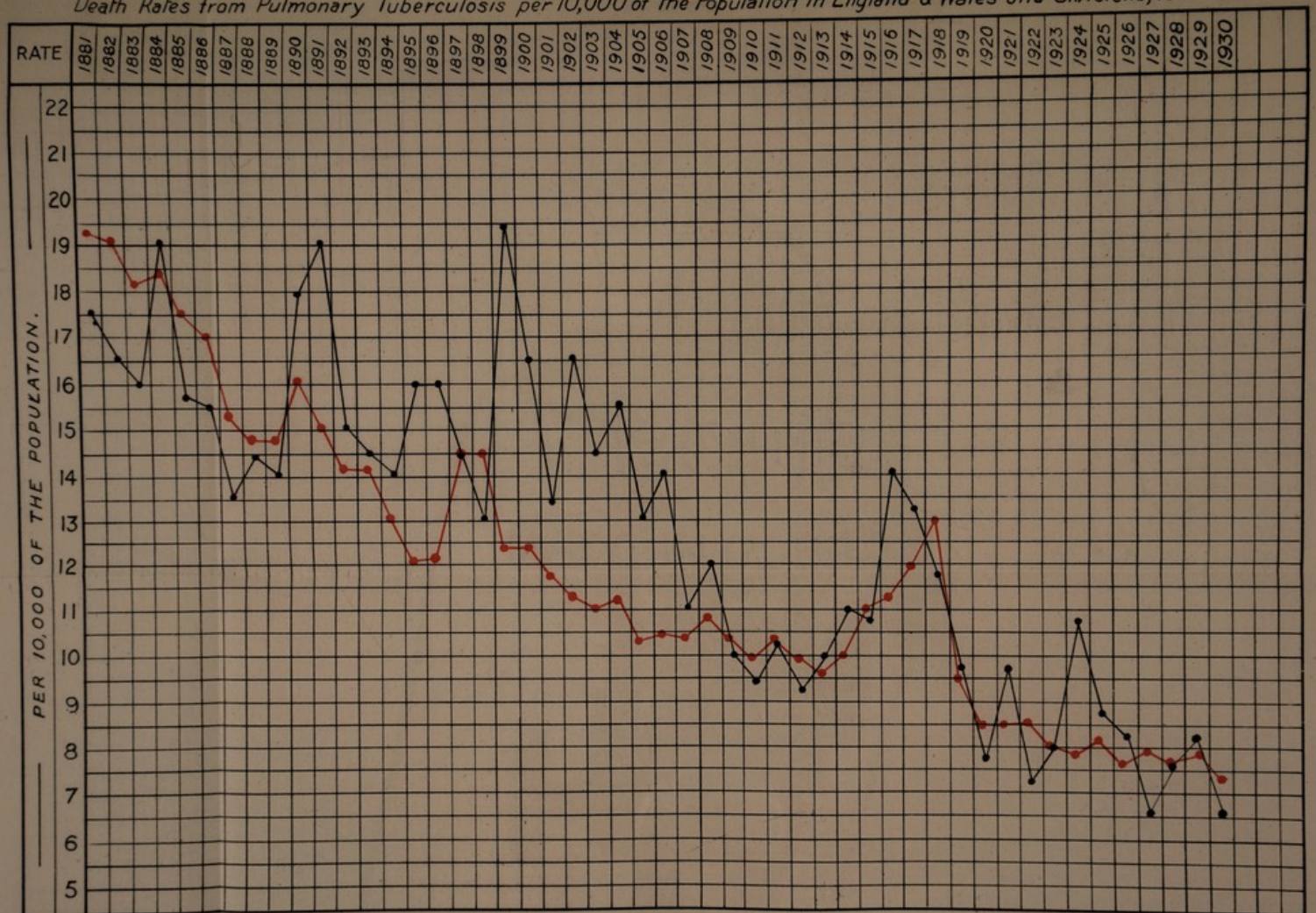
The result is, that with so many patients and their relatives being told only when the disease is far advanced, an entirely wrong impression of tuberculosis is obtained. Faced in these stages with the possibility of an early fatal result, both patient and friends resign themselves to the inevitable. What a difference it would make if only they would realise the hopes there are when the disease is taken in the early stages.

Apart from the question of the patient himself or herself, there is also the great danger not only to other members of the family, but also to the community at large, which arises from the unknown consumptive. Not knowing, and not realising their infectiveness to others, such patients take no precautions to prevent the spread of the disease. Especially in the home is this danger most serious, as there is no doubt that many young children contract the disease from undiagnosed parents. Here again popular opinion is at fault. Too often the patient or relatives fear that if they are known to be tubercular they may lose their employment and be avoided by their neighbours and friends. This need not be so. With reasonable care a tuberculous patient need not be infective to others, but the precautions taken must be proper ones and it is only by training the patient from the early stages that reasonable safety can be guaranteed.

**MORTALITY**—During 1930, there were within the borough 99 deaths from all forms of tuberculosis, giving a Tuberculosis Death Rate of 9·1 per 10,000 of the population. Of these deaths,

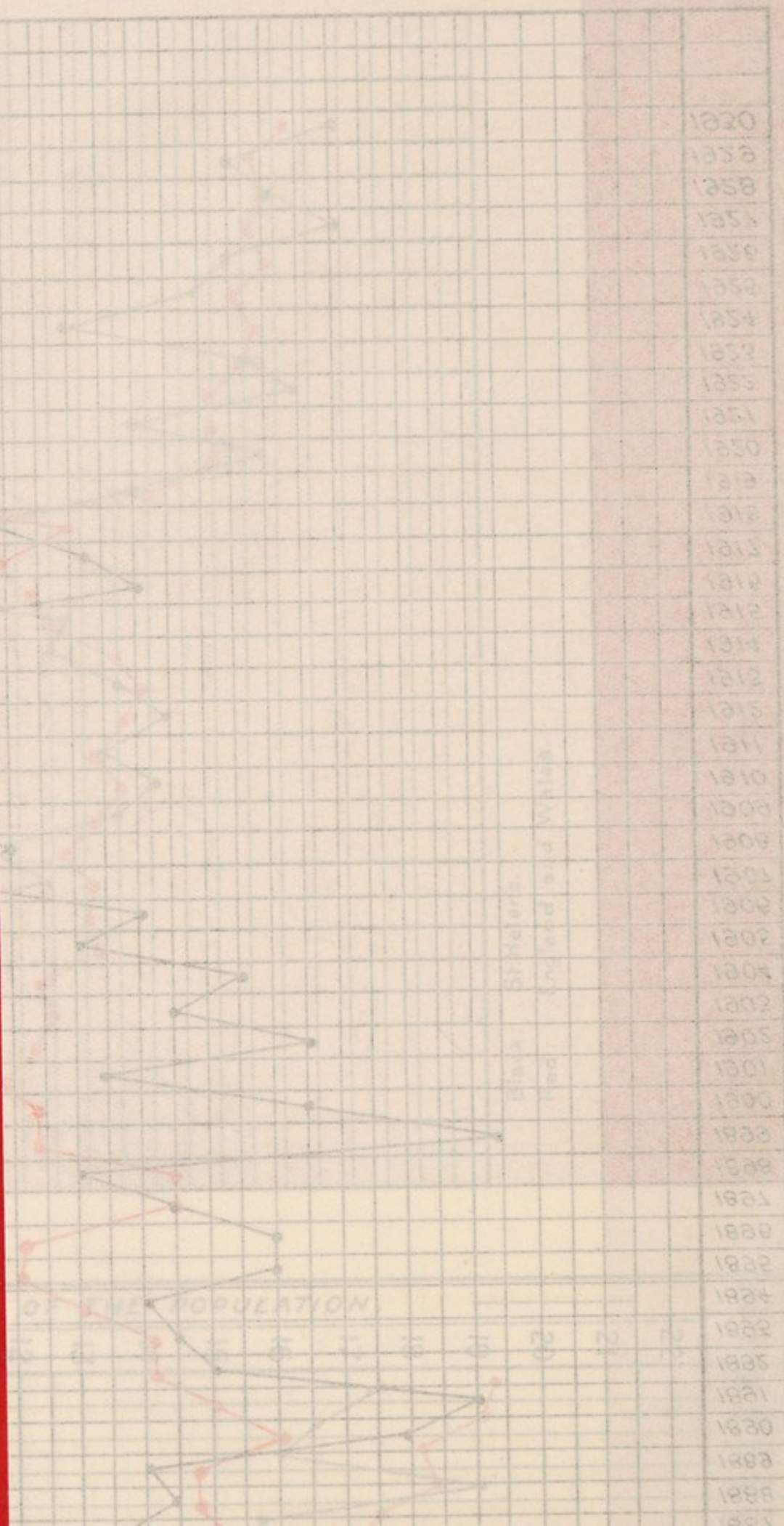
# Table 20.

Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England & Wales and St. Helens, 1881-1930



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





0329-1881 English born 2015 & 2016 of population 10,000,01 1920 2015 2016 2017 2018 2019 2020

73 were due to pulmonary tuberculosis and 26 to non-pulmonary tuberculosis, giving a pulmonary death rate of 6·7 per 10,000 of the population and a non-pulmonary death rate of 2·4.

The ages at which these deaths occurred are shown in Table 9 and the number of deaths and the death rate from each form of the disease each year since 1912 in Table 19.

**TUBERCULOSIS DISPENSARY.**—During 1930, five sessions per week were held at the Central Dispensary for ordinary cases and one session weekly for X-ray. A record of the cases dealt with at the Dispensary is shown in Table 21.

**Table 21.**

	Pulmonary				Non-Pulmonary				Total			
	Adults		Children		Adults		Children		Adults		Children	
	M	F	M	F	M	F	M	F	M	F	M	F
<b>A. New cases examined (excluding contacts)</b>												
1. Definitely Tuberculous	51	31	12	6	3	6	20	17	54	37	32	23
2. Doubtfully Tuberculous	—	—	—	—	—	—	—	—	9	10	8	11
3. Non-Tuberculous	—	—	—	—	—	—	—	—	14	11	14	28
<b>B. Contacts examined</b>												
1. Definitely Tuberculous	—	1	—	—	—	—	—	—	—	1	—	—
2. Doubtfully Tuberculous	—	—	—	—	—	—	—	—	2	2	2	3
3. Non-Tuberculous	—	—	—	—	—	—	—	—	13	9	12	10
<b>C. Cases written off Register</b>												
1. Cured	4	3	1	—	—	1	3	6	4	4	4	6
2. Diagnosis not confirmed or Non-Tuberculous	—	—	—	—	—	—	—	—	58	41	49	58
<b>D. Number of persons on Register 31st December</b>												
1. Diagnosis completed	155	97	73	82	28	31	117	116	183	128	190	198
2. Diagnosis not completed	—	—	—	—	—	—	—	—	16	13	20	25

During the year, 251 new cases and 54 contacts were added to the Dispensary Register, and 7 cases were re-entered on the Register or were transferred from other areas : 18 cases were discharged from the Register as cured, 206 were written off as non-



tuberculous, 60 died, and 26 were transferred to other areas or were lost sight of. This left at the end of the year 773 persons on the Register.

The numbers of attendances made at the Dispensary were 2,715 at ordinary sessions and 725 at X-Ray sessions, giving a weekly average attendance of 52 and 14 respectively. The number of consultations with medical practitioners was :—

(a)—At the homes of the patients.....	7
(b)—Otherwise .....	78

At the X-Ray department 39 cases of tubercular adenitis and 24 cases of tubercular skin affections made 725 attendances for treatment.

The present X-Ray apparatus, installed when the Dispensary was opened in 1913, is now out of date, and, though useful for the treatment of certain cases, its scope is very limited. It is practically useless for purposes of diagnosis and, as this is of great importance in modern tuberculosis work, the Dispensary must, to this extent, be considered deficient. The Committee should, therefore, consider dispensing with the present apparatus and installing artificial sunlight for treatment purposes and a smaller modern X-Ray apparatus for diagnostic purposes. The present premises, however, are unsuitable for such installation and accommodation should be found for this and the Tuberculosis Dispensary as a whole in new premises.

During the year 175 specimens of sputum were examined in connection with the dispensary and 22 found positive.

During the year the tuberculosis officer paid 85 visits to the homes of patients, and in the following-up of cases 1,572 visits were paid by the tuberculosis nurse, health visitors, and orthopaedic nurse. In addition, 595 visits were paid by nurses and health visitors under the Public Health (Tuberculosis) Regulations, 1912.

During 1930, 54 contacts were examined and of these 1 was found to be definitely tuberculous, 9 were doubtfully tuberculous and 44 were non-tuberculous.

We still find it difficult to prevail on contacts, or persons living in close contact with a notified case of tuberculosis, to come for examination. There are indications, however, that many of the old prejudices are disappearing and, since the great majority of contacts we examine are found to be non-tuberculous, the fear which now exists, that by examination something unpleasant will result, will no doubt also gradually disappear. We examine contacts primarily to detect the disease early in persons abnormally exposed to infection. Unfortunately, in too many cases of tuberculosis, we find advanced disease in persons who, had they availed themselves of the chance to be examined as contacts, would have saved a delay of months or even years in coming under treatment.

Re-examinations are carried out as and when circumstances indicate, and school children contacts are kept under supervision by the School Medical Service. Doubtful cases are frequently admitted to the Sanatorium for special observation.

Home disinfection of premises and bedding was carried out in 428 instances.

The number of insured persons on the Dispensary Register at the 31st December, 1930, was 236, of whom 44 were receiving domiciliary treatment.

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. Shelters are not provided in St. Helens.

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 tuberculosis persons em-



ployed 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.

**NON-PULMONARY TUBERCULOSIS.**—During 1930, 63 patients suffering from tubercular glands or from lupus made 725 attendances at the Dispensary for X-ray treatment, and 25 patients suffering from the following types of disease received treatment at various residential institutions during the year :

Bones and Joints .....	15
Abdominal .....	4
Glandular .....	5
Other Organs .....	1

The Orthopaedic Scheme for the combined Tuberculosis, Maternity and Child Welfare and School Medical Services, has again proved valuable and appears to be sufficient to meet the present needs. It is remarkable how much serious and permanent crippling can be avoided if treatment is begun at the earliest stage of the disease and kept up for a sufficient length of time. Unfortunately, long periods are usually required, and it is found that parents are not always ready to be separated from their children for the time necessary. Even in cases where institutional treatment is refused, however, much benefit is derived from the Orthopaedic Clinics and supervision in the home by the orthopaedic nurse.

A record of the work carried out during 1930 under the scheme is shown in Table 22. The supply and repair of splints and appliances is undertaken by the St. Helens Crippled and Invalid Children's Aid Society.

From Table 22 it will also be seen that on the tuberculosis side 49 cases were dealt with during the year, involving 125 attendances to see the orthopaedic surgeon, and 464 attendances





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 1930 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	29	1	—	31
Adult Females ... ..	1	19	1	—	21
Children under 15 ...	2	4	10	12	28
Totals ... ..	4	52	12	12	80

The above figures do not, however, include beds available for Poor Law cases in the Whiston Infirmary, Prescott. The latter Institution was transferred to the Lancashire County Council under Part 1 of the Local Government Act, 1929, and arrangements are in force whereby poor persons chargeable to St. Helens are

treated in that Institution. The Institution has 60 beds for tuberculosis available for pulmonary or non-pulmonary as required, and Table 23 (b) shows the extent to which these beds were used for St. Helens cases during the year.

Table 23 shows the extent of institutional treatment provided during 1930, and Table 24 shows the immediate results of treatment of patients discharged during the year.

**Table 23.**

Institutional Treatment during the year 1930.

(a)—in Non-Poor Law Institutions.

			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.	30	50	35	13	32
		F.	15	23	12	10	16
	Child- ren	M.	19	19	21	2	15
		F.	15	9	11	3	10
Number of Observation Cases	Adults	M.	—	—	—	—	—
		F.	—	—	—	—	—
	Child- ren	M.	—	—	—	—	—
		F.	1	—	—	—	1
	Total	...	80	101	79	28	74

(b)—in Poor Law Institutions.

		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 suffering from pulmonary tuberculosis.	Males	6	10	2	5	9
	Females	7	12	9	6	4
	Children	—	—	—	—	—
	TOTAL	13	22	11	11	13
Number of patients suffering from non-pulmonary tuberculosis.	Males	—	—	—	—	—
	Females	—	—	—	—	—
	Children	1	10	8	1	2
	TOTAL	1	10	8	1	2
GRAND TOTAL		14	32	19	12	15



Table 24.

Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1930.

Classification on admission to the Institution	Condition at time of discharge	Duration of Residential Treatment in the Institution												Total	
		Under 3 months			3—6 months			6—12 months			More than 12 months				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
§ Pulmonary Tuberculosis	Class T.B. minus	Quiescent ... ..	...	...	...	...	...	...	...	...	1	...	...	1	
		Improved ... ..	1	1	4	4	1	2	3	...	9	2	...	6	33
		No material improvement ...	...	...	4	...	...	...	1	...	...	...	...	...	5
		Died in Institution ... ..	1	...	...	...	...	...	1	...	...	1	...	...	3
	Class T.B. plus Group 1	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved ... ..	...	...	...	4	2	...	6	...	...	1	...	...	13
		No material improvement ...	1	...	...	2	...	...	...	...	...	...	...	...	3
		Died in Institution ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 2	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement ...	1	...	...	1	...	...	...	...	...	...	...	...	2
		Died in Institution ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Class T.B. plus Group 3	Quiescent ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved ... ..	...	...	...	...	...	...	1	1	...	...	...	...	2
		No material improvement ...	3	1	...	...	1	...	2	...	...	1	...	...	8
		Died in Institution ... ..	7	5	1	2	1	1	2	2	...	1	...	2	24
Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	1	1
		Improved ... ..	...	1	...	...	...	...	...	1	...	...	...	2	4
		No material improvement ...	...	1	...	...	...	...	...	...	...	...	...	1	2
		Died in Institution ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement ...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ... ..	...	...	1	...	...	...	...	...	...	...	...	...	1
	Other Organs	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved ... ..	...	...	...	1	...	...	...	1	3	...	...	...	5
		No material improvement ...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
	Peripheral Glands	Quiescent or arrested ...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Improved ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
		No material improvement ...	...	...	...	...	...	...	...	...	...	...	...	...	...
		Died in Institution ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...
Observation for purpose of diagnosis															
	Tuberculous ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Non-tuberculous ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Doubtful ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	

§ 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* which 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 2* includes advanced cases and cases with grave complications, e.g., diabetes and tuberculosis of larynx or intestine. *Group 3* includes 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, 146 male and 87 female patients made a total of 3,276 attendances at the Treatment Centre and 2 patients received in-patient treatment for 44 days at the Isolation Hospital. Table 25 gives further details regarding these cases.

The number of new cases attending again show a decrease on previous years, the number for syphilis being the lowest recorded since the Centre was opened in 1917. The decrease in cases of gonorrhoea is not so marked, though in the last few years there has been a decrease in these numbers also. From these figures and from other enquiries made, it would appear that there has been a definite decrease in the number of cases of venereal diseases occurring in St. Helens.

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## 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 thirteen nurses to attend non-infectious cases in their own homes. 2,234 cases were nursed during the year, the total number of visits amounting to 65,536.

Arrangements are also in operation for the Association to undertake the home nursing of cases of ophthalmia neonatorum and puerperal pyrexia, and cases of measles and whooping cough in children under 5 years of age. Under these arrangements the



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 ...	36	17	—	—	20	10	1	—	57	27
(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 ...	3	20	—	—	2	5	1	—	6	25
2. No. of cases dealt with at the Treatment Centre during the year for the first time ...	13	12	1	—	38	9	31	14	83	35
Total (Items 1 and 2)	52	49	1	—	60	24	33	14	146	87
3. No. of cases which ceased to attend										
(a) before completing the first course of treatment for	4	4	—	—	32	5	—	—	36	9
(b) after one or more courses, but before completion of treatment for	11	9	—	—	—	—	—	—	11	9
(c) after completion of treatment, but before final tests as to cure of	13	8	1	—	—	—	—	—	14	8
4. No. of cases transferred to other Treatment centres after treatment for ...	1	1	—	—	8	—	—	—	9	1
5. No. of cases discharged after completion of treatment and observation for ...	9	15	—	—	9	16	—	—	18	31
6. No. of cases which, at the end of the year, were under treatment or observation for	14	12	—	—	11	3	—	—	25	15
7. Out-patient attendances										
(a) for individual attention by the Medical Officer	350	286	3	—	194	119	51	18	598	423
(b) for intermediate treatment, e.g. irrigation, dressings, etc. ...	35	—	22	—	1294	880	24	—	1375	880
Total Attendances	385	286	25	—	1488	999	75	18	1973	1303
8. Aggregate No. of "In-patient days" of treatment given to persons who were suffering from ...	9	—	—	—	—	35	—	—	9	35

Association made, during the year, a total of 1,439 visits to 26 cases of measles, 14 cases of ophthalmia neonatorum, 1 case of puerperal pyrexia, 1 maternity case, and 23 other cases.

**MIDWIVES.**—No district midwives are employed or subsidised by the public health authority. In exceptional cases however, where the patient 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 North and South Windle, Hardshaw, Derbyshire Hill and Parr Districts.
- (b) Albion Street Clinic ... Open Tuesday and Friday, 2 to 4 p.m. For North and South Ecclestone and Central Districts.
- (c) Elizabeth Street Clinic... Open Tuesday, 2 to 4 p.m. For Peasley Cross and Sutton Districts.
- (d) Gartons Lane Clinic ... Open Wednesday, 3 to 4 p.m. For Marshalls Cross, Sutton Manor and Clock Face Districts.
- (e) West Street Clinic ... Open Thursday, 3 to 4 p.m. For Thatto Heath District.



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

- (a) Town Hall Centre .....Tuesday, 2 to 4 p.m., and  
Friday, 2 to 4 p.m.
- (b) Elizabeth Street Matern-  
ity and Child Welfare  
Centre ... ..Thursday, 10 to 11 a.m.
- (c) Gartons Lane Centre ...Wednesday, 2 to 3 p.m.
- (d) West Street Centre ... Thursday, 2 to 3 p.m.

**(3).—School Clinic, Claughton Street.**—For treatment of minor ailments, throat and nose defects, eyes, dental defects and the X-ray treatment of ringworm. Minor ailments are treated daily 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, Sutton Manor and Thatto Heath, and, after school dental inspection, Dental Clinics are held at Sutton, Sutton Manor and Thatto Heath 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.

**(5).—Venereal Diseases Centre, Claughton Street.**—Open for males on Monday, 5-30 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. on Monday to Friday, and to 12 noon on Saturday, for irrigation, advice and prophylactic treatment.

- (6).—**Orthopaedic Clinic.**—At the Maternity and Child Welfare Centre, Albion Street. Orthopaedic Surgeon attends on 1st, 3rd, and 5th Wednesdays of each month, from 2 p.m. to 4 p.m. Intermediate treatments are given by the orthopaedic nurse four days per week at Albion Street Clinic, and one day per week at the Elizabeth Street Maternity and Child Welfare Centre.

## HOSPITALS.—

### Provided by the Council :—

- (1)—Borough Isolation Hospital, Peasley Cross. For Infectious Diseases (other than smallpox). Beds : 136. Resident staff : matron and 23-25 nursing staff. Admissions and discharges are under the control of the Medical Officer of Health, but patients are treated by their own medical practitioners. The Corporation provide Specialist services in necessitous cases when required. Cases also admitted from the Haydock and Rainford Urban District Councils. A separate pavilion is reserved for cases of puerperal fever and puerperal pyrexia and for cases of ophthalmia neonatorum ; and a small ward is reserved for cases of venereal disease.
- (2)—Eccleston Hall Sanatorium. For Pulmonary and convalescent or non-active Non-Pulmonary Tuberculosis. Total Beds : 70. Resident Staff : One medical officer, sister-in-charge and 15 nursing staff. Non-resident female teacher. Orthopaedic surgeon visits periodically. Cases not exceeding four in number are admitted from the Lancashire County Council.
- (3)—Old Whint Hospital, Haydock. For ailing and debilitated infants. Beds: 20. Also used for emergency maternity cases. Early in 1931 this hospital was closed and the cases transferred to the Council's new Maternity and Child Welfare Hospital, Cowley Hill Lane. Beds : maternity, 15 ; ailing and debilitated children : 22. Resident Staff : 1 medical officer, matron, and 13 nursing staff.



**Subsidised by Council :—**

- (1)—Sankey Smallpox Hospital for cases of smallpox. St. Helens pays an annual retaining fee to the Warrington Corporation and the costs of treatment of any patient admitted from St. Helens.
- (2)—Whiston Infirmary, Prescott. Transferred from the Prescott Board of Guardians to the Lancashire County Council under the Local Government Act, 1929. Total Beds available : 500, divided approximately :—

Acute medical .....	104
Chronic medical.....	104
Surgical .....	62
Tuberculosis .....	62
Skin diseases .....	36
Maternity .....	29
Children's diseases.....	31
Diseases of babies and girls .....	72
	<hr/>
	500
	<hr/>

The hospital has an up-to-date X-Ray installation and artificial sun-light apparatus. There are two resident medical officers, with a visiting oculist and visiting dentist. The infirmary is used almost entirely for the reception of Poor Law cases, though a small percentage of private cases is admitted. By an arrangement with the Lancashire County Council, all Poor Law cases from St. Helens are admitted to this Institution.

**Other Hospitals.**—*The St. Helens Hospital.*—Supported partly by subscribers and partly by contributions. For all medical and surgical non-infectious cases. Also 15 beds for maternity cases. Total accommodation about 135 beds. Out-patient department for Ophthalmic, Ear, Throat and Nose, and Gynaecological cases.

*The Providence Free Hospital.*—Accommodation for about 130 patients (general medical and surgical cases).

**Ambulance facilities.**—For infectious cases, two ambulances are maintained by the Corporation at the Peasley Cross Isolation Hospital. Both general hospitals maintain ambulances and these are used when required. The Police also maintain an ambulance for street accident cases.

## VIII.—MATERNITY AND CHILD WELFARE.

**NOTIFICATION OF BIRTHS.**—Under the Notification of Births Acts, 2,305 live births and 104 still births were notified during the year. For these, 2,344 notifications were received from midwives and 215 from doctors.

**INFANT MORTALITY.**—During 1930, 2,343 births were registered, and the deaths of 187 infants under one year of age occurred, giving an infant mortality rate of 79·8 per 1,000 births as compared with 113·8 for the previous year. This is the lowest infant mortality rate yet recorded for St. Helens. Of the 187 deaths under one year, 179 were legitimate children and 8 illegitimate children, giving a legitimate infant mortality rate of 78·8 per 1,000 legitimate births and an illegitimate infant mortality of 111·1 per 1,000 illegitimate births. The infant mortality for England and Wales was 60 per 1,000 births, and for all County Boroughs of the Northern Counties 75 per 1,000 births.

The principal causes of the deaths in 1930 were as follows :

Congenital debility, malformations and premature birth .....	92
Pneumonia .....	30
Bronchitis and other respiratory diseases .....	10
Diarrhoea, etc. ....	10



Whooping Cough .....	5
Tuberculosis .....	3
Measles .....	2
Due to Violence .....	1
Influenza .....	3
Other Causes .....	31

The following statement reviews the infant death rates per 1,000 births under the principal causes in the years 1925 to 1930.

	Infant Mortality per 1,000 Births.					
	1925	1926	1927	1928	1929	1930
Congenital Debility, mal-formation and premature birth .....	38.02	38.26	43.66	44.49	39.39	39.27
Pneumonia, Bronchitis and other respiratory diseases .....	22.43	24.59	16.95	24.53	32.32	17.07
Measles and Whooping Cough .....	5.33	1.95	4.23	6.65	7.53	2.99
Diarrhoea, etc .....	7.98	8.59	7.20	7.90	6.65	4.26
All other Diseases .....	26.24	28.89	16.10	14.97	27.89	16.21

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

	Infant Mortality per 1,000 Births.				
	1926	1927	1928	1929	1930
Deaths under 1 day old .....	12.49	15.26	13.30	15.05	13.23
Deaths 1 to 7 days old .....	16.41	20.76	15.80	13.28	13.23
Deaths 1 to 4 weeks old .....	14.44	9.33	18.71	15.05	14.08
Total mortality under 1 month old, i.e., neo-natal deaths .....	43.34	45.35	47.81	43.38	40.54
Deaths 4 weeks to 3 months old .....	15.61	9.74	15.38	15.05	10.67
Deaths 3 to 6 months old .....	14.84	11.02	12.47	18.15	13.65
Deaths 6 to 12 months old .....	28.50	22.04	22.87	37.19	14.94

In the above tables it will be seen that the fall in the infant mortality rate in 1930, as compared with the rate of 114 in 1929, is mainly in children between six and twelve months of age, and is chiefly due to the absence of any severe epidemic of influenza

or measles or whooping cough which, with their respiratory complications, always take a severe toll in infant life. The fall in the death rate between one and six months of age is also mainly attributable to this cause, though in both age groups some credit must be given to the improved resistance of these children, due to the healthier lives they now lead, resulting from the preaching of the doctrines of child welfare.

In the neo-natal mortality (i.e., deaths of children under one month old) where death usually results from congenital debility or premature birth, the fall, though small, is encouraging and very suggestive of the good results of ante-natal care. Approximately one-third of the mothers confined in St. Helens during 1930 attended at the ante-natal clinics, whilst many, no doubt, were advised by or received attention from their own doctors, and it would appear that this care is bearing good fruit.

**STILL-BIRTHS.**—The number of still-births registered during the year was 108 and, of these, 104 were notified under the Notification of Births Acts.

**MATERNAL DEATHS.**—During 1930, 12 deaths were registered as resulting from or in connection with childbirth, giving a maternal death rate of 5·12 per 1,000 live births. The corresponding mortality rate for 1929 was 5·75.

As in the previous year, however, it was found that the deaths registered as resulting from or in connection with child birth did not include all deaths which should properly be brought under this classification. As a result of enquiries made during the year, a further four deaths resulting from child birth were discovered to have been certified as due to :

- 1.—Convulsions, Uraemia, Acute Nephritis.
- 2.—Acute Nephritis.
- 3.—Pulmonary Embolism.
- 4.—Acute Dilatation of the Stomach,



The total number of maternal deaths should, therefore, be taken as 16, and, if this be done, the true maternal mortality rate for St. Helens would be 6·83 per 1,000 births in 1930, compared with a corresponding rate of 7·52 per 1,000 in 1929. A special investigation was made into the cause of death in each case, and an analysis of the 16 deaths showed the true causes of death to be :

Puerperal Sepsis .....	4
Toxaemias of Pregnancy .....	4
Accidental Haemorrhage.....	2
Placenta Praevia .....	1
Pulmonary Embolism .....	2
Primary Lobar Pneumonia complicating Mitral Stenosis .....	1
Pulmonary Tuberculosis .....	1
Meningitis .....	1

Though it is gratifying to note the fall in deaths directly attributable to puerperal sepsis from 7 in 1929 to 4 in 1930, one must remember that these deaths are the result of an infection which should not occur, and in many cases could be avoided by more conscientious asepsis by both doctor and midwife. In this connection it is interesting to note that, of the four deaths that occurred, (a) one, delivered in hospital, was a difficult instrumental delivery (b) another was delivered in hospital after an unsuccessful attempt and the cervix, vaginal wall and perinaeum were badly lacerated ; at instrumental delivery at home ; (c) a third occurred in a transverse presentation with prolapsed arm, which was delivered at home after the arm had been replaced and instruments applied; and (d) the fourth case followed an incomplete abortion.

Deaths due to the toxaemias of pregnancy (including accidental haemorrhage) are also entirely preventable and would be unknown if the expectant mother could be sufficiently educated to insist upon adequate ante-natal care. The mothers themselves,

however, are not entirely to blame, as five out of the six cases in which death occurred during 1930, had been attending their own medical practitioners previous to confinement and in only one case was the urine examined.

The patient who died from primary pneumonia had persistently been advised to go into hospital for rest, owing to the failing compensation of the heart due to mitral stenosis. Twice she promised to go in, and when the ambulance arrived she refused to leave her home as there was nobody to care for her children in her absence, with the result that the life was literally thrown away. This case emphasises the need for a crèche where the children of mothers needing hospital care can be taken and looked after, whilst the mother is restored to health.

#### INFECTIOUS DISEASES IN MOTHERS AND CHILDREN.—

**Puerperal Fever and Puerperal Pyrexia.**—17 cases of puerperal fever, and 13 cases of puerperal pyrexia were notified and 5 deaths were registered as occurring from puerperal sepsis. The corresponding figures for 1929 were 16 cases of puerperal fever and 25 cases of puerperal pyrexia, with 7 deaths.

The subsequent diagnoses of the 30 cases notified were as follows :—

Puerperal Fever.....	12
Pelvic Infection .....	9
Pneumonia and Bronchitis .....	4
Cystitis .....	1
Pyelitis .....	2
Phlegmasia Alba Dolens .....	1
Constipation .....	1

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30

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Of the 5 deaths that occurred, 4 were from definite puerperal sepsis, whilst the other, though diagnosed originally as puerperal pyrexia, had cystitis, which quickly cleared up, but 21 days after delivery the patient, whilst walking about, complained of an acute pain in the chest, became breathless and died in ten minutes of a pulmonary embolism. This patient's pulse and temperature had been normal for nine days before death, but it is probable that the B.Coli which had infected her bladder had also caused a low infection in the uterus.

For these cases beds are available at the Isolation Hospital and trained nurses are supplied on request for home nursing. Of the cases notified, 24 were treated in the Isolation Hospital, and 4 at the St. Helens Hospital, and in one case home nursing was provided by the Council.

**Ophthalmia Neonatorum.**—14 cases were notified during the year. One child died when ten days old from "gastritis", and the others all recovered with unimpaired vision. All the cases were nursed at home under the Council's arrangements with the St. Helens and District Nursing Association.

**Measles and Whooping Cough.**—84 cases of measles in children under 1 year old and 749 cases in children aged 1 to 5 years were notified during the year. The deaths occurring in each age group were respectively 2 and 4 as compared with 13 and 34 respectively during 1929.

84 cases of whooping cough were notified in children under 1 year old and 342 cases in children aged 1 to 5 years, the deaths due to this cause being respectively 5 and 3.

By arrangement with the St. Helens and District Nursing Association, home nursing of these cases can be 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. During the year the District Nurses attended 26 cases of measles and 1 of whooping cough.

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

**Table 26.**

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

	1929	
	Under 1 Year.	1—5 yrs.
Scarlet Fever	3	77
Diphtheria	2	36
Pneumonia	10	78
Erysipelas	1	5
Poliomyelitis	—	—
Cerebro Spinal Fever	—	—
Whooping Cough	84	342
Measles	84	749
Polio-Encephalitis	—	—
Tuberculosis (Pulmonary)	—	—
" (Non-Pulmonary)	—	—
Ophthalmia Neonatorum	14	—

#### INSPECTION AND SUPERVISION OF MIDWIVES.—

There were 48 midwives on the register as practising in the borough during the year, three of whom were resident midwives at the St. Helens Hospital.

The qualifications of these midwives were as follows :—

Holding the certificate of the Central Midwives Board	37
Having other recognised certificates	9
Untrained	2



Inspections of midwives were carried out on 85 occasions by medical officers, and the health visitors paid 85 routine and 84 special visits for purposes of inspection and supervision. In 8 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 private midwives found it necessary to call medical practitioners to their assistance on 628 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 .....	2013
Number and percentage in which medical assistance was obtained .....	628 (31·1%)
Reasons for medical assistance :—	
(a) For abortions and premature labours ...	44 ( 2·2%)
(b) For ante-natal illnesses .....	51 ( 2·5%)
(c) For difficult confinement .....	305 (15·2%)
(d) For suturing the perinæum, expelling the placenta, excessive hæmorrhage, etc.	115 ( 5·7%)
(e) For post-natal illnesses .....	41 ( 2·0%)
(f) For the child .....	72 ( 3·5%)

Though the total percentage of cases in 1930 in which medical assistance was called in was practically the same as in the previous year, there was an increase in the percentage for "difficult labour". The length of time waited by the midwife, from the time of the commencement of labour to the time of sending for a doctor for delayed labour, is often very short, and leads to the impression that in many cases the doctor is sent for in order to get the labour completed quickly, when the woman could, with due patience, deliver herself with perfect safety and with better ultimate results to herself than if delivered by instruments.

During the financial year 1930-31, £939/6/0d. was paid to medical practitioners for these services, and £348/12/1d. was recharged to the patients.

**MATERNITY AND NURSING HOMES.**—During the year one new maternity home was registered and one registered in a previous year ceased to be used as such and the certificate of registration was relinquished. There are now in St. Helens 3 maternity homes registered under the Nursing Homes Registration Act, 1927. These have been visited from time to time and were found on the whole satisfactory. The St. Helens Hospital and the Providence Free Hospital applied for and were granted exemption from the provisions of the Act under Section 6. No orders were made refusing or cancelling registration.

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

To expectant mothers:—	
(a) First visits .....	574
(b) Subsequent visits .....	539
To infants under one year :—	
(a) First visits .....	2,555
(b) Subsequent visits .....	10,296
To children, aged one to five years ...	20,243
Total Visits .....	<hr/> 34,207 <hr/>

**MATERNITY AND CHILD WELFARE AND ANTE-NATAL 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 at five centres 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.



In addition to the combined clinics, special ante-natal clinics are held five times weekly at four centres. The opening of a centre at West Street during the year has supplied a long felt want for the Thatto Heath district.

The increase in attendances at the special ante-natal clinics is most encouraging. Since their inception in 1924, the number attending has increased from 137 in that year to 1,119 in 1930. During the year, 1,119 mothers made 3,975 attendances.

Of the women confined in St. Helens in 1930, at least 850 attended one of the ante-natal clinics. Of these, 179 were sent by midwives and 16 by doctors. The patients sent by midwives were, in the majority of cases, first pregnancies sent for measurement and for examination to see if any abnormality was present. Though the majority of patients came first to the clinic at the seventh or eighth month of pregnancy, very many attended in the earlier months. The months of pregnancy when the patients first attended are given below :—

2nd month .....	5·8%
3rd month.....	11·3%
4th month.....	14·6%
5th month.....	16·3%
6th month.....	15·9%
7th month.....	18·0%
8th month.....	17·1%
9th month.....	1·0%

The patients who attended in the second month of pregnancy usually came to have a query pregnancy confirmed, and, among these, no less than 17 patients who suspected pregnancy were not pregnant. Among others who attended, no fewer than 127 had some degree of albuminuria at some period of the pregnancy. The majority of these responded to treatment in their own homes, but several had to be admitted to hospital to prevent further complications.

The rapidity with which caries appears in the teeth in pregnancy is emphasised by the number of patients who complain

of toothache who have had no trouble with their teeth until pregnancy commenced. The more serious of these cases were referred to the dental officer and 199 received treatment during the year.

Many of the patients suffered from gynaecological conditions, but little has been done for them in the past. The extension of the health services to include gynaecological treatment is an urgent need, and a special report to the Health Committee regarding the establishment of such a clinic, is printed in the Appendix.

Though great strides have been made within recent years in regard to ante-natal work, there is still much to do, and there is no part of the work more important than the education of the general public in the necessity for every pregnant woman to have proper ante-natal care. When this has been accomplished much of the present maternal mortality and morbidity will disappear, and fewer premature and ailing children will be born.

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, 1926—1930.

	1926	1927	1928	1929	1930
<b>Maternity &amp; Child Welfare Centres.</b>					
1. No. of Expectant Mothers attending :					
(a) First Visits ... ..	430	314	327	311	266
(b) Subsequent visits ... ..	766	503	549	607	438
2. No. of Mothers attending :					
(a) First Visits ... ..	244	2443	2284	2221	1766
(b) Subsequent Visits ... ..	8705	7307	7332	7927	8466
3. No of Children attending :					
(a) First Visits ... ..	3094	2905	2662	1958	2038
(b) Subsequent Visits ... ..	9936	8359	8067	8329	8811
4. No. of Attendances of :					
(a) Expectant Mothers ... ..	2503	1681	1669	1732	1165
(b) Mothers ... ..	29283	26220	27368	26437	26116
(c) Children ... ..	31845	28374	28708	27522	27057
Total No. of Attendances	63631	56275	57745	55691	54338
<b>Ante-Natal Clinics.</b>					
No. of Expectant Mothers attending	407	474	646	1084	1119
No. of Attendances ... ..	974	1353	1815	3653	3975



**SUNLIGHT CLINIC.**—At the Artificial Sunlight Clinic which was opened in September, 1929, two sessions are held weekly, and during 1930, 112 children made 1,944 attendances for treatment. The results obtained have most certainly justified the installation of the mercury vapour lamp. The patients are charged one penny per treatment and £8/1/8d. was received in fees during the year. Of the 63 children suffering from marasmus and malnutrition, 42 made rapid strides to recovery and were discharged healthy, happy babies, 14, having improved considerably, ceased to attend, and three were only treated temporarily, pending admission to Old Whint Hospital for closer attention; four others died during their course of treatment: one from whooping cough, one from acute bronchitis, and two from marasmus (one within one week of commencing treatment). It is in these marasmic ailing and debilitated children that the most dramatic results of sun-ray treatment are seen. The wizened, wasted "old man" becomes a bright, plump, smiling child in a few weeks. The results among cases of rickets, for which condition 40 children were treated, are much less spectacular, but not the less beneficial. Ten children ceased to attend before cure was completed, but in each case there was already a marked improvement in tonus and general brightness of the child. Two cases of bronchitis and two of impetigo soon cleared up with treatment and two cases of very bad circulation responded well to treatment.

**HOSPITAL ACCOMMODATION.**—During the year the Corporation continued to send their maternity cases to the St. Helens Hospital, though frequently cases had also to be admitted to the Old Whint Hospital owing to accommodation at the former not being available when required. Ailing and debilitated children were accommodated at the Old Whint Hospital as in previous years.

During the year the Corporation provided treatment for 468 maternity cases at the St. Helens Hospital and for 58 cases at the Old Whint Hospital. At the Old Whint Hospital during the year there were also treated 63 ailing and debilitated children, of whom 4 died.

Table 28 gives a summary of the children treated, whilst Table 29 shows the reasons for admission and Table 30 shows the causes of the deaths that occurred.

**Table 28.**

General summary of cases in Hospital for Children at Old Whint during 1930.

In Hospital on 1st Jan., 1930	Number of Admissions during Year	Average duration of Stay in Days	Number of Cases Discharged				Deaths	Number of Cases of Infectious Disease			
			No Improvement.	Improved.	In Good Health.	* Discharged on account of illness.		Measles.	Whooping Cough.	Epidemic Diarrhoea.	Scarlet Fever.
14	49										
63		93	1	2	39	3	4	—	—	—	—

\* These cases were discharged to the Royal Liverpool Children's Hospital for operation and were re-admitted later.

**Table 29.**

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

Reason of Admission.	Number
Marasmus	12
Malnutrition	21
Rickets	24
Bronchitis	2
Tapeworm	1
Spastic Paralysis	1
Convulsions	1
Tubercular Peritonitis	1
	63



Table 30.

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
1930			
April 25	Bronchial Pneumonia .....	73	24 months
" 26	Bronchial Pneumonia and Convulsions .....	23	26 "
May 25	Malnutrition, Congenital Syphilis .....	49	13 "
June 25	Tubercular Peritonitis .....	23	16 "

The Council's new Maternity and Child Welfare Hospital was completed early in the current year and was opened on the 23rd April, 1931. With the opening of this hospital the previous arrangements for the treatment of maternity cases at the St. Helens Hospital have been discontinued and the Old Whint Hospital has been closed, as the new hospital will provide accommodation for all cases formerly sent to these institutions.

For purposes of the new Maternity and Child Welfare Hospital the Corporation purchased a private residence known as "Balker", standing in about three-quarters of an acre of ground, and situated on a private road off Cowley Hill Lane, St. Helens. Though on the edge of a very thickly populated portion of the town and within half a mile of the centre of the town, the site is entirely secluded, surrounded by trees, and overlooking one of the public parks. The house purchased has been adapted by the addition of a new wing for use as an administrative block, with quarters for the nurses and the resident doctor, and hot and cold water have been supplied to all bedrooms. The hospital is an entirely new block of buildings erected on the south side of the house.

The new institution takes the place of the Old Whint Hospital which was the old smallpox hospital, and was first used for maternity and child welfare in 1918. In recent years the Corpora-

tion ceased to use that hospital for maternity cases owing to unsatisfactory conditions, and had a working arrangement with the St. Helens Hospital for the hire of beds for maternity cases. Owing to the increasing demand for accommodation at that hospital by their own subscribers, it was found necessary that the Corporation should build a hospital of their own.

In the new hospital there are 15 maternity beds and 22 children's beds. The maternity beds on the ground floor are divided up into an eight-bed ward, four-bed ward, and three single-bedded wards. A specially fitted nursery occupies a prominent position where the children will be bathed and generally attended. On the left of the entrance hall is the main office, while on the right is the receiving department, with bath room and all sanitary accommodation. The labour ward is fitted with all modern requirements and is so constructed and lighted that it can be used as an operating theatre. The sterilising room opens directly off the labour ward, and contains a hot and cold water steriliser in addition to the usual high pressure steriliser for dressings, bowl steriliser, and instrument steriliser. The sluice rooms are fitted with bed pan sterilisers. Along the south-east aspect is a verandah for convalescent patients. The first floor has been reserved for ailing and debilitated children and is divided into large wards of ten beds each and two single-bedded wards, together with kitchen, milk room, and usual sanitary arrangements. Each of the large wards opens on to a large balcony on to which cots can be wheeled in suitable weather. The kitchen for the hospital is in the administrative block, but each floor of the hospital has a small kitchen for the preparation of special diets.

**MILK FOR MOTHERS AND INFANTS.**—At each maternity and child welfare centre, full cream dried milk and chocolate milk are 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. There are no arrangements for the provision of meals for mothers, but cases in receipt of relief from the Public Assistance Committee are recommended to that Committee for the supply of extra nourishment.



During the year approximately 386 cwt. of dried milk were disposed of, and, of this, 200 lbs. were issued free and 40,587 lbs. at less than cost price.

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 23 cases during the year.

**MINOR AILMENTS AND DENTAL DEFECTS.**—During the year, 30 children received treatment for minor ailments, and 199 mothers and 164 children received dental treatment at the school clinic.

**CRIPPLED CHILDREN.**—A complete record of the work of the Orthopaedic Clinic is given in Table 22 in the Tuberculosis section of the Report.

From that Table it will be seen that under the Maternity and Child Welfare service 124 crippled children under 5 years of age were dealt with. This involved 337 attendances to see the orthopaedic surgeon, and 1,180 attendances for intermediate treatment. 9 cases were admitted to hospital for operation or other surgical treatment. The cases dealt with comprised the following defects :—

Infantile paralysis .....	28
Other forms of paralysis.....	5
Rickets .....	48
Congenital deformities .....	31

Traumatism .....	3
Acquired foot deformities .....	2
Arthritis, hip .....	1
Miscellaneous .....	6

### IX.—WELFARE OF THE BLIND.

At the 1st April, 1930, there were on the Blind Register for St. Helens 167 cases and this number had increased to 181 at the end of the year. The increase again is mainly in those over 70 years of age and results from an increased number of applications from old persons who appreciate in their old age the additional benefits obtainable as blind persons. At the younger ages, the numbers appear to be diminishing—there being on the Register at present no child under 5 years of age. The following is an analysis of the 181 cases on the Register as at 31st March, 1931.

Age	0—5	years	...	...	—
	5—16	„	...	...	15
	16—21	„	...	...	11
	21—50	„	...	...	51
	50—70	„	...	...	53
	70—	„	...	...	51
					—
Total ...				181	—

Education ...	At school .....	14
	Not at school.....	1

(mentally defective).



Employment ...	Employed .....	27
	Under Training .....	14
	Not training but	
	trainable .....	3
		(1 awaiting a vacancy).
	Unemployable .....	122

With the exception of the care of children under two years of age and the education of school children and vocational training, provision for the care and welfare of the blind in St. Helens is undertaken on behalf of the Corporation by the St. Helens and District Society for the Welfare of the Blind. That Society has provided a Workshop in Boundary Road where employment is given to 18 workers who, in addition to wages, receive augmentation of wages in accordance with the scale laid down. The Society also supervise the work of home workers and maintain 2 home teachers for visiting the blind in their own homes. Under the Council's Administrative Scheme made under the Local Government Act, 1929, it was declared that all domiciliary assistance to blind persons should be taken out of the Poor Law and, further, that the domiciliary relief of the sighted dependents of the blind should be discharged on behalf of the Public Assistance Committee by the Health Committee of the Council. The Voluntary Society undertake all this work on behalf of the Health Committee, making monetary grants to all necessitous blind to bring their total income up to a minimum of 20/- per week, and making grants to dependents in accordance with the scale laid down by the Council. During the year, the Council re-drafted their Scheme for the Welfare of the Blind to meet the new conditions. The Scheme is printed in the Appendix.

In addition to provision through the Voluntary Society for the registered blind, the Corporation themselves undertake (under Section 66 of the Public Health Act, 1925) the provision of treatment for persons suffering from disease of or injury to the eyes. This includes the provision of spectacles or other suitable treatment in cases where, by such treatment, there is reason to suppose that blindness can be prevented.

## X.—LOCAL GOVERNMENT ACT, 1929.

On the 1st April, 1930, the functions previously exercised by the Prescott Board of Guardians were, so far as they related to St. Helens, transferred to the St. Helens Borough Council. The medical or semi-medical functions transferred fall mainly under the following headings:—(a) medical out-relief, (b) hospital or institutional treatment for the sick, (c) vaccination, and (d) supervision of boarded-out infants under the Children's Act, 1908. To these might be added the provision of domiciliary assistance to the blind. In the transfer of these functions there were in some cases definite responsibilities laid down in Section 2 of the Act, e.g., duties regarding vaccination became the responsibility of the Health Committee, and the supervision of boarded-out infants under the Children's Act, 1908, is transferred to the Maternity and Child Welfare Committee. With the majority of transferred functions, however, it is left to the local Council to decide as to how far they follow that portion of Section 5 of the Act which states that the Council shall "have regard to the desirability of securing that as soon as circumstances permit, all assistance which can lawfully be provided otherwise than by way of Poor Relief, shall be so provided". The clear indication here is for the transferred health services to be taken out of the Poor Law and to be linked up with existing Public Health services. In this connection the Chief Medical Officer of the Ministry of Health states in his Annual Report for 1929 that "the Local Government Act will fail in its purpose if its operation is limited to the transfer of Poor Law powers en bloc to Public Assistance Committees".

An essential preliminary to the discharge of the functions transferred to them was the formulation by the Council of an "Administrative Scheme" stating, amongst other matters, how the various transferred services would be provided.

From the standpoint of health administration the two most important provisions in the administrative scheme for St. Helens are :

- (a) that the functions of the Public Assistance Committee, in so far as they relate to the medical and surgical care of the sick poor, shall be discharged on behalf of and subject



to the general direction and control of the Public Assistance Committee, by the Health Committee of the Council; and

- (b) that domiciliary assistance to blind persons shall be provided exclusively under the Blind Persons Act, (i.e., the blind are taken out of the Poor Law).

It will be convenient to discuss the working of the arrangements made for the transferred medical services under the headings previously given.

**Medical Out-Relief.**—The work of the district medical officers has remained essentially a Poor Law service, though for the general arrangements and supervision the Health Committee act for the Public Assistance Committee. For the work, the arrangements remain the same as under the Prescott Board of Guardians, St. Helens being divided into three districts, each in charge of a district medical officer transferred from the Guardians. In addition to actual medical attention, patients under the care of the district medical officers can obtain the services of the nurses of the District Nursing Association, to whom the Health Committee make an annual grant for the purpose. Special services, e.g., dental treatment, treatment for defective vision, supply of splints, etc., are, in part, directly carried out through the relieving officers and, in part, through the Medical Officer of Health; but it is hoped that, as time shows to what extent these special services are required, a more systematised method of provision will be evolved.

**Institutional Treatment.**—On the 1st April, 1930, the Whiston Infirmary, formerly the Poor Law Infirmary of the Prescott Board of Guardians, was transferred to the Lancashire County Council, and the County have agreed for a period of five years to admit "all poor persons chargeable to the Borough of St. Helens" who may be in need of institutional treatment. Cases are admitted mainly through the relieving officers, though, under the agreement with the County Council, they may also be admitted on the recommendation of the Medical Officer of Health. Under the

present arrangement, however, the County Council have only agreed to admit "poor persons". This means that all cases sent to that institution from St. Helens must be classed as Poor Law cases, so that St. Helens, at present, has not made any progress in taking the sick out of the Poor Law. I would suggest that there is great need for a municipal hospital for St. Helens. The yearly number of St. Helens cases treated at the Whiston Infirmary is approximately 800, and constitutes approximately 50% of the patients in that institution. The only other hospitals available in St. Helens are the St. Helens Hospital with 136 beds, and the Providence Free Hospital with 130 beds. The accommodation in these Hospitals is always in use and is frequently overtaxed. It is also well known that many St. Helens patients who could and should be treated locally are treated at the Liverpool and Manchester Hospitals. It may be considered, therefore, that the hospital accommodation provided at present in St. Helens, is insufficient to meet the present requirements. In the future it is anticipated it will be still more insufficient. During the last few years there has been a progressively increasing demand for hospital accommodation and, as the present agreement with the Lancashire County Council for the use of Whiston Infirmary is only for five years, and, as it is to be presumed there will be during this period an increasing use by the County of that institution for County cases, it would appear that St. Helens should in the near future provide their own accommodation, and such accommodation should take the form of a municipal hospital to which all classes of sick can be admitted without the taint of pauperism.

There is another class of case which I think should be immediately removed from the Poor Law, and that is the young children without parents or relatives able to maintain them who are at present admitted to Poor Law nurseries. I would suggest that these should be dealt with by the provision under the maternity and child welfare schemes of some form of nursery where they would remain up to the age of five years, and thereafter be boarded out during their school life and start their adult life without having passed through the Poor Law.



**Vaccination.**—As previously stated, the functions relating to Vaccination were transferred to the Health Committee who re-appointed the three part-time Public Vaccinators of the Board of Guardians. The Vaccination Officer was transferred by the Ministry of Health to St. Helens and the Lancashire County Council conjointly. The present arrangements appear to work very well.

**Supervision of Boarded-out Infants.**—This duty, which consists of the general supervision, under the Children's Act, 1908, of children under 7 years of age boarded out for "reward", is, under the Local Government Act, 1929, transferred to the Maternity and Child Welfare Committee, which in St. Helens is combined with the Health Committee. The Act requires Local Authorities to appoint "Infant Protection Visitors" for supervising purposes, and in St. Helens the Medical Officer of Health, the Assistant Medical Officer for Maternity and Child Welfare, and all Health Visitors, have been so appointed. This arrangement works very well, the duties fitting in especially well with other health visiting duties. The number of children boarded out in St. Helens is not large and at the 31st December was 13.

**Domiciliary Assistance to the Blind.**—In their Administrative Scheme the Council made a declaration that the provision of domiciliary assistance to blind persons would be provided exclusively under the Blind Persons Act, 1920, and not by way of Poor Relief. This takes the blind entirely out of the Poor Law. In St. Helens the Blind Persons Act, 1920, is administered (except in regard to Education) by the Health Committee, and for them by the St. Helens and District Society for the Welfare of the Blind. In consideration of grants made to them, the Voluntary Society make up the income of all necessitous blind to a minimum of 20/- per week. (The full Scheme is printed in the Appendix).

The Health Committee also administer on behalf of the Public Assistance Committee the domiciliary relief of sighted dependents of the blind, and this again is undertaken for the Health Committee by the Voluntary Society. The relief given is in accor-

dance with the Scales of Out-door Relief of the Public Assistance Committee, except that in calculating the family income for relief purposes, any income of the blind person under 20/- is ignored.

**Registration.**—Under Section 21 of the Local Government Act, 1929, the functions of the Prescot Board of Guardians in relation to the registration of births, marriages and deaths, were transferred to the St. Helens Council, as being the Authority having the largest population in the transferred registration district and, by resolution of the Council, the Health Committee are now responsible for these functions. At present the transferred district includes a considerable portion of the County Area, but before the 1st April, 1932, it will be necessary for the St. Helens Council to prepare and submit to the Minister of Health a scheme for the formation of a registration district for St. Helens alone.

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**XI.—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.

The Public Health Act, 1925, Part II, Sections 13, 14, 15, 16, 20, 23, 25, 26, 27, 28, 30, 31, 32, and 35 ; Parts III, IV, and V, adopted 7th December, 1927, put in force on 1st February, 1928.

#### **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.

The Ministry of Health Provisional Orders Confirmation (No. 1) Act, 1928, repealing and altering certain sections of the St. Helens Improvement Act, 1869, and the St. Helens Corporation Acts, 1893, 1898, 1911, and 1921 with reference to New Streets and Buildings.

**BYELAWS.**

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

Byelaws with respect to Nuisances made by the Council on the 1st October, 1930.

Byelaws as to Slaughterhouses, made by the Council on the 5th February, 1930.

Byelaws with respect to New Streets and Buildings in the Borough of St. Helens, made by the Council on the 5th October, 1927.

Byelaws with respect to the Drainage of Existing Buildings in the Borough of St. Helens made by the Council on 7th December, 1927.

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.

The Borough of St. Helens (Notification of Measles, German Measles and Whooping Cough) Regulations, 1915, made by the Minister of Health on the 22nd June, 1915.

**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.

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**XII.—INSPECTION AND SUPERVISION OF FOOD.**

**MEAT AND OTHER FOOD.**—There is a municipal abattoir with cold stores attached. Slaughtermen are licensed by the Corporation, 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. 177 visits of inspection were made to these slaughterhouses during the year.

The inspection of meat and other foods is regularly carried out by the sanitary staff, and for this purpose 2,134 visits were made to shops, stalls and vehicles, and places where food is prepared.

The following are the quantities of various classes of food-stuffs which were destroyed during the year by the department owing to being diseased or unsound :—

Meat .....	87,298½ lbs.
Fish .....	668 „
Poultry, Game and Rabbits .....	188 „
Fruit .....	140 „
Tinned Fruit .....	316 tins
Condensed Milk .....	63 „

During the year a side of beef weighing approximately 13½ stones, which was exposed for sale in a local butcher's shop, was seized by the Chief Sanitary Inspector, owing to its tuberculous, dropsical and fevered condition. Legal proceedings were instituted under Section 116 of the Public Health Act, 1875, against both the retailer and the wholesaler. The retailer was fined 20/- and costs.

Table 31 shows the number of animals slaughtered and the approximate weight in pounds of meat found diseased.

**Table 31.**

Number of Animals slaughtered and amount of diseased meat condemned during the year, 1930.

ABATTOIR.					PRIVATE SLAUGHTERHOUSES.			
	Number of Animals Slaugh- tered.	No. of Animals found diseased		Weight in lbs. of Meat Con- demned	Number of Animals Slaugh- tered.	No. of Animals found diseased		Weight in lbs. of Meat Con- demned
		Tuber- culosis	Other diseases.			Tuber- culosis	Other diseases.	
Beasts —	4651	863	1103	79544	—	—	—	—
Calves —	276	1	—	112	—	—	—	—
Sheep —	3303	—	15	78	—	—	—	—
Pigs —	4795	108	183	6293½	2164	104	67	1271



**Sale of Food Order, 1921.—***Labelling of Imported Meat.*—

Several infringements of this Order were found during the year and it was found necessary to publish notices in the press, warning traders that legal proceedings would be taken in cases of failure to comply with the requirements of the Order.

Despite these notices, further infringements were found. In 4 cases further warnings were given and in 3 cases legal proceedings were instituted.

The results of the prosecutions were as follows :—

- 1.—Case dismissed on payment of costs.
- 2.—Fined 10/-.
- 3.—Fined 20/- and costs.

**Public Health (Meat) Regulations, 1924.**—No infringements of these Regulations were found during the year.

**Agricultural Produce (Grading and Marking) Act, 1928.**—

This Act empowers the Minister of Agriculture to make regulations prescribing such grade designations as he may consider appropriate to indicate the quality of any articles of agricultural produce. The use of such designations is not compulsory, but when they are used it is deemed to be a term of the contract of sale that the quality of the article accords with the statutory definition indicated under the grade designation.

A considerable number of Regulations has been made by the Minister under this Act. These relate mainly to such classes of foodstuffs as eggs, apples and pears, potatoes, tomatoes and cucumbers, poultry, strawberries, broccoli, wheat flour, malt flour and malt extract, beef, etc., but very little use of these trade designations is made by traders in St. Helens.

The Act also provides for the marking of preserved eggs and for the registration of any premises used by way of trade for the cold or chemical storage of eggs. There are no premises registered for this purpose in St. Helens, and no infringements of the Act in this respect were found during the year.

**Merchandise Marks Act, 1926.**—The Orders which have so far been made under the Merchandise Marks Act, 1926, in regard to foodstuffs are :—

Order.	Relating to
The Merchandise Marks (Imported Goods) No. 3 Order, 1928 ...	Honey. Fresh Apples.
The Merchandise Marks (Imported Goods) No. 5 Order, 1928 ...	Currants, Sultanas, Raisins. Eggs in Shell. Dried Eggs. Oat Products.
The Merchandise Marks (Imported Goods) No. 4 Order, 1929 ...	Raw Tomatoes.

Considerable difficulty was experienced by the Department during the year in inducing traders in these classes of foodstuffs to comply with the above mentioned Orders. All traders were visited by members of the Staff for the purpose of explaining the requirements of the Orders, notices were inserted in the press warning traders regarding infringements of the Orders, and pamphlets explaining the Orders in simple language were distributed. Further, many warning letters were sent in cases where infringements were found.

In spite of these efforts, further infringements were found, and it became necessary to institute legal proceedings. This was done in five instances, with the following results :—

- 1.—Fined 20/- and costs.
- 2.—Fined 10/- and costs.
- 3.—Fined 10/- and costs.
- 4.—Dismissed on payment of costs.
- 5.—Dismissed on payment of costs.



**MILK SUPPLY.**—At the close of the year there were registered under the Milk and Dairies (Amendment) Act, 1922, and the Milk and Dairies Order, 1926 :—

- 7 persons as cowkeepers and wholesale and retail purveyors of milk ;
- 3 persons as cowkeepers and wholesale purveyors of milk ;
- 8 persons as cowkeepers and retail purveyors of milk ;
- 287 persons as purveyors of milk ; and
- 87 premises as cowsheds or dairies.

A total of 851 inspections were paid by the sanitary inspectors to the cowsheds, dairies and milkshops during the year. Approximately 230 cows are kept for dairy purposes within the borough, and these were regularly inspected by the veterinary inspector.

During 1929 a complete sanitary survey of all the dairy farms within the borough was undertaken and, as stated in my Annual Report for that year, it was found that many required structural alterations and improvements in respect of lighting, ventilation, drainage, construction of floors, and the provision of suitable dairies, to bring them up to a standard of fitness to comply with the provisions of the Milk and Dairies Order, 1926. Much of this work was done during 1929 but, as it is not practicable to reconstruct floors and manure channels of cowsheds during winter months, the completion of the work was held up on this account. During 1930, however, in every case the alterations and improvements asked for were completed.

During 1930 a sanitary survey of dairy premises (other than milkshops) used for the retailing of milk was also completed and, in consequence, a considerable number of improvements was asked for. With three exceptions this work also has been completed and in many cases entailed complete reconstruction.

Following the work which has been done with regard to dairy farms and retail dairy premises, it can now be stated that the condition of these premises is very satisfactory. Attention is now being turned to milkshops, in many of which, conditions, especially in regard to storage, are not entirely satisfactory, and it is hoped that by the end of the year it will be possible to report a corresponding improvement in these premises.

Intensive efforts were also made during the year to educate the farmer in the methods of clean milk production and very satisfactory progress has been made. Considerable difficulty was at first experienced in overcoming the prejudice of the farmer, but this has been entirely overcome and a spirit of co-operation now exists between the Department and the milk producer.

It is now the routine practice of the Department to take tests of milk at the farm immediately after milking, for the presence of dirt. This is carried out by means of a sediment tester, one pint of milk being passed through a cotton-wool pad about 1 in. in diameter. Any dirt which may be contained in the milk is retained on the pad and is afterwards shown to the farmer who is invariably keenly interested.

As a result of these efforts, many farmers were induced to utilise more modern and additional dairy equipment, principally with respect to :—

- (1) Overalls and caps for use during milking ;
- (2) Wash basins and towels for the use of milkers ;
- (3) Covered milking pails ;
- (4) Hygienic milk strainers ;
- (5) Milk coolers ;
- (6) Steam sterilising outfits ;
- (7) Water supplies in cowsheds ;
- (8) Automatic drinking bowls ; and
- (9) Improved means of artificial lighting to cowsheds.



It is now also the practice for farmers to wash the flanks and udders of cows before milking, and the practice of clipping flanks, udders and tails of cows is becoming more general.

The education of dairymen and milk purveyors in the handling of milk also received special attention throughout the year, and it is pleasing to note that the use of refrigerators for the storage of milk is becoming increasingly common. Also dairymen and milk purveyors are becoming more alive to the value of steam as a sterilising agent, and the installation of sterilising outfits is becoming more general.

During the year one milk producer was induced to undertake the production of Grade A. milk. There are indications that this number will be increased in the near future.

In order still further to improve the methods of milk production in the borough, it is proposed to hold a Clean Milk Competition during 1931.

The following licences were granted during the year under the Milk (Special Designations) Order, 1923:—

- (1) Licence to sell milk as Grade A.
- (2) Two supplementary licences for the sale of certified milk
- (3) One supplementary licence for the sale of pasteurised milk

**Milk and Dairies Order, 1926.**—Despite the many improvements which have been obtained in milk production and the retailing of milk, it is still possible to find many infringements of the above Order. These have mainly been as a result of carelessness in regard to cleanliness and it is hoped that as a result of the Clean Milk Competition which is proceeding, they will gradually disappear. In most cases of infringements of the Order warnings were given,

but in two cases it was found necessary to institute legal proceedings for the following offences :—

- (1) Retailing milk from a vehicle which was not legibly inscribed with the name and address of the dairyman.  
Fined 10/- and costs.
- (2) Churn in which milk had been delivered, returned to the sender without being thoroughly cleansed before leaving the custody or control of the dairyman.  
Fined 10/- and costs.

**BACTERIOLOGICAL EXAMINATION OF MILK.**—95 samples of milk were sent during the year to the University Laboratory, Liverpool, for examination for the presence of tubercle bacilli and for guinea pig inoculation tests. In 5 cases the guinea pig died too soon for a definite diagnosis to be made but of the remaining samples, 12, or 13·3%, were found to show positive evidence of tubercular infection.

This percentage is an extremely high one and shows that a very considerable proportion of the milk consumed in St. Helens is infected with tuberculosis. As a large number of cases of non-pulmonary tuberculosis in children is of bovine infection, due to the consumption of milk containing the tubercle bacilli, it is essential that constant supervision of the milk supply by bacteriological examination be maintained.

Whenever a sample of milk is found to contain tubercle bacilli, investigations are made at the farm where the milk is produced with a view to identifying the cow or cows giving the infected milk. Where the farm is within the borough these investigations have been conducted by the Corporation's own sanitary and veterinary staff. Where, however, the farm is outside the borough, it has been necessary to inform the Medical Officer of Health of the district concerned and he has arranged for the necessary investigations. The affected cows are dealt with under the Tuberculosis Order, 1925. The following action was taken in respect



of the twelve samples showing positive evidence of tubercular infection during 1930 :

*Sample No. 44* was taken in course of delivery at the premises of a local dairyman. The milk was produced in Cheshire and the County Medical Officer of Health was notified in accordance with Section 4 of the Milk and Dairies (Consolidation) Act, 1915. As a result, two cows were slaughtered under the Tuberculosis Order, 1925.

*Sample No. 77* was taken from the premises of a cowkeeper in the borough. The infection was traced to one cow, which was slaughtered under the Tuberculosis Order, 1925, and upon post-mortem examination was found to be suffering from tuberculosis in an advanced stage.

*Sample No. 195* was taken in course of delivery at the premises of a local dairyman. The milk was produced in Cheshire and as a result of investigations by the County Medical Officer of Health three cows were slaughtered.

*Sample No. 199* was taken in course of delivery at the premises of a local dairyman. The milk was produced in Cheshire and, following investigations, two cows were slaughtered.

*Samples No. 205 and 206* were taken at the premises of a cowkeeper in the borough. One cow was sold before the result of the animal inoculation was received and the other cow, when slaughtered, was found to have tubercular lesions in the bronchial and mediastinal lymphatic glands.

*Sample No. 257* was taken at the premises of a local cowkeeper in the borough. As a result two cows were slaughtered, in one of which tubercular lesions were found in the udder and the other cow showed evidence of advanced tuberculosis.

*Sample No. 288* was taken in course of delivery from the premises of a local dairyman. The milk was produced in the Lancashire County area and, as a result of investigations by the County Medical Officer of Health, two cows were slaughtered under the Tuberculosis Order, 1925.

*Sample No. 313* was taken in the street from a milk purveyor. The milk was produced in the Lancashire County Area and the case reported to the County Medical Officer of Health. One cow was slaughtered before the result of the animal inoculation was received and the source of infection could not be traced.

*Sample No. 319* was taken in the street from a milk purveyor. The milk was produced in the Lancashire County Area and as a result of investigations one cow was slaughtered.

*Sample No. 523* was taken in course of delivery from a milk purveyor. The milk was produced in the Lancashire County Area. Four cows had been sold, however, prior to the result of the animal inoculation being received and the source of infection could not be traced.

*Sample No. 527* was taken in course of delivery from a local milk purveyor. The milk was produced in Cheshire and, as a result of investigations, three cows were slaughtered.

Seventeen cows were, therefore, slaughtered under the Tuberculosis Order, 1925, owing to tubercular infection of milk detected by means of bacteriological examination of milk samples in St. Helens.

Owing, however, to the long period (4—6 weeks) which must necessarily elapse between the taking of the sample and the final identification of the cow or cows giving the infected milk, I consider that something more is required for the control of milk supplies than the routine taking of samples for bacteriological tests. I am strongly of opinion that if veterinary inspections of all milk herds were periodically carried out, suspected cows would, in a large number of cases, be discovered and dealt with earlier than under the present common practice of waiting for the results of bacteriological tests. This would not dispense with the necessity for bacteriological examinations which, in my opinion, should be supplemental to veterinary inspections, so that infected milk from cows showing no clinical signs of tuberculosis might be discovered.

**FOOD AND DRUGS (ADULTERATION) ACT, 1928,**  
**etc.—Food and Drugs (Adulteration) Act, 1928.**—During the year, 293 formal samples and 120 informal samples were taken for analysis.



The natures of the samples taken, with the results of examination by the Public Analyst, are shown in Table 32.

**Table 32.**

Number of samples taken under the Food and Drugs (Adulteration) Act, 1928, during 1930, and results of analysis by the Public Analyst.

ARTICLE	Number of Samples Taken		Number Genuine		Number Adulterated	
	Formal	Informal	Formal	Informal	Formal	Informal
Milk	246	60	244	60	2	—
Cream	3	—	3	—	—	—
Condensed Full Cream	}	1	—	1	—	—
Unsweetened Milk						
Condensed Machine Skimmed Milk						
Butter	4	2	4	2	—	—
Margarine	6	—	6	—	—	—
Lard	1	2	1	2	—	—
Cheese	—	2	—	2	—	—
Coffee	1	1	1	1	—	—
Cocoa	2	1	2	1	—	—
Sausages	10	2	4	2	6	—
Jam	—	2	—	2	—	—
Tripe	2	—	2	—	—	—
Peaches	—	1	—	1	—	—
Pine Apple Cubes	—	2	—	1	—	1
Lemon Cheese	—	2	—	2	—	—
Baking Powder	—	2	—	2	—	—
Borax	—	1	—	1	—	—
Amm. Tinct. Quinine	—	2	—	2	—	—
Cod Liver Oil	—	1	—	1	—	—
Ground White Pepper	—	2	—	2	—	—
Malt Vinegar	4	4	4	3	—	1
Vinegar	1	—	—	—	1	—
Tea	1	5	1	5	—	—
Bacon	—	1	—	—	—	1
Raisins	—	1	—	1	—	—
Mixed Spice	—	1	—	1	—	—
Ground Ginger	1	2	1	2	—	—
Bread and Butter	4	—	3	—	1	—
Cheshire Cheese	1	—	1	—	—	—
Tinct. of Iodine	—	1	—	1	—	—
Custard Powder	—	2	—	2	—	—
Tinned Pears	—	1	—	1	—	—
Orange Quinine Wine	2	1	2	1	—	—
Meat Pie	—	2	—	2	—	—
Raisin Wine	—	1	—	1	—	—
Ginger Wine	—	1	—	1	—	—
Lemon Squash Cordial	—	2	—	2	—	—
Epsom Salts	—	1	—	1	—	—
Olive Oil	—	1	—	1	—	—
Zinc Ointment	1	1	—	—	1	1
Glycerine	—	2	—	2	—	—
Camphorated Oil	—	1	—	1	—	—
Honey	—	1	—	1	—	—
Medicine	1	—	1	—	—	—
Ointment	—	1	—	1	—	—
Whisky	1	—	1	—	—	—
Quinine Wine	1	—	1	—	—	—
Total	293	120	282	116	11	4

The appended statement shows the actions taken in the case of adulterated samples taken formally :—

(a) legal proceedings instituted under the Food and Drugs (Adulteration) Act, 1928.

Sample No.	Article.	Adulteration.	Result of Proceedings.
471.	Zinc Ointment.	9% deficient in Oxide of Zinc and containing 10% foreign fat other than lard.	Fined £2/0/0.
545.	Vinegar.	12.5% deficient in Acetic Acid.	Fined 10/-.

(b) no legal proceedings instituted.

1128.	New Milk	...	7% deficient in milk fat. Warned by the Committee.
233.	New Milk	...	7% deficient in milk fat. Warned by the Committee.
106.	Bread and Butter		Contained 10% of margarine and 90% bread. Warned by the Committee.
1189.	Beef Sausage	...	12% deficient in meat. Warned by the Committee.
1190.	Beef Sausage	...	12% deficient in meat. Warned by the Committee.

A very considerable improvement in the quality of the milk supply of the borough was effected during 1930, the percentage adulterations being 0.65% as compared with 8.4% in 1929.

The improvement can partly be accounted for by the fact that dairymen are now aware that considerably more attention is being paid to the supervision of the milk supply than in previous years. As stated in my Annual Report for last year, there is no



doubt that, apart from wilful adulteration, there is a number of factors affecting the composition of milk, and it can be stated that milk producers in St. Helens are becoming more aware of the importance of these factors and paying more attention to them. Further, lack of care in the handling of milk by milk purveyors, principally in regard to stirring, is a frequent cause of fat deficiencies, and milk purveyors in St. Helens are now paying greater attention to this point.

**Examination of milk for dirt.**—12 samples of milk were specially examined for the presence of dirt.

In only one of these was there reason to complain of excessive dirt. This contained 5 parts by volume per 100,000 parts of milk and consisted of one part cow-dung and four parts ordinary dust. The vendor was warned.

**Fertilisers and Feeding Stuffs Act, 1926.**—Seven informal samples of fertilisers and feeding stuffs were taken under the above Act during 1930, and were found to be genuine.

Two infringements of the Act in respect of labelling were dealt with by verbal notices.

**Public Health (Preservatives in Food) Regulations.**—The following infringements of the Public Health (Preservatives in Food) Regulations were found during the year :—

- (1) Four offences in respect of selling beef sausages containing preservatives without causing the article to be labelled in a manner prescribed by the regulations.
- (2) Selling bacon containing 300 parts of nitrites per 1,000,000 parts of bacon.

In each case the vendor was warned.

**The Public Health (Condensed Milk) Regulations, 1923 and 1927.**—Two samples of condensed milk were purchased under the above Regulations during the year and were found to be genuine.

**The Public Health (Dried Milk) Regulations, 1923 and 1927.**—No infringements of the above Regulations were found during 1930.

**Artificial Cream Act, 1929.**—This Act provides that where any substance, purporting to be cream or artificial cream, is artificial cream, it shall not be sold under a description including the word "cream" unless that word is preceded by the word "artificial". The Act also provides that, with certain specified exceptions, premises where artificial cream is manufactured or sold must be registered with the Local Authority.

No premises are registered for this purpose in St. Helens and no infringements were found during the year.

**Poisons and Pharmacy Act, 1908.**—The following offence under the Pharmacy Act, 1868, was reported to the Pharmaceutical Society of Great Britain during the year :—

"Selling a poisonous compound for horticultural purposes which contained 16% alkaloids calculated as Nicotine without holding a licence under Section 2 of the Poisons and Pharmacy Act, 1908."

The Pharmaceutical Society applied to the vendor for the payment of the statutory penalty of £5, and it was not necessary to institute legal proceedings.

**DISEASES OF ANIMALS ACTS.**—**Tuberculosis Order, 1925.**—During the year ten notifications were received under the Tuberculosis Order, 1925, of cattle within the borough suffering



from tuberculosis. Of these, two animals were discovered at a local sale yard and two at farms by the Council's Veterinary Inspector, one animal was discovered by the Chief Sanitary Inspector, and five animals were notified as a result of the routine sampling of milk for bacteriological examination. In one instance the cow had been sold prior to the result of the bacteriological examination of the milk having been received, and in the other nine instances slaughter was carried out by the Council. In each of these nine cases evidence of tuberculosis was found on post-mortem examination. The total compensation paid to owners was £41 and the net salvage was £15/13/0.

The following statement shows the descriptions of the animals slaughtered, the form of the suspected disease, and the classification of the stage of the disease as revealed at the post-mortem examination.

Description	Form of the suspected disease			Classification at post mortem examination
Cow in milk	Tuberculous emaciation	----	----	Advanced
do.	Giving Tuberculous milk	----	----	do.
do.	Chronic Cough, etc.	----	----	do.
do.	Giving Tuberculous milk	----	----	do.
do.	do. do.	----	----	Not Advanced
do.	do. do.	----	----	do.
do.	Tuberculous emaciation	----	----	Advanced
do.	Chronic cough, etc.	----	----	do.
do.	Giving Tuberculous Milk	----	----	do.

**Anthrax.**—No case of Anthrax was reported during the year.

**Swine Fever.**—38 cases of suspected Swine Fever were reported during the year. Of these four were confirmed by the Ministry of Agriculture.

The carcasses were disposed of and the premises disinfected in accordance with the Swine Fever Order.

**BAKEHOUSES.**—There are 79 bakehouses on the Register, one of which is underground. Mechanical power is used in 27 instances.

282 visits of inspection were made during the year and 8 sanitary defects were found and remedied after notice being given.

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### XIII.—SANITARY CIRCUMSTANCES OF THE AREA.

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

The water is of a high degree of purity, though hard. The total hardness is reduced from 22·6 degrees to 10·5 by a softening process before distribution.

**RIVERS AND STREAMS.**—The position outlined under this heading in previous reports is substantially unchanged.

**CLOSET ACCOMMODATION.**—During the year, 29 privy middens and 95 tub and pail closets were converted to the water carriage system. It is estimated that there are still 525 houses with privy middens and 315 houses with tub and pail closets, and there are in addition 88 pail closets and one privy midden at various schools and works.

Table 33 shows the number of conversions completed each year since 1904.



**Table 33.**

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
1927	69	264	333
1928	219	229	448
1929	121	103	224
1930	29	95	124

As many of the closets to be converted are in areas which may be dealt with under the new Housing Act, and the conversion of others is awaiting the provision of new or more suitable sewers, there is now necessarily a slowing up in the conversion scheme. It is hoped, however, that these two main obstacles will be overcome in the near future.

**SCAVENGING.**—The removal and disposal of house refuse is carried out by the Borough Engineer's Department. There are no refuse disposal works for dealing with refuse, and the majority is tipped at Parr Depot.

**SANITARY INSPECTION OF THE AREA.**—The total number of visits paid by sanitary inspectors during the year was 23,122. The nature of these inspections is shown in Table 34, and Table 35 contains a list of the notices served and the results of such notices.

Table 34.

Number and nature of inspections during 1930.

Dwelling Houses inspected	3,104
Common Lodging Houses	198
Houses-let-in-lodgings	67
Common yards, back roads and passages	820
Horse manure middensteads	182
Fried Fish Shops	50
Fishmongers and Greengrocers	552
Butchers' Shops	764
Ice Cream Shops	155
Factories and Workshops	668
Bakehouses	282
Offensive Trades	154
Private Slaughterhouses	177
Theatres and Cinemas	120
Tents, vans and sheds	192
Testing of drains :—	
by smoke	123
by water	335
by coloured water	23
by breaking down	16
Receptacles for ashes	667
Dairies, cowsheds and milkshops	851
Samples of milk and other foods procured for :—	
Chemical analysis	413
Bacteriological examination for tubercle bacilli	98
Bacterial content	2
Sediment	12
Rag Flock Acts	—
Fertilizers and Feeding Stuffs Act	7
Samples of water procured	5
Insufficient water supply	11
Smoke observations	89
Sanitary accommodation in shops	127
Visits to Glassworks (straw sterilization)	89
Enquiries re Brokers' Licenses	18
Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.)	11,849
Miscellaneous visits	902
Total	<u>23,122</u>

During the year, 531 complaints of choked drains were made to the Department. Of this number, 392 drains were freed from obstruction by members of the staff of the sanitary department, thus obviating the necessity for serving notices upon the owners.



Table 35.

Sanitary Defects—Number of notices served during 1930,  
and results.

Subject of Notice	Preliminary Notices	Statutory Notices	Number complied with	Number outstanding at end of year
Ditches requiring cleansing	—	—	—	—
Defective drains	68	31	68	—
Choked drains	131	130	130	5
Insufficient closet accommodation	40	38	28	24
Absence of proper sink	99	33	105	—
Defective water closets	164	37	164	6
Defective pail closets	—	—	—	—
Defective privy middens	—	—	—	—
Defective gullies and dishstones	104	41	101	4
Defective sink waste pipes	372	91	374	5
Defective w.c. cisterns and flushing fittings	154	25	153	7
Defective urinals	1	—	1	—
Defective soil pipes	68	21	63	5
Sink waste pipes connected with drains	—	—	—	—
Yards and passages unpaved	30	10	27	7
Defective yard paving	330	203	328	9
Dampness arising from :—				
Defective roofs	697	321	709	8
„ eavesgutters	589	247	597	10
„ downspouts	376	125	376	16
„ pointing	695	224	699	6
Insufficient ventilation of rooms	256	18	250	7
Insufficient water supply	14	7	13	5
Defective manure midden-steads	1	—	—	1
Dwelling-houses to be whitewashed	22	9	22	—
Defective chimney flues	129	14	126	3
Defective ashpits	279	98	219	130
Absence of ashpit accommodation	100	17	91	11
Disused ashpits abolished	54	98	54	—
Defective window sash frames and sashcords	863	284	870	21
Defective floors	631	173	642	9
Defective stairs	178	33	170	13
Defective plaster of walls and ceilings	825	302	832	20
Defective fireplaces	324	68	327	11
Defective washboilers	326	58	328	2
Defective doors, cupboards, etc.	305	94	302	11
Defective gas pipes and fittings	85	23	79	9
Defective water pipes and fittings	18	—	18	—
Defective yard division walls	153	24	153	3
Dangerous and defective chimney stacks	228	35	227	4
Fractured internal walls	201	33	199	2
Defective and bulging external walls	346	101	350	5
Filthy condition of premises	23	4	23	—
Accumulation of manure or offensive matter	17	6	13	4
Keeping of animals, &c.	9	5	8	3
To abate overcrowding of dwelling-houses	8	4	6	2
Miscellaneous	912	318	920	15
Contraventions of Factory and Workshop Acts	6	—	6	11
Bakehouses	6	4	5	1
Contraventions of Byelaws :—				
Common Lodging Houses	6	4	6	—
Houses-let-in-Lodgings	9	7	8	1
Tents, Vans, Sheds, etc.	3	3	3	—
	10255	3421	10193	416

**SMOKE ABATEMENT.**—Further investigations were made during the year as to the necessity for the adoption of Model Byelaws relating to the emission of black smoke and a second series of observations were made. Again it was not found possible to take observations of every industrial chimney in the borough, owing to the fact that a considerable number of factories were either temporarily closed or were not working full-time.

Three observations each of 59 industrial chimneys were taken, a total of 177 observations being recorded. In 12 instances the chimney was found to be not under working conditions. Of the remaining observations, in 99 instances the emission of black smoke was in excess of the standard set up by the Model Byelaws; in 53 no black smoke was emitted during the period of observation; and in 13 the amount of black smoke was within the standard. The observations showed black smoke during periods ranging from a minimum of 0 minutes to a maximum of 30 minutes during the half hour. The average emission was 5.65 minutes as compared with 6.06 minutes in the first series of observations. In my Annual Report for 1929 I stated that the total emission of black smoke from industrial chimneys in St. Helens is about three times in excess of what it should normally be. The result of the second series of smoke observations confirms this.

The following gives a summary of the observations taken during the year :—

#### Smoke Observations.

Periods during which observations were taken—7th October,  
1929, to 31st December, 1930.

No. of industrial chimneys of which observations were taken .....	59
No. of observations of each chimney .....	3
Period of observations .....	30 mins.
Total No. of observations taken .....	177
No. of observations showing an emission of black smoke of 2 minutes and over, within a continuous period of half an hour .....	99
No. of observations showing an emission of black smoke under 2 minutes, within a continuous period of half an hour .....	13



No. of observations showing no emission of black smoke within the half hour .....	53
No. of observations where the chimney was found to be not under working conditions .....	12
Longest period of black smoke within the half hour.....	30 mins.
Shortest period of black smoke within the half hour ...	0
Average emission of black smoke for each observation	5.65 mins.

**FACTORIES AND WORKSHOPS.**—(a) Factories—11 defects remediable under the Public Health Acts were reported by H.M. Inspector of Factories, nine of which were complied with during the year.

(b) Workshops—The number of workshops registered is 145 and Table 36 shows the classes of such workshops.

**Table 36.**  
**Registered workshops.**

Workshops on the Register (s. 131) at the end of the year.	Number
Dressmakers and mantle making .....	5
Milliners .....	10
Tailors.....	15
Hosiery Knitters .....	1
Joiners, builders, cabinet-makers and plumbers, etc. ....	18
Blacksmiths, wheelwrights, coach builders and masons .....	10
Weighing machine repairers.....	1
Cloggers and boot repairers .....	45
Cycle Makers .....	4
Tripe Dressers .....	2
Herbal Brewers .....	2
Seltzogene charge maker .....	1
Cab washing .....	2
Saddler .....	1
Sundries .....	16
Ice Cream Makers .....	5
Workshop Laundries .....	7
<b>Total Number of Workshops on Register .....</b>	<b>145</b>

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

Table 37 gives particulars of the administrative action taken under the Factory and Workshop Act, 1901.

Table 37.

## Factories, Workshops and Workplaces.

## 1.—Inspection of Factories, Workshops, and Workplaces, including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Occupiers Prosecuted (4)
Factories (including Factory Laundries) —	139	8	—
Workshops (including Workshop Laundries) —	445	3	—
Workplaces (other than Outworkers' premises) —	84	1	—
Totals —	668	12	—

## 2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.			Number of offences in respect to which Prosecutions were instituted. (5)
	Found. (2)	Remedied. (3)	Referred to H.M. Inspector. (4)	
<i>Nuisances under the Public Health Acts—*</i>				
Want of cleanliness —	5	5	—	—
Other nuisances —	1	2	—	—
Sanitary accommodation— insufficient —	—	—	—	—
unsuitable or defective —	4	2	—	—
not separate for sexes —	2	—	—	—
Offences under the Factory and Workshop Acts —	—	—	—	—
Totals —	12	9	—	—

\* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

## 3.—Outwork in unwholesome premises, Section 108—Nil.



**PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYELAWS OR REGULATIONS.—Offensive Trades.**—There are 5 offensive trades in the borough, consisting of 4 tripe boilers and 1 gutscraper.

There are no byelaws in force in the borough for the regulation of offensive trades, and I am of opinion that the question of their adoption should be considered in the immediate future.

During the year, 154 visits were paid to premises of this nature.

**Tents, Vans, Sheds, etc.**—The number of vans used for human habitation continues to be considerable, in spite of the operation of the byelaws. The position in regard to these structures is most unsatisfactory. The byelaws certainly give powers in regard to general sanitation but, as so many of these structures are used as permanent habitations, the powers given cannot be considered sufficient. The fault lies in allowing such structures to be used as permanent residences, but with the still continued housing shortage, it is difficult to take any drastic steps for their removal. I would recommend that as soon as housing accommodation is available to meet the needs of the community, these structures should be dealt with under the Public Health Acts Amendment Act, 1907, as temporary structures. During the year, 192 inspections of vans were made and in 3 instances notices were served upon the owners, requiring their repair. In each case the notice was complied with.

**Houses-Let-in-Lodgings.**—There are only 12 premises registered as houses-let-in-lodgings, but there are others which are known to be used for the purpose but cannot be brought within the scope of the existing byelaws owing to their rateable values and rents being above the prescribed limits. Further mention of these classes of premises is made in that section of the Report dealing with Housing.

**Common Lodging Houses.**—There are seven common lodging houses registered for the accommodation of 294 lodgers. These premises were regularly inspected, 198 visits being paid; and 6 notices were served and complied with.

**OTHER SANITARY CONDITIONS.—Rats and Mice Destruction Act, 1919.**—The duties of Rat Officer under the Rats and Mice Destruction Act, 1919, are now carried out by the Chief Sanitary Inspector.

In previous years it has been the policy of the Health Committee to hold National Rat Week in November. Owing, however, to the lack of response by the public to the appeal for co-operation during 1929, the Committee were of opinion that no useful purpose would be served by holding a Rat Week during 1930.

The number of complaints by the public of infestation of premises by rats was considerably less during 1930 than in previous years. It is the practice of the Department, whenever a complaint of rat infestation is received, to discover and remove, wherever possible, the cause of infestation, and it is only in rare instances that a second complaint is received in respect of the same premises. It is this policy which has been effective in reducing the number of complaints.

**Places of Public Entertainment.**—These premises have been regularly inspected throughout the year and were generally found to be kept in a satisfactory condition.

Previous to the granting of annual licences, all licencees have to obtain a sanitary certificate from the Medical Officer of Health, and in the granting of such certificate the standard of sanitary accommodation required is that approved by the Health Committee in 1929. This standard is one which has been adopted by a number of other provincial authorities and is generally regarded as being a reasonable one. It is to be regretted that the Licensing Authorities have not seen their way to adopt it.



**Canal Boats.**—No canal boat was inspected during the year, and it would appear that for the time being the canal has fallen into disuse.

**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 42 bodies were received into the mortuary and 22 post-mortem examinations were conducted.

**The Rag Flock Acts, 1911 & 1918.**—No sample of Rag Flock was taken during the year.

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#### XIV.—HOUSING.

**Statistics.**—Of the 363 houses erected during 1930, 191 were subsidy houses, and, of these, 142 were erected by the Local Authority and 49 by private or commercial enterprise.

The total number of houses owned by the Local Authority is 2,148. This number includes 174 cottages acquired by the Council. During the past two years 482 houses have been erected by the Local Authority, all being built under Part III of the Housing Act, 1925.

Table 38 shows the number of dwelling houses erected in each ward since 1904.

**Table 38.**

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

Year	North Eccles- ton	South Eccles- ton	Central	North Windle	South Windle	Hard- shaw	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	—	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
1927	33	189	—	125	3	68	160	14	56	648
1928	12	116	3	237	5	2	97	13	335	820
1929	4	219	—	35	—	21	26	5	185	495
1930	24	148	1	39	—	53	41	3	54	363

A statement as to the number of houses erected with and without State assistance, together with a summary of the work of the department in regard to housing, is given in Table 39.

**Table 39.**

**Housing.**

Number of new houses erected during the year :—

(a) Total (including numbers given separately under (b)) 363

(b) With State assistance under the Housing Acts :

(i) By the Local Authority ..... 142

(ii) By private or commercial enterprise ..... 49



## 1.—Inspection of Dwelling Houses during the year :—

- |  |       |
|--|-------|
| 1. Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts   | 3,104 |
| 2. Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925 .....          | 446   |
| 3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation .....                                    | —     |
| 4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ..... | 3,070 |

## 2.—Remedy of Defects during the year without service of formal notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers ..... 1,968

## 3.—Action under Statutory Powers during the year :—

## A. Proceedings under Section 3 of the Housing Act, 1925 :—

- |   |    |
|---|----|
| 1. Number of dwelling houses in respect of which notices were served requiring repairs .....  | 14 |
| 2. Number of dwelling houses which were rendered fit after service of formal notices :—   |    |
| (a) By Owners .....   | 14 |
| (b) By Local Authority in default of owners .....   | —  |
| 3. Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ..... | —  |

4. Number of notices not served pending consideration as an improvement scheme .....	28
B. Proceedings under the Public Health Acts :—	
1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied	1,060
2. Number of dwelling houses in which defects were remedied after service of formal notices : —	
(a) By Owners .....	1,008
(b) By Local Authority in default of owners	—
C. Proceedings under Sections 11, 14 & 15 of the Housing Act, 1925 :—	
1. Number of representations made with a view to the making of Closing Orders .....	—
2. Number of dwelling houses in respect of which Closing Orders were made .....	—
3. Number of dwelling houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit .....	4
4. Number of dwelling houses in respect of which Demolition Orders were made .....	—
5. Number of dwelling houses demolished in pursuance of Demolition Orders .....	—

As shown in the above statistics, the number of houses inspected during the year under the Housing (Consolidated) Regulations, 1925, was 446 as compared with 210 during 1929.

This number would, under normal circumstances, have been considerably exceeded, but owing to a prolonged illness of a member of the staff, the Housing Inspector was compelled to assist in the general work of the Department. Also, during the last three months



of the year, a survey of all insanitary property in the borough was undertaken and during this period the Housing Inspector was almost wholly engaged on this work. In spite of these facts, however, the total number of housing defects remedied during the year was 10,193, as compared with 3,754 in 1929 and 2,831 in 1928.

The work carried out during the year has resulted in the entire re-conditioning of a considerable amount of what had been previously considered to be the worst property in the borough. Not only were ordinary housing defects remedied, but in a number of cases the standard of amenity was increased by the provision of sinks, improved water supplies, etc.

A marked feature of the work in connection with housing during the year was the number of defects remedied without the necessity for formal action being taken. This was brought about by frequent negotiations by the sanitary inspectors with the owners of the property concerned.

**General Observations as to Housing Conditions.**—The greater proportion of the dwelling-houses in the borough are constructed of brick, and with the exceptions of those in the residential parts of the town and those erected post-war, are built in rows or terraces with separate yard accommodation, though some have yards which are common to two or more houses. There are no underground dwellings, but there are approximately 120 houses of the back-to-back type.

The houses, generally, are of the four and five roomed types with a predominance of the latter. Four roomed houses generally have two bedrooms, two living-rooms and a scullery, and the five-roomed houses have three bedrooms, two living-rooms and scullery. The approximate numbers of each of these types are as follows :—

1—3 rooms .....	5,847
4—5 rooms .....	13,623
6—8 rooms .....	2,121
9 or more rooms .....	161

There does not appear to have been any particular period in the development of the town when the construction of any type of house predominated, with the exceptions that (a) the greatest number of houses built during the post-war period are the five-roomed type, and (b) all houses in the borough containing one living room and one bedroom only (including back-to-back houses) were constructed about 70 or more years ago. Taken generally, the age of houses in St. Helens may be given approximately as follows :—

Houses erected during the past 30 years .....	30%
Houses erected from 30—50 years ago .....	30%
Houses erected from 50—70 years ago .....	40%

Apart from the houses in the residential parts of the town, which generally are of a larger type than those occupied by the working classes and which are in a good state of repair, there is no marked variation in the soundness or otherwise of the several types.

The defects most commonly met with are :—

dampness arising from defective roofs, eavesgutters and pointing of external walls ; defective wall and ceiling plaster ; defective window frames and sashcords ; defective floors of living rooms and bedrooms ; defective sink wastepipes ; defective fireplaces, washboiler, doors, etc.

It has been particularly noticeable in the investigation of cases of overcrowding, that in a large number of these cases the houses were in a verminous condition, and the state of cleanliness left much to be desired. Another effect of overcrowding is that the internal state of repair often falls below the standard of other houses of the same type in the immediate vicinity.



**Sufficiency of Supply of Houses.**—In spite of the fact that a considerable number of houses has been built in recent years by the Corporation and by private or commercial enterprise, there is no doubt that a considerable shortage of houses at reasonable rents still exists. There are, at present, approximately 1,100 applicants awaiting Corporation houses, and though many of these probably are already tenants of other houses, this fact is counter-balanced by the fact that many in need of houses do not apply for Corporation houses, either owing to the high rentals or indifference, or because recent building by the Corporation has necessarily been more or less confined to one side of the town. There are considerable difficulties in St. Helens in obtaining suitable sites for the erection of new houses, mainly owing to the danger of colliery subsidence and, in a lesser degree, to the fact that much of the land in the borough is occupied by industrial works, chemical wasteheaps and sand beds.

**Overcrowding.**—It was not possible, during the year, to make a survey of the borough for this purpose, but it can be definitely stated that a very considerable amount of overcrowding still exists. Of 820 houses inspected and recorded in recent years under the Housing (Consolidated) Regulations, 1925, 148, or 18%, were found to be overcrowded. It has also been ascertained that of the 1,100 applicants for Corporation houses, approximately 32% were found to be living under overcrowded conditions.

In a considerable number of cases it has been found upon investigation that the cause of overcrowding is inability to pay the comparatively high rentals of Corporation houses, or houses which do not come within the scope of the Rents Restriction Acts. In the majority of cases the houses are occupied by more than one family.

In cases of serious overcrowding special reports are made to the Housing Committee, and this has resulted in more suitable accommodation being provided in a number of cases.

There is, however, great need in St. Helens for the erection of houses of a smaller and cheaper type than the usual three-bedroom type. These are urgently required for (a) old married couples whose children have grown up and married, and (b) for young married couples. Many cases of overcrowding are due to grand-children growing up in the grandparents' home, and others are due to a son or daughter getting married and continuing to live in the parents' home. If other accommodation could be provided for the grandparents in the one case, or the young married couple in the other, not only would some of the present overcrowding be avoided, but many happier households would result. The present three bedroom type, however, is not only too large, but too dear for these couples, and until something smaller and cheaper is provided, overcrowding from this cause is bound to occur.

**Fitness of Houses.**—No special difficulties have been experienced in regard to procedure under the Public Health Acts, or under Section 3 of the Housing Act, 1925. As stated previously, the greater proportion of the work required to be done was carried out without the necessity for formal action.

During the year a survey of all the insanitary property in the borough was undertaken and, in accordance with the provisions of the Housing Act, 1930, the Council's proposals for dealing with this property during the five next succeeding years were submitted to the Ministry. It is intended that during this period eight areas in the town will be dealt with by means of Improvement Schemes, and approximately 255 individual unfit houses (inclusive of 120 back-to-back houses) will also be dealt with. With the exception of the houses of the back-to-back type, which will probably be made into through houses, it is anticipated that the individual unfit houses will be demolished. It is also estimated that 1,500 other houses will be repaired under Part II of the Housing Act, 1930. A special report regarding these proposals is printed in the Appendix.

During the first year of the quinquennium the Council propose to deal with two of the eight Improvement Areas referred to, and eighteen individual unfit houses, involving the demolition in all of 49 houses and the re-housing of 82 families.



Two areas in the town, which would have been suitable for dealing with by means of Improvement Schemes, were reconstructed during the year upon informal representations to the owners. In one case 3 houses were demolished for opening out the area, and in the other one house was demolished for the same purpose. In each case the remaining houses were reconditioned, the yards reconstructed, and the privies converted to the fresh water carriage system.

There are approximately 120 houses in the borough which are not provided with adequate internal water supplies. In nearly every case these houses are either situate in Improvement Areas or are scheduled as individual unfit houses for action to be taken during the next five years. There are also approximately 100 houses which have supplies which are common to two or more houses, and 20 houses are provided with private supplies. In each case the water supply is external and is supplied by means of a stand-pipe in the yard.

With the exception of 120 back-to-back houses which have one closet to two houses, practically every house in the borough has separate sanitary accommodation within its own curtilage.

**Unhealthy Areas.**—There are no areas in the town suitable for treatment by means of Clearance Schemes, but, as stated previously, there are eight areas which should be dealt with by means of Improvement Schemes. No complaints have been received in regard to these areas, nor have any representations yet been made. It is anticipated that these areas will be dealt with during the next five years. The total number of houses contained in these areas is 211, of which approximately 63 will be dealt with by demolition; either by reason of unfitness or for opening the area, and the remaining 148 by action to be taken under Part II of the Housing Act, 1925.

**Byelaws Relating to Houses-Let-in-Lodgings and to Tents, Vans, Sheds, etc.**—There are only 12 premises registered as houses-let-in-lodgings, but there are others which are known to be used for the purpose but cannot be brought within the scope of the existing byelaws, owing to their rateable values and rents being above the prescribed limits.

The present condition of these premises is not satisfactory and it would appear that the provisions of the existing local byelaws, which came into force in 1894, are not sufficient for their effective supervision and control.

I would, therefore, suggest that the adoption of new byelaws should be considered which would, in addition to the provisions of the existing byelaws, provide for :

- (a) A definite standard for lighting and ventilation ;
- (b) Adequate closet accommodation ;
- (c) Accommodation for washing clothes ;
- (d) Accommodation for the proper storage of food ;
- (e) Accommodation for the preparation and the cooking of food ;
- (f) A sufficient number of sinks ;
- (g) Adequate accommodation for the storage of house refuse ;
- (h) Adequate means of natural and artificial lighting for common staircases ;
- (i) Handrails for staircases ;
- (j) Means for prevention of and safety from fire ;
- (k) Separation of sexes ;
- (l) Separate approaches to each room or tenement ;
- (m) Provision of receptacles for filth and other refuse.



Byelaws with respect to Tents, Vans, Sheds and similar structures used for human habitation, made under the Housing of the Working Classes Act, 1855, were obtained in 1926 and appear to be adequate so far as they relate to structures only used temporarily or only temporarily stationed in one situation. They are inadequate for structures used as permanent residences and it is a question whether such should not be brought within the powers of the Public Health Acts Amendment Act, 1907, as temporary buildings.

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## APPENDIX.

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### HOUSING ACT, 1930.

#### Report of the Medical Officer of Health.

Submitted to the Health Committee on the 10th December, 1930, and to the Housing Committee on the 23rd December, 1930.

Under Section 25 of the Housing Act, 1930, it is necessary for the Council to submit to the Ministry of Health, not later than the end of December, 1930, a general statement of the steps which they propose to take during the next five years for dealing with housing conditions in their area and for providing new housing accommodation. It should be remembered, however, that before carrying out any of the proposals submitted in such a statement (other than dealing with individual unfit houses) the Council must later submit detailed schemes to the Ministry. The statement now to be submitted must furnish information under the following two headings, viz. :—

- (a) Proposals for the erection of houses under the Housing Act, 1924, i.e., houses erected to meet the ordinary housing requirements of the borough.

- (b) Proposals for dealing with insanitary property under the Housing Act, 1930, and for re-housing all persons displaced as a result of Clearance or Improvement Schemes, or action taken under Section 19 of that Act in regard to individual unfit houses.

**Housing Act, 1924.**—Considering first, the proposals for the erection of houses under the Housing Act, 1924, the following statement shows the number of houses for the working classes erected in St. Helens during the last five years :—

Year	Erected with State Assistance under the Housing Acts.		Erected without State Assistance by private enterprise	Total
	By the Local Authority	By private enterprise		
1925	74	145	20	239
6	178	235	30	443
7	368	260	10	638
8	606	150	50	806
9	340	95	40	475
Total	1566	885	150	2601
Average	313	177	30	520

From this statement it will be seen that the average number of houses erected by the Council each year has been 313. It is not expected, however, that the Council, during the next five years, will build at the same rate. In May of the current year, the list of applications for Council houses was entirely revised and, as it at present stands, there are 974 applicants on the books. From these there has to be deducted :—

- (a) Applicants who will be provided for under the Act of 1930 ;
- (b) Applicants who are already tenants of cottages which are not overcrowded ; and
- (c) Applicants in lodgings (mainly man and wife only) where overcrowding does not exist.



Deducting (a) ; (b) ; and (c) from the total list it is found that there are 754 applicants for whom accommodation should be found. In addition to these, it is considered that there are many families whose names are not at present on the revised list of applications, but for whom accommodation should be found. After reviewing all these circumstances the Council consider that they should provide, during the next five years, 800 houses.

From the statement it will also be noted that the average number of houses built by private enterprise during the preceding five years was 207. This number, however, is unduly inflated by the figures for the years 1926 and 1927, when many of the houses were built by employers of labour in the borough for their employees. It is not expected that the same number will be built by private enterprise during the next five years and it is considered that by private enterprise during this period, (a) 200 houses will be erected with subsidy under the Act of 1924, and (b) 300 will be erected otherwise.

**Housing Act, 1930.**—In regard to action to be taken under the Housing Act, 1930, under that Act, power is given to Local Authorities to deal with insanitary property in their areas in one or other of the following ways :—

- (1) **A Clearance Scheme :** (Sections 1 to 6). The total demolition of all houses in a clearly defined area and either using the ground for building purposes or leaving the area as an open space.
- (2) **An Improvement Scheme :** (Sections 7 and 8). In this case, also, the area has to be clearly defined, but it is not necessary to demolish all the houses in the area. Houses which are unfit for human habitation or which should be demolished for opening out the area, must be demolished, and other houses which can be made reasonably fit must be repaired under Section 17 of the Housing Act, 1930, (i.e., notice is served upon the owner to

carry out the necessary repairs and on failure to do such work, the Corporation may themselves do the work and recover the cost), or under Section 19 of that Act.

- (3) **Individual Unfit Houses :** (Section 19). Apart from a Clearance Scheme or an Improvement Scheme as shown above, it is also necessary to submit to the Ministry the Council's programme for dealing with individual unfit houses in the borough. These have to be dealt with under Section 19 of the Housing Act, 1930, i.e., the owner is asked to state what he is prepared to do to put the house in a reasonable state of repair, and, if the Council are not satisfied with the owner's proposals, they shall make a Demolition Order.

Dealing now with the requirements of St. Helens under the Housing Act, 1930, the sanitary staff, during the last few months, have made a housing survey of the borough. As a result of such survey it would appear that there is no area which can be dealt with by a Clearance Scheme. In this connection, it may be pointed out that before the Ministry would sanction a Clearance Scheme they must be satisfied "that the dwelling-houses in that area are, by reason of disrepair or sanitary defects, unfit for human habitation, or are by reason of their bad arrangement, or the narrowness or bad arrangement of the streets, dangerous or injurious to the health of the inhabitants of the area, and that the other buildings, if any, in the area, are for a like reason dangerous or injurious to the health of the said inhabitants", (Section 1(1)(i)). Further, the Ministry must be satisfied "that the most satisfactory method of dealing with the conditions in the area, is the demolition of all the buildings in the area". (Section 2(2)(ii)).



I would recommend, therefore, that conditions in St. Helens be dealt with partly by means of Improvement Schemes under Sections 7 and 8 of the Act, and partly by dealing with individual unfit houses under Section 19 of the Act. I will now discuss these in detail.

**Improvement Schemes.**—Where the housing conditions can be effectively remedied without the demolition of all the buildings in the area, such area may be dealt with by means of an improvement scheme. As already stated, this means the demolition of certain houses and the repair of others as the circumstances may require. The scheme must also deal with overcrowding in the area and byelaws must be made for the future regulation of the area. The Council may also purchase any land in the area which is necessary for the opening-out of the area.

There would appear to be eight such areas in St. Helens in which the housing conditions can be best dealt with by means of improvement schemes. These are as follows :—

- (1) **Greenbank Area.** This area is bounded by Nos. 71 and 73 Liverpool Road ; Short Street ; Sandfield Crescent, Anne Street ; Liverpool Street ; Bold Street and Copperas Street to Bath Street to Liverpool Street.

It is suggested that in this area ten occupied houses be demolished, namely, Nos. 1, 2, 3, 4, and 5 Back Bath Street ; No. 41 Liverpool Street ; and Nos. 1, 2, 3, and 4, Court No. 1., Liverpool Road.

There should also be demolished in this area fifteen houses already closed and unoccupied in Short Street ; Nos. 9 to 13 Sandfield Crescent (unoccupied) ; 2 Anne Street (unoccupied) ; 6 and 8 Liverpool Street (at present used as stores) ; a disused and obstructive building adjoining No. 8 Bath Street ; the brick building in the rear of 36

Bold Street ; a piggery and disused slaughterhouse on land adjoining Bath Street ; a garage in Bath Street and a garage in the rear of the Liverpool Inn.

The remainder of the houses in this area could be repaired under Section 17 of the Act.

- (2) **Liverpool Road, Mill Place and Canal Street area.** This area would include Nos. 17 to 25 Liverpool Road ; Nos. 3 to 9 Mill Place, and No. 6 Canal Street.

It is suggested that Nos. 3 to 9 Mill Place be demolished and that the remainder of the houses be repaired.

- (3) **Russell Street area.** This area includes Nos. 17 to 51 Russell Street ; Nos. 1 to 5 and Nos. 10 to 16 Peter Street ; Nos. 2, 3, 7, 8, 9, 10, and 11, Court No. 1, Russell Street ; Nos. 3 and 4, Court No. 2, Russell Street ; Nos. 1 and 2, Court No. 3, Russell Street ; and Nos. 72 to 78 Liverpool Road.

It is suggested that the houses in the Courts Nos. 1, 2, and 3, at the rear of Russell Street ; Nos. 1 to 5 Peter Street ; Nos. 47 to 51 Russell Street ; and the buildings in the rear of Nos. 21 and 23 Russell Street be demolished.

The remainder could be repaired under Section 17 of the Act and would include the conversion of Nos. 27, 29, 43 and 45 Russell Street into through houses.

- (4) **Waterloo Street and Cross Street area.** This area includes Nos. 17 to 29 Waterloo Street ; Nos. 3 to 13 Cross Street ; Nos. 1 and 2, Court No. 1, at the rear of Waterloo Street ; and an obstructive building adjoining No. 29 Waterloo Street.



It is suggested that Nos. 1 and 2, Court No. 1, Waterloo Street, and No. 13 Cross Street be demolished, and the remainder be repaired.

**(5) Milk Street, New Cross Street, and Brook Street area.**

This area includes Nos. 6 to 26 Milk Street ; Nos. 9 to 25 Brook Street ; Nos. 2 to 8 New Cross Street, and Nos. 9, 11, 13, 32 and 34 Milk Street.

It is suggested that Nos. 11, 13, 32 and 34 Milk Street ; No. 8 New Cross Street ; and the obstructive buildings at the rear of Nos. 8 to 26 Milk Street should be demolished, and the remainder be repaired.

**(6) College Street and Crab Street area.** This area includes Nos. 59 to 83 College Street ; Nos. 5 to 15, Nos. 37 to 41, Crab Street ; Nos. 1 and 2, Court No. 1, Crab Street ; Nos. 15 and 16, and Nos. 39 and 41, Back Crab Street ; Nos. 1, 3, 6, 7, 8, 9, 10 and 11 Court No. 2, Crab Street ; Nos. 1 and 2, Court No. 3, Crab Street ; Nos. 3 and 4, Court No. 5, Crab Street ; and No. 61 Back College Street.

It is suggested that No. 61 Back College Street ; No. 83 College Street ; Nos. 5 to 15 Crab Street ; Nos. 15 to 16 Back Crab Street ; Nos. 1 and 2, Court No. 1, Crab Street ; Nos. 1 and 3, Court No. 2, Crab Street ; Nos. 3 and 4, Court No. 5, Crab Street, be demolished.

The remainder of the houses should be repaired, and would include the conversion into through houses of Nos. 39 and 41 Crab Street, and Nos. 1 and 2, Court No. 3., Crab Street.

**(7) Carter Street, Clarence Street, and Arnold Street area.**

This area includes Nos. 3 to 9 Clarence Street ; Nos. 31 to 35 Carter Street ; and Nos. 2 to 8 Arnold Street.

It is suggested that No. 33 Carter Street be demolished and the remainder of the houses be repaired.

- (8) **Sherdley Road and Marshalls Cross Road area.** This area includes Nos. 1 to 5 Sherdley Road ; Nos. 2 to 24 Marshalls Cross Road ; and Nos. 1 to 11 Churtons Row. It is suggested that Nos. 1 to 5 Sherdley Road be demolished and the remainder be repaired, including the conversion of No. 10 Marshalls Cross Road into a through house.

Summarised, the effect of these improvement schemes would be as follows :

1.—Estimated number of occupied houses for demolition :

(a) for opening the area .....	42	
(b) as unfit houses .....	19	
	—	61

2.—Total estimated number of houses for repair 148

3.—Estimated number of occupants to be displaced:

(a) in houses for demolition .....	284	
(b) as a result of abatement of overcrowding	327	
(c) as a result of back-to-back houses being made into through houses .....	32	
	—	643

4.—Estimated number of new houses required for re-housing displaced persons in Improvement Areas :

2 bedrooms .....	50	
3 bedrooms .....	40	
4 bedrooms .....	35	
	—	125



**Individual Unfit Houses.**—Apart from dealing with areas, there are in the borough approximately 255 individual unfit houses which should be dealt with under Section 19 of the Act. These include 120 back-to-back houses which should be converted into through houses. They also include 135 individual unfit houses (other than back-to-back houses), which are at present unfit for human habitation and which cannot be made fit at a reasonable cost ; these houses should be demolished.

In dealing with individual unfit houses it should be remembered, however, that the owner must have an opportunity of stating to the Council his proposals for rendering the house fit for human habitation, and it is only where no proposal is made, or a proposal is not acceptable to the Council, that a demolition order can be made. It is considered that in the 135 houses recommended above for demolition, the condition of the premises is such that the owners are not likely to put forward satisfactory proposals owing to the heavy cost of repairs.

The following is a summary of the effect of dealing with these individual unfit houses :

1.—Estimated total number of occupied back-to-back houses to be demolished .....	60	
Estimated total number of occupied individual unfit houses other than back-to-back houses to be demolished .....	135	
	<hr/>	195
2.—Estimated total number of persons to be displaced:		
(a) in back-to-back houses .....	507	
(b) in individual unfit houses other than back-to-back houses .....	676	
	<hr/>	1183

3.—Estimated number of new houses required for re-housing displaced persons from individual unfit houses and back-to-back houses :

(a) 2 bedrooms .....	168	
(b) 3 bedrooms .....	57	
(c) 4 bedrooms .....	49	
		— 274

**Summary.**—The following is a summary of the work required, the persons and families to be displaced, and the number of houses required for re-housing, should action be taken in accordance with the foregoing suggestions, and I would suggest that the Housing Committee be asked to provide the houses required.

1.—Estimated total number of occupied houses for demolition .....	256	
2.—Total estimated number of houses for repair in Improvement Areas .....	148	
3.—Estimated total number of persons to be displaced :		
(a) from houses to be demolished .....	1499	
(b) to abate overcrowding in improvement areas .....	327	
		— 1826
4.—Estimated total number of houses to be allocated for re-housing persons displaced :		
(a) 2 bedrooms .....	218	
(b) 3 bedrooms .....	97	
(c) 4 bedrooms .....	84	
		— 399

In addition to the above it is estimated that the number of houses to be repaired during the next five years under Part II of the Housing Act, 1930, will be 1,500.

The following is the quinquennial statement set out in the specified form as required by the Ministry of Health :



# HOUSING ACT, 1930 (SECTION 25 (2)).

## QUINQUENNIAL STATEMENT.

Name of Local Authority .....	St. Helens
Population (estimated figure for middle of 1929) .....	109,200
Number of inhabited houses (according to rate books) .....	21,537
A.—Estimated production of houses by the local authority during the next five years .....	1,199
B.—Estimated production of new houses of working class type by private enterprise during the next five years:	
(i) with subsidy under the Act of 1924 .....	200
(ii) under arrangements made under Section 29 of the Act of 1930 .....	—
(iii) otherwise .....	300
	<hr/>
Total .....	1,699
	<hr/>
C.—Estimated number of new houses to be allocated by the local authority during the next five years to the purposes of the Housing Act, 1930, (i.e., the pur- poses mentioned in E and F). .....	399
D.—Estimated number of new houses to be allocated by the local authority during the next five years to the purposes of the Act of 1924 (i.e., new housing) ...	800
	<hr/>
Total .....	1,199
	<hr/>

E.—Estimated number of houses to be demolished during the next five years :

(i) in clearance areas.....	—
(ii) in improvement areas—	
(a) for opening the area .....	42
(b) as unfit houses .....	19
(iii) individual houses outside clearance and improvement areas .....	195
Total .....	256

F.—Estimated number of persons to be displaced during the next five years :

(i) by any of the processes mentioned in E .....	1,499
(ii) to abate overcrowding in improvement areas .....	327
Total .....	1,826

G.—Estimated number of houses to be repaired under Part II of the Housing Act, 1930, during the next five years .....

1,500

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### Report of the Medical Officer of Health regarding Birth Control.

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(Submitted to the Health and Maternity and Child Welfare Committee on the 21st April, 1931).

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In accordance with instructions of the last meeting of this Committee, I have now sent to all members a copy of the Circular of the National Birth Control Council on this subject, together with the Ministry of Health's Memorandum detailing the conditions under



which advice may be given. In the latter memorandum (which is the official Ministry of Health ruling upon the conditions under which advice regarding birth control may be given by officials of a Local Authority) three points are made clear :—

- (1) Local Authorities have no general power to establish Birth Control Clinics as such, i.e., Clinics opened specially for the purpose of giving advice on birth control and available to anyone who cares to attend.
- (2) Advice regarding birth control must not be given at ordinary sessions at Maternity and Child Welfare Centres (including Ante-Natal Centres).
- (3) Advice regarding birth control must only be given "to cases where pregnancy (or further pregnancy) would be detrimental to health".

It would appear clear, therefore, that the Ministry's view is that the giving of advice regarding birth control must, so far as Local Authorities are concerned, be looked upon strictly as a medical matter, and I am strongly in support of this view.

The advice should only be offered when considered necessary as part of the treatment of a case, in the same way that an operation may be advised—and, as in the case of an operation, the advice may be refused by the patient. Based on these lines I see no objection to it, but it is for the Committee to say whether or not such advice be given.

In the Memorandum already referred to, the Ministry point out that Local Authorities have power under the Public Health Acts to provide clinics at which medical advice and treatment would be available for women suffering from gynaecological conditions, i.e., diseases peculiar to women and associated with child-bearing. In any maternity and child welfare scheme, such a clinic should form an important part. With Ante-Natal Clinics, provision of Maternity Hospitals, etc., much is now being done to reduce maternal mortality, i.e., the deaths arising from or in connection with child bearing. In St. Helens, however, we have no definite scheme for

the reduction of maternal morbidity, i.e., the injury to or the disease of child bearing parts which may arise from pregnancy. Though no figures are available regarding maternal morbidity, it is generally recognized that the number of women who suffer injury or ill health following pregnancy or confinement is very large, and I would suggest, therefore, that a special clinic (with specialist advice when necessary) be provided for these women at an early date.

In the conduct of such clinics, however, the Ministry lay down (1) that the clinics be available only for women who are in need of medical advice and treatment for gynaecological conditions and (2) that advice in birth control will only be given to married women who attend such clinics for medical advice or treatment, and in whose cases pregnancy would be detrimental to health, i.e., advice on birth control shall only be given as part of the treatment of a patient when such advice is essential for health reasons.

I would suggest, therefore, that if the Committee decide to provide a gynaecological or post-natal clinic, permission be granted for the giving of advice on birth control on the lines I have outlined.

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Following consideration of this report, the Council passed the following resolution:—

**Birth Control.**—"Resolved that the Ministry of Health be asked to approve the establishment of a Gynaecological Clinic for the treatment of women suffering from gynaecological conditions, and that where necessary on medical grounds the medical officer conducting such clinic be permitted to give to married women who attend such clinic for medical advice or treatment, advice on contraceptive methods in cases where pregnancy would be seriously detrimental to health."

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## **SCHEME TO PROMOTE THE WELFARE OF BLIND PERSONS,**

made under the provisions of the Blind Persons Act, 1920, Section 2, by the Council of the County Borough of St. Helens, at a meeting of the said Council held on the sixth day of May, 1931.

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### **A R E A.**

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The area to which this Scheme relates is the County Borough of St. Helens.

## **PROVISIONS PROPOSED.**

The Council propose that the necessary provision shall be made as follows :—

In regard to—

### **(1) Children under School Age.**

By periodical visitation of children under School age by the health visitors of the Council and if and when necessary provision in a Babies' Home (such as the Sunshine Homes) or if between the ages of 2 and 5 years in a Nursery School recognized by the Board of Education for the reception of such children, or elsewhere as may be determined by the Council.

### **(2) Education and Training of Children, Young Persons and Adults.**

By the due exercise by the Council as the Local Education Authority of their powers and duties in that behalf under the Acts and Regulations in force for the time being, involving :—

- (a) Continuance of the present system of Elementary Education in certified Schools for the Blind or elsewhere under the Regulations of the Board of Education.

- (b) Provisions of technical training in suitable trades or handicrafts (having due regard for employment facilities available in St. Helens) for blind persons from 16 to 21 years of age who will normally be transferred from elementary schools at the age of 16 years and for other persons who become blind after the age of 16 years.
- (c) Provision of special training in suitable professions, for blind persons above 16 years of age who possess special aptitudes for such provision.
- (d) Provision, on behalf of those referred to in (a), (b), and (c) above, for the proper maintenance during the period of training by payment of recognized fees at approved institutions, by provision of hostel or other suitable accommodation, or in any other manner as may be determined by the Council.

In regard to—

### **(3) Employment, Home-Workers, Hostels.**

The Council propose to make arrangements with the St. Helens and District Society for the Welfare of the Blind for the provision of these services, such provision to include—

- (a) The provision of suitable and suitably equipped Workshops and the employment therein, under adequate supervision and at Trade Union or other customary Standard Rates of Wages, of suitable blind persons approved by the Council.
- (b) The provision of employment for suitable blind persons who, for sufficient reasons are unable to be employed at the Workshops, in a Home-Workers' Scheme approved by the Council, or elsewhere if considered desirable.
- (c) The payment of augmentation of wages to such blind persons employed under (a) and (b) above and at such rates as may be mutually agreed upon between the Council and the Society.



- (d) The grant of further monetary assistance in cases where wages and augmentation proves to be insufficient for the proper and reasonable maintenance.
- (e) Provision of Hostel or other suitable accommodation for those employed in approved workshops or elsewhere who for some satisfactory reason require such provision.

In regard to—

**(4) Home-Teaching, Homes, Necessitous Blind Living in Their Own Homes.**

(i) The Council propose to make arrangements with the St. Helens and District Society for the Welfare of the Blind for the provision of those services as hereinafter set forth :—

- (a) The provision of suitable Home-Teacher Visitors (at least one male and one female) approved by the Council, for the teaching of Braille and Moon Types and simple handicrafts to suitable persons in their own homes and for welfare work amongst the Blind generally.
- (b) In conjunction with the Public Assistance Committee to consider the cases of unemployable or other destitute blind persons who are in need of institutional or other non-domiciliary assistance and to render such assistance as may be desirable in each case, either by payment of recognized fees at approved Homes for the Blind, by boarding out, or otherwise.
- (c) To provide under the provisions of the Scheme of Assistance contained in the Schedule hereto such domiciliary assistance as may be necessary to any blind persons, who, in accordance with the declaration made with regard to the domiciliary assistance of blind persons in the Council's Administrative Scheme under Part I of the Local Government Act, 1929, must be dealt with under the Blind Persons Act, 1920.

(ii) The Council may provide and/or maintain Homes for the care and maintenance of Adult Blind Persons who owing to age or infirmity are incapable of work and are in need of accommo-

dation which cannot be provided otherwise than in an Institution.

In regard to—

**(5) Registration.**

The Register of Blind Persons shall be provided and maintained by the St. Helens and District Society for the Welfare of the Blind, on behalf of the Council, and the Council's Medical Officer of Health shall certify all persons for inclusion therein. No person's name shall be entered on the Register until he or she has been examined and certified to be Blind within the meaning of the Blind Persons Act, 1920, by a medical practitioner with special experience in ophthalmology.

In regard to—

**(6) General Social Welfare.**

The Council will promote or arrange for the promotion of the general social welfare of the blind by the provision of embossed literature, social and handicraft centres, pastime occupations, concerts, lectures and other similar means.

In regard to—

**(7) Miscellaneous.**

The Council shall do such other lawful things as are incidental or conducive to the attainment of the provisions of the Blind Persons Act, 1920.

**GENERAL.**

This Scheme shall be deemed to be operative as from the first day of April, 1930, and is, with the approval of the Ministry of Health, subject to revision and amendment found necessary from experience of actual working.

The arrangements as between the Council and the St. Helens and District Society for the Welfare of the Blind are further subject to the former having adequate representation on the Committee of Management of the latter.



NOTE.—Provision will be made by the Council, as Local Education Authority in respect of the matters indicated in paragraph 2. These provisions are or will form part of the Council's scheme under the Education Act, 1918, and are only printed in this scheme for the purpose of information.

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## SCHEDULE.

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### **Scheme for the Provision of Domiciliary Assistance to Necessitous Blind Persons.**

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Pursuant to the Declaration made in Section 2(1) of the Council's Scheme of Administrative Arrangements under Part I of the Local Government Act, 1929, that all domiciliary assistance to Blind persons shall be provided exclusively by virtue of the Blind Persons Act, 1920, and not by way of Poor Relief, the St. Helens Town Council approved the following arrangements for giving effect thereto, at a meeting held on the sixth day of May, 1931.

#### **Domiciliary Assistance to Unemployable Blind Persons.**

1. Necessitous Unemployable Blind Persons ordinarily resident in the County Borough of St. Helens, Lancashire, who have attained the age of 18 years shall be granted such financial assistance as may be necessary, after taking into account the existing means of the Blind Person and the value of his/her "Home Circumstances" to ensure that each will have a minimum income of 20/- per week, or such other sum as may from time to time be authorised by the Council.

2. In the case of a man and wife, both blind, and who are both unemployable and reside in the same house, such financial assistance shall be granted as may be necessary to ensure that they will have a joint income (as in Section 1 above) of at least 30/- per week.

#### **Domiciliary Assistance to Blind Persons under 18 years of age.**

3. The amount of domiciliary assistance to be given to Blind Persons under the age of 18 years shall be determined on the merits of each individual case.

In considering the circumstances of all cases assisted under this scheme, regard shall be had to the desirability of securing that all suitable Blind Persons shall receive appropriate education and/or training at the charge of the Council as the Local Education Authority.

#### **Domiciliary Assistance to Other Blind Persons.**

4. The amount of domiciliary assistance to be given to unemployed, partly employed, or wholly employed Blind Persons, who are unable completely to maintain themselves, or to other necessitous Blind Persons not coming within the definition of an "Unemployable Blind Person" shall be determined on the merits of each individual case, but, in considering the circumstances of each case regard shall be had to the necessity of encouraging recipients to follow some regular employment.

#### **Definitions.**

5 (a) For the purpose of this Scheme, a definition "Blind Person" shall be that contained in Section 1 of the Blind Persons Act, 1920, i.e., the person must be "so blind as to be unable to perform any work for which eyesight is essential". Applications for domiciliary assistance under this Scheme must be accompanied by evidence of age, and by medical certificates giving (I) the degree of visual acuity in each eye of the applicant, (II) the nature and



extent of the visual defects present, and (III) a definite opinion, formed after due consideration of all the visual conditions, that the person is too blind to perform any work for which eye-sight is essential. Arrangements to be made for the reference to an Ophthalmic Surgeon of any case at the discretion of the Council's Medical Officer of Health, the cost being met by the Council.

(b) For the purpose of this Scheme an "unemployable blind person" is a person of the age of 18 years and upwards who, in the opinion of the Council, is not employed and is incapable of employment in an economic sense, or is not under training, or capable of being trained.

#### **Calculation of Existing Means.**

6. The method of calculating the value of existing means to be followed in connection with this Scheme shall generally be that adopted in the award of pensions under the Old Age Pensions Acts.

#### **Periodical Review of Cases.**

7. All cases assisted under this Scheme shall be subjected to a detailed review at regular intervals of not exceeding six months.

#### **Administration of the Scheme.**

8. The St. Helens and District Society for the Welfare of the Blind shall be responsible on behalf and subject to the general direction and control of the Council for the administration of the Scheme for the provision of domiciliary assistance to necessitous Blind Persons ordinarily resident in the County Borough of St. Helens, Lancashire, subject to the following conditions :—

- (a) The Committee of the St. Helens and District Society for the Welfare of the Blind shall include not less than five members appointed by the Council who shall be members of the Blind Persons Act Sub-Committee or

such other Committee as shall for the time being be charged with the administration of the Blind Persons Act, 1920.

- (b) The assessment of the amount of domiciliary assistance to be awarded in each case shall be made in the first place by the Assistance Committee of the St. Helens and District Society for the Welfare of the Blind. The investigation of cases prior to the assessment of assistance by the Committee shall be carried out by Home Teachers or otherwise, but not by Relieving Officers.
- (c) The Council shall be consulted on all matters of principle relating to the administration of the Scheme, and shall receive from the St. Helens and District Society for the Welfare of the Blind periodical reports on the work conducted thereunder.
- (d) The Accounts of the St. Helens and District Society for the Welfare of the Blind shall be kept in a form approved by the Council and shall be submitted to the Council duly audited by an accountant approved by the Council at the end of each financial year ; the accounts of the Society and of any of its Officers shall be open for inspection by the Council's audit staff at any time during the financial year.
- (e) The grants made shall be paid through the Society at weekly or fortnightly intervals either through the Post, by the Society's Staff, or by Honorary Almoners approved by the Society, at the homes of the recipients, or at the Office of the Society.
- (f) The Society shall obtain some form of receipt or witnessed statement for payments made under this Scheme.
- (g) The Society shall make arrangements, satisfactory to the Council for providing emergency relief in cases of distress.



- (h) The Society shall furnish to the Public Assistance Committee of the Council, for entry in its register and index, particulars of public assistance given in each case, and other necessary information.

**Commencement of Scheme.**

The Scheme shall be deemed to have come into operation on the first day of April, 1930.

This Scheme, including the method of its administration, shall be subject to review by the Council after it has been in operation for one year.

PASSED under the Common Seal of the  
Mayor, Aldermen and Burgesses of the  
Borough of St. Helens, this eighteenth  
day of June, 1931, in the presence of

ARTHUR RUDD,

Mayor.



L.S.