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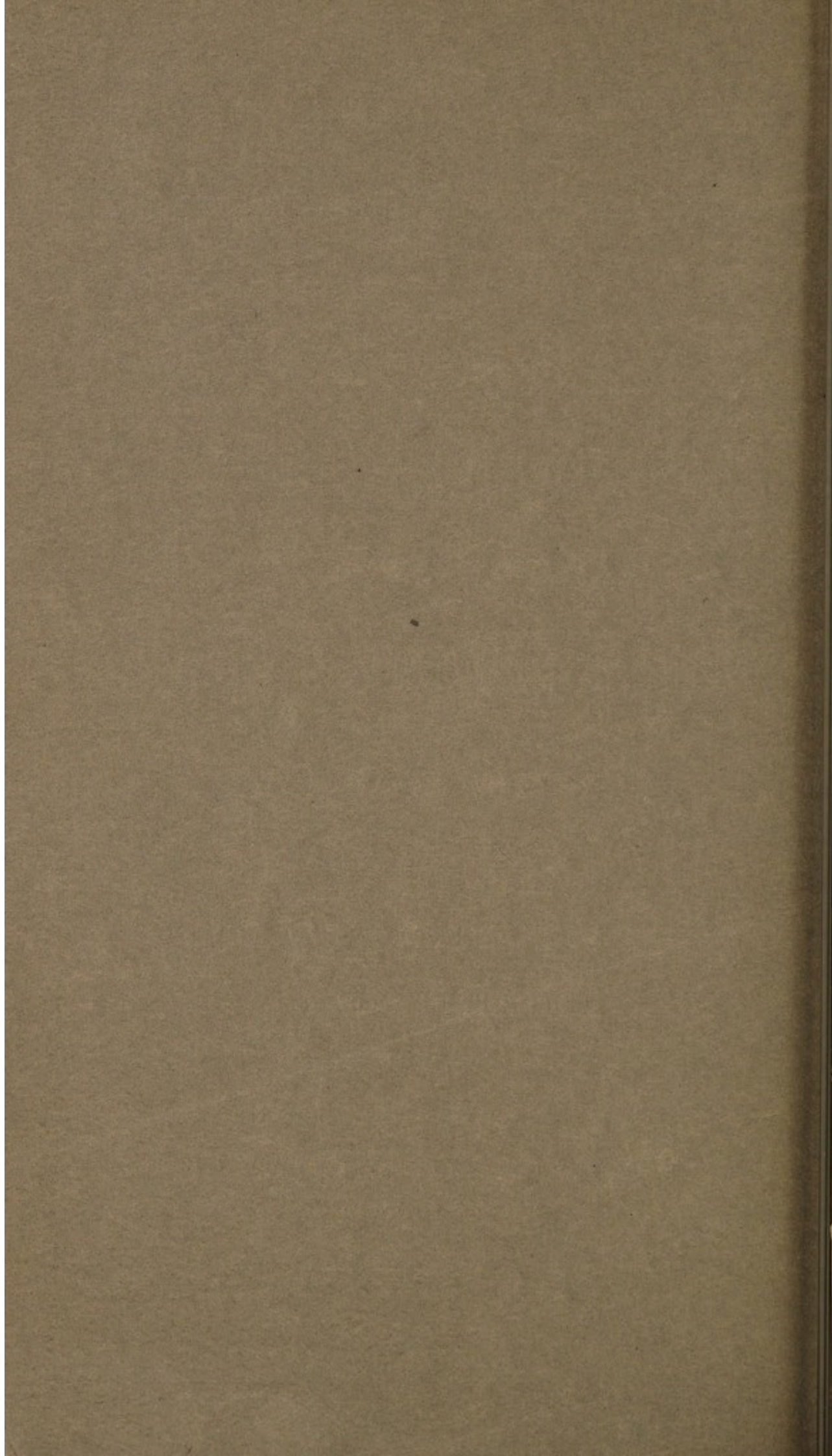
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COUNTY BOROUGH OF ST. HELENS.



Annual Report
OF THE
Medical Officer of Health
FOR THE YEAR 1937.

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

St. Helens:

WOOD, WESTWORTH & CO., LIMITED, PRINTERS AND STATIONERS,
HARDSHAW STREET.

1938.

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Health Committee.

Chairman :

ALDERMAN T. HAMBLETT, J.P.

Deputy-Chairman :

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

THE RIGHT WORSHIPFUL THE MAYOR,
(Alderman E. Burrows, J.P.).

ALDERMAN W. BURROWS, J.P.

„ J. THACKRAY, J.P.

COUNCILLOR N. BIRCH, J.P.

„ R. ELLISON, J.P.

„ E. HOUGHTON, J.P.

„ F. A. LITHERLAND, J.P.

„ ELLEN McCORMACK.

„ M. McFARLANE, J.P.

„ R. RENNIE.

„ M. A. SHARD.

„ J. WATSON.

„ T. WOODS, J.P.

Maternity and Child Welfare Committee.

Chairman :

ALDERMAN T. HAMBLETT, J.P.

Deputy Chairman :

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

THE HEALTH COMMITTEE,
and the following co-opted members :—

MRS. H. B. BATES, AND

MRS. B. MCGHIE.

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

Mr. Mayor, Ladies and Gentlemen,

I have the honour to submit for your consideration the Annual Report on the Health Services for the year 1937.

Despite a slight increase in the birth rate from 18.3 per 1,000 of the population in 1936 to 18.6 per 1,000 in 1937, and an excess of 693 births over deaths during the year, the Registrar General still estimates the population to be decreasing, his mid-year estimate for 1937 being 107,400. This estimate shows a loss of 600 in the borough population during the preceding 12 months. As pointed out in previous Reports this decrease in population of St. Helens is, in great measure, due to the increasing number of families who go to live in areas just outside the borough boundary, though retaining their occupations in the borough. This loss to the borough is bound to continue in proportion to the development of these areas, and is a matter of serious consideration for the town.

The general death rate for 1937, adjusted to correspond with the age and sex distribution of England and Wales as a whole, was the same as for the previous year, namely, 14.9 per 1,000 of the population and was the second lowest among the 17 county boroughs in Lancashire. There was unfortunately, however, an increase in both the infant mortality rate and the maternal mortality rate as compared with the previous year. The infant mortality rate for 1937 was 88 per 1,000 live births as compared with a rate of 56 for 1936. It has to be remembered, however, that the rate for 1936 was not only the lowest ever recorded for the borough, but was even lower than that for England and Wales as a whole—a rather remarkable fact for an industrial town. The maternal mortality per 1,000 live and still-births was 7.14 as compared with a figure of 4.84 for the previous year. These increases are discussed in the Maternity and Child Welfare portion of the Report.

In regard to infectious diseases during 1937, though there was no epidemic of any particular disease, there was still a high persistent occurrence of cases of scarlet fever and diphtheria. This persistence has been noted in respect of scarlet fever during the last 3 years, and in respect of diphtheria during the last 2 years. In both cases, however, the type of the disease during 1937 was mild, and there were fewer deaths than in the previous year.

With the opening of the new cubicle block at the Isolation Hospital, greatly increased facilities have been provided for the better isolation of the very varied types of infectious diseases now admitted. From the administrative point of view the block has been found invaluable.

The two chief expansions of the work during the year affected, mainly, the Maternity and Child Welfare Service. The Council's Domiciliary Midwifery Service was commenced on the 30th July, and it is hoped that with this Service of fully qualified midwives, working under better supervision than has been possible in the past, the standard of maternal care in the home will attain a yet higher level of efficiency. The other expansion was the inauguration of separate toddlers' clinics for the purpose of giving more care and attention to the pre-school child.

The work in the Sanitary Department was again very heavy during the year. Not only was there continued activity in slum clearance, but ever increasing legislation is constantly throwing additional duties on this Department, and the question of still further increasing the staff will have to be considered in the near future.

I take this opportunity of thanking members of the Council for their kindness and consideration shown me in the conduct of my work, and I have to record my hearty appreciation of the loyal and willing service given by every member of my staff.

I have the honour to be,

Your obedient Servant,

FRANK HAUXWELL.

GENERAL STATISTICS.

Area (Acres)	7,950
Estimated Population mid-year 1937	107,400
Number of inhabited houses (end of 1937) according to Rate Books	26,250
Rateable Value	£463,056
Product of a penny rate	£1,770

The Net Cost on the Rates of the various Health Services in St. Helens during the year ended the 31st March, 1938, as compared with the previous year is given below.

	Pence per £	
	1936-37	1937-38
Isolation Hospital	5.667	6.569
Tuberculosis	6.849	6.743
Maternity and Child Welfare	9.318	10.253
Venereal Diseases .....	.396	.364
Vaccination .....	.316	.497
Food and Drugs Acts .....	.276	.752
Slaughterhouse and Cold Stores .....	.231	.415
Contagious Diseases of Animals .....	.042	.033
General Sanitary and Administrative Charges	6.478	5.932
Main Drainage	1.125	1.253
Sewage Disposal	3.397	3.979
Building Inspection and Drain Testing .....	.094	.638
Sanitary Improvement .....	.118	.118
Public Conveniences .....	.505	.559
*Collection and Disposal of Refuse	17.108	17.595
*Blind Persons	4.243	4.512
Total Net Cost of Health Services	56.163	60.212

*Under the control of the Cleansing Committee and the Blind Persons Act Committee respectively.

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 :

Gerald O'Brien, M.B., Ch.B., D.P.H. (St. Andrew's).

Assistant Medical Officers of Health :

Harold C. Calvey, M.B., Ch.B. (Liverpool), D.P.H. (Manchester).

Enid M. Hughes, M.B., Ch.B. (Liverpool).

Ian M. McLachlan, L.R.C.P.I. and L.M., L.R.C.S.I. and
L.M., D.P.H.

Muriel M. Osborn, M.R.C.S., L.R.C.P. (from September,
1937).

Dental Surgeons :

Ronald G. Clague, L.D.S. (Resigned October, 1937).

Arthur N. Leicester, B.D.S.

Mary G. Chisnall, L.D.S.

Sanitary Inspectors, etc. :

✓ Ernest Sefton (1), (3), (6), (7), Chief Sanitary Inspector.

✓ W. H. Ball (2), (3), (8), Deputy Chief Sanitary Inspector.

✓ H. Lowe (2), (4) Sanitary Inspector.

✓ W. A. Young (2), (3), (8) do.

*~~R. E. Smalley (3), (5), (8) do.~~

*~~J. S. Haworth (3), (8) do.~~

✓ J. G. Clements (2), (8) do.

✓ A. H. Jenkins (1), (3) do.

*~~W. Woodward (3), (8) do.~~

*~~T. W. Robertshaw (3), (8) do.~~

*~~E. Preston (3), (4), (8) do.~~

*T. Blashill (1), (3), Superintendent of Public Abattoir.

S.R. Daly (2), (3), (4), (8)

G.A. Evans (2), (3)

do.

do.

Matrons of Corporation Hospitals :

Edith Carder, Borough Isolation Hospital and Eccleston Hall Sanatorium.

Eva May Peters, St. Helens Maternity and Child Welfare Hospital.

Health Visitors and School Nurses :

Superintendent :—Eleanor J. Moorehead (9), (10), (13).

Ethel Denman	(1), (12), (13)	Nellie Richardson	(10), (13)
Mary Riding	(10), (13)	Leah Rogers	(9), (10), (13)
Emily Corrish	(10), (13)	Louisa Peace	(10), (13)
Nora Hogan	(10), (13)	Edith Jones	(9), (10), (13)
Mary Corrish	(10), (11), (13)	Caroline Good	(10), (13)
Alice Happold	(10), (12), (13)	Annie May Jenkins	(9), (10), (13)
Edith Curran	(10), (13)	Hilda Robson	(9), (10), (13)
Doris Parkinson	(9), (10), (13)	Lilian Evans	(9), (10), (13)
*Amanda S. Hume	(9), (10), (13)		

Orthopaedic Nurse :

*Isabelle Marvin Corke (14)

Winifred M. Russell (14)

Tuberculosis Nurse :

*Grace Sumner (10)

Sarah A. T. Prescott (10), (13)

Clerk Dispenser and Venereal Diseases Attendant :

Jas. McP. Hutton.

Venereal Diseases Nurse :

Florence Wilkinson (10)

*Resigned during the year.

- (1) Sanitary Inspector's Certificate of the Royal Sanitary Institute.
- (2) Sanitary Inspector's Certificate of the Liverpool University.
- (3) Certificate for Meat Inspection of the Royal Sanitary Institute.
- (4) Certificate for Meat Inspection of the Liverpool University.
- (5) Certificate for Sanitary Science of the Royal Sanitary Institute.
- (6) Diploma of the Institute of Sanitary Engineers.
- (7) Diploma of the Building Surveyor's Association.
- (8) Sanitary Inspector's Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
- (9) New Health Visitor's Certificate of the Royal Sanitary Institute.
- (10) General Trained Nurse.
- (11) Fever Trained Nurse.
- (12) Children's Trained Nurse.
- (13) State Certified Midwife.
- (14) Certificate of the Chartered Society of Massage and Medical Gymnastics.

The following are part-time officers :—

District Medical Officers :—J. D. O'M. Poole, M.B., Ch. B. ;
H. A. Lomax, M.B., Ch.B., M.R.C.S., L.R.C.P. ; J. A.
Donnellan, M.B., Ch.B. ; T. R. O'Keeffe, L.R.C.P.,
L.R.C.S., L.R.F.P.S. ; J. G. O'Keeffe, L.R.C.P.,
L.R.C.S., L.R.F.P.S.

Public Vaccinators :—H. B. Bates, L.S.A., L.M.S.S.A. ;
J. S. Fox, M.B., C.M., M.R.C.S. ; J. G. O'Keeffe,
L.R.C.P., L.R.C.S., L.R.F.P.S.

Physician to the X-ray Department, Tuberculosis Dispensary :
J. Unsworth, M.B., B.S. (Lond.).

Orthopaedic Surgeon :—B. L. McFarland, M.D. (Liverp.),
M.Ch. (Orth.), M.B., Ch.B., F.R.C.S. (Edin.).

Ophthalmic Surgeon :—E. Allan, M.B., Ch.B. (Edin.).

Ear, Throat and Nose Surgeon :—J. E. G. McGibbon, M.B.,
B.S. (Lond.), D.L.O. (Eng.).

Obstetrician and Gynaecologist:—J. W. Burns, M.D. (Dublin),
B.A., M.B., B.Ch., B.A.O., F.R.C.S. (Edin.).

Speech Therapist :—Muriel W. Ferrie, M.S.S.T.

Public Analyst :—Herbert J. Evans, B.Sc., F.I.C., F.C.S.

Veterinary Inspector :—A. H. Leyland, M.R.C.V.S.

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 coalfields. 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.

The area of the borough is 7,950 acres and it is estimated that approximately one quarter of this area is occupied by factories and other industrial works, and one quarter by housing ; the remainder is mainly agricultural land and parks.

Housing development has mainly taken place towards the North-West and North, and on these sides there is considerable activity in land development.

The district is well supplied with public parks and recreation grounds—both public and private. The Corporation maintain 14 parks and recreation grounds covering approximately 178 acres.

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 1937 (as shown by the figures taken on Monday of each week) was 5,281 men, 422 women, and 455 juveniles (total 6,158). The largest number of unemployed men and women was 6,409 in January and among juveniles 640 in January. The total for 1937 shows a decrease from the previous year, when the average total number of unemployed persons was 7,633.

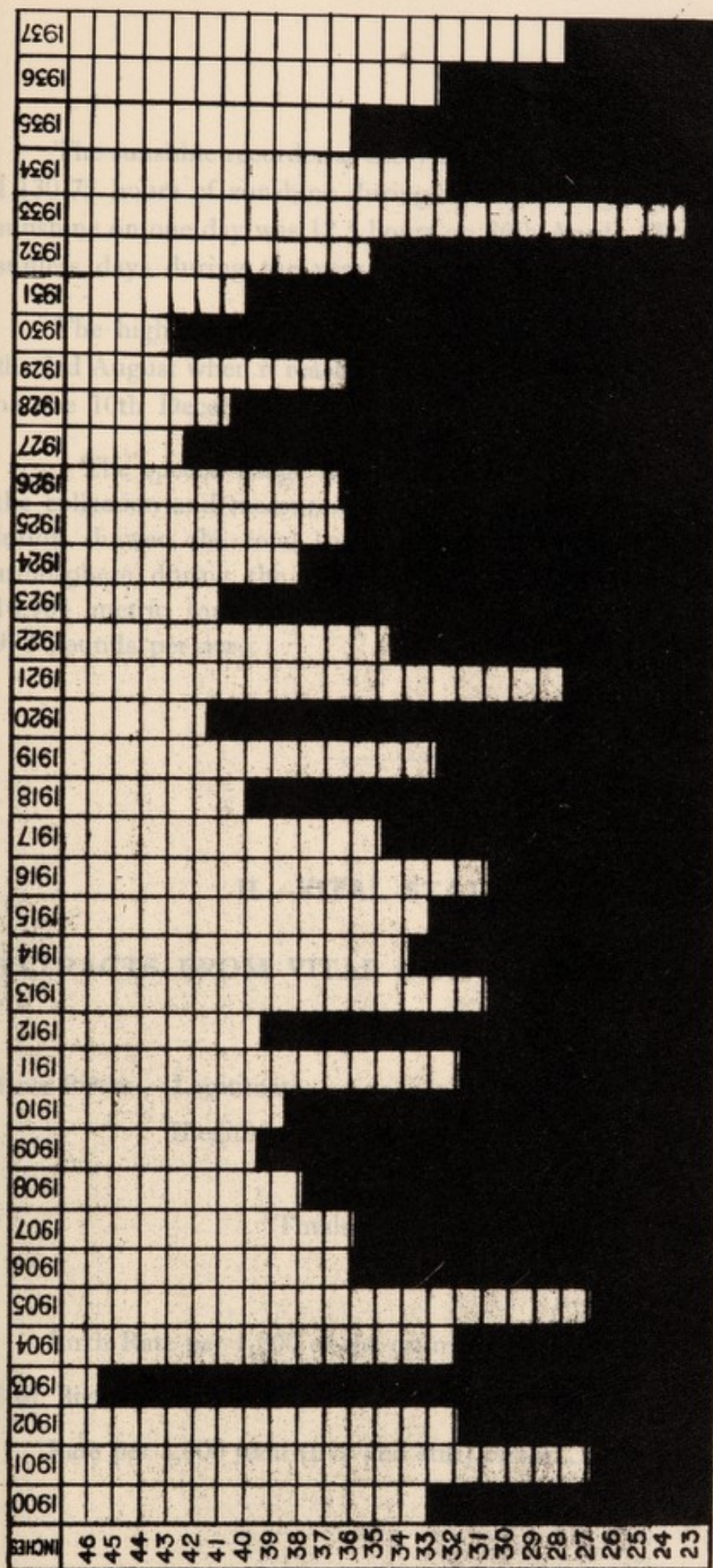
The total amount of domiciliary relief granted in St. Helens by the Public Assistance Committee during the year ended 31st March, 1938, was £85,177/3/2d., of which sum £7,343/10/8d. was granted to unemployed men and their families. The corresponding amounts granted in the previous year were £95,099/14/8d. and £26,227/19/5d. respectively.

From St. Helens 353 men, 296 women and 209 children were admitted to the Poor Law Infirmary, and 116 men, 74 women and 21 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, 1937, was 45,667, comprising 35,025 men and 10,642 women, or approximately 43% of the total population. The corresponding figures for 1936 were 34,466 men and 10,280 women.

METEOROLOGY.—The total rainfall for the year, as measured at the Victoria Park Observatory, was 28.25 inches. The amount of rainfall recorded at Eccleston Hill Waterworks during the year was 27.00 inches. The annual rainfall since 1900 is shown in Table 1.

TOTAL RAINFALL IN INCHES IN ST. HELENS SINCE 1900.



YEAR :

Total.

1,953

43

1,996

on 18.6

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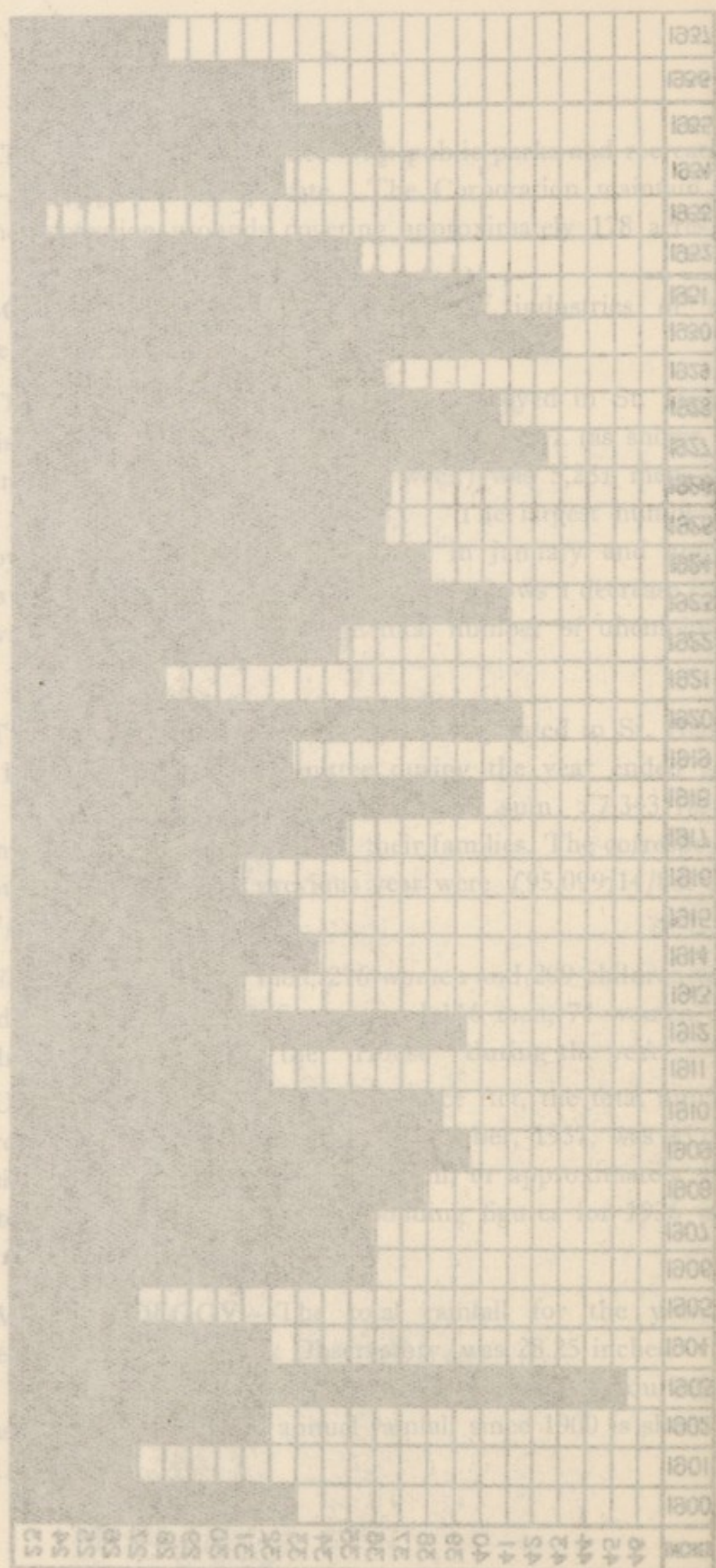
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Table 1



TOTAL RAINFALL IN INCHES IN ST. HELENA SINCE 1800

The sunshine recorder at the Victoria Park Observatory recorded 1,130.75 hours of sunshine during 1937. The greatest duration of sunshine on one day was 12.5 hours on 26th April. There were 103 sunless days during the year.

The highest temperature in the shade during the year was on the 3rd August when it reached 81.6° F., and the lowest was 21.6° F. on the 10th December.

The special gauge maintained in the centre of the town for the collection and measurement of the amount of atmospheric pollution showed the total solids deposited in St. Helens from the atmosphere during the year ending the 31st March, 1938, to be 10,964 metric tons per 100 square kilometres, or approximately 978 pounds per acre.

II.—VITAL STATISTICS.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR :

	M.	F.	Total.
Live Births:—Legitimate.....	975	978	1,953
Illegitimate	23	20	43
	<hr/>		
Totals	998	998	1,996
	<hr/>		

Birth Rate per 1,000 of the estimated resident population.....18.6

Still Births :—M. 64, F. 40 ; Total : 104.

Rate per 1,000 total (live and still) births.....49.5

Deaths :—M. 718, F. 585 ; Total : 1,303.

Death Rate per 1,000 of the estimated resident population.....12.1

Death Rate per 1,000 adjusted to correspond for age and sex
distribution with England and Wales as a whole 14.9

Percentage of total deaths occurring in public institutions.....42%

Number of women dying from diseases and accidents of pregnancy
and childbirth :—

	Deaths	Rate per 1,000 total (live and still) births.
From puerperal sepsis	6	2.86
From other puerperal causes	9	4.28
Totals	15	7.14

Deaths of infants under one year of age :—

	M.	F.	Total.
Legitimate	100	71	171
Illegitimate	4	—	4
Totals	104	71	175

Death Rate of Infants under one year of age :—

All infants per 1,000 live births	87.7
Legitimate infants per 1,000 legitimate live births	87.6
Illegitimate infants per 1,000 illegitimate live births	93.0

Deaths from Measles (all ages)	3
„ Whooping Cough (all ages)	7
„ Diarrhoea (under 2 years of age)	8
„ Tuberculosis	75
Zymotic Death Rate	0.33

Table 2.

COUNTY BOROUGH	Estimated civil population	Birth Rate	Death Rate (adjusted for age and sex)	Infant Mortality per 1,000 live births	Maternal Mortality per 1,000 total (live and still) births	Tuber- culosis Death Rate (all forms) per 100,000 population
		per 1,000 population				
England and Wales	41,031,000	14.9	12.4	58	3.2	69
125 County Boroughs and Great Towns	21,152,645	14.9	12.5	62	*	*
Barrow-in-Furness	65,810	15.4	15.0	71	4.9	73
Blackburn	114,000	11.7	15.6	69	6.3	72
Blackpool	123,800	10.3	15.1	58	2.9	65
Bolton	170,400	12.7	15.4	61	6.1	64
Bootle	74,690	22.0	15.1	77	3.5	111
Burnley	89,670	11.7	16.8	75	1.8	72
Bury	59,620	13.0	15.6	55	7.4	65
Liverpool	867,110	19.3	15.2	82	2.3	92
Manchester	751,371	14.3	15.4	76	4.2	103
Oldham	127,800	13.2	17.8	68	3.4	77
Preston	113,600	14.0	15.8	77	2.4	84
Rochdale	91,940	11.9	16.2	53	6.1	69
ST. HELENS	107,400	18.6	14.9	88	7.1	70
Salford	201,800	15.1	17.2	84	4.4	102
Southport	78,960	10.6	13.3	67	4.6	52
Warrington	78,500	17.1	15.0	82	1.4	94
Wigan	83,190	16.3	17.0	90	2.8	81

*Rates not available.

Table 2 shows the main vital statistics of St. Helens in comparison with those of the other County Boroughs in Lancashire as well as with those for England and Wales and the 125 County Boroughs and Great Towns in England and Wales.

From this Table it will be seen that of the 17 County Boroughs in Lancashire, St. Helens had, for the year 1937, the third highest birth rate, the second lowest death rate, and the sixth lowest tuberculosis death rate. St. Helens had, however, that year, the second highest infant mortality rate and the second highest maternal mortality rate.

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

POPULATION.—According to the Registrar-General's estimate, the mid-1937 population was 107,400. This represents a decrease of 600 from the estimated population of the previous year, which was 108,000.

The natural increase in population during 1937, i.e., the excess of the number of births over deaths, was 693, as compared with a natural increase of 669 in 1936, 711 in 1935 and 917 in 1934.

Examination of Table 3 shows that despite the extension of the borough boundary in 1934, and a yearly excess of births over deaths, the population of St. Helens has been gradually decreasing during the past 10 years. There is no doubt that this is due to the greatly increased development of the areas abutting on the borough boundary, mainly in Windle and Eccleston ; many families from St. Helens having moved into these areas in recent years.

BIRTHS.—The number of births registered in St. Helens during 1937 was 2,113. 41 births occurring in other districts were transferable to St. Helens and 158 occurring in the borough were transferred to other districts, making a total of 1,996 births belonging to the borough. The birth rate for the year was 18.6 per 1,000 of the population as compared with 18.3 for the previous year. The rate for England and Wales during 1937 was 14.9 and for the 125 County Boroughs and Great Towns was 14.9 per 1,000.

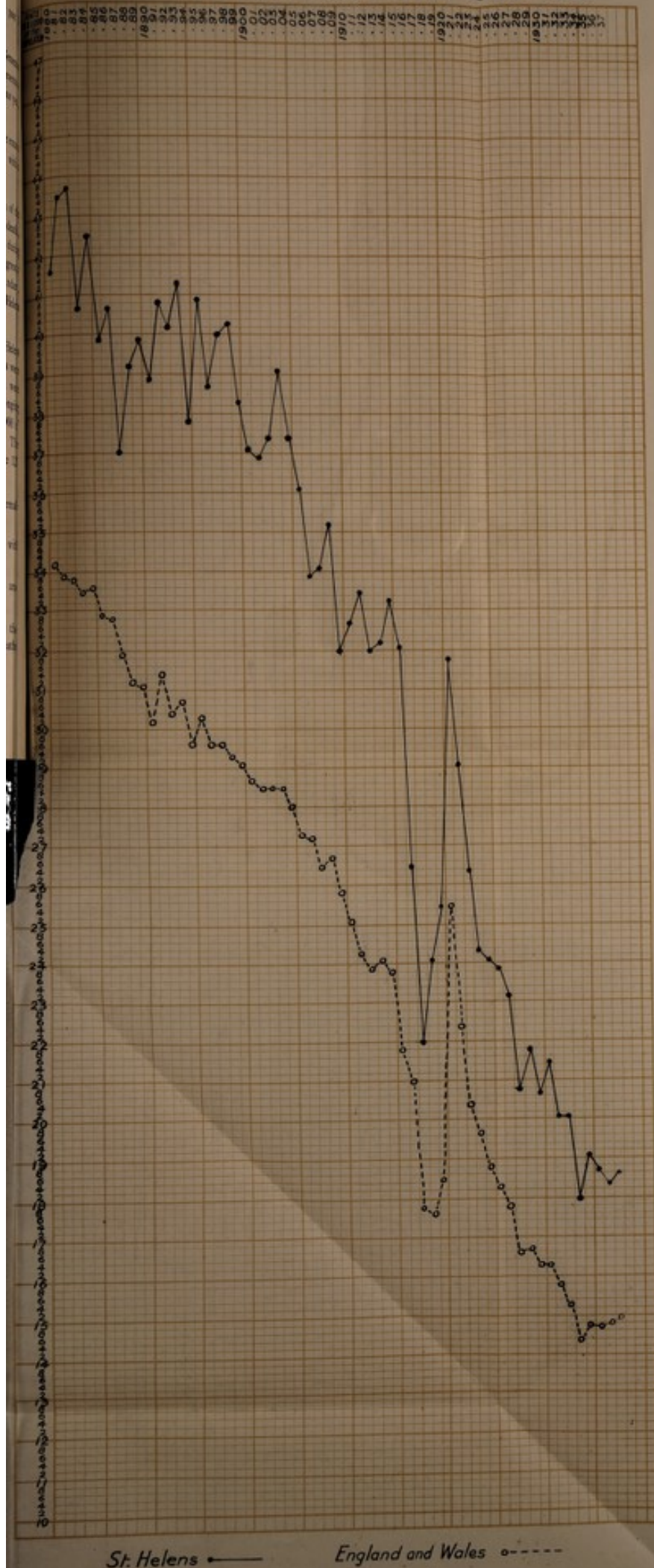
For the first time for many years the number of male and female births was the same ; there being 998 of each sex.

Illegitimate births were 2.2% of the total, as compared with 1.7% in the previous year.

Table 4 shows the birth rate for St. Helens since 1880 and the figures for England and Wales for the same period.

DEATHS.—The number of deaths occurring within the borough during the year was 1,179. This total includes 126 deaths

TABLE 4
 BIRTH RATE -
 ST. HELENS and ENGLAND and WALES, 1880-1937



ST. HELENS and ENGLAND and WALES -
 BIRTH RATE -
 TABLE A.

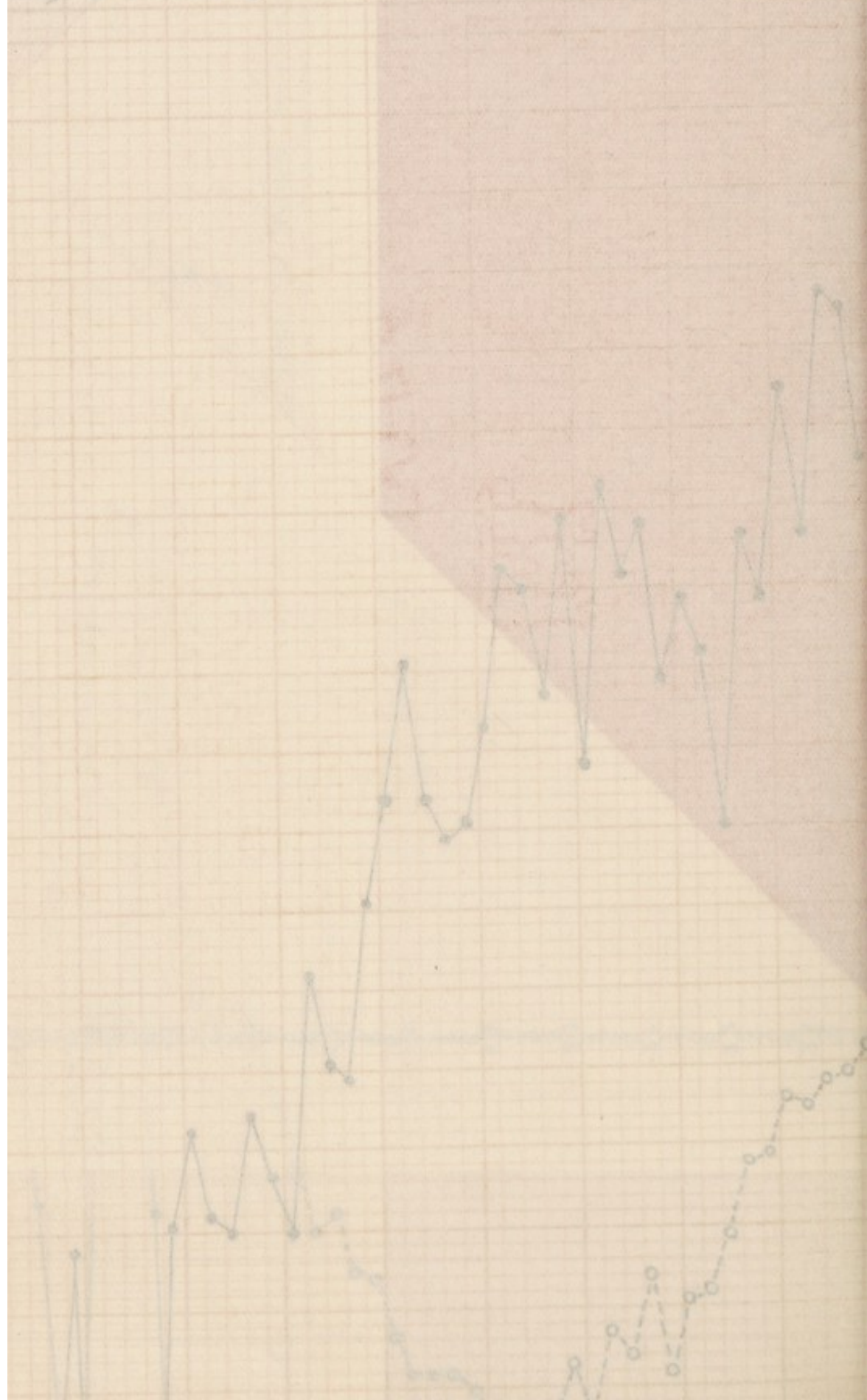


Table 3.
Statistics for St. Helens.

YEAR	Population	Birth Rate	Crude Death Rate	Zymotic Death Rate	Infant Mortality Rate	Rate of Persons Married	DEATHS FROM							
							Smallpox	Measles	Scarlet Fever	Typhoid Fever	Typhus Fever	Diarrhoea	Whooping Cough	Diphtheria
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
1931	108,300	20.1	12.5	0.48	88	13.6	0	30	0	0	0	21	0	7
1932	107,600	20.1	11.4	0.22	89	13.9	0	1	1	0	0	26	4	0
1933	107,600	18.0	14.0	0.83	116	13.4	0	12	2	3	0	18	52	8
1934	*108,240	19.1	10.6	0.38	65	13.6	0	10	2	1	0	19	1	18
1935	108,100	18.7	12.2	0.61	94	15.8	0	14	2	1	0	21	15	17
1936	108,000	18.3	12.1	0.46	56	17.4	0	7	4	0	0	13	3	26
1937	107,400	18.6	12.1	0.33	88	15.7	0	3	2	0	0	12	7	15

† Estimated civil population.

* Borough extended.

in St. Helens of persons usually resident in other areas, but excludes 250 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 1,303. This gives a crude death rate of 12.1 per 1,000 of the resident population. The rate for 1936 was also 12.1.

The adjusted death rate for 1937 (i.e. the crude death rate 'adjusted' to a figure which represents the rate of mortality that would have occurred if the age and sex distribution in St. Helens had been the same as that of England and Wales as a whole), was 14.9 per 1,000, this rate also being the same as that for the previous year. The death rate for England and Wales as a whole for 1937 was 12.4 per 1,000.

Though yearly variations in age and sex distribution also occur locally, these are never very great, so that the crude death rate can be used for yearly local comparisons and the trend of the death rate in St. Helens since 1881 is seen in the following statement :—

Crude Death Rate per 1,000 of the population.						
Period.						
1881-85	.....	.....	.....	.....	.....	23.2
1886-90	.....	.....	.....	.....	.....	22.5
1891-95	.....	.....	.....	.....	.....	21.8
1896-1900	.....	.....	.....	.....	.....	20.3
1901-05	.....	.....	.....	.....	.....	19.0
1906-10	.....	.....	.....	.....	.....	16.9
1911-15	.....	.....	.....	.....	.....	17.8
1916-20	.....	.....	.....	.....	.....	16.6
1921-25	.....	.....	.....	.....	.....	12.3
1926-30	.....	.....	.....	.....	.....	12.3
1931-35	.....	.....	.....	.....	.....	12.1
1936	.....	.....	.....	.....	.....	12.1
1937	.....	.....	.....	.....	.....	12.1

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.

				Death rate per 1,000 of population.		
				No. of Deaths.	St. Helens (Crude) (Adjusted)	England & Wales
First Quarter	.....	.....	.....	447	16.6 20.4	16.2
Second Quarter	.....	.....	.....	282	10.5 12.9	11.6
Third Quarter	.....	.....	.....	247	9.2 11.3	9.7
Fourth Quarter	.....	.....	.....	327	12.2 15.0	12.3

Coroner's Inquests.—During the year, 126 deaths were reported to the Coroner. In 76 of these the Coroner was able without an inquest to issue a certificate attributing the death to natural causes. In 50 instances where inquests were held, the deaths were recorded as attributable to :—

Colliery accidents	.....	.....	.....	.....	.....	.....	2
Street accidents	.....	.....	.....	.....	.....	.....	10
Accidents in works	.....	.....	.....	.....	.....	.....	1
Drowning	.....	.....	.....	.....	.....	.....	3
Poisoning	.....	.....	.....	.....	.....	.....	9
Scalds and burns	.....	.....	.....	.....	.....	.....	3
Other deaths from violence	.....	.....	.....	.....	.....	.....	15
Natural causes	.....	.....	.....	.....	.....	.....	2
Other causes	.....	.....	.....	.....	.....	.....	4
							<hr/> 49 <hr/>

One inquest was opened and not resumed.

Causes of Death.—Figures relating to the causes of, and ages at, death during the year are given in Table 5.

Zymotic Death Rate.—The number of deaths caused by the “seven principal epidemic diseases” during 1937 was 35, giving a zymotic death rate of 0.33 per 1,000 of the population as compared with 0.46 during 1936.

The causes of these deaths during 1937 were as follows :—

Diarrhœa and enteritis (under 2 years)	.....	.....	8
Whooping Cough	.....	.....	7
Measles	.....	.....	3
Scarlet Fever	.....	.....	2
Diphtheria (including membranous croup)	.....	.....	15
Fever (enteric, typhus, and simple continued fever)	.....	.....	0
Smallpox	.....	.....	0

Table 3 shows the figures during the past 50 years.

Table 5.

Causes of, and ages at, death during 1937.

Causes of Death	Sex	All Ages	At Ages										
			0-1	1-	2-	5-	15-	25-	35-	45-	55-	65-	
All Causes	M	718	104	16	9	17	26	39	48	70	122	162	
	F	585	71	6	10	13	23	30	39	59	90	140	
Typhoid and paratyphoid fevers	M	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	
Measles	M	2	—	1	—	1	—	—	—	—	—	—	
	F	1	1	—	—	—	—	—	—	—	—	—	
Scarlet fever	M	1	—	1	1	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	—	—	
Whooping cough	M	6	4	1	—	1	—	—	—	—	—	—	
	F	1	—	—	1	—	—	—	—	—	—	—	
Diphtheria	M	6	—	—	2	4	—	—	—	—	—	—	
	F	9	—	—	4	5	—	—	—	—	—	—	
Influenza	M	28	1	3	1	1	3	1	3	6	5	4	
	F	29	—	—	—	—	1	1	1	6	12	7	
Encephalitis lethargica	M	2	—	—	1	1	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	—	1	—	
Cerebro-spinal fever	M	2	1	—	—	1	—	—	—	—	—	—	
	F	1	—	—	—	1	—	—	—	—	—	—	
Tuberculosis of respiratory system	M	39	—	—	1	—	7	10	8	6	5	2	
	F	21	—	—	—	2	9	3	1	3	3	—	
Other tuberculous diseases	M	11	2	—	2	1	2	1	2	—	1	—	
	F	4	—	—	2	1	—	1	—	—	—	—	
Syphilis	M	2	—	—	—	—	1	—	—	—	—	1	
	F	2	—	—	—	—	—	—	—	1	—	—	
General paralysis of the insane, tabes dorsalis	M	2	—	—	—	—	—	—	—	1	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	
Cancer, Malignant disease	M	70	—	1	—	—	—	—	5	8	19	29	
	F	74	—	—	—	—	—	2	6	13	20	24	
Diabetes	M	4	—	—	—	—	—	1	—	—	1	1	
	F	8	—	—	—	—	—	2	1	1	2	1	
Cerebral haemorrhage, etc.	M	30	—	—	—	—	—	—	—	2	6	20	
	F	34	—	—	—	—	—	—	1	2	8	14	
Heart Disease	M	163	—	—	—	—	3	4	7	20	44	50	
	F	121	—	—	—	1	1	3	10	16	17	47	
Aneurysm	M	—	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	
Other circulatory diseases	M	24	—	—	—	—	—	1	—	1	6	—	
	F	17	—	—	—	—	—	—	—	2	1	—	
Bronchitis	M	38	6	1	—	—	—	2	2	3	4	1	
	F	28	4	—	—	—	—	2	2	2	—	—	
Pneumonia (all forms)	M	55	15	9	1	—	1	5	7	3	8	—	
	F	31	14	2	—	—	1	4	2	1	5	—	
Other respiratory diseases	M	8	—	—	—	—	—	—	—	3	3	—	
	F	4	—	—	—	—	—	—	—	—	2	—	
Peptic ulcer	M	7	—	—	—	—	—	2	1	2	—	—	
	F	4	—	—	—	—	—	—	1	1	—	—	
Diarrhoea, etc.	M	8	5	—	—	1	—	1	1	—	—	—	
	F	4	3	—	—	—	—	—	—	—	—	—	
Appendicitis	M	5	—	—	—	1	1	—	—	1	1	—	
	F	3	—	—	—	—	1	—	—	2	—	—	
Cirrhosis of liver	M	2	—	—	—	—	—	—	—	—	—	—	
	F	—	—	—	—	—	—	—	—	—	—	—	
Other diseases of liver, etc.	M	—	—	—	—	—	—	—	—	—	2	—	
	F	4	—	—	—	—	—	—	—	—	—	—	
Other digestive diseases	M	7	2	—	—	1	—	—	—	1	—	—	
	F	13	—	2	—	1	—	1	1	2	3	—	

Table 5—continued.

Causes of Death	Sex	All Ages	At Ages										
			0-1	1-	2-	5-	15-	25-	35-	45-	55-	65-	75-
Acute and chronic nephritis	M	15	—	—	—	1	—	—	1	5	4	3	1
	F	13	—	—	—	—	—	—	—	4	3	5	1
Puerperal Sepsis	F	6	—	—	—	—	—	5	1	—	—	—	—
Other puerperal causes	F	9	—	—	—	—	4	4	1	—	—	—	—
Congenital debility, premature birth, malformations, etc.	M	56	56	—	—	—	—	—	—	—	—	—	—
	F	43	42	—	1	—	—	—	—	—	—	—	—
Suicidal	M	34	—	—	—	—	—	—	—	—	2	7	25
	F	31	—	—	—	—	—	—	—	—	—	6	25
Homicide	M	8	—	—	—	—	1	3	1	—	2	1	—
	F	2	—	—	—	—	—	—	1	—	1	—	—
Other violence	M	26	2	—	—	2	2	6	3	3	2	4	2
	F	17	—	—	—	—	2	—	1	—	1	6	7
Other defined diseases	M	52	10	—	—	1	5	2	6	5	7	10	6
	F	45	7	—	2	2	4	2	7	3	7	9	2
Diseases ill-defined or unknown	M	5	—	1	—	—	—	—	1	—	2	—	1
	F	4	—	—	—	—	—	—	2	—	2	—	—
Totals		1303	175	22	19	30	49	69	87	129	212	302	209

Deaths from Tuberculosis.—Tuberculosis was the cause of 75 deaths during the year—that is 5.76% of all deaths belonging to the borough. Of these deaths, 60 were attributable to tuberculosis of the lungs and 15 to other forms of tuberculosis. The ages at which these deaths occurred are shown in Table 5.

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

AGE	1933	1934	1935	1936	1937
Under 1 year	—	—	—	—	—
1—2 years	—	—	—	—	1
2—5	—	—	—	—	—
5—15	—	2	—	—	—
15—25	—	—	2	—	—
25—35	2	5	1	3	2
35—45	12	4	11	9	11
45—55	30	16	21	17	21
55—65	29	40	32	54	39
65—75	43	37	44	41	53
75 and over	15	17	10	19	17
Totals	131	121	121	143	144
Percentage of the total deaths	8.72	10.54	9.20	10.91	11.05
Death rate per 1,000 of population	1.22	1.12	1.12	1.32	1.34
Death rate per 1,000 of population, England and Wales	1.53	1.56	1.59	1.62	1.63

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

There are no special facilities in St. Helens for the diagnosis of Cancer. In regard to treatment, the Local Authority have made arrangements with the Lancashire County Council that any cases sent to the County Hospital, Whiston, (the Public Assistance Institution for St. Helens) which, in the opinion of the Medical Superintendent of that Hospital would benefit by radium treatment, are transferred to the Christie Hospital and Holt Radium Institute, Manchester, or to the Liverpool Radium Institute and Hospital for Cancer. Both local voluntary Hospitals also have arrangements whereby cases from their Institutions can be sent to Liverpool for treatment.

Other causes of death.—The following extract from Table 5 shows some of the other principal causes of death :—

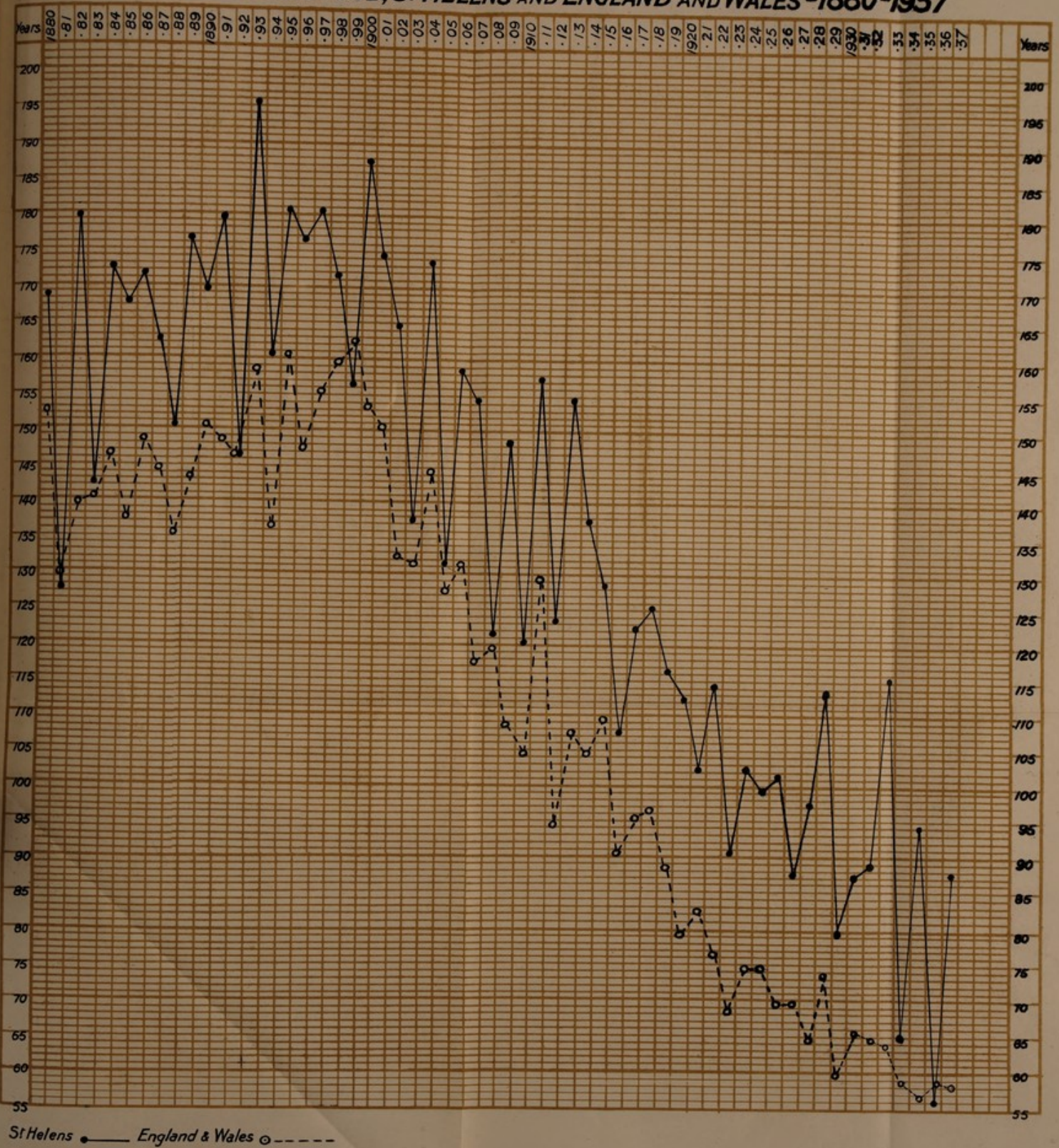
	Number	Percentage of Total Deaths.
Pneumonia (all forms)	86	6.60
Bronchitis and other Respiratory Diseases	78	5.99
Influenza	57	4.37
Heart Disease	284	21.80
Cerebral Haemorrhage, etc.	64	4.91
Suicide and other deaths from violence	53	4.07

Infant Mortality.—During 1937 there were 175 deaths of children under one year of age. This corresponds to an infant mortality rate of 87.7 per 1,000 births. The infant death rate for 1936 was 56.1.

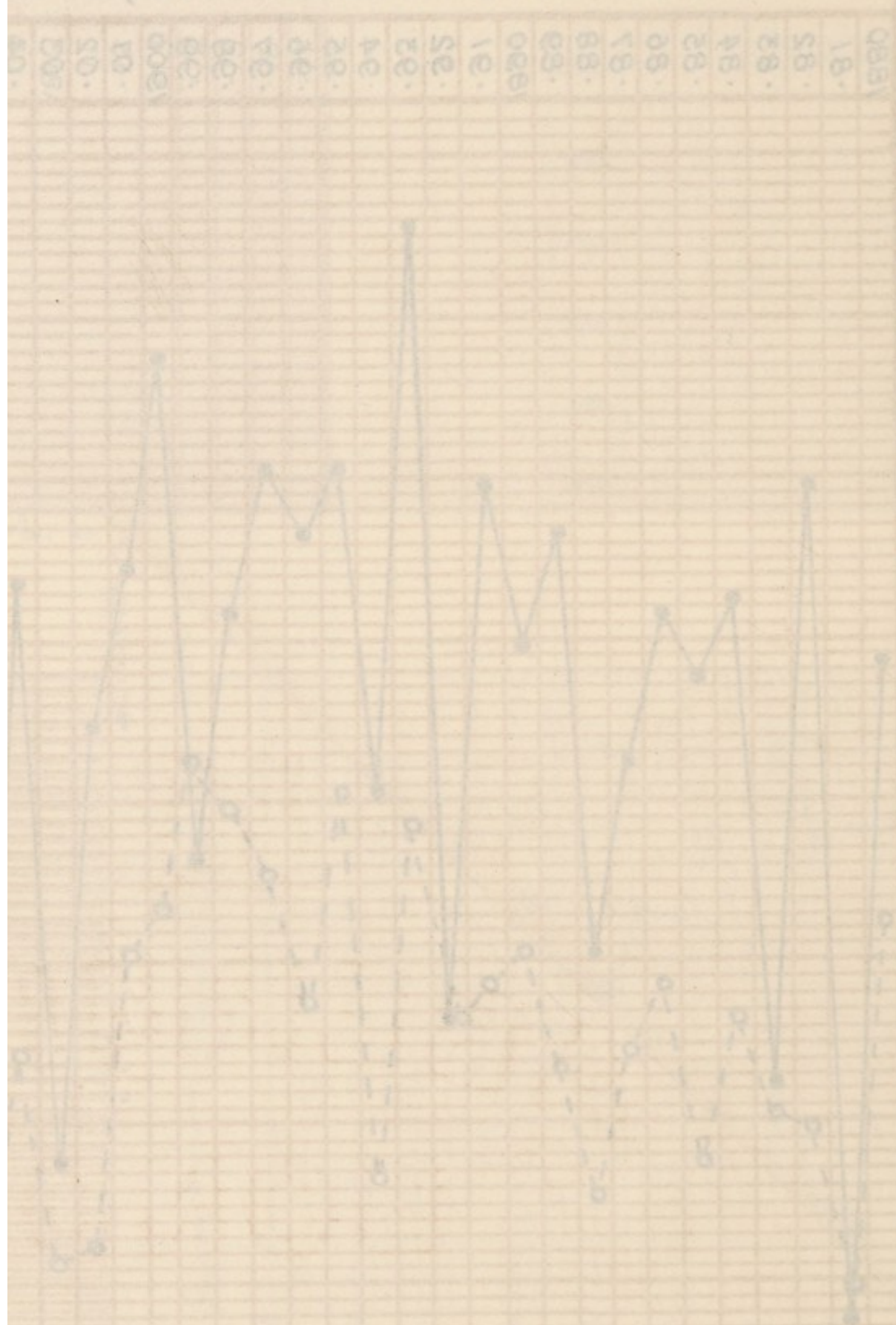
Further reference to this subject is made in the Maternity and Child Welfare Section.

Table 6 shows the infant death rate for St. Helens since 1880, and the figures for England and Wales for the same period.

Table 6.
INFANT MORTALITY RATE, ST. HELENS AND ENGLAND AND WALES - 1880-1937



INFANT MORTALITY RATE, 1950-1959



III.—INFECTIOUS DISEASES.

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

Smallpox	Puerperal Pyrexia
Scarlet Fever	Cerebro-Spinal Fever
Diphtheria and Membranous Croup	Acute Poliomyelitis
Enteric Fever	Acute Polioencephalitis
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 7 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 8 gives the age distribution of the cases notified, and Table 5 the age distribution of the deaths which occurred. The number of cases notified during each week of the year is shown in Table 9, and the number of notifications each year during the past 10 years is seen in Table 10.

Table 9

Infectious Diseases.—Number of cases of Infectious Diseases notified each week in 1937.

Week ending	Smallpox	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Enteric Fever	Dysentery	Erysipelas	Pneumonia	Typhus Fever	Puerperal Fever	Puerperal Pyrexia	Ophthalmia Neonatorum	Poliomyelitis	Encephalitis Lethargica	Cerebro-Spinal Fever
9	—	12	13	2	3	—	—	2	6	—	—	—	—	—	—	—
16	—	7	5	2	4	—	—	—	3	—	—	1	1	—	—	—
23	—	14	9	1	—	—	—	1	9	—	—	—	—	—	—	—
30	—	8	14	2	2	—	—	—	13	—	1	1	1	—	—	—
6	—	10	8	3	3	—	—	2	27	—	—	1	—	1	—	—
13	—	13	6	—	3	—	—	—	24	—	—	—	—	—	—	—
20	—	11	8	—	10	—	—	—	7	—	—	1	—	—	—	—
27	—	10	7	1	11	—	—	—	4	—	—	—	—	—	—	—
6	—	12	3	—	11	—	—	2	5	—	3	—	—	—	—	—
13	—	11	10	—	6	—	—	1	3	—	1	1	—	—	—	—
20	—	15	3	2	8	—	—	3	3	—	—	2	—	—	—	—
27	—	16	8	—	3	—	—	1	6	—	—	1	1	—	—	—
3	—	15	13	1	13	—	—	—	5	—	—	—	—	—	—	—
10	—	12	9	2	14	—	—	1	5	—	—	1	1	—	—	1
17	—	8	7	1	21	1	—	—	5	—	—	—	—	—	—	—
24	—	12	22	3	19	—	—	2	4	—	—	—	—	—	—	—
1	—	11	8	2	21	—	—	2	7	—	—	—	—	—	—	1
8	—	9	6	1	28	—	—	1	3	—	1	1	—	—	—	—
15	—	14	5	3	12	—	—	—	3	—	—	—	—	—	—	—
22	—	12	8	1	12	—	—	4	8	—	—	—	—	—	—	—
29	—	14	4	—	19	—	—	1	5	—	—	1	1	—	—	—
5	—	8	5	9	23	—	—	1	5	—	—	1	—	—	—	—
12	—	12	4	1	13	—	1	—	—	—	—	1	—	—	—	—
19	—	7	14	9	22	—	—	—	3	—	1	—	—	—	—	—
26	—	11	6	16	30	—	—	2	2	—	—	—	—	—	—	—
3	—	16	8	19	32	—	—	1	7	—	—	—	—	—	—	—
10	—	14	6	28	29	—	—	1	2	—	—	—	—	—	—	1
17	—	14	4	24	21	—	—	2	3	—	—	—	—	—	—	—
24	—	16	10	24	31	—	—	—	5	—	—	1	—	—	—	—
31	—	14	11	23	25	—	—	2	2	—	—	—	—	—	—	—
7	—	7	5	12	17	—	—	—	1	—	—	1	—	—	—	—
14	—	7	2	18	30	—	—	—	3	—	—	—	1	—	—	—
21	—	12	4	14	48	—	—	—	1	—	—	—	—	—	—	—
28	—	6	4	7	21	—	—	1	2	—	—	1	—	—	—	—
4	—	18	6	28	38	—	—	—	1	—	—	—	—	—	—	—
11	—	16	4	14	27	—	—	—	4	—	—	—	—	—	—	—
18	—	14	8	32	11	—	—	1	9	—	—	4	—	—	—	—
25	—	12	12	21	26	—	—	1	6	—	—	—	—	—	—	—
2	—	18	14	42	15	—	—	2	2	—	—	1	—	—	—	—
9	—	16	11	20	24	—	—	2	1	—	—	3	—	—	—	—
16	—	20	17	38	20	—	—	1	3	—	—	—	—	—	—	—
23	—	22	7	21	18	—	—	2	2	—	—	—	—	—	—	—
30	—	18	8	78	13	—	—	4	3	—	—	—	—	1	—	—
6	—	20	13	37	7	—	—	2	3	—	—	—	1	—	—	—
13	—	12	8	46	20	—	—	—	7	—	—	2	—	—	—	—
20	—	12	14	27	20	—	—	2	10	—	—	—	—	—	—	—
27	—	18	11	39	11	—	—	1	5	—	—	—	—	—	—	—
4	—	24	11	47	13	—	—	4	8	—	—	—	—	—	—	—
11	—	10	14	44	11	—	—	4	4	—	—	1	1	—	—	—
18	—	11	16	61	20	—	—	1	10	—	—	1	—	—	—	—
25	—	10	19	79	16	1	—	2	5	—	—	—	—	—	—	—
1	—	10	11	87	5	—	2	1	1	—	—	1	—	—	—	—
Total	—	671	463	992	880	2	3	63	275	—	7	29	8	2	—	3

Table 10.

Notification of Infectious Diseases received during the undermentioned years.

	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Smallpox	2	—	—	—	—	—	—	—	—	—
Scarlet Fever	1111	506	255	148	147	281	286	543	590	671
Diphtheria	153	170	162	121	86	203	231	225	482	463
Measles	1465	1995	1026	2332	512	4092	1177	1416	1569	992
Whooping Cough	649	685	516	43	394	1580	185	1032	102	880
Enteric Fever	1	2	3	1	—	11	2	2	1	2
Dysentery	13	1	2	—	15	1	1	—	10	3
Erysipelas	80	77	72	52	58	80	77	70	92	63
Pneumonia	263	491	251	226	308	469	234	295	307	275
Typhus Fever	—	—	—	—	—	—	—	—	—	—
Puerperal Fever	11	16	17	7	6	2	10	9	8	7
Puerperal Pyrexia	20	25	13	8	8	12	19	14	17	29
Ophthalmia										
Neonatorum	20	24	14	3	7	6	7	14	12	8
Poliomyelitis	—	9	—	—	—	12	—	1	1	2
Encephalitis										
Lethargica	3	1	2	1	1	1	1	2	2	—
Cerebro-Spinal Fever	—	1	—	—	17	10	—	1	2	3
Malaria	—	—	—	—	—	—	—	—	—	—

GENERAL OBSERVATIONS.—The year 1937 was marked by a rather high and steady persistent level of incidence in all the major epidemic diseases with the exception of measles, which for the first five or six months of the year showed a low return of cases. There was little seasonal fluctuation in the occurrence of infection, and although the notifications for the year did not in any individual disease display major epidemic proportions, the total number of notifications in some diseases showed a higher level than for some years past.

Cases of scarlet fever showed an increase from the previous year and were the highest to be recorded since 1928. Compared with the previous year there was a very slight decrease in the number of cases of diphtheria, but here again the figures showed considerable increase on the years prior to 1936. The total number of cases of measles was lower than for five years past, but the figures for whooping cough reached minor epidemic severity.

Amongst the non-notifiable diseases, there was a persistent

monthly occurrence of cases of chicken pox, the total for the year being more than that in 1936.

Figures for other zymotic diseases showed little variation from the average.

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

The extent of vaccination in St. Helens since 1901 is shown in Table 11.

Table 11.
Vaccination returns since 1901.

YEAR	2 Vaccinated	3 Insus- ceptible	4 Dead	5 Con- scientious Objectors	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
1930	1,852	3	122	317	8	11	19	16.09
1931	1,724	9	116	329	8	11	15	17.39
1932	1,712	4	125	352	5	15	12	18.32
1933	1,520	5	118	313	8	20	14	18.93
1934	1,663	2	92	355	5	13	23	19.33
1935	1,586	4	120	411	7	21	18	22.37
1936	1,562	4	79	415	11	20	14	22.75†

† Of the 22.75 per cent. unvaccinated, 20.52 per cent. are conscientious objectors.

SCARLET FEVER.—During 1937, 671 cases were notified and 2 deaths occurred. The incidence was more or less steady throughout the year, although the disease was not severe in type and did not display any tendency towards major complications.

In an effort to abort the minor complications which so often occur in this disease, e.g., rhinitis, small septic sores, cracked lips and ears, etc., a regime of treatment with Sulphanilamide was adopted and contrasted with the routine method of serum treatment. The drug was found, however, to have no marked effect on the occurrence of these minor complications nor did it shorten their duration when once they had occurred. The use of this drug has, therefore, been discontinued and the previous practice of giving anti-scarlatinal serum to all well-marked cases of the disease on admission has been re-adopted.

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

<i>Age.</i>	<i>No. of Cases.</i>	<i>No. of Deaths.</i>	<i>Case Mortality.</i>
Under 5 years	198	2	1.01%
5—15 years	454	—	—
Over 15 years	19	—	—

Cases are normally discharged from hospital at the end of 28 days and that period coincided in 1937 with the average duration of stay of all cases. One case developed mastoiditis and was successfully operated on.

DIPHTHERIA.—As previously mentioned there was a slight decrease in the total number of cases during 1937 as compared with the previous year. The incidence of the disease was, roughly speaking, constant, although the first, fourth and last three months of the year returned the highest monthly figures. This was accounted for by the fact that at these periods there seemed to be a tendency towards small localised outbreaks which flared up suddenly and rapidly died down again. The type of the disease was not markedly severe, and the case mortality as in 1936 was again low.

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

<i>Age.</i>	<i>No. of Cases.</i>	<i>No. of Deaths.</i>	<i>Case Mortality.</i>
Under 5 years	92	6	6.5%
5—15 years	330	9	2.7%
15—45 years	41	—	—
Over 45 years	—	—	—

Propaganda in favour of immunisation against diphtheria was again carried out in the various schools, clinics, &c., and the number of cases immunised was almost the same as last year. There is, however, an undoubted lessening of interest on the part of the parents towards this very important form of protection.

The following figures show the work carried out at the Immunisation Clinic during 1937 :—

No. of children tested as to susceptibility	632
No. of children immunised	506
No. of children who failed to complete the immunisation treatment	50
Total attendances at the Clinic	2847

These figures do not include cases immunised by private practitioners, but it is believed that such are relatively very small.

For the treatment of diphtheria, antitoxin is available, without charge, for medical practitioners, either at the office of the Medical Officer of Health or at the Borough Isolation Hospital. During the past year considerable use has been made of this service.

ENTERIC FEVER.—2 cases were notified during the year, and both were admitted to the Isolation Hospital. One of these cases was found, on investigation, to be a case of food poisoning and was not a true enteric fever. The other case, which proved fatal, was a definite *Bacillus Typhosus* infection. This patient had contracted the disease in a district outside the borough.

***MEASLES.**—During the first half of the year very few cases of measles were notified, but from June onwards the number of notifications rose rapidly and by December cases were showing very widespread general occurrence. The case mortality, fortunately, was very low.

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

<i>Age.</i>	<i>No of Cases.</i>	<i>No. of Deaths.</i>	<i>Case Mortality.</i>
Under 5 years	661	2	0.3%
5—15 years	331	1	0.3%
Over 15 years	—	—	—

During the year the facilities offered by the Corporation for the nursing of cases were utilized for a limited number of cases. 4 cases were admitted to the Isolation Hospital, and the District Nurses paid 723 visits to 35 cases for home nursing. That greater use was not made of these services was probably due to the mild type of the disease.

***WHOOPING COUGH.**—The number of cases of whooping cough was the highest since 1933. The incidence of the disease was at its greatest during the summer and autumn months. There was a tendency towards abatement in the last two months of the year, and one pleasing feature was the particularly low mortality rate.

The age distribution of cases and deaths during 1937 was as follows :—

<i>Age.</i>	<i>No. of Cases.</i>	<i>No. of Deaths.</i>	<i>Case Mortality.</i>
Under 5 years	628	6	0.96%
5—15 years	252	1	0.4%
Over 15 years	—	—	—

* Note.—Further details regarding these diseases will be found in that section of the Report dealing with Maternity and Child Welfare, page 52.

***PUERPERAL FEVER AND PUERPERAL PYREXIA.—**

57 cases of puerperal fever and 29 cases of puerperal pyrexia were notified during the year, and 6 deaths were reported as due to puerperal sepsis.

***OPHTHALMIA NEONATORUM.**—8 cases were notified during the year and all recovered with vision unimpaired.

CEREBRO-SPINAL MENINGITIS AND ACUTE POLIOMYELITIS.—3 cases of cerebro-spinal meningitis, 2 children and 1 adult, were notified during the year. The adult recovered, but both child cases proved fatal. There appeared to be no connection between any of the cases.

2 cases of acute poliomyelitis in children were notified and recovery occurred in both instances, but with slight residual paralysis. The after-treatment of both of these children was undertaken by the Orthopaedic services of the Corporation.

ENCEPHALITIS LETHARGICA.—From the death returns it would appear that 3 cases of this disease occurred during the year and terminated fatally. One of these deaths was eventually discovered to be due to tuberculous meningitis. In another instance the death was certified by the Coroner after a post-mortem examination, whilst in the third case no information was obtainable. In none of these cases was formal notification of the disease carried out.

ERYSIPELAS.—During 1937, 63 cases of erysipelas were notified, but no deaths were attributed to the disease.

DYSENTERY.—3 cases of dysentery were notified during 1937. All these cases occurred amongst the inmates of the County Mental Hospital, Rainhill, and were of a low type of virulency, corresponding to similar cases which occur sporadically in this type of hospital.

MALARIA.—No case was notified 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 52.

NON-NOTIFIABLE DISEASES.—The number of cases of mumps brought to the notice of the Health Department was 99 in 1937 as against 96 in 1936.

There was a great increase in the number of cases of chicken pox, 644 cases of the disease coming to the notice of the Department in 1937 as compared with 294 in 1936.

The number of deaths registered as occurring from influenza during 1937 was 57, as against 31 in 1936.

The number of deaths from diarrhoea, etc. in children under 2 years of age was 8.

BOROUGH ISOLATION HOSPITAL.—In July, 1937, the new cubicle isolation pavilion at the hospital was formally opened on the occasion of the Annual Inspection by the Health Committee. The pavilion contains a central administrative block flanked by two wings, each wing containing three single cubicles and one double cubicle. This has proved a very welcome and much needed addition to the accommodation at this hospital, and has greatly facilitated the nursing of cases of mixed infection and isolated cases of the more uncommon infectious diseases.

The steady prevalence of infectious diseases during 1937 resulted in a very busy year for the hospital. At the beginning of the year there were 91 patients in hospital. New cases admitted during the year numbered 1,206, making a total number of 1,297 patients dealt with. Compared with the previous year, admissions showed an increase of 82 patients, and the number of patients dealt with during 1937 was the highest since the scarlet fever epidemic in 1928. At the end of the year there were 93 patients remaining. The highest number of patients under treatment at any one time was 118, and the lowest 53.

With the opening of the new cubicle block the number of available beds in the hospital now totals 104, instead of 94 as previously.

The details of admissions and discharges are shown in Table 12.

Table 12.

Peasley Cross Isolation Hospital.

Hospital Diagnoses of cases treated during 1937.

DISEASE	In hospital Jan. 1st, 1937	Admitted	Discharged	Died	In hospital Jan. 1st, 1938
Scarlet Fever	38	648	650	2	34
Diphtheria	37	378	353	14	48
Puerperal Fever	1	1	2	—	—
Puerperal Pyrexia	—	15	13	1	1
Venereal Disease	—	—	—	—	—
Measles	1	5	4	2	—
Other Diseases	13	159	154	8	10
Mothers with sick babies	—	—	—	—	—
Babies with sick mothers	1	—	1	—	—
Total	91	1206	1177	27	93

Of the 648 cases of scarlet fever admitted, 15 (2.31 %) were return cases.

AMBULANCE PROVISION.—Two motor ambulances are kept at the Isolation Hospital to convey patients to any of the Corporation Hospitals, and a Morris Van for the conveyance of bedding, etc. During the year the total distance travelled was 22,027 miles.

Though urgent cases are at all times conveyed to the hospital without delay, there is no regular night ambulance service.

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 2,577 premises, and the numbers of articles disinfected at the Isolation Hospital were as follows :—

	Articles.
Blankets, Sheets and Rugs	12,201
Hospital Clothing and Bedding	10,604
Pillows and Cushions	7,609
Mattresses, etc.	4,207
Other Articles of Clothing	10,503
Library Books	338
Other Articles	8,407

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. The steam disinfector is also used for the disinfestation of bedding, etc. of families re-housed from slum property.

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 13 shows the numbers of specimens dealt with during 1937.

Table 13.

SPECIMENS.	Number Received	Results	
		Positive	Negative
Swabs for Diphtheria	6797	505	6292
Sputa for Tuberculosis	626	257	369
Hairs for Ringworm	4	—	4
Blood for Wasserman Reaction	231	45	186
Films for Gonococci	329	80	249
Pus and other fluids and discharges for various organisms	76	14	62
Total	8063	901	7162

Table 15.

Number of cases notified and number of deaths each year, 1912 to 1937.

Year	No. of Primary notifications received.		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

V.—TUBERCULOSIS.

INCIDENCE.—During 1937, formal notifications under the regulations were received in respect of 87 cases of pulmonary and 6 cases of non-pulmonary tuberculosis. In addition, 3 cases of pulmonary tuberculosis were transferred to St. Helens from other areas.

A further 5 new cases came to the knowledge of the Department from the following sources :—

	Pulmonary	Non-Pulmonary
Death Returns of cases not previously notified	1	1
Posthumous notifications	1	2
	—	—
	2	3
	—	—

The reasons for the failure to notify, or for posthumous notification, were given on investigation, as difficulty in establishing the diagnosis in 3 of the cases. In the other 2 cases the diagnosis was only made on autopsy.

The total number of new cases for the year was, therefore, 141, of which 92 were pulmonary and 49 non-pulmonary. At the end of 1937 there remained on the Tuberculosis Register 454 cases of pulmonary and 348 cases of non-pulmonary tuberculosis. The age grouping of the new cases and of the deaths that occurred during the year is shown in Table 14.

								Articles.
Blankets, Sheets and Rugs	.....	.....	.....	.....	.....	.....	.....	12,201
Hospital Clothing and Bedding	.....	.....	.....	.....	.....	.....	.....	10,604
Pillows and Cushions	.....	.....	.....	.....	.....	.....	.....	7,609
Mattresses, etc.	.....	.....	.....	.....	.....	.....	.....	4,207
Other Articles of Clothing	.....	.....	.....	.....	.....	.....	.....	10,503
Library Books	.....	.....	.....	.....	.....	.....	.....	338
Other Articles	.....	.....	.....	.....	.....	.....	.....	8,407

35 to 45 years	10	7	1	—	8	1	2	—
45 to 55 years	10	4	2	1	6	3	—	—
55 to 65 years	1	4	—	—	5	3	1	—
65 —	2	—	—	—	2	—	—	—
Totals	48	44	32	17	39	21	11	4

Though the formal notifications do not represent the total number of new cases each year, they form a useful guide to the incidence of the disease. In Table 15 is set out the yearly incidence and death rate since notification was instituted in 1912, and the general tendency of both to diminish is clearly seen, though there was unfortunately, an increase in incidence of pulmonary disease in 1937 as compared with the previous year. This occurred mainly amongst females and was distributed almost uniformly amongst all age groups. It is not considered that there is any special significance in this.

Of the 87 cases of pulmonary tuberculosis for which formal notification was received during 1937, 24 died during the year and the average duration of life after notification in these cases was 8.5 weeks. In 10 cases, death occurred within 4 weeks of notification. These figures indicate a high percentage of cases notified only when the disease was too far advanced for any chance of arrest.

MORTALITY.—During 1937 there were referable to the borough 75 deaths from all forms of tuberculosis, giving a tuberculosis death rate of 6.98 per 10,000 of the population. Of these deaths 60 were due to pulmonary tuberculosis and 15 to non-pulmonary tuberculosis. The pulmonary death rate was, therefore, 5.59, and the non-pulmonary rate 1.39 per 10,000 of the population.

Table 15.

Number of cases notified and number of deaths each year, 1912 to 1937.

Year	No. of Primary notifications received.		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
1931	110	67	103	17	9.5	1.6
1932	141	48	72	16	6.7	1.5
1933	107	60	79	11	7.3	1.0
1934	94	40	72	23	6.7	2.1
1935	83	31	65	9	6.0	0.8
1936	75	48	72	7	6.7	0.6
1937	87	46	60	15	5.6	1.4

From the preceding figures and Tables, it will be seen that the number of deaths and the death rate for pulmonary tuberculosis for 1937 were the lowest ever recorded, in spite of the high number of cases which were very advanced when they first came under the notice of the Department and in which death occurred during the year. Again I would point out that it is those in the prime of life who offer the least resistance to the disease and in whom the mortality is by far the greatest, and it is this fact which emphasises the necessity of the Tuberculosis Service.

The increase in the death rate from non-pulmonary tuberculosis was due to an unusually large number of deaths from tuberculous meningitis, an invariably fatal condition from which there

were 10 deaths among a total of 16 non-pulmonary deaths during the year under review. Almost all were in young children. A close investigation of the circumstances of each case, in an attempt to trace the source of infection, gave no satisfactory explanation.

The ages at which the deaths occurred are shown in Table 14, and the number of deaths and the death rate from each form of the disease since 1912 in Table 15. The death rate from pulmonary tuberculosis since 1881 is shown graphically in Table 16, together with the corresponding rate for England and Wales as a whole.

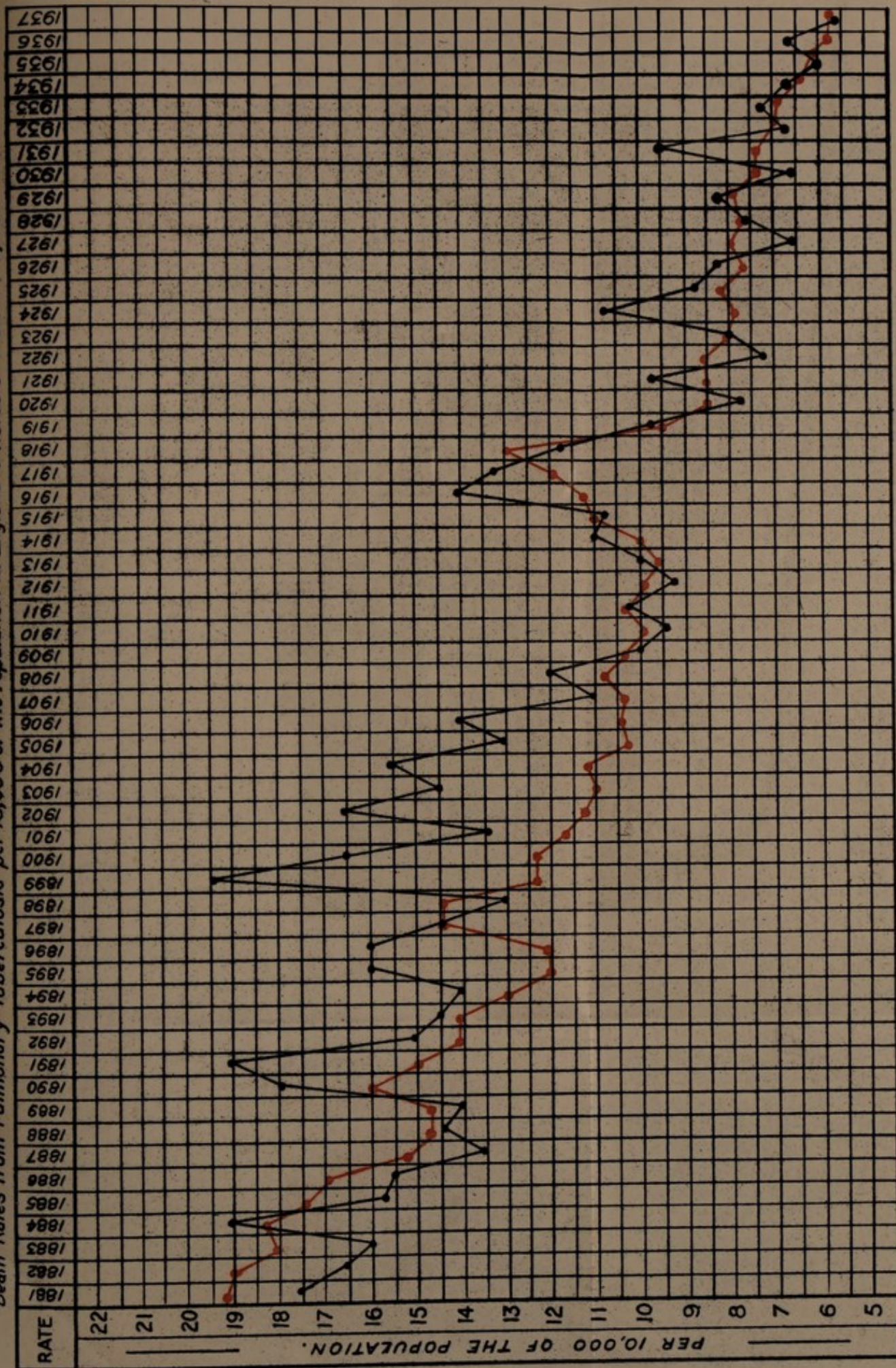
TUBERCULOSIS DISPENSARY.—The work of the Dispensary during the year has, for the most part, been carried out along the lines established in previous years. Close co-operation with all medical practitioners is maintained, and it is by this co-operation and the utilization of the facilities at the Dispensary that in the majority of cases the diagnoses are established. The installation of the new X-ray plant has been especially useful, and enables a complete clinical and radiological examination to be carried out at one session. This is an important consideration in dealing with an early suspect or contact who attends for examination only with reluctance, and who is extremely sceptical of the remotest possibility of tuberculosis in his or her case. Yet it is precisely this patient who requires a complete investigation, as opposed to the one in whom the disease is so far advanced that diagnosis is patent at a glance.

In some cases contacts, who at the primary investigation have shown no evidence of active tuberculosis, are kept under observation over a period of years. Serial X-rays are taken and tuberculin tests performed as circumstances determine. During the year a tuberculin patch test was used in place of the former intradermal injection of old tuberculin, and proved as reliable and more simple in operation with less unpleasantness for the patient.

All nurses who take up duty at the Corporation Sanatorium at Eccleston Hall are now examined and X-rayed during their first few weeks of duty.

Table 16.

Death Rates from Pulmonary Tuberculosis per 10,000 of the Population in England & Wales and St. Helens, 1881 - 1937



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



1880 1885 1890 1895 1900 1905 1910 1915 1920 1925 1930

1880	100
1885	110
1890	120
1895	130
1900	140
1905	150
1910	145
1915	155
1920	140
1925	150
1930	150

TABLE 17(a).

Record of work at or in connection with the Tuberculosis Dispensary during the years 1933—1937.

	1933	1934	1935	1936	1937
1. New cases examined for the first time	241	240	221	222	262
2. New contacts examined for the first time	130	133	135	87	97
3. Cases transferred from other areas or returned after discharge from the Register	3	25	6	2	2
Total	374	398	362	311	361
4. New cases and contacts diagnosed to be tuberculous :					
Pulmonary—Adults	67	69	68	59	69
" Children	15	5	5	4	5
Non-pulmonary—Adults	9	14	5	12	10
" Children	24	16	23	28	22
Total	115	104	101	103	106
5. Contacts diagnosed to be tuberculous (included in item 4)	5	2	2	1	1
6. Removed from Dispensary Register as :—					
Non-tuberculous	254	277	261	199	263
Recovered	90	61	45	37	37
Dead (all causes)	73	64	62	61	53
Transferred to other areas or lost sight of	30	45	18	13	22
Total	447	447	386	310	375
7. "Recovered" cases restored to Register (included in items 1 and 4)	1	—	1	—	—
8. Cases on Dispensary Register on 31st December :—					
Diagnosis completed :					
Pulmonary—Adults	264	278	271	261	258
" Children	171	155	145	137	129
Non-Pulmonary—Adults	55	58	53	53	57
" Children	230	189	180	187	192
Diagnosis not completed :					
Adults	9	6	11	9	8
Children	11	5	7	21	10
Total	740	691	667	668	654
9. Pulmonary cases on Register on 31st December which were T.B. +	120	130	130	132	135
10. Consultations with medical practitioners (personal and other)	110	146	128	128	164
11. Sputum examinations	256	260	170	94	98
12. X-ray examinations	133	364	378	513	637
13. Home visits by Tuberculosis Officer	113	126	74	115	106
14. Home visits by Nurses or Health Visitors	1578	1903	2043	2096	1713
15. Attendances at Dispensary	2928	2781	2358	1723	1368

During the year a number of radiological examinations were carried out, at the request of the Silicosis Board, on cases claiming compensation for pulmonary disease alleged to be due to inhalation of particles of silica.

Intratracheal lipiodol injection was performed in 10 cases for diagnostic purposes, and the final diagnoses in these cases were—bronchiectasis 7, carcinoma 1, pulmonary atelectasis 1, unresolved pneumonia 1.

Lipiodol is a substance opaque to X-rays, and films taken after its injection into the bronchial tree are of great assistance in the differential diagnosis of bronchial carcinoma, bronchiectasis, and pulmonary tuberculosis. In two cases, (both children), a general anaesthetic was necessary for the satisfactory performance of the operation. In all cases the crico-thyroid route was followed.

At the Tuberculosis Clinic, five sessions, including two evening ones, are held weekly for ordinary cases. A further special session is also held weekly for radiography and X-ray therapy alternately. The practice of inviting patients to attend by appointment is maintained and works very satisfactorily. Home visiting is carried out as routine by the Health Visitors and the Tuberculosis Nurse, and by the Tuberculosis Officer if required.

A record of the work in connection with the Dispensary during the last five years is shown in Table 17(a).

During 1937, 262 new cases and 97 contacts were added to the Dispensary Register, and 2 cases were transferred from other areas; 37 cases were discharged from the Register as recovered; 263 were written off as non-tuberculous; 53 died; and 22 were lost sight of or transferred to other areas. This left at the end of the year a total of 654 persons on the Register. Table 17(b) shows the condition at the end of 1937 of all patients on the Dispensary Register.

Of the 262 cases examined for the first time during 1937, 107 were referred by medical practitioners, 62 were referred by the medical officers of the maternity and child welfare or school medical services, 21 sought the services of the clinic spontaneously and 72

PULMONARY TUBERCULOSIS.

The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

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Supplementary Annual Return showing in summary form (a) the condition at the end of 1937 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register.

were notified prior to their initial attendance. The percentage of actual cases of tuberculosis seen by the Tuberculosis Officer before notification was 53.4%, as compared with 51.5% in 1936.

Of the 802 known cases of tuberculosis in St. Helens 636, or 79.3%, have been seen by the Tuberculosis Officer, and of the 133 new cases in 1937, 105, or 79%, were examined by him at one time or another.

During 1937, home disinfection of premises and bedding was carried out in 655 instances, an increase of 8 compared with the previous year.

There are no special 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, to whom the Corporation make a grant. Shelters for the use of patients at home are not provided in St. Helens.

No case came to notice in which action was required under the Public Health (Prevention of Tuberculosis) Regulations, 1925, (control of tuberculous persons employed in the milk trade), nor was it necessary to obtain compulsory removal to hospital of any patients under Section 62 of the Public Health Act, 1925, or Section 172 of the Public Health Act, 1936.

NON-PULMONARY TUBERCULOSIS.—Cases of bone and joint tuberculosis in children are treated under the Council's Orthopaedic Scheme, and details of these are given in the Orthopaedic Section of the Report. Beds are available for acute cases in the Royal Liverpool Children's Hospital at Myrtle Street and its branches at Heswall and Thingwall, and at the Leasowe Open-Air Hospital, and for convalescent and ambulant cases at Eccleston Hall Sanatorium.

Operative treatment for adult cases is provided at the Royal Southern Hospital, Liverpool. During the year two spinal bone grafts were performed there on cases of tuberculous spinal caries. This operation materially shortens for adults the long period of treatment,

by immobilisation on a spinal frame, normally adopted for children in whom the factors of time and economic pressure are a secondary consideration.

Arrangements were made during the year with the Liverpool Corporation for the treatment of cases of lupus from St. Helens at the newly-opened heliotherapy clinic at the Belmont Road Institution, Liverpool. Two patients are at present undergoing Light Treatment there with appreciable benefit.

For certain cases, however, the injection of hydriocarpus esters was carried out at the Dispensary. Of the six patients treated, three have shown considerable improvement. The process is rather painful, and severe reactions may be encountered. This line of treatment is still in an experimental stage.

At the Cloughton Street Clinic, radio therapy was utilized in 34 cases of tuberculous adenitis and 5 cases of tuberculous skin affections, the attendances totalling 420 in all. In addition 6 cases with discharging sinuses made 310 attendances for special dressings by the Tuberculosis Nurse.

During 1937, patients suffering from the following types of disease received in-patient treatment at various institutions :—

Bones and Joints	24
Abdominal	8
Other Organs	—
Peripheral Glands	6

DENTAL TREATMENT.—In-patients at Eccleston Hall Sanatorium are examined regularly by the dental surgeon, and minor treatments such as extractions, fillings, etc., are carried out and in special cases dentures are supplied. There is no special scheme for dealing with patients attending the Dispensary, but urgent cases are from time to time referred to the dental surgeon for treatment.

During the year 61 patients were treated at Eccleston Hall Sanatorium, and treatment was provided for 4 dispensary cases.

Table 18.

Return showing the immediate results of treatment of definitely tuberculous patients and of observation of doubtful cases discharged from approved Residential Institutions during the year 1937.

Classification admission to the institution		Condition at time of discharge	Duration of Residential Treatment in the Institution.												Totals			Grand Totals
			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.	M.	F.	Ch.	
Pulmonary tuberculosis	Class T.B. minus.	Quiescent	1	1	1	3	2	3	3	1	—	—	—	7	4	4	15	
		Not Quiescent	—	—	—	1	—	—	—	—	—	—	—	1	—	—	1	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group 1	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group 2	Quiescent	—	—	—	1	—	—	4	—	—	—	1	2	5	1	2	8
		Not Quiescent	1	1	—	2	1	—	1	—	—	—	—	4	2	—	6	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Class T.B. plus Group 3	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not Quiescent	3	3	—	4	2	—	3	—	1	3	2	—	13	7	1	21
		Died in Institution ...	—	2	—	3	1	—	1	—	—	1	—	—	5	3	—	8
Non-pulmonary tuberculosis	Bones and Joints	Quiescent	—	—	1	—	—	1	2	—	2	—	—	2	—	4	6	
		Not Quiescent	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	
		Died in Institution ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	
	Abdom- inal	Quiescent	—	—	—	—	—	—	—	—	4	—	—	—	—	4	4	
		Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Other Organs	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Not Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Peri- pheral Glands	Quiescent	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	
		Not Quiescent	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Non-tuberculous	2	—	2	1	2	5	—	1	—	—	—	1	3	3	8
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	2	—	2	1	2	5	—	1	—	—	—	2	3	3	9

NOTE—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 3* includes advanced cases and cases with grave complications, e.g., diabetes and tuberculosis of larynx or intestine. *Group 2* includes all cases of *Class T.B. plus* who cannot be placed in groups 1 and 3.

TABLE 19.
Institutional Treatment during the year 1937.
(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 doubt- fully tuberculous cases admitted for observation	Adult Males	—	4	2	1	1
	Adult Females	—	3	3	—	—
	Children	6	5	9	—	2
	Total	6	12	14	1	3
Number of patients suffering from pul- monary tuberculosis	Adult Males	25	43	36	10	22
	Adult Females	17	21	19	3	16
	Children	4	5	7	—	2
	Total	46	69	62	13	40
Number of patients suffering from non-pulmonary tuberculosis	Adult Males	5	5	4	1	5
	Adult Females	1	1	—	—	2
	Children	18	8	10	1	15
	Total	24	14	14	2	22
Grand Total		76	95	90	16	65

(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 pat- ients suffering from pulmonary tuberculosis admitted for treatment	Adult Males	4	4	2	2	4
	Adult Females	—	5	3	2	—
	Children	—	—	—	—	—
	Total	4	9	5	4	4
Number of pat- ients suffering from non-pulmon- ary tuberculosis admitted for treatment	Adult Males	2	1	2	1	—
	Adult Females	—	—	—	—	—
	Children	—	—	—	—	—
	Total	2	1	2	1	—
Grand Total		6	10	7	5	4

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 32 men, 18 women, and 20 children.

During the year 100 patients were admitted, 84 were discharged, and 18 died. The average length of stay of the patients who were discharged was 174 days, and of those who died, 137 days. Of the 18 who died, 9 had been in the Sanatorium for less than 8 weeks.

Patients in all stages are admitted to this Sanatorium. Though it is not a large institution it satisfies the major needs of the town in dealing with the problem of tuberculosis. The advanced case which is highly infectious is removed from home contact whilst at the same time receives that skilled nursing attention which he requires. The febrile case is treated with rest such as never could be carried out at home, and at the same time is educated to adapt himself to the new mode of life necessitated by his altered circumstances. In addition every facility is available, if indicated, for more active forms of treatment.

During the year, 19 patients were undergoing collapse therapy in one form or another. Artificial pneumothorax refills totalled 367 ; there were 8 inductions performed and 1 unsuccessfully attempted. 5 patients received courses of injections of gold salts administered either intravenously or intramuscularly. All treatment is controlled in part by serial blood sedimentation tests, of which 235 were performed during the year.

The dangers of pregnancy, labour, and the puerperium in the tuberculous mother are well known. During the year, the Maternity and Child Welfare Officer arranged for several cases of tuberculous females in the early stages of pregnancy to be admitted to the Sanatorium and kept there under constant supervision until transferred direct to the Maternity Hospital for confinement. The

results were excellent in all cases, and, wherever possible, this method of dealing with such cases will be adopted in future.

The Sanatorium school provides education for child inmates able to attend, and bedside tuition is given to those medically fit to benefit therefrom. The 35 children in the Sanatorium during the year attended the school for an average of 102 days each. The average daily attendance at the school was 15.

The waiting room for visitors at the entrance to the Sanatorium grounds was completed early in the year and has added greatly to the comfort of those visiting relatives and friends.

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

(c)—Seven 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.

In addition to the above, 60 beds are available and used as required for pulmonary or non-pulmonary poor law cases at the County Hospital, Whiston.

Table 18 shows the immediate results of treatment of patients discharged from residential institutions during the year, and Table 19 shows the extent of institutional treatment provided.

VI.—VENEREAL DISEASES.

The arrangements for treatment and for the bacteriological examinations of specimens, remained as in previous years.

An analysis of the work carried out, at or in connection with the Venereal Diseases Centre, is shown in Table 20, and Table 21 shows the number of new cases each year since 1923.

Table 20.

Record of work carried out at or in connection with the
Venereal Diseases Centre during 1937.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Totals
Number of cases on 1st January under treatment or observation	23	20	—	—	18	25	—	2	41	47	88
Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection	—	1	—	—	1	5	—	—	1	6	7
Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4)	8	8	—	—	47	19	15	35	70	62	132
Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	—	—	—	—	1	1	—	—	1	1	2
Totals of Items 1, 2, 3 and 4	31	29	—	—	67	50	15	37	113	116	229
Number of cases discharged after completion of treatment and final tests of cure (see Item 15)	1	1	—	—	24	7	15	29	40	37	77
Number of cases which ceased to attend before completion of treatment.	11	10	—	—	18	10	—	—	29	20	49
Number of cases which ceased to attend after completion of treatment but before final tests of cure	—	—	—	—	9	8	—	—	9	8	17
Number of cases transferred to other centres or to institutions, or to care of private practitioners	1	—	—	—	6	2	—	—	7	2	9
Number of cases remaining under treatment or observation on 31st December	18	18	—	—	10	23	—	8	28	49	77
Totals of Items 5, 6, 7, 8 and 9	31	29	—	—	67	50	15	37	113	116	229
Number of cases of syphilis included in Item 6 which failed to complete one course of treatment	2	—	—	—	—	—	—	—	2	—	2
Number of attendances— (a) for individual attention of the medical officers	460	355	—	—	433	241	28	96	921	692	1613
(b) for intermediate treatment, e.g., irrigation, dressing	20	—	—	—	1745	1566	21	4	1786	1570	3356
TOTAL ATTENDANCES	480	355	—	—	2178	1807	49	100	2707	2262	4969

Table 20—continued.

	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
12. In-patients :—										
(a) Total number of persons admitted for treatment during the year	—	—	—	—	—	1	—	—	—	1
(b) Aggregate number of "in-patient days" of treatment given	—	—	—	—	—	11	—	—	—	11
13. Number of cases of congenital syphilis in Item 3 above classified according to age periods	Under 1 year		1 and under 5 years		5 and under 15 years		15 years and over		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
	—	1	—	1	—	—	1	—	1	2

TABLE 21.

Number of Cases of Venereal Diseases dealt with for the first time during the years 1923 to 1937.

Year	SYPHILIS		SOFT CHANCRE		GONORRHOEA	
	Males	Females	Males	Females	Males	Females
1923	18	11	—	—	34	2
1924	19	15	—	—	30	9
1925	14	29	1	—	26	4
1926	36	40	2	—	33	9
1927	32	39	4	—	42	14
1928	44	26	3	—	62	11
1929	22	25	2	—	55	14
1930	16	32	1	—	40	14
1931	6	13	—	—	22	16
1932	3	11	—	—	24	21
1933	7	11	—	—	32	18
1934	6	6	2	—	42	19
1935	11	10	—	—	43	21
1936	14	4	—	—	33	15
1937	8	8	—	—	47	19

From Table 21, it will be seen that during 1937 there was a decrease in the number of cases of male syphilis, but an increase in the number of cases of female syphilis coming under treatment for the first time. This increase in female cases, however, was due to an increase in the number of old cases in later stages of the disease and cases of a congenital type. It may be assumed, therefore, that as regards the occurrence of fresh cases of syphilitic infection the position in the town is satisfactory.

The ever recurring problem of patients ceasing to attend the clinic before satisfactory completion of treatment, was again to the fore during the year. It was found, however, on detailed analysis of the records, that in practically every case these defaulters had received enough treatment to render them presumably non-infective to the community at large.

The number of new cases of gonorrhoea in both sexes showed an increase on the previous year. Fortunately, these cases were of an uncomplicated type and as regards the males, where the increase was most striking, the results of treatment proved very successful. The majority of male cases were subjected to a course of the new drug, Sulphanilamide, concurrently with irrigation, on coming under treatment. The results on the whole proved satisfactory. Several cases, it is true, did not react to the drug and appeared to obtain little or no additional benefit from the treatment. Yet in cases showing a good response there was a sensational disappearance of acute symptoms, followed by apparently uncomplicated recovery. Caution must be observed, however, in the estimation of complete recovery in these cases, and repeated final tests of cure are necessary to eliminate any possibility of relapse.

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, two assistant superintendents, and twenty nurses to attend non-infectious cases in their own homes. 3,239 cases were nursed during the year, the total number of visits amounting to 157,651.

Arrangements are in operation for the Association to undertake for the Corporation the home nursing of cases of puerperal fever and puerperal pyrexia, and of certain infectious diseases in children under 5 years of age.

MIDWIVES.—Under the Domiciliary Midwifery Service of the Corporation, 14 whole-time midwives and 1 supervisor are now maintained by the Corporation, and their services as midwife or maternity nurse are available for any mother wishing to be confined in her own home. Applications for this Service are made direct to the midwife concerned. Appropriate fees are charged in each case, but the whole or part of the fee may be remitted in necessitous cases.

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

(1).—**Infant Welfare Clinics.**—For children under 5 years of age.

- (a) Town Hall CentreMonday and Thursday, 2 to 4 p.m.
For North and South Windle,
Hardshaw and Blackbrook districts.
- (b) Albion Street CentreMonday and Friday, 2 to 4 p.m.
For Ecclestone, Newtown, Dentons
Green, Cowley Hill and Central
districts.
- (c) Elizabeth Street Centre Tuesday, 2 to 4 p.m. For Sutton
district.
- (d) Gartons Lane CentreWednesday, 3 to 4 p.m. For
Marshalls Cross, Sutton Manor and
Clock Face districts.
- (e) West Street CentreThursday, 2 to 4 p.m. For Thatto
Heath district.
- (f) Nunn Street CentreWednesday, 2 to 4 p.m. For
Derbyshire Hill and Parr districts.

(2).—**Toddlers' Clinics.**—For the bi-annual survey of children age 2 to 5 years.

- (a) Albion Street CentreTuesday, 2 to 4 p.m.
- (b) Town Hall CentreThursday, 10 to 11-30 a.m.
- (c) West Street Centre} Alternate Wednesdays, 10 to
- (d) Nunn Street Centre} 11-30 a.m.

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

- (a) Town Hall CentreTuesday and Friday, 2 to 4 p.m.
- (b) Elizabeth Street Centre Thursday, 10 to 11 a.m.
- (c) Gartons Lane Centre.....Wednesday, 2 to 3 p.m.
- (d) West Street CentreMonday, 2 to 4 p.m.
- (e) Nunn Street CentreFriday, 10 to 11 a.m.

(4).—**Gynaecological and Post-natal Clinic.**—For diseases or disablements associated with child-bearing.

Town Hall Centre.....Tuesday, 10-30 a.m. to 12 noon.

(5).—**Test-feeding Clinic.**—For nursing mothers.

Albion Street Centre—Tuesday and Thursday, 9 a.m. to 12 noon.

(6).—**Sunlight Clinic.**—For weakly and rachitic children.

Town Hall Centre—Monday and Friday, 9 to 11-0 a.m.

(7).—**School Clinic, Claughton Street.**—For treatment of minor ailments, throat and nose defects, eyes, and dental defects and the X-ray treatment of ringworm. Minor ailments and dental defects are treated daily from 8-45 a.m. to 5 p.m. (Saturdays 8-45 a.m. to 12 noon), and other defects on special days. The Dental Department is at Old Bank House. 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, Thatto Heath and Albion Street. After school dental inspection, Dental Clinics are held at Sutton, Sutton Manor and Thatto Heath for varying periods.

- (8).—**School Inspection Clinics.**—For schoolchildren, for consultation or advice.

Town Hall Centre—Wednesday and Saturday, 9 to 11 a.m.

- (9).—**Tuberculosis Dispensary, Claughton Street.**—Open Monday from 3-30 to 5 p.m. (X-ray) and from 5-30 to 7 p.m., Wednesday from 10 to 11-30 a.m., Thursday from 2-30 to 4-30 p.m., and Friday from 10 to 11-30 a.m., and from 5-30 to 7 p.m. X-ray is available at all sessions, but Monday (3-30 to 5 p.m.) is reserved solely for X-ray work.

- (10).—**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.

- (11).—**Orthopaedic Clinic.**—At the Maternity and Child Welfare Centre, Albion Street. Orthopaedic Surgeon attends on 2nd and 4th Wednesdays of each month, from 2 to 4 p.m. Intermediate treatments are given by the orthopaedic nurse daily at Albion Street Clinic, and once weekly at the Elizabeth Street, Gartons Lane, West Street and Nunn Street Maternity and Child Welfare Centres.

- (12).—**Immunisation Clinic.**—For immunising children against diphtheria. Tuesday and Wednesday at 2 p.m. at the School Clinic, Claughton Street.

- (13).—**Aural Clinic.**—The Ear, Nose and Throat Surgeon attends fortnightly—Thursday, 11-0 a.m. to 12-0 noon. Intermediate treatments are given by the Nurse in charge of the Aural Clinic, daily, from 1-15 to 5-0 p.m. at Claughton Street Clinic.

- (14).—**Speech Defect Class.**—Held at the Windle Pilkington Infants' School. Sessions are held each Tuesday and Wednesday from 9-15 to 11-45 a.m., and each Friday from 9-15 to 11-45 a.m. and 1-30 to 4-0 p.m.

HOSPITALS.—

Provided by the Council :—

- (1)—Borough Isolation Hospital, Peasley Cross. For Infectious Diseases (other than smallpox). Beds : 104. Resident staff : matron and 27-28 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.
- (2)—Eccleston Hall Sanatorium. For Pulmonary and convalescent or non-active Non-Pulmonary Tuberculosis. Total Beds : 70. Resident Staff : 1 medical officer, sister-in-charge and 15 nursing staff. Non-resident female teacher. Orthopaedic Surgeon visits periodically and the Corporation Dental Surgeon visits weekly. Cases are also admitted from the Lancashire County Council area.
- (3)—The St. Helens Maternity and Child Welfare Hospital, Cowley Hill. For maternity cases and for ailing and debilitated children. Beds : maternity, 20 ; ailing and debilitated children, 32. Resident staff : 1 medical officer, matron, and 18 nursing staff. The Council's Consultant Obstetrician attends as and when required.

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)—County Hospital, Whiston. Transferred from the Prescott Board of Guardians to the Lancashire County Council under the Local Government Act, 1929. Total Beds available 511.

There are 4 resident medical officers. The visiting consultant staff comprises an ophthalmic surgeon, a dentist, an

anaesthetist, an obstetrician, an ear, nose and throat surgeon, a radiologist, a bone specialist and a general surgeon, and the medical superintendent has authority to call in any other specialist or consultant assistance if he wishes. The pathological work is carried out at the County Mental Hospital, Rainhill. The hospital is used mainly for the reception of Poor Law cases, but a number of private cases are admitted, and the tendency is for the hospital to be used more and more as a general hospital. By an arrangement with the Lancashire County Council, all Poor Law cases from St. Helens are admitted to this Institution.

(3)—An average of 8 beds is also retained at the Leasowe Open-Air Hospital for Children and 4 at Delamere Sanatorium, and in-patients are sent to other hospitals or institutions as required.

Other Hospitals.—*The St. Helens Hospital.*—Supported partly by subscribers and partly by contributions. For all medical and surgical non-infectious cases. Also 17 beds for maternity cases. Total accommodation about 164 beds. Out-patient department for Ophthalmic, Ear, Throat and Nose, Gynaecological cases, and Massage and Sunlight cases.

The Providence Free Hospital.—Accommodation for about 130 patients (general medical and surgical cases). This hospital has also an out-patient department for ophthalmic, ear, throat and nose, gynaecological cases, and massage and sunlight 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 as 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, 2,131 live births and 111 still-births were notified

during the year. For these, 2,033 notifications were received from midwives and 209 from doctors. The total number of live births registered as belonging to St. Helens for the year was 1,996 as compared with 1,980 in 1936, and the birth rate for the year was 18.6 per 1,000 of the population as compared with 18.3 per 1,000 during 1936.

INFANT MORTALITY.—During 1937, 1,996 births were registered for St. Helens, and the deaths of 175 infants under one year of age occurred, giving an infant mortality rate of 87.7 per 1,000 births as compared with 56.1 for the previous year. Of the 175 deaths under one year, 171 were legitimate children and 4 illegitimate children, giving a legitimate infant mortality rate of 87.6 per 1,000 legitimate births and an illegitimate infant mortality rate of 93.0 per 1,000 illegitimate births. The infant mortality rate for England and Wales was 58 per 1,000 births, and for the 125 County Boroughs and Great Towns 62 per 1,000 births.

The principal causes of the deaths in 1937 were as follows :—

Congenital debility, malformation and premature birth.....	98
Pneumonia	29
Bronchitis and other respiratory diseases	10
Whooping Cough and Measles	5
Diarrhoea, etc.	8
Other Digestive Diseases	2
Tuberculosis	2
Influenza.....	1
Marasmus	12
Convulsions	3
Congenital Heart Disease.....	1
Other causes	4
	<hr/>
	175
	<hr/>

The following statement reviews the infant death rates per 1,000 births under the principal causes in the years 1932 to 1937.

	Infant Mortality per 1,000 Births.					
	1932	1933	1934	1935	1936	1937
Congenital Debility, mal-formation and premature birth	42.59	47.44	40.19	46.90	29.80	49.10
Pneumonia, Bronchitis and other respiratory diseases	25.00	33.01	10.17	22.22	11.62	19.54
Measles and Whooping Cough	—	8.77	1.45	5.92	1.52	2.50
Diarrhoea, etc.	7.41	5.67	2.91	7.40	4.55	4.01
All other Diseases	14.35	20.63	10.65	11.85	8.59	12.53

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

	Infant Mortality per 1,000 Births.				
	1933	1934	1935	1936	1937
Deaths under 1 day old	14.44	13.56	15.30	11.11	19.54
Deaths 1 to 7 days old	15.47	10.65	15.30	11.11	16.03
Deaths 1 to 4 weeks old	15.47	11.62	14.81	8.59	15.03
Total mortality under 1 month old, i.e., neo-natal deaths	45.38	35.83	45.41	30.81	50.60
Deaths 4 weeks to 3 months old	19.03	7.26	13.82	5.05	10.52
Deaths 3 to 6 months old	18.57	8.71	15.80	7.58	10.52
Deaths 6 to 12 months old	32.49	13.56	19.24	12.63	16.03

It will be seen that the infant mortality rate for St. Helens during 1937 (87.7 per 1,000 births) showed a considerable increase on that of the previous year (56.1 per 1,000 births) which was the lowest ever recorded for St. Helens. This increase was mainly due to an increase in the number of deaths due to respiratory diseases and to congenital debility and prematurity. Those attributable to respiratory diseases were associated with the severe influenzal epidemic in the early months of the year. The increase in deaths due to congenital debility and prematurity resulted in an increase in the neo-natal mortality, i.e., deaths under the age of one month. These neo-natal deaths are chiefly due to prematurity, and they stress the need for early and continuous ante-natal care in order that, as far as

so possible, premature birth may be avoided. Premature birth is a serious danger to the child, as it means that the baby is deprived of the protection of intra-uterine life and is born into the world before full development has taken place.

STILL-BIRTHS.—The number of still-births registered in St. Helens during the year was 110. Of these, 6 belonged to other districts, so that the total number belonging to St. Helens was 104. All the still-births occurring in the borough were notified under the Notification of Births Acts.

The following statement shows the number of still-births for St. Helens since 1928 compared with the number of live births, and expressed as a percentage of the total live and still-births.

Year	No. of Live Births.	No. of Still-Births.	Total Births.	No. of Still-Births expressed as a rate per 1,000 Total Births.
1928	2405	105	2510	41.8
1929	2259	107	2366	45.2
1930	2343	108	2451	44.6
1931	2178	103	2281	45.2
1932	2160	104	2264	45.9
1933	1939	121	2060	58.7
1934	2065	116	2181	53.2
1935	2026	106	2132	49.7
1936	1980	82	2062	39.8
1937	1996	104	2100	49.5

TABLE 22.
Maternal Mortality.

Year	No. of Live Births.	No. of women registered as dying from diseases and accidents of pregnancy and child-birth.	Maternal Mortality per 1,000 live births.	Maternal Mortality per 1,000 live and still-births.
1911	3247	10	3.08	—
1912	3137	6	1.91	—
1913	3199	9	2.81	—
1914	3357	17	5.06	—
1915	2966	16	5.39	—
1916	2599	9	3.46	—
1917	2217	10	4.51	—
1918	2435	13	5.34	—
1919	2687	18	6.7	—
1920	3334	17	5.1	—
Average for years 1911/1920	—	—	4.3	—
1921	3059	15	4.9	—
1922	2813	11	3.91	—
1923	2615	3	1.14	—
1924	2628	17	6.47	—
1925	2630	14	5.32	—
1926	2561	11	4.29	—
1927	2359	8	3.39	—
1928	2405	11	4.57	—
1929	2259	13	5.75	—
1930	2343	12	5.12	—
Average for years 1921/1930	—	—	4.5	—
1931	2178	7	3.21	3.07
1932	2160	9	4.17	3.97
1933	1939	11	5.67	5.34
1934	2065	11	5.33	5.04
1935	2026	5	2.47	2.35
1936	1980	10	5.05	4.84
1937	1996	15	7.51	7.14
Average for years 1931/1937	—	—	4.74	4.50

Special enquiries are made into all still-births that occur, and from such enquiries into the 111 cases notified in St. Helens during 1937, the causes of still-birth in these cases would appear to be as follows, viz. :—

CONDITION IN MOTHER.		CONDITION IN CHILD.	
Renal Diseases	18	Prematurity	19
Accidental Haemorrhage	10	Prolapsed Cord	8
Placenta Praevia	3	Breech delivery	7
Toxaemia of Pregnancy	9	Hydrocephaly	7
Difficult labour	8	Anencephaly	5
Injury during Pregnancy	2	Meningocele	1
Syphilis	1		
Cause not known	13		
	—		—
	64		47
	—		—

MATERNAL DEATHS.—During 1937, 15 deaths (6 from puerperal sepsis and 9 from other puerperal causes) were registered as resulting from diseases or accidents of pregnancy. The maternal mortality for the year was, therefore, 7.14 per 1,000 live and still-births. This is the highest maternal mortality rate recorded for St. Helens since the present method of classification of these deaths was instituted. It was also the second highest amongst the county boroughs in Lancashire during 1937. Table 22 shows the maternal mortality since 1911.

As has been the custom for many years, special enquiries are made into all maternal deaths certified as such, and also into all deaths in which, though not certified as due to puerperal causes, there is reason to suspect that the deaths may be associated with such causes. During 1937 it was found, however, that all deaths which might truly be attributable to puerperal causes had been certified as such. The true total number of maternal deaths occurring in St. Helens was, therefore, that stated by the Registrar General, namely 15, and from the special investigations carried out it was ascertained that the true causes of death in these cases could be attributed to the following conditions :—

Puerperal Sepsis following abortion	4
Puerperal Sepsis following retained placenta	1
Puerperal Sepsis following Pyelitis.....	1
Placenta Praevia	3
Eclampsia	2
Pernicious Anaemia	1
Pneumonia	1
Post-partum shock	1
Toxaemia of pregnancy	1
	—
	15
	—

From these figures it will be seen that 6 deaths were due to puerperal sepsis, and in 4 of these 6 cases the sepsis followed abortion. This points, very directly, to the danger of this method of termination of pregnancy, a danger which apparently is not fully realized by the general public. It points also to the need for further facilities for the prompt and thorough treatment of abortion cases.

Those deaths due to placenta praevia, eclampsia and toxaemia of pregnancy emphasize the need for consistently good maternity services associated with ante-natal supervision.

A special report by the Medical Officer of Health on the maternal mortality in St. Helens, and the maternity services provided by the Council, is printed in the Appendix.

INFECTIOUS DISEASES IN MOTHERS & CHILDREN.

Puerperal Fever and Puerperal Pyrexia.—During the year 7 cases of puerperal fever and 29 cases of puerperal pyrexia were notified, and 6 deaths were registered as being due to puerperal sepsis.

Since 1st October, 1937, puerperal fever as such has ceased to be notifiable, and all cases in which a rise of temperature occurs during the 21 days following delivery are now notifiable under the term "puerperal pyrexia."

The subsequent diagnoses of the 36 cases notified were :—

Puerperal Septicaemia	9
Localised Pelvic Infection	17
Pyelitis	2
Acute Mastitis	2
Pneumonia	1
Pernicious Anaemia	1
Anaemia following Post-Partum Haemorrhage.....	1
Eclampsia	1
Phlegmasia Alba Dolens	1
Influenza	1
	—
	36
	—

Of the 9 cases of septicaemia notified, 4 followed abortion, 2 developed after normal delivery, 2 occurred after instrumental delivery, and 1 followed manual removal of placenta. All these patients were treated in hospital and 6 died. Of the 17 cases classified as localised pelvic infection, 6 followed normal delivery, 4 occurred after instrumental delivery and 3 followed abortion. 1 case was due to absorption from a badly lacerated perineum, 1 followed manual removal of a placenta, another was due to retention of a portion of membrane and one following the operation of version during labour. All recovered.

Beds are available for these cases of puerperal fever and puerperal pyrexia at the Borough Isolation Hospital, and home nursing may be arranged with the District Nursing Association. During the year, 26 patients were treated in the Isolation Hospital, 6 at the St. Helens Hospital, 1 at the Providence Hospital, 1 at the County Hospital, Whiston, and 2 were nursed at home by the District Nursing Association. The services of the Consultant Obstetrician were sought on 2 occasions.

It is hoped that early notification and prompt treatment by methods based on recent discoveries regarding this dread complication of midwifery, will in the future diminish the number of fatalities from this cause.

Ophthalmia Neonatorum.—8 cases were notified during the year. 6 of these were treated at home under the Council's arrangements with the District Nursing Association, and 2 in the St. Helens Hospital. All recovered with vision unimpaired.

Pemphigus.—3 cases of pemphigus neonatorum occurred in 2 midwives' practices. All the cases were nursed at home by the District Nursing Association. The midwives were suspended from duty and their houses, clothing and instruments were disinfected.

Other Infectious Diseases.—Table 23 shows the number of cases of infectious diseases which occurred in children under 5 years of age, and the deaths resulting therefrom.

Table 23.

Infectious diseases at ages 0-1 and 1-5 years.

	Under 1 year		1-5 years	
	Cases	Deaths	Cases	Deaths
Scarlet Fever	3	—	195	2
Diphtheria	—	—	92	6
Measles	71	1	590	1
Whooping Cough	103	4	525	2
Pneumonia	28	29	65	12
Ophthalmia Neonatorum	8	—	—	—
Erysipelas	1	—	3	—
Acute Poliomyelitis	—	—	1	—
Cerebro-Spinal Fever	—	1	—	—

Home nursing and Hospital arrangements.—By arrangement with the St. Helens and District Nursing Association, home nursing of cases of whooping cough, measles, ophthalmia neonatorum and pneumonia in children under 5 years of age, and of puerperal fever and puerperal pyrexia cases, can be carried out by the district nurses. Beds are available at the Isolation Hospital for cases requiring hospital treatment. During the year the services of the district nurses were asked for in 30 cases of measles, 6 cases of ophthalmia neonatorum, 3 cases of pemphigus and 10 maternity cases, and 3 cases of measles, 10 cases of whooping cough and 26 cases of puerperal fever or puerperal pyrexia were admitted to the Isolation Hospital.

INSPECTION AND SUPERVISION OF MIDWIVES.—

During the year 38 midwives, all holding the Certificate of the Central Midwives' Board, notified their intention to practise within the borough.

In addition to the above, 10 midwives are employed at the Council's Maternity and Child Welfare Hospital, and 4 midwives are employed in the maternity block of the St. Helens Hospital, and the matrons of both these institutions are qualified midwives. Notifications were also received in respect of all these.

Inspections of private midwives were carried out on 43 occasions by Medical Officers, and the Inspector of Midwives paid 77 routine visits and 15 special visits for purposes of inspection and supervision. Inspections of municipal midwives were also carried out on 18 occasions by Medical Officers and the Supervisor of Midwives paid 230 visits to various municipal midwives for purposes of inspection and supervision.

During the year the private and municipal midwives attended 1,318 cases as midwives and were in attendance on 222 cases as maternity nurses.

In their capacity as midwives they found it necessary to call medical practitioners to their assistance on 437 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	1,318	
Number and percentage in which medical assistance was obtained	437	(33.1 %)
Reasons for medical assistance :—		
(a) For abortions and premature labours	40	(3.0 %)
(b) For ante-natal illnesses	50	(3.8 %)
(c) For difficult labour	145	(11.0 %)
(d) For suturing the perineum, expelling the placenta, excessive haemorrhage, etc.	114	(8.6 %)
(e) For post-natal illnesses	36	(2.7 %)
(f) For the child	52	(4.0 %)

During the financial year 1937-38, £654/5/6d. was paid to medical practitioners for these services, and £165/18/6d. was recharged to the patients. It should be noted, however, that bad debts and later remissions of charges frequently reduce the amount actually received.

PROVISION OF MIDWIVES.—Following the passing of the Midwives Act, 1936, a domiciliary midwifery service was instituted by the Corporation on the 30th July, 1937. A special report by the Medical Officer of Health on the provisions of the Midwives Act, 1936, containing suggestions for giving effect to the Act in St. Helens, is printed in the Appendix. With the exception of that portion of the report dealing with the remission of fees, the report was adopted by the Council, and forms the basis of the present municipal midwifery service. It was found, however, that the number of cases booking the municipal midwives did not warrant the services of 16 whole-time midwives, and on 2 midwives resigning, their places were not filled. The present staff, therefore, consists of 14 midwives and 1 supervisor. These 14 midwives are divided into 5 groups or districts, and patients are free to book any midwife in their own district. The midwives have been supplied with telephones, and the patients are notified, when booking, of the other midwives resident in their area, so that there may be as little delay as possible in obtaining the required services. The grouping of midwives also permits of interchange of duties in case of an emergency. The midwives are not allowed to book cases outside their own districts. The supervisor is responsible for the general supervision of the midwives' work and for the administration of the scheme.

From the commencement of the scheme to the 31st December, 348 cases were attended by these midwives.

As all the midwives appointed were local midwives, and as there are still 17 midwives practising in a private capacity in St. Helens, the full effect of the scheme is not yet apparent. There is no doubt, however, that as the older midwives give up practice, and as in time the mothers become better acquainted with the scheme, greater

advantage will be taken of the municipal service. Time will be required, however, before the service can be brought up to that state of efficiency which is desirable.

It has been arranged that the fees charged for this service shall be the same as those charged by private midwives, namely, for service as a midwife, 35/- for a primipara and 30/- for a multipara, and for service as a maternity nurse, 30/- and 25/- respectively. The remission of the whole or part of these fees is allowed in necessitous cases in accordance with a scale of income adopted by the Council.

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

To expectant mothers :—

(a) First visits	771
(b) Subsequent visits	1,409

To infants under one year :—

(a) First visits	1,965
(b) Subsequent visits	8,220

To children, aged one to five years

18,737

Total Visits	31,102
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MATERNITY AND NURSING HOMES.—There are three private maternity homes registered in St. Helens. These have been periodically inspected and found to be satisfactory. During the year 128 maternity cases were delivered in these homes.

Exemption from the provisions regarding registration was granted to the St. Helens Hospital and the Providence Free Hospital. In the maternity block of the St. Helens Hospital, 372 cases were delivered.

CHILD WELFARE CLINICS.—Child welfare clinics for children under 5 years of age are conducted at 11 sessions weekly at six centres. The attendances at the various maternity and child welfare clinics during 1937 are shown in Table 24.

TABLE 24.

Attendances at Maternity and Child Welfare Clinics.

	1936	1937
Child Welfare Clinics.		
No. of children who attended for the first time during the year and who, on the date of their first attendance, were :—		
(i) under 1 year of age	1380	1434
(ii) between the ages of 1 and 5 years	1392	1396
Percentage of notified births represented by the number of children who on the date of their first attendance were under 1 year of age	66.37	67.29
Number who attended and at the end of the year were—		
(i) under 1 year of age	1194	1333
(ii) between the ages of 1 and 5 years	2393	2638
No. of attendances by children—		
(i) under 1 year of age	12478	13015
(ii) between the ages of 1 and 5 years	4396	4907
Test-feeding Clinic.		
No. of nursing mothers who attended	81	33
No. of attendances	93	37
Ante-natal Clinics.		
No. of expectant mothers who attended	1257	1322
No. of attendances by expectant mothers	6200	6307
Percentage of total notified births (live and still) represented by the number of expectant mothers who attended either the Maternity and Child Welfare Centres or the Ante-natal Clinics	58.11	58.97
Gynaecological and Post-natal Clinic.		
No. of Mothers who attended	288	330
No. of attendances	617	716
Sunlight Clinic.		
No. of Children who attended.....	114	152
No. of attendances	1451	2355

Previous to October, 1937, the last sessions each month of the infant welfare clinics were devoted to toddlers, but during that month weekly sessions of toddlers' clinics were instituted at the Town Hall and Albion Street centres, and fortnightly sessions at the West Street and Parr centres. These toddlers' clinics take the form of a six-monthly pre-school medical examination by appointment. It is hoped that these examinations during pre-school life, leading as they do to the detection of many defects of a minor and easily remedied character, such as decayed teeth, enlarged tonsils and adenoids, slight otorrhoea and catarrhal conditions, will also mean that the child commences school life in a healthier condition than it would if such defects were allowed to persist until school age. During the year 1811 toddlers attended these special clinics, and it is greatly to be desired that the parents would realise the importance of these examinations and bring their toddlers, even though they may appear to be in a healthy condition.

TEST-FEEDING CLINIC.—During 1937, 33 mothers attended this clinic. In 24 breast-feeding was continued, 3 were given instructions regarding supplementary feeds, and 6 were advised to wean.

The object of this clinic is to encourage breast-feeding, and it is felt that more advantage should be taken of it so that unnecessary weaning does not occur. It is generally acknowledged that breast-feeding is the ideal method for babies, provided the breast milk is of good quality and of sufficient quantity for the child. In many cases artificial feeding is commenced too early because of some small disability, either in the mother, or in the baby, and full lactation is never fully established and the baby suffers needlessly from digestive disorders. At the test-feeding clinic all the details of breast-feeding are investigated, these small disabilities overcome, and weaning avoided with very satisfactory results. It is not always necessary for mothers to make several attendances for this purpose, as in the majority of cases one attendance is sufficient for faults to be detected and corrected.

ANTE-NATAL CLINICS.—Special ante-natal clinics are held six times weekly at five centres. In 58.97% of the total notified (live and still) births during 1937, the mothers attended one or other of these ante-natal clinics.

Among the 1,322 mothers attending, abnormalities or diseases requiring correction or treatment were discovered in 320 cases (24.2%). Some of these defects, e.g., dental caries, dysuria, gingivitis and scabies require very little treatment to effect a cure, but their existence during pregnancy does demand recognition and treatment, as their removal means that a possible focus of infection during the lying-in period has been avoided. Every year more mothers are submitting to examination and treatment of defects, thus proving that the propaganda concerning ante-natal care is having beneficial effect.

The following is a classification of the abnormal conditions found :—

Anaemia	40	Gonorrhoea	3
Albuminuria	42	Goitre	2
Dental Caries.....	94	Laryngitis and Glossitis	1
Leucorrhoea	16	Cystitis	1
Malpresentation	25	Pyorrhoea	12
Varicose Veins	17	Femoral Hernia	1
Contracted Pelvis	14	Threatened Abortion	6
Cardiac Disease	9	Suspected Phthisis	1
Debility	2	Prolapsed Uterus	1
Tuberculosis	2	Eczema of Hands	1
Haemorrhoids	6	Cellulitis of Face	1
Rheumatism	1	Dysuria	4
Mitral Stenosis	13		—
Scabies	3		320
Gingivitis	2		—

GYNAECOLOGICAL AND POST-NATAL CLINIC.—

This Clinic serves a threefold purpose : (a) a centre where post-natal cases may go for examination and advice ; (b) a clinic where women suffering from any disease or disability associated with childbirth may obtain advice and treatment ; and (c) a centre where birth control advice may be given when further pregnancies would be detrimental to the mother's health.

During 1937 a total of 330 patients attended at this clinic. The following classification shows the reasons for attendance :—

Uterine Displacements	50	Alopecia	1
Anaemia or Debility	13	Carcinoma of cervix	1
Suspected Venereal		Globus Hystericus	1
Disease	2	Frequent miscarriages	1
Dysmenorrhoea	5	Cervical polypus	1
Haemorrhoids	4	Papilloma of Urethra	1
Menorrhagia	11	Sterility	1
Leucorrhoea	11	Exophthalmos	2
Birth Control Advice	11	Abscess of left inguinal	
Cystitis	1	gland	1
Indigestion and		Psoriasis	1
Constipation	2	Thyroid deficiency	2
Pregnancy	11	Visceroptosis	1
Cardiac disease	2	Hernia	1
Uterine fibroids.....	1		—
Suspected Phthisis	1		147
Menopausal symptoms	3	Post-Natal Cases	183
Difficult micturition	1		—
Bronchitis	1		330
Irregular menstruation	2		—

Of the 147 patients who were not post-natal cases, 21 were referred to their own doctor for treatment and 7 were referred to the Consultant Gynaecologist. Advice on birth control methods were

given to 11 patients, of whom 8 were suffering from renal disease and 3 from severe cardiac disease. The cases of venereal disease, tuberculosis and pregnancy were referred to their appropriate clinics. The remainder were given advice and minor treatments where required.

Of the 183 mothers who attended for post-natal examination, 147 were found to have recovered completely after their confinements, but 36 patients required treatment for the following conditions:—

Slight retro-version of		Suspected Syphilis	1
uterus	4	Leucorrhoea	2
Anaemia	12	Gonorrhoea	1
Slight prolapse of uterus	5	Sub-involution	3
Mastitis	4	Dental abscess	1
Haemorrhoids	1		—
Dental caries referred to			36
Clinic	2		—

SUNLIGHT CLINIC.—Two sessions are held weekly at the Artificial Sunlight Clinic, and during 1937, 152 children made 2,355 attendances. It is important that this treatment should be regular and continuous in order that the best results from ultra-violet irradiation may be obtained. The attendances during 1937 were more satisfactory than in previous years. The most beneficial effects were again recorded in children suffering from rickets, anaemia, marasmus and debility.

HOSPITAL ACCOMMODATION.—At the Council's Maternity and Child Welfare Hospital, Cowley Hill, there are 20 beds for maternity cases and 32 cots for children.

During 1937 the maternity wards were all fully occupied. Admissions during the year numbered 550, and as there were 14 patients remaining in hospital from the previous year, the total number of maternity patients dealt with during 1937 was 564. The average duration of stay of all patients in hospital was 12.5 days, but after confinement patients are kept the full 14 days whenever possible. Arrangements have been made that should the patient leave the hospital less than 14 days after confinement she is immediately visited by the Health Visitor.

45 patients were admitted for ante-natal treatment for the following causes :—

Albuminuria	21	Phthisis	2
Toxaemia of Pregnancy	8	Chorea	1
Severe Anaemia.....	6		—
Cardiac Disease	4		45
Varicose Veins	3		—

The number of deliveries during the year was 480 and the following abnormalities occurred :—

Albuminuria	26	Forceps delivery	2
Eclampsia	1	Phthisis	2
Breech delivery	23	Gonorrhoea	2
Induction of labour	11	Prolapsed Cord	1
Caesarean Section	11	Syphilis	1
Accidental Haemorrhage	6	Post-partum	
Placenta Praevia	5	Haemorrhage	1
Twin delivery	5	Face presentation	1
Cardiac Disease	4		—
Retained Placenta	4		109
Episiotomy	3		—

4 cases of puerperal pyrexia occurred during the year. The subsequent diagnoses of these cases were puerperal septicaemia 1, localised pelvic infection 2, and pyelitis 1. All these cases were transferred to the Borough Isolation Hospital, and all recovered.

1 maternal death occurred at the hospital during the year, the cause of death being Placenta Praevia.

There were 30 still-births, and 14 infants died within 10 days of birth, the causes of death being :—

Prematurity due to		Intra-Cranial	
Albuminuria	5	Haemorrhage	2
Prematurity due to		Congenital Heart Disease	1
Placenta Praevia	3		—
Prematurity due to			14
Multiparity	3		—

Owing to the continuous demand for admission to the maternity beds at the hospital there is still an urgent need for the hospital to possess its own ambulance. At present one of the ambulances kept at the Isolation Hospital supplies the necessary transport.

102 children were admitted to the children's wards, and as 23 children remained in hospital from the previous year, the total number of children treated during 1937 was 125.

The following shows the reasons for admission :—

Debility	23	Pyæmia	1
Marasmus	15	Pyloric Stenosis	1
Rickets	14	Congenital Heart Disease	1
Gastritis	10	Tubercular Glands	1
Malnutrition	6	Mongol	1
Bronchitis	5	For care while mother in	
Anaemia	3	Maternity Ward	18
Convulsions	1		—
Congenital Syphilis	2		102
			—

CONSULTANT SERVICES.—The services of a Consultant Obstetrician and Gynaecologist are available for any case in which special difficulty is experienced. He acts as Consultant Surgeon to the Council's Maternity Hospital and to all the clinics, and, under the Council's arrangements for the treatment of puerperal fever and puerperal pyrexia, his services are available to medical practitioners requiring specialist opinion in such cases.

The services of the Council's other consultant officers, e.g., the Ophthalmic Surgeon, the Throat and Nose Surgeon, and the Orthopaedic Surgeon, are also available and employed when required for any cases under the Maternity and Child Welfare Scheme.

MILK FOR MOTHERS AND INFANTS.—At all the clinics and centres full cream dried milk and chocolate milk are on

sale at cost price, or are available at less than cost price for necessitous cases. In exceptional cases orders on local tradesmen are given for the supply of meat and/or eggs. Cases in receipt of relief from the Public Assistance Committee or the Unemployment Assistance Board are, when so requiring it, recommended to these authorities for the supply of extra nourishment.

During the year approximately 385 cwts. of milk or chocolate-milk were disposed of, and, of this, 543 lbs. were issued free and 38,422 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.

STERILE MATERNITY OUTFITS.—These outfits may be purchased at the ante-natal centres for 1/6d. each, and contain sterile material for use at confinements. During 1937 the number purchased was 376.

MATERNITY BAGS.—Maternity bags, containing sheets, nightgowns, baby clothing &c., are also available on loan in cases of necessity or where the mother has not been able to make any preparations for her confinement. Bags were loaned to 5 cases during the year.

MINOR AILMENTS AND DENTAL DEFECTS.—During the year, 17 children received treatment for minor ailments, and 251 mothers and 168 children received dental treatment at the School Clinic. Mothers in need of dentures are supplied with these at cost price. Arrangements have also been made for the supply of spectacles to toddlers in necessitous cases when these are required for the treatment of squint.

CRIPPLED CHILDREN.—A complete record of the work of the Orthopaedic Clinic is given in Table 25 in the Orthopaedic section of the Report.

From that Table it will be seen that under the Maternity and Child Welfare Service 149 crippled children under 5 years of age were dealt with. This involved 191 attendances to see the Orthopaedic Surgeon, 681 attendances for intermediate treatment, and 34 home visits by the nurse for purposes of supervision. Only one case required hospital treatment—a case of rickets which was admitted to the Maternity and Child Welfare Hospital.

INFANT LIFE PROTECTION.—Particulars are given in the following statement of the cases dealt with during the year under the Children and Young Persons Acts.

Number of persons on the Register who were
receiving children for reward at 31/12/1937 9

Number of children—

(a) On the Register at 1/1/1937 10

(b) Admitted to the Register during the year 4

(c) Removed from the Register during the
year—

(i) Left the Borough 1

(ii) Legally adopted —

(iii) Returned to relatives 1

(iv) Over age 3

—

5

(d) Who died during the year —

(e) On the Register at 31/12/1937 95

The children were inspected regularly throughout the year by the health visitors, who are also infant protection visitors under the Acts, and all were found to be well cared for and living under satisfactory conditions.

room, a condemned meat room and a guttery, in buildings separate and distinct from the abattoir itself. There should also be a mess-room and dressing-room with washing and lavatory accommodation for the use of butchers, slaughtermen and attendants. In regard to equipment, the improvement calling for most attention is the complete overhaul and re-arrangement of all lifting tackle and overhead runways with a view to economy of space and labour. Also the present flagged floors should be replaced with floors constructed of non-slip tiles or other suitable non-slip material, and the present defective white glazed brick internal walls should be replaced with a hard cement or terazzo wall lining.

To accomplish these and other improvements which might be carried out, additional land will, however, be required, and it is suggested that this could be accomplished by the purchase of at least a portion of the adjoining Corporation yard which, it is understood, will shortly be vacated. Further, if land were purchased for the extension of the abattoir, it is suggested that further adjoining land should also be purchased for use as a live-stock market. Such land could be adapted very readily for the purpose, and would be more convenient and give better accommodation than the present markets in Parr Street and behind the Royal Raven Hotel in Church Street.

The inspection and supervision of all meat in the abattoir is carried out by the Abattoir Superintendent, who is a qualified Meat Inspector.

The butchers using the abattoir employ their own slaughtermen, and these are licensed yearly under the Slaughter of Animals Act, 1933. During the year licences were renewed to 31 slaughtermen, and one additional licence was granted.

Electrical apparatus for the stunning of pigs was installed during the year. All other animals are stunned by captive bolt pistols before slaughter.

In addition to the Public Abattoir there is one private slaughterhouse in the borough. This is licensed for the slaughter of pigs only, and the licence comes up for review yearly. Licences under the

Table 28.
CARCASSES INSPECTED AND CONDEMNED.

	Public Abattoir.					Private Slaughterhouse.				
	Cattle, excluding cows	Cows	Calves	Sheep and lambs	Pigs	Cattle, excluding cows	Cows	Calves	Sheep and lambs	Pigs
Number killed	784	3552	174	1360	5932	—	—	—	—	2819
Number inspected	784	3552	174	1360	6749	—	—	—	—	2819
All Diseases except Tuberculosis :—										
Whole carcasses condemned	—	5	—	—	5	—	—	—	—	2
Carcasses of which some part or organ was condemned	40	854	—	—	526	—	—	—	—	73
Percentage of the number inspected affected with disease other than tuberculosis	5.1%	24.18%	—	—	7.8%	—	—	—	—	2.66%
Tuberculosis only :—										
Whole carcasses condemned	—	52	—	—	8	—	—	—	—	2
Carcasses of which some part or organ was condemned	78	1430	1	—	422	—	—	—	—	164
Percentage of the number inspected affected with tuberculosis	9.95%	41.7%	0.57%	—	6.37%	—	—	—	—	5.88%

Slaughter of Animals Act, 1933, were renewed to the four slaughtermen employed. During the year 254 visits for inspection purposes were made to this slaughterhouse, and no infringements of the Byelaws with respect to Slaughterhouses or of the Public Health (Meat) Regulations, 1924, were found.

Under Section 135 of the St. Helens Corporation Act, 1933, it is necessary for any person (other than a shop-keeper) who sells meat or meat food products from a vehicle, basket or barrow, to hold a certificate from the Corporation approving the accommodation used by him for storage purposes. Three certificates of approval were granted during the year, and these are the only certificates at present in force.

Table 28 shows the number of animals killed and inspected, and the number of carcasses, or parts of carcasses or organs, condemned at the abattoir and the private slaughterhouse during 1937.

The inspection and supervision of other foodstuffs in the borough, and of the premises in which they are prepared or sold, is undertaken by a specialist Food Inspector.

At the end of the year, 188 premises were registered, under Section 127 of the St. Helens Corporation Act, 1933, for the preparation or manufacture of potted, pressed, pickled, or preserved meat, fish or other food intended for the purpose of sale. Of these, 162 were fried fish shops and 26 were used for the preparation or manufacture of cooked meats.

During 1937, 3,098 visits were made by Inspectors to shops, stalls and other places where food is prepared or stored, as compared with 3,379 visits during 1936. The following is a brief summary of the work covered by these visits. Further details are given in the appropriate sections of the Report.

Premises.	Visits	No. of offences against Acts, Orders, &c.	No. of nuisances or defects found	No. of nuisances or defects remedied after service of notice
Private Slaughterhouses	254	—	—	—
Fried Fish shops	239	—	—	—
Fishmongers and Greengrocers	967	36	9	9
Butchers shops	606	15	2	2
Ice Cream Premises	323	—	6	6
Bakehouses	159	—	21	21
Tripe Boilers, etc.	78	—	—	—
Food Preparing and Storing Places	472	5	3	3

The following are the total quantities of various classes of foodstuffs which were condemned at the abattoir or in shops, etc., during the year, owing to being diseased or unsound :—

Meat	78,548 lbs.
Fish	359 „
Poultry, Game and Rabbits	86 „

Public Health (Meat) Regulations, 1924.—Eight infringements of the Public Health (Meat) Regulations, 1924, were found during the year. The offences consisted of :—

	No. of Offences
1. Walls and/or ceilings requiring cleansing and whitewashing	5
2. Unsuitable receptacle for the storage of trimmings and refuse	2
3. Sanitary convenience communicating directly with room	1

In each instance the unsatisfactory condition was remedied after service of notice.

Agricultural Produce (Grading and Marking) Act, 1928.—More use is now being made in St. Helens than formerly of the special trade designations allowed by the above Act defining the quality of agricultural produce, but there is still considerable scope for improvement in this direction.

There are no premises registered for the cold or chemical storage of eggs.

Merchandise Marks Act, 1926.—The Orders in relation to foodstuffs, which have been made under this Act, require that any classes of foodstuffs to which they relate shall on importation, or on exposure for sale, be clearly marked with an indication of origin.

1,573 visits were made during the year for the purpose of ensuring that the requirements of these Orders were being complied with, and on 51 occasions warnings were given regarding minor infringements.

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 :—

- 8 persons as cowkeepers and wholesale and retail purveyors of milk ;
- 2 persons as cowkeepers and wholesale purveyors of milk ;
- 10 persons as cowkeepers and retail purveyors of milk ;
- 371 persons as purveyors of milk ; and
- 81 premises as cowsheds or dairies.

Approximately 345 cows are kept for dairy purposes within the borough, and these were regularly inspected by the Veterinary Inspector.

Milk and Dairies (Consolidation) Act, 1915.—Only 1 infringement of this Act was found during the year, and this consisted of selling milk from a vehicle and receptacle not conspicuously marked with the name and address of the vendor. The offender was warned by the Health Committee.

Milk and Dairies Order, 1926.—During the year a total of 649 visits were paid by the Sanitary Inspectors to the dairies and cowsheds in the borough. In addition to these visits, all dairy cattle are inspected quarterly and as occasion arises by the Veterinary Inspector, and advisory visits are also paid to farms by the agricultural staff of the Lancashire County Council.

Serious infringements of the Order are now few, and in no instance was it necessary to institute legal proceedings.

TABLE 29.
Tubercle Bacilli in Milk.
Areas of production of samples examined.

Area	Year	No. of routine samples examined	No. of samples in respect of which the guinea-pig died too soon for a definite diagnosis to be made	No. of samples in respect of which a definite diagnosis was made	Samples shewing positive evidence of tubercle bacilli	
					Number	Percentage
1934						
St. Helens		16	1	15	3	20.0%
Lancashire C. C.		41	1	40	1	2.5%
Cheshire C.C.		31	—	31	1	3.2%
* Pasteurised		8	1	7	—	—
Total		96	3	93	5	5.3%
1935						
St. Helens		45	—	45	5	11.1%
Lancashire C. C.		55	3	52	7	13.4%
Cheshire C. C.		36	1	35	5	14.2%
* Pasteurised		20	1	19	—	—
Total		156	5	151	17	11.2%
1936						
St. Helens		50	3	41	6	14.6%
Lancashire C.C.		63	—	45	3	6.6%
Cheshire C.C.		33	—	29	3	10.3%
Liverpool		2	—	2	1	50.0%
* Pasteurised		19	—	16	—	—
Total		167	3	133	13	9.7%
1937						
St. Helens		40	1	39	—	—
Lancashire C.C.		46	1	45	4	8.8%
Cheshire C.C.		32	1	31	—	—
Liverpool		2	1	1	1	100.0%
* Pasteurised		15	—	15	—	—
Total		135	4	131	5	3.8%

Milk (Special Designations) Order, 1936.—The following licenses were granted under the Milk (Special Designations) Order, 1936, during the year :—

License authorising the use of the special designation “ Tuberculin Tested ” in respect of the establishment at which the milk is produced and bottled	1
Licenses authorising the use of the special designation “ Accredited ” in respect of the establishment at which the milk is produced and bottled	7
Licenses authorising the use of the special designation “ Pasteurised ” in respect of the establishment in which the process of pasteurising is carried on, and in respect of any shop or other establishment from which the milk is sold	2
License authorising the use of the special designation “ Tuberculin Tested ” from an establishment (not being the establishment at which the milk is produced and bottled)	1

No fees are charged by the Council in respect of licences granted under this Order.

Bacteriological Examination of Milk.—In the routine examination of milk supplies, 135 samples were sent during the year for examination for the presence of tubercle bacilli by guinea-pig inoculation tests.

Deducting from the 135 samples 4 samples in respect of which the guinea-pig died too soon for a definite diagnosis to be made, positive evidence of tubercle bacilli was found in 5, or 3.8%, of the samples taken. This is considerably lower than the corresponding percentage for the previous year (9.7%).

Table 29 shows the percentage of infected samples and the area of production of the samples examined during the past four years.

In addition to the samples of milk taken for examination for tubercle bacilli, 243 samples were also taken for examination for bacterial count, coliform bacillus and for the methylene blue reduction test. The results of the examinations are shown in Table 30.

TABLE 30.
Bacteriological Examination of Graded and Ungraded Milks.

No. of Samples	Grade	Satisfied Methylene Blue Test	Failed to satisfy Methylene Blue Test	Number of bacteria per m.l.				Colon Bacilli present in 1/100th m.l.
				Under 30,000	30,000 to 100,000	100,000 to 200,000	Over 200,000	
16	Tuberculin Tested (Certified)	16	—	16	—	—	—	—
4	Tuberculin Tested	4	—	4	—	—	—	—
35	Accredited	35	—	28	4	—	3	5
114	Ungraded Milk from Accredited Producers	110	4	94	7	5	8	17
32	Ungraded Milk from Ordinary Producers	31	1	18	7	2	5	11
42	Pasteurised	—	—	38	2	—	2	5

From that table it will be seen that all the 20 samples of tuberculin tested milk not only satisfied the methylene blue reduction test as required by the Milk (Special Designations) Order, 1936, but showed bacterial counts and bacillus coli content much lower than that allowed previous to the adoption of the methylene blue test. Of the 35 accredited milk samples, however, though all complied with the methylene blue test as required, 3 (8.5%) of the samples shewed bacterial counts over 200,000 and in 5 (14.2%) samples bacillus coli was found in 1/100th millilitre or less.

In regard to the ungraded milks, it will be noted that there is a distinct difference of cleanliness as between ungraded milk from graded producers and ungraded milk from ordinary producers. Of the 114 samples from graded producers, 4 (3.5%) failed to satisfy the methylene blue test, 8 (7.0%) contained bacteria in excess of 200,000 per millilitre, and 17 (14.9%) contained bacillus coli in 1/100th millilitre. Whilst in the 32 samples from ordinary producers, 1 (3.1%) failed to satisfy the methylene blue test, 5 (16.1%) contained bacteria in excess of 200,000 per millilitre and 11 (35.4%) contained bacillus coli in 1/100th millilitre. This points unerringly to the fact that milk produced under a graded milk license, even though not sold as graded milk, is of superior cleanliness to milk not produced under such licenses.

Of the 42 samples of pasteurised milk, 2 (4.7%) contained bacteria in excess of 100,000 per millilitre and, therefore, failed to comply with the standard set for such samples. 5 (11.9%) of the samples also contained bacillus coli in 1/100th millilitre or less, but, unfortunately, the bacillus coli content is not taken into account in the standard set for pasteurised milk.

Examination of Milk for Dirt.—1 sample of milk was submitted to the Public Analyst for examination for dirt, and was found to contain 2 parts per 100,000. In addition, 150 samples taken by the Department, in connection with the Better Milk Competition, were examined by the sediment tester. The discs are mounted and framed, and form a permanent record of the progress made each year in clean milk production, and comparison of these discs over a period of years shows the enormous improvement that has taken place.

Better Milk Competition.—The seventh St. Helens Better Milk Competition commenced on September 1st, 1937, and will extend over a period of twelve months until August 31st, 1938.

As in previous years the competition was open to accredited milk producers and producers of non-graded milk. Similar producers in the Lancashire County Area retailing milk in St. Helens were also invited to compete.

With minor modifications, the rules governing the competition were the same as in the previous year, and entries were received from 11 Borough competitors and 11 competitors from the County.

As stated previously, these competitions are not now regarded as educational, but their continuance is justified in that they maintain the competitive spirit.

Milk-in-Schools Scheme.—Very strict supervision of milk supplied to schools under the Milk-in-Schools Scheme is still being maintained. The milk now supplied is either raw milk for which the producers hold graded milk licenses, or milk for which pasteurisers' licenses have been granted. In previous Annual Reports I have given the conditions to be observed for the continuance of approval of supplies to schools, and the system of sampling carried out to ensure that the conditions are being complied with. These conditions are now being revised in order to bring them into line with the Milk (Special Designations) Order, 1936. During the year 75 school departments were supplied with milk by 11 suppliers with 12 separate sources of supply.

The number of samples taken during 1937 was as follows :—

(a)	CHEMICAL ANALYSIS	311
	These samples are additional to the routine samples taken under the Food and Drugs (Adulteration) Act, 1928, and the Gerber method of analysis is used.	
(b)	BACTERIAL COUNT AND THE PRESENCE OF BACILLUS COLI	127
(c)	EXAMINATION FOR THE PRESENCE OF TUBERCLE BACILLUS	49

If, upon examination, a sample of milk is found to contain evidence of tubercular infection, approval of the supply is immediately withdrawn and arrangements are made by the Department for an alternative supply to be provided. Approval is also withdrawn where two or three consecutive samples from a particular source show excessive bacterial counts or coli content.

FOOD AND DRUGS (ADULTERATION) ACT, 1928, etc.—**Food and Drugs (Adulteration) Act, 1928.**—During the year, 295 formal samples and 168 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 31.

Table 31.

Number of samples taken under the Food and Drugs (Adulteration) Act, 1928, during 1937, and the results of analysis by the Public Analyst.

ARTICLE.	Number of samples taken.		Number genuine.		Number adulterated.	
	Formal	Informal	Formal	Informal	Formal	Informal
Bicarbonate of Soda	1	—	1	—	—	—
Cordials	—	4	—	4	—	—
Cereals :—						
Barley	4	1	4	1	—	—
Cornflour	1	—	1	—	—	—
Rice	2	1	2	1	—	—
Self-Raising Flour	—	2	—	2	—	—
Cocoa	1	1	1	1	—	—
Coffee	2	1	2	1	—	—
Condiments	9	18	8	12	1	6
Confectionery, etc.	—	13	—	12	—	1
Dried Fruits, Spices, etc.	11	7	11	7	—	—
Dripping	1	—	1	—	—	—
Drugs, etc.	5	12	4	11	1	1
Honey	—	1	—	1	—	—
Jams and Jellies	4	7	4	7	—	—
Lard	9	1	9	1	—	—
Lemon Cheese	2	1	2	1	—	—
Linseed	—	1	—	1	—	—
Margarine	6	11	6	11	—	—
Milk and Milk Products :—						
Butter	5	11	5	11	—	—
Cheese	5	3	5	3	—	—
Condensed Milk	—	8	—	8	—	—
Milk	192	40	179	32	13	8
Fresh Cream	—	3	—	3	—	—
Mince-meat	3	2	3	2	—	—
Mint	1	—	1	—	—	—
Potted and Tinned Meat and Fish	10	4	10	4	—	—
Pudding Mixture	1	1	1	1	—	—
Sausages	7	—	7	—	—	—
Shrimps	—	2	—	2	—	—
Suet	—	1	—	1	—	—
Sugar	1	1	1	1	—	—
Sweets	3	2	3	2	—	—
Syrup	—	1	—	1	—	—
Tea	—	4	—	4	—	—
Tinned Fruits, etc.	—	2	—	2	—	—
Treacle	—	1	—	1	—	—
Tripe	2	—	2	—	—	—
Wines and Spirits :—						
Scotch Whiskey	4	—	3	—	1	—
Rum	3	—	2	—	1	—
	295	168	278	152	17	16

In addition to the above, 327 informal samples of milk supplied to schools under the Milk-in-Schools Scheme, or in connection with the Better Milk Competition, were examined by means of the Gerber Test in the Department's own laboratory.

The appended statement shows the action taken in cases of adulterated samples taken formally :—

(a) Legal proceedings instituted under the Food and Drugs (Adulteration) Act, 1928 :—

<i>Sample No.</i>	<i>Article.</i>	<i>Adulteration and result of proceedings.</i>
460	Milk	5% added water. Fined 10/- and costs.
553	Vinegar	16% deficient in Acetic Acid. Fined £1/0/0 and costs.
629	Scotch Whisky	47.6 degrees under proof=19.4 parts by volume of added water. Fined £1/0/0 and costs.
630	Rum	41.2 degrees under proof=9.5 parts by volume of added water. Fined £1/0/0 and costs.

(b) No legal proceedings instituted, but in all cases the sellers were warned by the Health Committee :—

<i>Sample No.</i>	<i>Article.</i>	<i>Adulteration.</i>
285	Milk	7% deficient in milk fat.
286	Milk	10% deficient in milk fat.
288	Milk	26% deficient in milk fat.
291	Milk	8% deficient in milk fat.
301	Milk	3% deficient in milk fat.
302	Milk	3% deficient in milk fat.
303	Milk	10% deficient in milk fat.
347	Milk	7% deficient in milk fat.
372	Milk	6% deficient in milk fat.
412	Sterilized Milk	1% added water.
414	Sterilized Milk	3% added water.
457	Ammoniated Tincture of Quinine	20% deficient in ammonia.
523	Milk	10% deficient in milk fat.
531	Milk	6% deficient in milk fat.

In one instance a warning was given by the Health Committee under Section 6 (3) (c) of the Food and Drugs (Adulteration) Act, 1928, for selling margarine in a paper wrapper which was not printed on the outside with the word "Margarine" in capital block letters.

In March of this year an appeal by a confectioner convicted and fined £1 at the local police court for selling a cream sandwich which consisted of a fat other than milk fat, was heard before the Appeals Committee of the Lancashire Quarter Sessions and was allowed. The Council decided not to take the case further, but made representations to the Ministry of Health that provision should be made in the new Food and Drugs Bill for the prevention of the use of the word "cream" in the description of any confectionery where cream from the cow is not used.

It seems very desirable that legislation on this point should be obtained, as there is no doubt that many people are grossly misled as to the nature of the fillings in cream confectionery.

The Public Health (Condensed Milk) Regulations, 1923 and 1927.—No infringements of these Regulations were found during the year.

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

Artificial Cream Act, 1929.—No premises are registered under this Act in St. Helens and no infringements were found.

Ice Cream Premises.—Under the St. Helens Corporation Act, 1933, manufacturers and vendors of ice cream, and the premises used by them, must be registered by the Local Authority, who have power either to refuse or cancel registration.

The following are the particulars of registration at the end of the year :—

Manufacturers and Vendors	35
Vendors only	75
Premises for manufacture and sale	35
Premises for sale only	75

A total of 323 visits of inspection were made during the year.

Much of the ice cream sold in St. Helens is distributed in cartons and pre-packed wrappers which are stored in electric refrigerators pending sale, and in many instances where the ice cream is retailed from bulk it is sold direct from the refrigerator in which it was made. In one instance the ' mix ' is pasteurised before freezing.

In three instances, warnings were given by the Health Committee to persons for carrying on the business of manufacturing or selling ice cream and using premises for these purposes without such persons and premises being registered with the Corporation.

6 samples of ice cream were taken during the year for bacteriological examination with the following results :—

<i>Sample No.</i>	<i>Bacteria per c.c.</i>	<i>Presence or absence of Coliform Bacillus in 1/100th c.c.</i>
527	Uncountable	Absent
528	Uncountable	Present.
529	Uncountable	Absent.
533	76,000	Absent.
534	960,000	Absent.
535	Uncountable	Absent.

Despite the generally high standard of premises and equipment in St. Helens, it is evident from these results that much work still remains to be done in regard to hygienic production.

Public Health (Preservatives in Food) Regulations.—All samples submitted to the Public Analyst under the Food and Drugs (Adulteration) Act, 1928, are also examined for the presence of preservatives. In no case was any infringement of the above regulations found in 1937.

Fertilisers and Feeding Stuffs Act, 1926.—11 informal samples of fertilisers and feeding stuffs were taken under the above Act, during 1937, and all were found to be genuine.

No infringements of the Act in respect of labelling were found during the year.

Pharmacy and Poisons Act, 1933.—At the end of the year there were 23 persons entered in the Local Authority's list of persons entitled to sell poisons included in Part II of the Poisons List. The number of premises concerned was 51.

A total of 110 visits were paid to these premises during the year. In one instance a warning was given by the Health Committee to a vendor for selling a poison without being entered in the Local Authority's list.

BAKEHOUSES.—There are 93 bakehouses on the Register, one of which is underground. Mechanical power is used in 32 instances.

159 visits of inspection were made during the year, and 22 sanitary defects were found and remedied.

DISEASES OF ANIMALS ACTS.—Tuberculosis Order, 1925.—During the year two notifications were received under the Tuberculosis Order, 1925, of cattle within the Borough suspected to be suffering from tuberculosis. The animals were reported by the owners concerned, and in both instances slaughter was carried out by the Council at the Public Abattoir and evidence of tuberculosis was found on post-mortem examination.

Particulars relative to 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, are given in the following summary :—

Description	Form of Suspected Disease.	Classification of the disease at post-mortem examination.
Cow in Milk	Tuberculosis with chronic cough	Advanced.
do.	Giving tuberculous milk	do.

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

Swine Fever.—13 cases of suspected Swine Fever were reported during the year. In no instance was the disease confirmed by the Ministry of Agriculture.

Markets, Sales and Lairs Order of 1925.—There are two markets for the sale of animals in St. Helens. One of these is situated behind the Royal Raven Hotel, Church Street, and the other between 5 and 21 Parr Street. The former is now little used.

In each case the lairs used in connection with these markets are licensed with the Local Authority.

XIV.—SANITARY CIRCUMSTANCES OF THE AREA.

WATER.—The water supply is from deep wells and boreholes in new red sandstone at Eccleston Hill, Whiston, Knowsley, Kirkby, and Melling, supplemented by a supply from the Liverpool Corporation Rivington Main, and water from red sandstone above the coal measures at Collins Green. The water from the last mentioned source is subjected to chlorination and high pressure filtration before distribution.

During the year a 12" diameter water main was laid along Eltonhead Road. This water main forms part of the trunk main serving the Marshalls Cross, Clock Face and Sutton Manor areas.

The water is of a high degree of purity. That from the deep wells and from Collins Green is hard, the average hardness being 22.6° and 27° respectively, and the hardness of both is reduced to approximately 10.5° by softening processes before distribution. The water from the Liverpool Corporation's Rivington main is soft and is blended with hard water before distribution, so that in its ultimate distribution it also approximates 10.5°.

RIVERS POLLUTION PREVENTION.—During the year, the Lancashire County Council (Rivers Board and General Powers) Bill was promoted upon the initiative of that Authority.

The main object of the Bill is to form one Rivers Pollution Authority for the geographical County of Lancaster together with those parts of adjacent Counties at present within the jurisdiction of the Mersey and Irwell Joint Committee.

The formation of regional authorities has long been urged by the Ministry of Health, and would be a distinct improvement on the present method of leaving the control of pollution to individual Local Authorities. It cannot be disputed that the pollution of rivers and streams can be more effectively dealt with by a regional authority exercising jurisdiction over rivers and their tributaries as a whole.

SEWERS AND SEWAGE DISPOSAL.—Though no alterations have been made during the year to the methods of sewage disposal in the borough, further progress has been made by the Borough Engineer's Department in the collection of data for the proposed new sewage works and for the re-sewering of those areas not at present adequately sewered.

With the completion in 1936 of the new sewage disposal plant for the Sutton Manor District, a long-standing complaint of the pollution of one of the most important streams has been removed. The pollution of other water-courses, however, not only continues but, owing to the number of houses being erected each year, becomes increasingly serious.

New sewers were constructed during the year for serving the Sutton Manor and Ramford Street Housing Sites, and sewer extensions have been carried out in Bishop Road and Scholes Lane. A section of sewer in Bridgewater Street has also been re-laid.

CLOSET ACCOMMODATION.—During the year 2 privy middens were converted to the fresh water carriage system. In addition 19 houses provided with pail closets and 11 houses with privy middens were demolished under the Housing Act, 1930. It is

estimated there are still 407 houses with privy middens and 85 houses with pail closets, but demolition or clearance orders are operative in respect of 60 of these and, when complied with, a further 41 pail closets and 19 privy middens will have been abolished. As the slum clearance programme proceeds, there will be a still further reduction in the number of these closets.

There are also 58 pail closets and 1 privy midden at various schools and works.

SCAVENGING.—The removal and disposal of house refuse is carried out by the Borough Engineer's Department. There are no refuse disposal works, all refuse being disposed of by tipping.

The following shows the percentage amount of refuse disposed of on each tip at present in use :—

Kurtz Tip	49%
Sorogold Street	29%
Bentinck Street	15%
Union Bank Farm	4%
Strickland Street	3%

During 1937, 327 ashpits were abolished and 435 galvanised metal dustbins were provided, as compared with 275 and 301 respectively for the previous year.

SANITARY INSPECTION OF THE AREA.—The total number of visits paid by sanitary inspectors during the year was 36,565. The nature of these inspections is shown in Table 32, and Table 33 contains a list of the notices served and the results of such notices.

TABLE 32.

Number and nature of inspections during 1937.
Complaints of Nuisances.

Number of Complaints Investigated :—

1. Housing Defects	688
2. Choked and Defective Drains	305
3. Emission of Smoke	1
4. Accumulations of Offensive Matter	22
5. Miscellaneous	211

Table 32—Continued.

Inspections re Sanitation and Food Supply.

Dwelling Houses inspected	2313
Common Lodging Houses	145
Houses-let-in-lodgings	44
Common yards, back-roads and passages	638
Horse-manure middensteads	522
Fried Fish Shops	239
Fishmongers and Greengrocers	967
Butchers' Shops	606
Ice Cream premises	323
Factories	226
Workshops	573
Bakehouses	159
Workplaces	11
Offensive Trades	78
Private Slaughterhouses	254
Food Preparing and Storing Places	472
Places of Public Entertainment	68
Tents, Vans and Sheds	85
Schools	—
Testing Drains :—	
By Smoke	101
By Water	30
By Coloured Water	40
By Breaking Down	38
Ashes Receptacles	1265
Dairies, Cowsheds and Milkshops	649
Samples of Milk procured for :—	
Chemical Analysis	559
Bacteriological Examination	135
Bacterial Content	243
Sediment	151
Samples of Other Food and Drugs under the Food & Drugs (Adulteration) Act, 1928, etc.	231
Samples of Fertilisers and Feeding Stuffs	11
Samples of Sewage for Analysis	—
Conversions	5
Samples of Water procured	10
Insufficient Water Supply	1
Smoke Observations	12
Visits to Glass Works (Straw Sterilization)	49
Enquiries re Brokers' Licences	5
Visits to work in progress (P.H. Acts, Housing Acts, Conversions, etc.)	20,087
Rag Flock Acts	—
Shops Act, 1934	122
Rats and Mice (Destruction) Act	312
Pharmacy and Poisons Act	110
Pigstyes	46
Miscellaneous Visits	4,630
	<hr/> 36,565 <hr/>

TABLE 33.

Number of defects for which notices were served during 1937, and results.

Subject of Notice	Pre-liminary Notices	Statutory Notices	Number complied with	Number outstanding at end of year	Prosecutions
Ditches requiring cleansing	1	—	—	1	—
Defective drains	203	29	218	16	—
Insufficient surface water drainage	—	—	—	—	—
Choked drains	182	7	185	12	—
Insufficient closet accommodation	3	—	—	3	—
Absence of proper sink	166	30	156	42	—
Defective water closets	163	37	140	38	—
Defective pail closets	5	—	6	3	—
Defective privy middens	—	—	—	5	—
Defective gullies and dishstones	93	15	85	12	—
Defective sink waste pipes	288	62	281	13	—
Defective W.C. cisterns and flushing fittings	130	21	132	16	—
Defective urinals	—	—	—	1	—
Defective soil pipes	11	1	9	4	—
Sink waste pipes connected with drains	—	—	—	—	—
Yards and passages unpaved	3	—	4	10	—
Defective yard paving	565	93	507	81	—
Dampness arising from :—					
Defective roofs	993	226	1040	22	—
Defective eavesgutters	681	152	685	101	—
Defective downspouts	409	77	405	62	—
Defective external pointing	1740	178	1705	120	—
Insufficient lighting of rooms	—	—	—	—	—
Insufficient ventilation of rooms	440	118	392	67	—
Absence of ventilated foodstores	44	—	51	6	—
Unventilated foodstore	—	—	—	—	—
Insufficient water supply	1	—	1	1	—
Defective manure middensteads	4	—	3	6	—
Dwelling houses to be whitewashed	18	—	17	1	—
Defective chimney flues	66	10	72	10	—
Defective ashpits or dustbins to be repaired	125	—	143	21	—
Defective ashpits to be abolished	324	1	327	191	—
Galvanised Metal Dust Bins to be provided	532	—	435	214	—
Absence of ashes accommodation	9	1	21	19	—
Defective window sash-frames and sashcords	1514	234	1481	99	—
Defective floors	1075	191	1061	107	—
Defective stairs	198	34	201	6	—
Defective internal plaster-work	970	210	1002	13	—
Defective fireplaces	675	115	624	123	—
Defective washboilers	270	52	279	4	—
Defective doors, cupboards, &c.	1013	101	953	140	—
Defective gas pipes and fittings	7	1	7	—	—
Defective water pipes and fittings	3	—	3	—	—
Defective yard division walls	511	84	495	58	—
Dangerous and defective chimney stacks	196	21	197	6	—
Fractured internal walls	134	9	103	44	—
Defective and bulging external walls	296	38	298	68	—
Filthy condition of premises	30	1	17	22	—
Accumulation of manure or offensive matter	30	4	36	18	—
Keeping of animals, &c.	6	—	6	7	—

Table 33.—Continued.

To abate overcrowding of dwelling houses	—	—	—	—	—
Miscellaneous	726	75	657	97	—
Contraventions of :—					
Milk and Dairies Order, 1926	25	—	25	—	—
Milk (Special Designations) Order, 1936	1	—	1	—	—
Public Health (Condensed Milk) Regulations, 1923 and 1927	—	—	—	—	—
Artificial Cream Act, 1929	—	—	—	—	—
Public Health (Meat) Regulations, 1924	8	—	8	—	—
Merchandise Marks Act, 1926	51	—	51	—	—
Public Health (Preservatives, &c. in Food) Regulations	—	—	—	—	—
Factory and Workshop Acts	44	—	43	1	—
Contraventions of Bye-laws :—					
Common Lodging Houses	14	—	14	—	—
Houses-let-in-lodgings	—	—	—	—	—
Tents, vans, sheds	—	—	—	—	—
Slaughterhouses	—	—	—	—	—
Prevention of Nuisances	14	—	15	10	—
Drainage of existing buildings	—	—	—	—	—
	15010	2228	14597	1921	—

Referred to other Departments.

Choked Street Gullies, &c., reported to Borough Engineer.....	32
Waste of water reported to Water Department.....	65
Dangerous structures reported to Borough Engineer	8
Escapes of Coal Gas reported to Gas Engineer	19
Choked Sewers reported to Borough Engineer	8
Insufficient water supply reported to Water Engineer	14
Unauthorised Erections reported to Borough Engineer	7
Choked Drains, etc. reported to Borough Engineer (Corporation property)	6
Unpaved Passages reported to Borough Engineer	3

During the year, 305 complaints of choked drains were made to the Department. Of this number, 190 drains were freed from obstruction by members of the staff of the sanitary department, thus obviating the necessity for serving notices upon the owners.

SMOKE ABATEMENT.—As in previous years observations on atmospheric pollution were carried out with the deposit gauge situated in the yard of the School Clinic, Cloughton Street. The following table has been compiled from the results obtained from this gauge.

**Table Showing the amount of Impurity Deposited
in Tons per Square Mile.**

(Annual Total).

ST. HELENS.

<i>Year</i>	<i>Total Solids</i>	<i>Sulphates</i>	<i>Tar</i>
1917-18	612	99	13
1918-19	533	109	15
1919-20	414	52	5
1920-21	371	59	4
1921-22	378	34	5
1922-23	378	38	6
1923-24	416	59	6
1924-25	382	56	4
1925-26	759	82	12
1926-27	572	70	7
1927-28	562	81	7
1928-29	564	61	6
1929-30	391	55	5
1930-31	355	40	6
1931-32	—	45	—
1932-33	379	38	8
1933-34	309	32	7
1934-35	431	30	9
1935-36	447	31	8
1936-37	450	24	9

From the above figures it will be seen that since 1929 there has been an almost constant increase in the amount of tar deposited each year. This is probably attributable to the increasing number of houses being erected, and it is to be regretted that more use is not being made of smokeless fuels.

I am of opinion, however, that the present deposit gauge does not give an accurate indication of the extent of atmospheric pollution in the borough, and would suggest that two additional gauges might be provided at other suitable points.

One important development which occurred during the year was the formation of a class in Smoke Abatement and Fuel Economy at the Gamble Institute. This class commenced with 31 students consisting of 15 boiler-house attendants, 6 turbine attendants, 4 chemists and 6 other students of varying occupations. The average attendance was 60%. It is hoped that the formation of these classes will ultimately result in a diminution of the amount of black smoke emitted from industrial chimneys.

FACTORIES AND WORKSHOPS.—(a) Factories—10 defects remediable under the Public Health Acts were reported by H.M. Inspector of Factories, and these were remedied during the year.

(b) Workshops—The number of workshops registered is 158, and Table 34 shows the classes of such workshops.

Table 34.
Registered workshops.

Workshops on the Register (s. 131) at the end of the year.	Number.
Dressmakers and mantle making	5
Milliners	5
Tailors	10
Hosiery Knitters	—
Joiners, builders, cabinet-makers and plumbers, etc.	22
Blacksmiths, wheelwrights, coach builders and masons	7
Weighing machine repairers	2
Cloggers and boot repairers	52
Cycle Makers	3
Tripe Dressers	2
Herbal Brewers	3
Seltzogene charge maker	1
Cab washing	2
Saddler	1
Sundries	31
Ice Cream Makers	4
Workshop Laundries	8
Total Number of Workshops on Register	158

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

Table 35 gives particulars of the administrative action taken under the Factory and Workshop Act, 1901.

Table 35.**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)	226	13	—
Workshops (including Workshop Laundries)	573	6	—
Workplaces (other than Outworkers' premises)	11	—	—
Totals	810	19	—

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

Particulars.	Number of Defects.			Number of offences in respect of which Prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	
(1)	(2)	(3)	(4)	(5)
<i>Nuisances under the Public Health Acts—*</i>				
Want of cleanliness	35	35	—	—
Want of Ventilation	1	—	—	—
Other nuisances.....	1	1	—	—
Sanitary accommodation— insufficient	2	2	—	—
unsuitable or defective	5	5	—	—
not separate for sexes	—	—	—	—
<i>Offences under the Factory and Work- shop Acts—</i>				
Illegal occupation of underground bakehouse	—	—	—	—
Totals	44	43	—	—

* 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 6 offensive trades in the borough, consisting of 4 tripe boilers, 1 gutscraper and 1 rag and bone dealer.

During the year 78 visits were paid to premises of this nature.

Tents, Vans, Sheds, Etc.—At the end of 1936, 42 caravans were known to be used for human habitation. Demolition Orders were made during the year in respect of 41 of these, but as one of the caravans had not been in the same enclosure for a period of more than two years, similar action could not be taken regarding it. It is hoped, however, to deal with this caravan in the near future.

Of the 41 caravans dealt with, 14 have since been demolished.

Houses-Let-In-Lodgings—Revised Byelaws for the control of Houses-let-in-Lodgings were confirmed by the Ministry of Health on the 31st July, 1935, and came into operation on the 1st September, 1935.

During the past year a number of these premises have been demolished under slum clearance schemes, but so far as is known to the department there are still 13 such premises in use.

A survey of these premises has recently been undertaken by the department and is approaching completion.

The survey has revealed that a number do not comply with the Byelaws, particularly in the following respects :—

- (1) Absence of adequate washing accommodation.
- (2) Absence of ventilated foodstores.
- (3) Absence of adequate accommodation for preparing and cooking food.
- (4) Insufficient lighting of common staircases.
- (5) Absence of handrails to staircases.
- (6) Absence of sinks.

- (7) Closet accommodation, water supply, accommodation for washing clothes and for the preparing and cooking of food not readily accessible to each family.

When the survey has been completed, action will be taken to enforce compliance with the Byelaws.

Common Lodging Houses.—The number of premises registered as common lodging houses at the end of the year was 5.

Revised Byelaws for controlling common lodging houses were confirmed by the Minister of Health on the 22nd July, 1936, and came into operation on the 1st September, 1936.

All registered premises were regularly inspected and 145 visits were paid for this purpose.

Byelaws with respect to Nuisances.—These Byelaws, which were obtained in 1930, deal with the prevention of nuisances arising from snow, filth, dust, ashes, and rubbish, and for the prevention of the keeping of animals on any premises so as to be injurious to health.

The byelaws have proved very effective for the control of pig-keeping. There were 39 persons in the borough known to be engaged in the keeping of pigs at the end of the year.

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.

51 complaints of infestation of premises by rats were received during the year. As in previous years it was found that the chief cause of infestation was either defective drains or sewers in the neighbourhood of the premises concerned. When these defects were made good, no further complaints were received.

St. Helens appears to be in a favourable position in regard to rat infestation, and for this reason no extensive propaganda, apart from the display of posters and distribution of handbills, was carried out during National Rat Week.

Shops Act, 1934.—This Act, which came into operation on 30th December, 1934, places upon the Sanitary Authority the duty of enforcing the provisions of the Act relating to the ventilation and temperature of shops and the provision of sanitary conveniences.

By arrangement with the Committee responsible for the general administration of the Shops Acts, the Sanitary Department in St. Helens is also taking responsibility for those provisions of the Act relating to lighting, washing facilities and facilities for the taking of meals.

A survey of all shop premises was commenced during 1937, and one inspector now devotes the whole of his time to this work. By the end of the year a number of the principal shop premises in the borough had been visited, and the survey has revealed that many of the shops do not comply with the requirements of the Act. Except in cases of the more serious contraventions, it is not proposed to take any formal action regarding these premises at present, but rather to rely on co-operation by the shopkeepers to remedy the defects.

When plans are being submitted to the Health Committee for the erection or alteration of shop premises, the attention of architects or other persons concerned is drawn by means of a leaflet to the new requirements.

Places of Public Entertainment.—68 visits were paid to places of public entertainment during 1937. The condition of these premises throughout the year was found to be generally satisfactory.

Canal Boats.—There is only one canal in St. Helens, viz., the St. Helens Canal, and this has not been used for traffic for a number of years. An order authorising the abandonment of this canal was made by the Ministry of Transport on 2nd April, 1931.

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 54 bodies were received into the mortuary, and 20 post-mortem examinations were conducted.

Arrangements for the Disposal of the Dead.—The cemetery provided and maintained by the Local Authority is 44.22 acres in extent, of which 22.52 acres are still available for burial purposes. In addition there are 23.80 acres of land adjoining which can be utilised for extension purposes.

There are private cemeteries still in use in connection with the following churches :—

St. Peter's, Parr ; St. Nicholas', Sutton ; St. Thomas', Windsor Road ; St. Anne's, Sutton ; and Windleshaw Abbey.

Swimming Baths.—Indoor swimming baths, situate in Boundary Road, are maintained by the Corporation. There are two plunge-baths, and the method of the purification of the water is by means of continuous filtration and chlorination.

It is considered by the Council that further facilities for swimming should be provided, and a scheme has been prepared for the construction of new baths in Jackson Street.

Three samples of water from the swimming baths at Boundary Road were taken for bacteriological examination during 1937, and the following are the results of the examinations :—

<i>Bacteria per c.c.</i>			
	37° C.	22° C.	<i>B. Coli.</i>
Sample No. P. 24	0	0	Absent in 50 c.c.
Sample No. P. 25	33	960	Absent in 50 c.c.
Sample No. P. 26	0	0	Absent in 50 c.c.

These findings show the water to be commendably satisfactory for bathing purposes.

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

Sanitary Condition of Schools.—During 1937 there were 40 public elementary schools, with 79 departments, in the borough.

Conditions in council schools are on the whole good, all these being of fairly recent construction. In some of the older schools, however, pail closets are still in existence, whilst in others trough

closets with automatic flushing cisterns are still being used. I would urge that wherever possible the remainder of the unsatisfactory types of closets should be replaced.

XV.—HOUSING.

STATISTICS.—Of the 744 houses erected during 1937, 170 were erected by the Local Authority and 574 by private or commercial enterprise.

Table 36 shows the number of dwelling-houses erected in each ward since 1918.

Table 36.

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
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
1931	79	61	—	52	1	15	45	29	17	299
1932	449	77	1	10	—	27	69	37	3	673
1933	115	56	2	20	—	34	69	1	46	343
*1934	41	43	—	52	—	20	100	13	74	343
1935	74	238	4	104	3	32	133	59	85	732
1936	27	72	24	144	2	37	121	56	239	722
1937	8	196	19	59	7	44	194	102	115	744

*Ward boundaries altered.

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 37.

Table 37.

Housing.

Number of new houses erected during the year :—

- (a) Total (including numbers given separately under (b)) 744
- (b) With State assistance under the Housing Acts :

(i) By the Local Authority	153
(ii) By private or commercial enterprise	—
(c) Without State Assistance under the Housing Acts :	
(i) By the Local Authority.....	17
(ii) By private or commercial enterprise.....	574
1.—Inspection of dwelling-houses during the year :—	
(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	2313
(b) Number of inspections made for the purpose.....	22400
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	605
(b) Number of inspections made for the purpose	2318
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	457
(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.....	1856
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.....	1682
3.—Action under Statutory powers during the year :—	
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs.....	nil.
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	nil.
(b) By Local Authority in default of owners.....	nil.

B.—Proceedings under Public Health Acts :—

- | | |
|--|------|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 174 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices :— | |
| (a) By owners | 59 |
| (b) By Local Authority in default of owners | nil. |

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

- | | |
|---|----|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made | 99 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders | 18 |

D.—Proceedings under Section 12 of the Housing Act, 1936 :—

- | | |
|---|------|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | 1 |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit | nil. |

4.—Housing Act, 1936—Part IV. Overcrowding :—

- | | | |
|----|--|-------|
| A. | (i) Number of dwellings overcrowded at the end of the year | 2210 |
| | (ii) Number of families dwelling therein | 2502 |
| | (iii) Number of persons dwelling therein | 17199 |
| B. | Number of new cases of overcrowding reported during the year | 150 |
| C. | (i) Number of cases of overcrowding relieved during the year | 212 |
| | (ii) Number of persons concerned in such cases | 1635 |
| D. | Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding | nil. |

- E. Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report nil.

SLUM CLEARANCE.—As will be seen from the following table, which records the department's activities in regard to slum clearance each year since the passing of the Housing Act, 1930, the number of houses dealt with during 1937 was considerably greater than in any previous year :—

NUMBER OF CLEARANCE AREAS AND PREMISES REPRESENTED SINCE THE PASSING OF THE HOUSING ACT, 1930.

Year	Clearance Areas	Houses in Clearance Areas	Individual Unfit Houses	Back-to-Back Houses	Caravans	Wooden Huts	Total No. of Houses Represented
1931	—	—	—	—	—	—	—
1932	3	39	—	—	—	—	39
1933	—	—	43	—	—	—	43
1934	11	91	6	52	—	—	149
1935	13	55	36	16	1	—	108
1936	7	194	37	20	—	—	251
1937	24	345	22	12	41	37	457

Clearance Areas.—The following are the particulars of the Clearance Areas dealt with during 1937 :—

Taylor's Row Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ; confirmed 3rd November, 1937. No. of dwelling-houses 6. The properties included were Nos. 1, 3, 5, 7, 9 and 11 Taylor's Row.

Parr Street (No. 3) Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ; confirmed 3rd November, 1937. No. of dwelling-houses 7. The properties included were Nos. 92, 94, 96, 98, 100, 102 and 104, Parr Street.

Parr Street (No. 2) Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ; confirmed 3rd November, 1937. No. of dwelling-houses 5. The properties included were Nos. 49, 51, 53, 55 and 59 Parr Street.

Milk Street Area.—Official Representation of this area, which contained 10 houses, was made on the 6th January, 1937. A Compulsory Purchase Order in respect of 2 houses and a Clearance Order in respect of 1 house were made on the 3rd March, 1937. No Order was made in respect of the remaining 7 houses, the property being owned by the Corporation. The two Orders were confirmed on the 3rd November, 1937. The properties included were :—

Compulsory Purchase Order.—8 and 10 Milk Street.

Clearance Order.—26 Milk Street.

Corporation Property.—12, 14, 16, 18, 20, 22 and 24 Milk Street.

Hoghton Road Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ; confirmed 3rd November, 1937. No. of dwelling-houses 6. The properties included were Nos. 180, 182, 184, 186, 188 and 190 Hoghton Road.

Marshalls Cross Road Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ; confirmed 3rd November, 1937. No. of dwelling-houses 11. The properties included were Nos. 2, 4, 6, 8, 12, 14, 16, 18, 20, 22 and 24 Marshalls Cross Road.

Canal Bank East Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ; confirmed 3rd November, 1937. No. of dwelling-houses 10. The properties included were Nos. 1, 3, 5, 7, 9, 11, 13, 15, 17 and 19 Canal Bank East.

Robinson Street Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ;

confirmed 3rd November, 1937. No. of dwelling-houses 2. The properties included were Nos. 4 and 6 Robinson Street.

Woodlands Road Area.—Official Representation made on 6th January, 1937, and Clearance Order made on 3rd March, 1937 ; confirmed 3rd November, 1937. No. of dwelling-houses 5. The properties included were Nos. 1, 2, 3, 4 and 5 Varleys Cottages, Woodlands Road.

Powder Street Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937. Confirmed 21st March, 1938. No. of dwelling-houses 3. The properties included were Nos. 2, 4 and 6 Powder Street.

Higher Parr Street (No. 2) Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling houses 6. The properties included were Nos. 4, 6, 8, 10 and 12 Higher Parr Street and No. 1 Flag Street.

Clock Face Road Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 4. The properties included were Nos. 1, 3, 5 and 7 Clock Face Road.

Watery Lane Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 6. The properties included were Nos. 19, 21, 23, 25, 27 and 29 Watery Lane.

Crab Street (No. 2) Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 5. The properties included were Nos. 94, 96, 98, 100 and 102 Crab Street.

Albert Street Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 8. The properties included were Nos. 3, 5, 7, 9 and 11 Albert Street, and 46, 48 and 50 Lord Street.

Woodlands Road (No. 2) Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 9th April, 1938. No. of dwelling-houses 9. The properties included were Nos. 25, 27, 29, 31, 33, 35, 37, 37 Back, and 39 Woodlands Road.

Newton Road (No. 3) Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 5. The properties included were Nos. 328, 330, 332, 334/336 and 338 Newton Road.

Gerards Bridge Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 21. The properties included were Nos. 8, 10, 12, 14, 16 and 18 Lord Street ; 22, 24, 26, 28, 30, 32 and 34 Victoria Street ; 5 Cowley Street ; and 5, 7, 9, 11, 13, 15 and 17 Fern Street.

Fern Street Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 9. The properties included were Nos. 2, 4, 6, 8, 10, 12 and 14 Fern Street ; and Nos. 4 and 6 Lord Street.

Fox Street Area.—Official Representation made on 25th May, 1937, and Clearance Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 6. The properties included were Nos. 34, 36, 38, 40, 42 and 44 Fox Street.

Corporation Street Area.—Official Representation made on 25th May, 1937, and Compulsory Purchase Order made on 30th July, 1937 ; confirmed 21st March, 1938. No. of dwelling-houses 7. The properties included were Nos. 42, 44, 46, 48, 50, 52 and 54 Corporation Street.

Arthur Street Area.—Official Representation made on 1st December, 1937, and Clearance Order made on 2nd February, 1938 ; confirmation not yet received. No. of dwelling-houses 17. The properties included were Nos. 1, 3, 5, 7, 9, 11 and 13 Waterloo

Place ; 62, 64 and 66 Waterloo Street ; and 20, 22, 24, 26, 28, 30 and 32 Arthur Street.

Waterloo Street (No. 2) Area.—Official Representation made on 21st December, 1937, and Clearance Order made on 2nd February, 1938 ; confirmation not yet received. No. of dwelling-houses 5. The properties included were Nos. 10, 12, 14, 16 and 18, Waterloo Street.

Central Ward (No. 1) Area.—Official Representation of this area, which contained 172 dwelling-houses, was made on 21st December, 1937. A Compulsory Purchase Order in respect of 90 houses and a Clearance Order in respect of 80 houses were made on 2nd February, 1938. No Order was made in respect of the two remaining houses, the properties being owned by the Corporation. A Compulsory Purchase Order has also been made in respect of other land surrounded by or adjoining the area for the purpose of obtaining a cleared site of convenient shape and dimensions. Confirmation of these Orders has not yet been received. The properties included were :—

Compulsory Purchase Order.—9, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32, 33, 34, 35, 36, 37 Front, 37 Back, 38, 39, 40, 42, 44, 46, 48, 49, 50, 51, 52, 53 and 57 Brook Street.

21, 23, 25, 27, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41 and 43 Rigby Street.

48 Front, 48 Back, 50 Front, 50 Back, 52 Front, 52 Back, 54 Front, 54 Back, 58, 60, 62, 64, 66 and 68 Water Street.

2, 3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 19 and 21 New Cross Street.

11, 13, 32 and 34 Milk Street.

Clearance Order.—7, 9, 11, 13, 15, 17, 19, 21, 23, 27, 28/26, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41 Front, 41 Back, 42, 43, 45, 47, 49, 51, 53, 55, 57, 59, 59 Back, 63, 65, 67 and 69 Water Street.

36, 38, 40, 41, 43, 44 and 46 Waterloo Street.

1, 2, 3 Front, 3 Back, 4, 5 Front, 5 Back, 6, 7, 8, 10 and 12 Green Street.

58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71 and 72 Brook Street.

3, 5, 7, 9, 11, 13, 15 and 17 Silver Street.

Dwelling-houses owned by the Corporation.—1 and 5 New Cross Street.

Lands outside the Clearance Area.

All that plot of land situate in Rigby Street, St. Helens, at the corner of Brook Street, with the brick-built garages, office premises and store place and brick-built water closet structure erected thereon used as a motor haulage contractor's premises by Alice Aitken Rothwell.

All that plot of land situate in Rothwell's Yard, Rigby Street, St. Helens, together with the dwelling-house erected thereon formerly occupied by Lily Lyon.

All that plot of land situate in Rigby Street, St. Helens, with the brick-built buildings erected thereon and used by Albert Alfred Brambley as a mineral water factory, pickle manufactory, store place, bottle store, garage and boiler house.

All that plot of land situate in Rigby Street, St. Helens, known as Rothwell's Yard and now or formerly used in common by the occupiers of the motor haulage contractor's premises, the disused dwelling-house and the mineral water factory and other premises all hereinbefore described in this part of this Schedule.

All that plot of land situate at the corner of Brook Street and Rigby Street, St. Helens, together with the brick-built premises and the outbuildings erected on some part thereof and numbered 47 in Brook Street aforesaid and formerly used as licensed premises but now used as club premises by the British Legion Brook Street Club, St. Helens, Limited.

All that plot of land in Water Street, St. Helens, with the two-storey brick building and the wooden erections erected on some part thereof used as stable premises and store place by James McGill and situate between Nos. 42 and 48 Water Street, St. Helens.

Individual Unfit Houses.—Official Representations under the Housing Act were also made regarding the following 99 individual premises. Demolition Orders were made in respect of 94 of these premises, and in 5 instances undertakings offered by the owners not to use the premises for human habitation were accepted by the Council :—

<i>Description of Dwelling-house</i>	<i>Date Represented</i>	<i>Date Demolition Order made.</i>
276, Mill Lane.....	6/1/37	5/5/37
278, Mill Lane.....	6/1/37	5/5/37
White Cottage, Moss Bank Road	6/1/37	3/3/37
"Cottage", Woodlands Road.....	6/1/37	3/3/37
Caravan occupied by John Parr, situate on land adjoining Beaufort Street and the L.M.S. Railway Line	6/1/37	3/3/37
Caravan occupied by Robert Jones, situate on land adjoining the house nod. 55, Baxters Lane	6/1/37	3/3/37
Caravan occupied by Walter Turner, situate on land attached to the house nod. 81, Hoghton Road	6/1/37	3/3/37
Caravan occupied by Thomas Glynn, known as Caravan No. 15, Fleet Lane, situate on land at the rear of 180 and 182, Fleet Lane	6/1/37	3/3/37
Caravan occupied by Thomas Sarbutts, known as Caravan No. 2, Nunn Street	6/1/37	3/3/37
Caravan occupied by John Comber, known as Caravan No. 8, Tickle Street	6/1/37	3/3/37
Caravan occupied by Henry Davies, situate on land attached to the house known as 56, Ashcroft Street	6/1/37	3/3/37
Caravan occupied by Ernest Davies, situate on land at the rear of 143, Parr Stocks Road	6/1/37	3/3/37
Caravan occupied by Edward Seddon, known as No. 1 Caravan, Back Fleet Lane, situate on land at the rear of 60, Fleet Lane	6/1/37	3/3/37

<i>Description of Dwelling-house</i>	<i>Date Represented</i>	<i>Date Demolition Order made.</i>
Caravan occupied by Duncan McWhirter, known as Caravan No. 5, Back Fleet Lane, situate on land at the rear of Fleet Lane and Granville Street	6/1/37	3/3/37
Caravan occupied by Leonard Jones, known as 'The Caravan', Sutton Moss	6/1/37	3/3/37
Caravan occupied by Joseph Twye, situate on land at the rear of 52, Lord Street	6/1/37	5/5/37
Caravan occupied by William Fildes, situate in the curtilage of No. 27, Newton Road	6/1/37	3/3/37
Caravan occupied by Thomas Gannon, situate on land at the rear of 31, Newton Road	6/1/37	3/3/37
Caravan occupied by Charles Fishwick, situate on land at the junction of Shaw Street and Hall Street	6/1/37	3/3/37
Caravan occupied by James Pierce, situate on land adjoining the house nod. 108, Pocket Nook Street	6/1/37	3/3/37
Caravan known as Caravan No. 1, occupied by James Stevenson, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 2, occupied by Sarah Ann Andrews, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 3, occupied by Alfred Brown, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 4, occupied by John McGivern, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 5, occupied by John Eden, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 6, occupied by Henry Thomas Clark, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 7, occupied by Patrick Lohan, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 8, occupied by Robert Stockton, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37

<i>Description of Dwelling-house</i>	<i>Date Represented</i>	<i>Date Demolition Order made.</i>
Caravan nod. 9, occupied by William Pheysey, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 10, occupied by Mary Ann Fitzgerald, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan nod. 11, occupied by George Tinsley, situate on land attached to Park House, known as Webster's Yard, off Park Road	6/1/37	3/3/37
Caravan occupied by John Harrison, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Elizabeth Chapman, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Rachel Bannon, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Henry Storey, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Sarah Carrington, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Agnes Harrison, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Martha Ann Swift, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Richard Rigby, known as "Devonia Bungalow", situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Thomas Glynn, situate in Glover's Yard, at the rear of Hospital Farm, 61, Marshalls Cross Road	6/1/37	3/3/37
Caravan occupied by Edwin Coombs, situate on land adjoining the house nod. 65, Hills Moss Road	6/1/37	3/3/37

<i>Description of Dwelling-house</i>	<i>Date Represented</i>	<i>Date Demolition Order made.</i>
77 Wooden Hut occupied by George Alfred Whittle, situate on land attached to the house known as 56, Ashcroft Street	6/1/37	Undertaking not to use the premises for human habitation accepted by Council on 3/3/37.
77 Wooden Hut known as 1 front, Jubits Lane ; also known as Hut 1, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 1 back, Jubits Lane ; also known as Hut 2, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 2 front, Jubits Lane ; also known as Hut 3, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 2 back, Jubits Lane ; also known as Hut 4, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 3 front, Jubits Lane ; also known as Hut 5, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 3 back, Jubits Lane ; also known as Hut 6, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 4 front, Jubits Lane ; also known as Hut 7, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 4 back, Jubits Lane ; also known as Hut 8, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 5 front, Jubits Lane ; also known as Hut 9, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 5 back, Jubits Lane ; also known as Hut 10, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 6 front, Jubits Lane ; also known as Hut 11, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 6 back, Jubits Lane ; also known as Hut 12, Jubits Lane	6/1/37	3/3/37
77 Wooden Hut known as 20 front, Forest Road ; also known as Hut 20, Forest Road	6/1/37	3/3/37
77 Wooden Hut known as 20 back, Forest Road ; also known as Hut 20 back, Forest Road	6/1/37	3/3/37
77 Wooden Hut known as 22 front, Forest Road ; also known as Hut 22, Forest Road	6/1/37	3/3/37

<i>Description of Dwelling-house</i>	<i>Date Represented</i>	<i>Date Demolition Order made.</i>
Wooden Hut known as 22 back, Forest Road ; also known as Hut 22 back, Forest Road	6/1/37	3/3/37
Wooden Hut known as 24 front, Forest Road ; also known as Hut 24, Forest Road	6/1/37	3/3/37
Wooden Hut known as 24 back, Forest Road ; also known as Hut 24 back, Forest Road	6/1/37	3/3/37
Wooden Hut known as 15 front, Forest Road ; also known as Hut 15, Forest Road	6/1/37	3/3/37
Wooden Hut known as 15 back, Forest Road ; also known as Hut 15 back, Forest Road	6/1/37	3/3/37
Wooden Hut known as 17 front, Forest Road ; also known as Hut 17, Forest Road	6/1/37	3/3/37
Wooden Hut known as 17 back, Forest Road ; also known as Hut 17 back, Forest Road	6/1/37	3/3/37
Wooden Hut known as 19 front, Forest Road ; also known as Hut 19, Forest Road	6/1/37	3/3/37
Wooden Hut known as 19 back, Forest Road ; also known as Hut 19 back, Forest Road	6/1/37	3/3/37
Wooden Hut known as 21 front, Forest Road ; also known as Hut 21, Forest Road	6/1/37	3/3/37
Wooden Hut known as 21 back, Forest Road ; also known as Hut 21 back, Forest Road	6/1/37	3/3/37
Wooden Hut known as 23 front, Forest Road ; also known as Hut 23, Forest Road	6/1/37	3/3/37
Wooden Hut known as 23 back, Forest Road ; also known as Hut 23 back, Forest Road	6/1/37	3/3/37
Wooden Hut known as 54 front, Milton Street ; also known as Hut 54, Milton Street	6/1/37	3/3/37
Wooden Hut known as 54 back, Milton Street ; also known as Hut 54 back, Milton Street	6/1/37	3/3/37
Wooden Hut known as 56 front, Milton Street ; also known as Hut 56, Milton Street	6/1/37	3/3/37
Wooden Hut known as 56 back, Milton Street ; also known as Hut 56 back, Milton Street	6/1/37	3/3/37

<i>Description of Dwelling-house</i>	<i>Date Represented</i>	<i>Date Demolition Order made.</i>
Wooden Hut known as 58 front, Milton Street ; also known as Hut 58, Milton Street	6/1/37	3/3/37
Wooden Hut known as 58 back, Milton Street ; also known as Hut 58 back, Milton Street	6/1/37	3/3/37
Wooden Hut occupied by Matthew Bate, known as "The Bungalow", Sutton Moss	6/1/37	3/3/37
Caravan occupied by John Jarvis, known as Caravan No. 3, Back Fleet Lane, situate on land at the rear of Fleet Lane and Granville Street	6/1/37	3/3/37
Caravan occupied by Daniel Eden, known as Caravan No. 1, Nunn Street	6/1/37	3/3/37
1, William Street	25/5/37	Undertakings not to use the houses for human habitation accepted by Council on 7/7/37.
3, William Street	25/5/37	
48, Ormskirk Street	25/5/37	
50, Ormskirk Street	25/5/37	
1, Old Cricket Field, off Hoghton Road	25/5/37	7/7/37
3, Old Cricket Field, off Hoghton Road	25/5/37	7/7/37
Parr Cottage, Seath Avenue	25/5/37	7/7/37
1, Moss Cottage, off Hoghton Road	25/5/37	7/7/37
2, Moss Cottage, off Hoghton Road	25/5/37	7/7/37
2, Flag Street	25/5/37	7/7/37
4, Flag Street	25/5/37	7/7/37
1, Old Double Locks Cottage	25/5/37	7/7/37
2, Old Double Locks Cottage	25/5/37	7/7/37
Cowley Cottage, Cowley Hill Lane	25/5/37	7/7/37
237, Newton Road	25/5/37	7/7/37
52, Berrys Lane	25/5/37	7/7/37
271, Watery Lane	25/5/37	7/7/37
273, Watery Lane	25/5/37	7/7/37
Caravan occupied by Thomas Goulding, situate on land attached to and at the rear of 201, Watery Lane	25/5/37	7/7/37
Caravan occupied by Joseph Jones, situate in Glover's Yard at the rear of Hospital Farm, 61, Marshalls Cross Road	25/5/37	7/7/37

Demolition Orders were also made during the year in respect of the following five houses which were represented as unfit for human habitation on the 21st December, 1934, and for which the

undertakings given by the owners to render the houses fit had not been complied with :—

10 Front, Marshalls Cross Road.
 4 Front, Merton Bank Road.
 4 Back, Merton Bank Road.
 6 Front, Merton Bank Road.
 6 Back, Merton Bank Road.

Back-to-Back Houses.—Official Representations under the Housing Act were also made regarding the following back-to-back houses on the dates mentioned. Undertakings to convert the premises into through houses were accepted by the Council in respect of 10 of the houses, and an undertaking not to use the houses for human habitation was accepted in respect of the two remaining houses.

155, Dentons Green Lane ;	}	6/1/37
2 Back, Dentons Green Lane ; also known as		
2, Back Stone Cottage, Dentons Green Lane	}	6/1/37
157, Dentons Green Lane ;		
4 Back, Dentons Green Lane ; also known as	}	6/1/37
4, Back Stone Cottage, Dentons Green Lane		
159, Dentons Green Lane ;	}	6/1/37
6 Back, Dentons Green Lane ; also known as		
6, Back Stone Cottage, Dentons Green Lane	}	6/1/37
161, Dentons Green Lane ;		
8 Back, Dentons Green Lane ; also known as	}	6/1/37
8, Back Stone Cottage, Dentons Green Lane		
179, Front City Road ;	}	25/5/37
179, Back City Road		
* 183, Front City Road ;	}	25/3/37
* 183, Back City Road		

* Undertakings not to use the houses for human habitation accepted by the Council on 7/7/37.

Part of Building.—Official Representation under Section 12 of the Housing Act, 1936, was made regarding the following

premises on the 6th January, 1937, and a Closing Order was made by the Council on 3rd March, 1937 :—

That part of the building occupied by Joseph William Johnston, known as Hut 81, Hoghton Road ; also known as No. 1 Bungalow, Hoghton Road, and comprising the rooms used as sleeping rooms, living room and scullery.

Future Activity.—With the completion of the work outlined above, the Council's five year programme of slum clearance will have been completed and the greater proportion of the worst housing conditions in St. Helens will have been removed. I would point out, however, that though many more houses have been dealt with than estimated in the original programme, there still remains a considerable number which fall below the general housing standard, and it would appear that slum clearance will continue to be a normal activity of the Department.

Re-Housing.—Table No. 38 shows the sites allocated to the end of the year for the re-housing of persons displaced or to be displaced from premises dealt with under all slum clearance schemes since their commencement in 1932.

These sites provide accommodation for 3,940 persons in 784 houses. From the commencement of re-housing to the end of the year, 1,301 persons had been re-housed in 280 of these houses.

Provision of Furniture.—A scheme has now been prepared by the Housing Committee which allows the purchase, by necessitous persons displaced from slum clearance schemes, of furniture and other household effects on easy payment terms.

OVERCROWDING.—During the year, 126 houses were erected on the Grange Park Site for the relief of overcrowding. Of this number, 86 houses were of the 3-bedroomed type to accommodate 6 persons, and 40 were of the 4-bedroomed type to accommodate 7 persons.

TABLE 38.

Name of Site	Numbers and Types of Houses erected or to be erected							Aged Persons	Total	Providing Accommodation for persons
	2-bedroomed		3-bedroomed		4-bedroomed					
	1 person	2 persons	5 persons	6 persons	7 persons	8 persons	9 persons			
* Hardshaw Brook	—	6		20		6		—	32	166
* Rivington Road	—	16		42		2		—	60	288
* Gaskell Street	—	20		38		8		—	66	326
* Virgil Street	—	—		2		—		—	2	10
* Simms Avenue	—	8		20		—		—	28	132
* Boardmans Lane	—	6		22		6		—	34	176
* Sorogold Street	—	12		10		6		22	50	184
		1-bedroomed		3-bedroomed		4-bedroomed		5-bedroomed		
	1 person	2 persons	5 persons	6 persons	7 persons	8 persons	9 persons	10 persons		
† Crossley Road	—	—	44	10	2	4	—	—	60	326
† Grange Park	—	12	138	28	12	10	4	4	208	1122
† Marsden Avenue	—	6	22	2	—	2	—	—	32	150
† Sutton Manor	—	—	34	4	—	—	2	—	40	212
† Ramford Street	12	8	118	18	8	6	2	—	172	848
Totals									784	3940

* Houses erected in accordance with the standard laid down by the Housing, etc., Act, 1923.

† Houses erected or to be erected in accordance with the standard suggested in the Ministry of Health Circular 1539, dated 7th May, 1936.

DISINFESTATION OF PREMISES AND HOUSEHOLD EFFECTS.—During the year, 20 council houses were reported by the Housing Department to be infested with bed bugs. These were sprayed with a liquid insecticide and, where infestation was serious, architraves, skirting boards and picture rails were removed and separately treated prior to spraying.

162 other houses infested with bed bugs also came to the notice of the sanitary staff during the year. Of these, 136 were houses which are the subject of clearance or demolition orders, and no disinfestation of these premises was carried out. In the remaining 26 instances the tenants were advised as to the best methods of disinfestation, including the periodic fumigation of the rooms with sulphur, and periodic advisory visits were paid by the sanitary staff and the premises kept under observation until free from infestation.

Where re-housing takes place from premises dealt with under slum clearance schemes, the furniture and household effects are subjected in all cases to fumigation by Hydrocyanic gas before removal into the new houses. This work is carried out by a private contractor. The bedding is subjected to steam disinfection at the Council's Isolation Hospital. The furniture and household effects from 28 premises were disinfested by this means during the year.

XVI.—HEALTH EDUCATION.

A special Health Week in St. Helens was arranged for the week March 8th—13th, 1937, and, as part of the week's programme, a special Health and Hygiene Exhibition was held at the Town Hall. The Exhibition proved very successful, and great interest was taken in the practical demonstrations of infant hygiene, clean food preparation, cookery, etc. Special hours were arranged each morning for parties of school-children who were conducted through the Exhibition by their teachers. A series of public lectures (afternoon and evening), were also given during the week in the Town Hall, and were addressed by recognised experts in each subject. The subjects covered included "Tuberculosis", "Smoke Abatement", "Infant

Management", "Milk", "Food and Fitness", "Physical Education", etc. All lectures were accompanied by suitable films. In addition, informal dinner-hour meetings were held at several local works.

Judging by the numbers attending the Exhibition and the various activities during the week, the Health Week could be considered a distinct success, but my view remains, as in the past, that greater benefits are obtained by holding these special Health Weeks spasmodically rather than making them a regular feature.

During the year the British Social Hygiene Council made a special visit to St. Helens and held a meeting, for young people, in the Mayor's reception room at the Town Hall. Though only advertised a few days before the meeting by means of a loud-speaker van, the response was so great that double the number attending (250) could have been admitted if accommodation had been available.

Other health activities during the year included the use of the 3 poster frames, taken over from the Empire Marketing Board, for the display of posters arranged by the Central Council for Health Education, the distribution of leaflets, booklets and posters issued by the Health and Cleanliness Council, special propaganda during National Rat Week, and the usual distribution of leaflets, throughout the year, from clinics, etc.

With the commencement of the National Health Campaign in October, 1937, there was increased activity in the display of posters and distribution of handbills, leaflets, etc. During each section of the Campaign approximately 150 posters were displayed on outdoor hoardings and notice boards, and approximately 1,100 in clinics hospitals, schools, works, shops and other premises, and on transport vehicles. Approximately 20,000 leaflets were distributed through the schools, welfare centres, clubs, canteens, etc., and approximately 10,000 bookmarks through the public libraries. No special meetings were held during the Campaign.

APPENDIX 1.

Report by the Medical Officer of Health on Maternal Mortality in St. Helens and the Maternity Services provided by the Council.

(Submitted to the Maternity and Child Welfare Committee on 21st September, 1937).

Some months ago there was issued by the Ministry of Health a "Report on an Investigation into Maternal Mortality", and following that Report the Ministry issued a Circular Letter (Circular 1622 dated 7th May, 1937) drawing attention to the more important recommendations contained in it.

As the Committee know, considerable attention has been paid to this matter in recent years, and the Committee will remember that consequent on the issue of previous Circulars by the Ministry, I made special reports to this Committee in 1931 and again in 1934 on the Maternal Mortality in St. Helens and on the Council's Maternity Service, with special reference to the question of expansion and improvements that might be carried out.

My previous reports showed, I think, that though maternal mortality in St. Helens in any particular year might look excessive, it was, when taken over a period of years, not unduly high when compared with that of England and Wales as a whole. I have attached to this report a Table showing a comparison since 1911. As shown in that Table, yearly variations are sometimes considerable in St. Helens, but this is to be expected as the number of cases on which the yearly death rate is calculated is small, and small increases and decreases in the number of deaths in any one year are reflected by an appreciable variation in the death rate. When the average is taken over periods of 10 years, the rate in St. Helens is not very much higher than that for England and Wales as a whole. In the Report recently issued by the Ministry, tables are given showing that the rate in St. Helens over the 10 year period 1924-33 was 14.5% higher than that for England and Wales as a whole. For the whole of Lancashire the corresponding percentage increase was 14.3%. It is also instructive to note from that Report that during the 8 years 1926-33, if Total Abortions were excluded from the Maternal Mortality, the

rate for St. Helens was only 7.0% higher than that for England and Wales during the same period and with the same exclusion.

The present Circular from the Ministry covers much of the old ground, and I think that as my previous Reports went into considerable detail, I need only touch shortly on some of the points now mentioned. For example, in regard to ante-natal clinics, post-natal clinics, provision of extra nourishment, dental treatment, treatment of puerperal fever cases, education of the mother, etc., I think I have shown in previous Reports that the present services comply with all the Ministry's suggestions and with additions and amendments made since my previous Reports may, I think, be considered adequate and satisfactory.

In regard to hospital accommodation the Committee will remember that the accommodation provided at their own Maternity Hospital was increased from 15 to 20 beds in 1936, and there are also 15 beds at the St. Helens Hospital. Despite the increased tendency for confinements in hospital, I think that number of beds should be sufficient, especially in view of the falling number of births. I think, however, some special arrangements should be made whereby more accommodation might be available for cases of abortion. At present only a very small proportion of these receive treatment in hospital. In view of the serious consequences which may follow this condition, I think the question of making special provision for them might be gone into in the near future. The recent Report on the special investigation already referred to shows that approximately 14% of all puerperal deaths are due to this cause.

In regard to Consultant Services, the Ministry again stress the importance of the availability of these services even to the extent of suggesting special consultant ante-natal and post-natal clinics. I do not think these are necessary in St. Helens as there is never any difficulty in arranging for the Corporation's consultant obstetrician to see cases as and when required. The necessity of adequate consultant services in connection with hospital accommodation is also referred to ; here again I think the arrangements in St. Helens

are adequate. It is also again suggested that consultant services should be available for domiciliary cases. As pointed out in my Report in 1934 I do not think this is practicable in St. Helens, the chief difficulty being that there is no local consultant obstetrician. In my view, if a case is serious enough to require a consultant to be brought from Liverpool it is better in hospital, and, with the amount of accommodation available, there should be no difficulty in obtaining admission to hospital and obtaining the services of the consultant attached to the hospital. In the special Report of Investigation, however, it is suggested that in some very serious cases patients may be too ill to be removed to hospital, and the suggestion is made that "emergency units" consisting of a consultant and nursing staff with all the necessary equipment for dealing with emergencies, should be available for attendances at short notice in the patients' own homes. I do not advise this in St. Helens. It seems to me that with the efficient ambulance service available there is less danger in removing even the most serious cases to hospital than in trying to carry out adequate treatment in the average working class house.

In regard to medical practitioners called in by midwives in cases of emergency under the Rules of the Central Midwives Board, attention is drawn in the Report of Investigation to the desirability of ensuring that "the best local obstetric skill is available in all cases". This is a point over which the Local Authority have no control at present. Under the Rules of the Central Midwives Board, midwives must send for the doctor requested by the patient, though it is admitted that not all general practitioners have the same skill or interest in dealing with maternity cases. To overcome this difficulty it might be possible to agree with the local medical profession that only certain doctors would undertake this work. I am strongly in favour of such an arrangement, but am doubtful whether it is practicable unless the rules of the Central Midwives Board are altered, and I have no knowledge regarding that point at present. If the Committee agree with me as to the desirability of restricting the calls only to doctors on specially approved lists, I will consult the local medical

profession as to the possibility of drawing up such a list. Even with such a list, however, the patient will, until the Rules of the Central Midwives Board are altered, be entitled to any doctor she chooses.

MATERNAL MORTALITY.

Year	ENGLAND AND WALES			ST. HELENS		
	Rates per 1,000 live Births			Rates per 1,000 live Births		
	Puerperal Sepsis	Other Puerperal Causes	Total Puerperal Mortality	Puerperal Sepsis	Other Puerperal Causes	Total Puerperal Mortality
1911	1.43	2.44	3.87	1.23	1.85	3.08
1912	1.39	2.59	3.98	0.64	1.27	1.91
1913	1.26	2.70	3.96	—	2.81	2.81
1914	1.55	2.62	4.17	2.38	2.68	5.06
1915	1.47	2.71	4.18	1.01	4.38	5.39
1916	1.38	2.74	4.12	0.38	3.08	3.46
1917	1.31	2.58	3.89	0.90	3.61	4.51
1918	1.28	2.51	3.79	2.05	3.29	5.34
1919	1.67	2.70	4.37	2.98	3.72	6.7
1920	1.81	2.52	4.33	1.8	3.3	5.1
Average for years 1911/20	1.46	2.61	4.07	1.3	3.0	4.3
1921	1.38	2.54	3.92	1.96	2.94	4.9
1922	1.39	2.44	3.81	1.42	2.49	3.91
1923	1.30	2.52	3.82	0.38	0.76	1.14
1924	1.39	2.51	3.90	1.9	4.57	6.47
1925	1.56	2.52	4.08	2.66	2.66	5.32
1926	1.60	2.52	4.12	1.95	2.34	4.29
1927	1.57	2.54	4.11	2.54	0.85	3.39
1928	1.79	2.63	4.42	1.66	2.91	4.57
1929	1.80	2.53	4.33	3.1	2.65	5.75
1930	1.92	2.48	4.40	2.13	2.99	5.12
Average for years 1921/30	1.57	2.52	4.09	1.97	2.52	4.5
1931	1.66	2.45	4.11	0.92	2.29	3.21
1932	1.61	2.60	4.21	0.93	3.24	4.17
1933	1.83	2.68	4.51	0.52	5.15	5.67
1934	2.03	2.57	4.60	1.94	3.39	5.33
1935	1.68	2.42	4.10	0.99	1.48	2.47
1936	1.40	2.41	3.81	2.525	2.525	5.05
Average for years 1931/36	1.70	2.52	4.22	1.31	3.01	4.32

In conclusion, I would suggest that though the Maternal Mortality rate in St. Helens is higher than that for England and Wales as a whole, it compares very favourably with others town in Lancashire. In the Report of Investigation it is shown as being the sixth lowest of all the County Boroughs in Lancashire during the period 1924-33. Further, I would suggest that the Maternity Services are in the main adequate and, I hope, efficient. Despite these facts, however, improvement and expansion must go on. The two chief improvements I now suggest for consideration are (a) the provision of special hospital accommodation for cases of abortion, and (b) the possibility of getting only the best local obstetric skill in cases where the midwife sends for a doctor in emergency.

Finally, in the effort towards lowering maternal mortality, the new Municipal Midwifery Service should have considerable effect in future. These midwives will be working under better supervision and guidance than has been possible in the past ; they will have better opportunities of getting advice in their difficulties and they will have opportunities of keeping their knowledge up to date. Under such circumstances the standard of work must improve with consequent benefit to the mother.

APPENDIX 2.

MIDWIVES' ACT, 1936.

Report by the Medical Officer of Health on the Midwives' Act, 1936, and suggested proposals for giving effect to the Act in St. Helens.

(Submitted to the Maternity and Child Welfare Committee on 22nd December, 1936).

General Provisions of the Act.

The Act requires each Local Supervising Authority under the Midwives' Acts " to secure the whole-time employment of a sufficient number of midwives for attendance on women in their own homes, not only as midwives but also as maternity nurses, during child-birth and the lying-in period".

Local Authorities may either themselves employ salaried midwives or secure their employment by voluntary organisations. Midwives employed in the new Service must be whole-time servants of the employing body, but are not required necessarily to devote the whole of their time to midwifery and maternity nursing. Though it is intended under the new Service that there shall be available the services of a midwife for every woman who may require such service, it does not necessarily mean that only these midwives will be employed, as the patient still has free choice of midwife, and it is presumed that even after the Public Midwifery Service under the Act has been established, there will be some midwives remaining in private practice.

Under the Act, fees are chargeable for the attendance by public midwives, but the Council is empowered to remit the whole or part of such fees in necessitous cases.

The Act also empowers Local Supervising Authorities, within three years of the commencement of the Act, to require midwives who, by reason of age or infirmity, are incapable of efficiently performing their duties, to surrender their certificates. Compensation has to be paid to these midwives on the basis of 5 times their average net annual emoluments from their practices during the preceding three years. Other midwives who do not wish to continue in practice may also surrender their certificates during a like period and are entitled to compensation at the rate of 3 times their average net annual emoluments.

Exchequer grants are available in respect of these services and are divided into two classes :—

- (a) in respect of compensation paid to midwives, the Exchequer make a grant of 50% of the aggregate payments by the Local Authority ;
- (b) in respect of the employment of midwives the Exchequer will make a grant of approximately 50% of the additional expense incurred by the Local Authority. As from 1st April, 1942, however, the Exchequer grant

will be given by way of addition to the General Exchequer grants payable to Local Authorities under the Local Government Act, 1929.

Proposals for Establishing a Whole-time Midwifery Service in St. Helens.

Under the Act, Local Authorities have to submit to the Ministry of Health not later than the 30th January, 1937, their proposals for establishing a Service of salaried midwives and to bring the Service into operation not later than the 30th July, 1937. Such proposals should be accompanied by drafts of any Agreements proposed to be entered into with voluntary organisations, and, where the Local Authority propose to employ midwives themselves, by particulars of the proposed scale of salaries and of the scale of fees proposed to be fixed by the Authority.

Administration.—The first point to be decided is whether the Local Authority themselves propose to administer the Service or whether they purpose asking a voluntary organisation to carry out the necessary Scheme. At present there is no local voluntary organisation doing domiciliary midwifery, but the St. Helens District Nursing Association is willing to organise and administer a scheme covering the whole of St. Helens. The Scheme of the Nursing Association would be on the lines suggested later in this Report as a suggested scheme for the carrying out of the work directly by the Corporation.

The Nursing Association suggest that the Corporation should repay the Nursing Association 90% of the cost (estimated for the first year at £4,251) of employing and supervising the midwives, but that fees received by them from patients should be handed over to the Corporation.

I would suggest, however, that the Local Authority themselves administer the Service. I do so mainly for the following reasons :—

- (a) the Local District Nursing Association have, up to the present, had no Midwifery Service. They are, therefore, embarking on an entirely new sphere of work,

and in doing so they will, owing to general shortage of midwives, have to appoint as their staff midwives at present practising in St. Helens. In the past these midwives have been working more in conjunction with the Health Department than with District Nurses, and I think, therefore, there will be less interruption in the work if they become employees of the Health Department rather than employees of another organisation ;

- (b) even if the midwives become the employees of the Local District Nursing Association, the Local Authority, as Local Supervising Authority, is still responsible for their supervision under the Midwives' Act. This would result in dual supervision and control and consequently divided authority. I suggest, therefore, that that supervision could be more efficiently applied if they were servants of the Local Authority rather than servants of another body ;
- (c) it seems to me that the future development of this Service will be that the midwife should be responsible not only for ante-natal care and for the confinement and lying-in period but, in addition, should take the place of the health visitor throughout the whole of pregnancy and for some months after confinement. In so doing she would be acting not only as a midwife but as a health official and should, therefore, be a member of the Health Department.

The following proposals are, therefore, based on the assumption that the Local Authority will themselves administer the Service.

1. **Number of Midwives to be Employed.**—For the three years ending December, 1935, the average number of cases attended by midwives in St. Helens was 1484. In a town like St. Helens it is expected that in future the majority of mothers will employ midwives from the Public Service rather than private midwives,

so that for estimating the number of midwives required I think provision for 1,400 births annually would be a fair estimate.

The Ministry advise that a midwife wholly employed as such should be capable, in populous districts, of attendance on 70 cases as a midwife and 30 cases as a maternity nurse during the year. This would mean, calculated on the above estimate of the number of cases to be attended, that 14 midwives should be appointed for St. Helens. The figures given, however, do not allow for holidays, sick leave, or for emergency, and it is generally considered that so as to allow for such, the staff required should be based on 80 cases per midwife. This would make the St. Helens requirements 17.5, say 18 midwives. It is suggested, however, that in the first instance only 16 be appointed but that power be given to increase the number as required. These midwives would be arranged in districts in groups of 3 or 4 so as to allow for interchange of duties in case of emergency. Patients would be free to book any midwife in their own districts, but a restriction would be placed on the number of cases each midwife could book and midwives would not be allowed to book cases outside their own district.

2. **Staff to be Employed.**—There are, at present, 29 midwives in private practice in St. Helens, and it is considered that with one or two exceptions the staff could be completed from these.
3. **Salaries.**—The Ministry suggest that a municipal midwife should receive the same salary as that paid to a health visitor in the District (in St. Helens as from 1st April, 1937, £202/10/0 to £236 per annum). It is considered that this recommendation has been made on the assumption that the midwife appointed would be as fully trained as a health visitor. Few of the local midwives, however, hold more than their midwifery qualification and I would suggest, therefore, that appointments to the staff, of midwives at present in practice in St. Helens, be at a salary of £165 rising to £185 per annum. Future appointments to the staff however, should be made from persons holding

General Training Certificates in addition to the Midwifery Certificate, and for such appointments I would suggest a salary of £185 to £215.

4. **Emoluments.**—As it will be necessary to insist on satisfactory uniform and the keeping of same in a cleanly condition, it seems reasonable that uniform and laundry allowances should be granted. It is suggested that this might be £15 per annum. It is suggested that travelling expenses be not paid.
5. **Equipment.**—In future the Local Authority will be responsible for the supply of all equipment and the keeping of same in good order and repair. It is estimated that the cost of the two bags with the necessary equipment required would be £5 each midwife. As all practising midwives at present have bags, however, I suggest that these be examined and, if suitable, taken over by the Local Authority ; an allowance of £2 being made to each midwife whose bag is taken over. For the maintenance of midwives' bags and the supply of dressings and other equipment, it is estimated that £100 per annum will be required.

It will also be necessary for each midwife to have a telephone installed. This is essential if efficient supervision is to be carried out, in order that the Supervisor may be informed immediately a midwife is called to a case and in order that a substitute can be readily obtained should the midwife called not be available.

6. **Holidays.**—It is suggested that, as midwives will be on duty night and day, they be granted one month's holiday per annum.
7. **Supervision.**—The intention of the Act is to improve midwifery in the home. If this is to be obtained, much more supervision of the work of the midwives will have to be carried out than in the past. In the past, supervision has mainly been in respect of the carrying out of the Rules of the Central Midwives' Board. In future, supervision must include more clinical supervision of the work of the midwives. Midwifery in the home should be

brought as near as possible to the standard of hospital midwifery. It will be necessary, therefore, to appoint a well-trained Supervisor for this work. For several years it will entail whole time work and I would suggest that to get a suitable Supervisor the salary should be that approved by the Staff Sub-Committee for future appointments of Superintendent Health Visitor namely, £240 to £262/10/0 per annum plus uniform and laundry allowance of £15 per annum and travelling expenses.

8. **Superannuation.**—In regard to the Supervisor it is expected that she will join the Superannuation Scheme in the ordinary way.

In regard to practising midwives, however, who are appointed to the staff, some will be elderly. For that reason, Section 2 of the Act enables Local Authorities who have Superannuation Schemes to add years up to 10 (during which she has practised as a midwife) for the purpose (1) of ascertaining whether a pension is payable, and (2) of calculating the amount of pension. In this connection it is suggested that the age limit for employment in this Service be raised to 55 years. It might also be here mentioned that many of the practising midwives are married. The Ministry suggest that Local Authorities should waive their objection to married female members of the Staff when first selecting midwives under this Service.

9. **Fees to be Charged.**

For Services as Midwives.—The current fees paid to practising midwives in St. Helens are 30/- in respect of a first baby and 25/- for others. At present these include a limited amount of ante-natal care, attendance at the confinement and during the 10 days lying-in period. The Central Midwives Board have, however, as from the 1st January, 1937, extended attendance during the lying-in period to 14 days and the local midwives are, therefore, raising their fees as from 1st January next to 35/- and 30/- respectively. I would suggest that these fees be adopted for the Public Midwifery Service.

For Services as Maternity Nurses.—It is suggested that the fees chargeable be 30/- in respect of a first baby and 25/- for others.

10. **Remission of Fees.**—In necessitous cases the Council may remit the whole or part of the normal fee chargeable. I would suggest that this might be in accordance with the scale under which midwives' fees are at present paid by the Committee in necessitous cases, namely as follows :—

- (a) Where Maternity Benefit is received, no remission to be made.
- (b) Where no Maternity Benefit is received, ascertain the total family income (including, if any, pensions, relief, maintenance allowances for school children, etc.) for the 4 weeks preceding the birth of the child, and divide by 4 to arrive at the average weekly income of the family. Deduct the rent and calculate the income per head and apply the following scale :
 - (i) If the income per head is 5/- and under remit the full charge ;
 - (ii) If the income per head is over 5/-, but not more than 6/-, remit three-quarters of the charge ;
 - (iii) If the income is over 6/-, but not more than 7/-, remit half of the charge.

11. **Miscellaneous.**—Arrangements for disinfection, supply of sterilised maternity outfits (at cost or free in necessitous cases), loan of maternity bags, would remain as at present.

It is also suggested that, as at present, when a case, on which a midwife is in attendance, becomes for any reason liable to be a source of infection to other midwifery cases, that midwife be withdrawn from that case and the District Nursing Association asked to take it over.

In regard to ante-natal supervision, it is suggested that this can best be provided by attendance at one or other of the

Ante-natal Clinics, and arrangements could be made for the midwife to attend these clinics with her patients.

Under the Act, power is given to the Central Midwives' Board to frame rules requiring midwives to attend, periodically, courses of instruction. Draft Rules have been issued by the Board. These require practising midwives to attend an approved residential course of not less than four weeks at intervals of not longer than 7 years. Midwives of the Public Midwifery Service would have to attend these courses, and it is estimated that the cost to the Local Authority would be £10 per midwife.

12. **Clerical Assistance.**—In working such a scheme there will be a considerable amount of office clerical work, e.g., keeping records regarding bookings, arranging for the issue of sterilised outfits, arranging for holidays and reliefs, and the issuing of accounts for attendances and arranging for payments of same.

For this purpose it is suggested an additional female clerk be appointed at a salary of approximately £80 per annum.

De-certification of Midwives.

As previously mentioned, the Act empowers the Local Authority to require midwives, who by reason of age or infirmity are incapable of efficiently performing their duties, to surrender their Certificates. As the Local Authority have 3 years from July, 1936, within which to apply these powers, it is suggested that no case be dealt with at present.

During the same period midwives themselves have the option of voluntarily surrendering their Certificates. It is extremely difficult, however, to estimate the number who will do so. As a tentative estimate it is suggested that the Local Authority may have to pay during the next 3 years, £1,500 by way of compensation. They will receive from the Ministry 50% of whatever compensation is paid.

Estimated Cost.

The following is a summary of the estimated cost for the

first year, of the administration of a Municipal Midwifery Service on the lines suggested in this Report :—

16 midwives at £190 each (includes Uniform and Laundry Allowance, Superannuation and Insurance)	£	
		3040
1 Supervisor at £269 (includes as above)		269
1 Female Clerk (including Superannuation and Insurance)		86
17 Telephones at £6		102
Travelling Allowance for Supervisor		60
Equipment		100
Grant to practising midwives for bags		32
Post Graduate Course (say 2 midwives each year)		20
Contingency		100
		<hr/>
		£3809

From this would be deducted—

	£	
(a) fees recovered from patients, say	1500	
(b) present cost to the Corporation in payment of midwives' fees (1935/36—£67/6/0) say	70	1570
	<hr/>	<hr/>
		2239
Approximate grant to be received from the Exchequer		1119
		<hr/>
Nett Cost to the Corporation		£1120
		<hr/>

Note.—The above estimate does not include the cost to the Local Authority in respect of compensation paid to midwives whose certificates are surrendered. As stated in the Report, a provisional estimate of £1,500 spread over three years has been made for this purpose. The Ministry would repay the Corporation 50% of all sums paid in compensation.

APPENDIX 3.

Report by the Medical Officer of Health on points raised by Ministry of Health Circular 1621 in regard to Prevention of Blindness.

(Submitted to the Health Committee, 21st September, 1937).

A recent Circular (Circular 1621 dated 6th August, 1937) has been received from the Ministry of Health, dealing with the question of prevention of blindness and drawing attention to the various services in which steps might be taken to prevent either the occurrence or development of blindness. The chief services referred to are the Maternity and Child Welfare, the School Medical, Infectious Diseases and Venereal Diseases. In respect of these services in St. Helens, I think that all practicable steps are being taken. One point, however, raised in connection with the School Medical Service, is the continued supervision of children, with high or progressive myopia, after they leave school and up to the period of adolescence. I think it would be of benefit to arrange that these children come up for periodic examination at the School Clinic even after they leave school, and I would suggest that should a change of spectacles be then required, and the parents cannot afford to pay, that the case be referred to the P.A.C. for the provision of the necessary spectacles.

Another point to which attention is drawn in the Circular is the power which Local Authorities have, under the Public Health Act, to make arrangements for assisting in the prevention of blindness and in particular of the treatment of persons suffering from any disease of or injury to the eyes. For some years we have been doing this, especially in connection with those coming up for examination as to their admissibility or not to the Blind Register. When such persons have been found not to be blind within the meaning of the Act, but to be suffering from seriously defective vision, spectacles have been provided if, by such provision, eye-sight was improved. Apart from that, however, very little has been done under these powers, and in this connection I would here refer to a resolution, forwarded

by the Northern Counties Association for the Blind, which reads as follows :—

“ To recommend to constituent authorities that consideration be given to the possibility of establishing
“ clinics for optical examination and provision of spectacles,
“ where necessary, free of cost or at reduced rates to such
“ persons as do not come into the scope of optical benefit
“ under the National Health Insurance Acts.”

This resolution is part of the Northern Counties Association's activity in trying to prevent the indiscriminate sale of spectacles. The indiscriminate sale of spectacles, by untrained persons, from door to door, on market stalls, etc., is considered by the Northern Counties Association to be the means by which many persons' eyesights are damaged, and it is thought by them that if local authorities had what would, in effect, be free eye clinics, this indiscriminate sale of spectacles would cease.

In regard to St. Helens, however, I do not see that such a clinic is necessary. At present, people suffering from defective eye-sight can get advice and treatment from the St. Helens Hospital, the P.A.C. or the local practitioner (both medical and non-medical). In addition a few cases, as previously stated, get it through the Health Department, and whilst some extension of the latter might be allowed to take place in as much as any serious cases coming to the notice of the Department through the health visitors, etc., might be referred to it, I do not see that the establishment of a special ophthalmic clinic is called for.

A further point in the Ministry's Circular is a suggestion of voluntary notification by medical practitioners or otherwise of persons threatened with blindness, the Council to pay a sum of 2/6d. for each notification. I do not think this desirable at present.

Following consideration of the foregoing report, the under-mentioned minute was passed by the Health Committee and was approved by the Council on the 6th October, 1937 :—

Prevention of Blindness.

The Town Clerk submitted Ministry of Health circular No. 1621 dated 6th August, 1937, with respect to the prevention of blindness and drawing attention to the various services in which steps might be taken to prevent either the occurrence or development of blindness, and also submitted a resolution passed by the Northern Counties Association for the Blind with regard to the possibility of establishing clinics for optical examination and provision of spectacles so as to limit the indiscriminate sale of spectacles. The Medical Officer of Health reported in detail on the circular and resolution, and it was

339.—Resolved—

- (a) that the Medical Officer of Health be authorised to make any necessary arrangements for the continued supervision of children with high or progressive myopia after they leave school and up to the period of adolescence ;
 - (b) that no action be taken with reference to the resolution of the Northern Counties Association for the Blind ; and
 - (c) that the report of the Medical Officer of Health be approved in so far as it affects any other points set out in the Ministry of Health's circular.
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Following consideration of the foregoing report, the committee on the subject was held by the House of Representatives and was reported by the House on the 10th of May, 1907.

Organization of Blindness

The Committee on Education and Labor, House of Representatives, has the honor to acknowledge the receipt of your report of the progress and status of the various societies in which the blind are interested, and also the information received from the National Association for the Blind with regard to the possibility of establishing a central bureau for the blind in the United States. The Committee is deeply indebted to you for the information and suggestions which you have so kindly and generously placed at its disposal. The Committee is of the opinion that the establishment of a central bureau for the blind in the United States is a most desirable and necessary step, and it is the hope of the Committee that the necessary arrangements for the establishment of such a bureau will be completed in the near future.

(1) That the National Office of the Blind be established in the United States, and that the necessary arrangements for the establishment of such a bureau be completed in the near future.

(2) That the National Office of the Blind be established in the United States, and that the necessary arrangements for the establishment of such a bureau be completed in the near future.

(3) That the National Office of the Blind be established in the United States, and that the necessary arrangements for the establishment of such a bureau be completed in the near future.